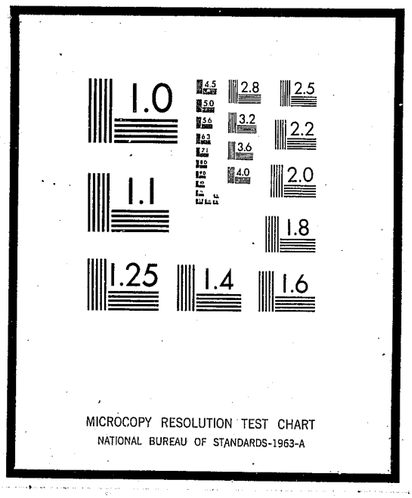

The Organization of Services For Children and Youth Within the Department of Health and Social Services

Delaware

December 20, 1973

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I. INTRODUCTION

Purpose

The purpose of this Report is to present the findings and conclusions of the Child and Youth Services Study Project. This project was initiated on September 10, 1973, by Jack D. White, Secretary of the Delaware Department of Health and Social Services. It was aimed at a review of the Department's responsibilities to children and youth and a reassessment of its current and future capacity to meet these responsibilities. The project was charged with developing recommendations on how the Department should organize itself to coordinate and strengthen child and youth service programs.

Methodology

Secretary White assigned to Brian Bosworth of the Division of State Service Centers the task of directing the project. A Working Group, composed of one or two representatives from each Division with a major concern for children and youth, was established to carry out basic data-gathering and analysis and to shape the conclusions of that analysis into this Report. The Working Group also included a staff representative from the Delaware Health Services Authority and from Delaware Technical and Community College.

The Working Group met about a dozen times in half-day sessions during September, October, November, and early December. Its initial task was to identify and delineate the distinct child and youth service programs administered by the Department. Subsequently, the Working Group gathered basic data on objective, eligibility, client group, intake, treatment, organization and cost for each program on a uniform basis.

As the analysis of this information proceeded, other data-gathering efforts were undertaken. The basic technique employed by the Working Group was to identify the major problem areas in the service system and to measure against those problems alternative organizational frameworks within which, over time, the problems could be resolved. This Report is the product of the Working Group's efforts.

To supplement the efforts of the Working Group, periodic meetings were held with a loosely organized Review Group, com-

posed of individuals from outside the Department. Participation in the meetings of the Review Group varied from about 10 to 30 people. This group was designed to provide a "non-bureaucratic" perspective on the problems of child and youth services facing the Department. It helped to identify more clearly and analyze specific issues. It also reviewed and offered criticism on the conclusions of the Working Group that are reflected in this Report. It is important to note, however, that the Review Group was not asked to concur in these conclusions.

This Report also reflects discussion with a number of other individuals and agencies. Considerable effort was directed at discussing problems and ideas with Division Directors and operating-level personnel throughout the Department. There were similar discussions with the Family Court and with officials of Federal agencies. There has not been any effort to secure a total consensus with the whole community of concerned individuals and agencies, but the members of the Working Group have tried to consider a wide spectrum of views.

Organization of Report

This Report is divided into five sections, the first of which is this Introduction. The second section contains a brief summary of the findings and conclusions of this project. The third section attempts to outline a conceptual perspective and policy framework for the child and youth services system. The fourth section of the Report consists of a discussion of some of the more overriding problems facing the Department's child and youth service programs. In each case, the Working Group has offered guidelines for working to correct these problems. The final section of the Report deals with the question of within which organizational framework the Department should move over time to resolve these problems. This section discusses the relative advantages and disadvantages of three broad organizational alternatives and summarizes the conclusions of the Working Group.

Summary child and youth service program descriptions are submitted in an Appendix to this Report. A careful examination of these program descriptions is not absolutely essential to a general understanding of the recommendations of this Report. It would be useful, however, in demonstrating the considerations that were involved in developing these recommendations.

II. SUMMARY OF CONCLUSIONS

Policy Framework

Because the Department has not previously defined an over-all policy of child and youth services, the Working Group devoted considerable effort to the design of a conceptual system within which policy guidelines could be developed. The over-all goal of this system is to resolve the health, welfare and behavioral problems of children and youth. The system consists of four major processes -- prevention, intervention, diagnosis, and treatment.

An analysis of these processes provides a framework within which a number of general policy principles can be derived. In the opinion of the Working Group, the most important of these principles are as follows:

- The primary objective of all child and youth service programs should be to strengthen the family unit and develop the capability of parents to resolve problems within the family structure;

- Prevention services should be strengthened and aimed more directly at social institutions rather than particular children;

- In administrative procedures, the Department should accord to children and youth the full protection of the Constitution and those same legal safeguards accorded to adults;

- Wherever possible, diagnosis and treatment should be provided through community-based resources rather than institutions;

- All programs should treat with the child as a whole rather than merely with those parts of the child that may correspond with the functional units into which the Department, for reasons of efficiency, is organized;

- The Department should retain the flexibility to meet certain specialized needs with out-of-state facilities; and

- The Department is organized into Divisions only for reasons of functional efficiency which must not be allowed to limit the availability or retard the effectiveness of child and youth services.

Problem Analysis

The Working Group concentrated on six major problem areas. These problems and a summary of proposed actions are as follows:

- Temporary Housing: The recommendations of the Working Group call for: (a) the definition of more precise admittance criteria for detention centers; (b) the immediate development by DSS of shelter care facilities; (c) more intensive counseling to parents during a child's stay in shelter; and (d) the establishement of open, community-based "drop-in" houses.

- Diagnostic Services: In analyzing this problem area, the Working Group suggests: (a) the development of a psychiatric diagnostic center at GBHC; (b) the development of an intensive diagnostic shelter; (c) the definition of specific diagnosis to be required for foster care placement; (d) the development by the Family Court and DJC of a joint agreement on diagnostic services; and (e) an agreement with the Family Court to make custody/committment to Divisions rather than to treatment facilities.

- Foster Care: Working Group recommendations are as follows: (a) that DSS establish a demonstration project providing for foster care payments to natural parents; (b) that foster care payments be continued on an interim basis as incentive to foster parents who wish to adopt; (c) that DSS provide more services to natural parents while child is in foster care; (d) that an improved legal definition of dependent and neglected children be submitted to the General Assembly; (e) that DSS provide a substantial increase in foster care payments; (f) that DSS develop more stringent criteria for child custody decisions; and (g) the establishment of specialized group homes for "hard-to-place" children.

- Alternatives to Institutional Care: The Working Group suggests: (a) that DYC utilize existing facilities at Ferris rather than construct new institutions; (b) that group homes be established at the Departmental level;

and (c) that DMH increase its out-patient treatment capability.

- Early Childhood Development: Suggestions of the Working Group include: (a) the rapid development of new day care licensing legislation; (b) an increase in professional staff of the DSS day care unit; (c) the expansion of Title XIX Screening to all children in publicly-supported day care centers; (d) more unified administration for DSS day care and Head Start programs; and (e) the reidentification of the DSS day care unit as an Office of Childhood Development.

- Direct Prevention: The Working Group sees an immediate need for: (a) the allocation of higher proportion of child and youth operating program funds to direct, field-level prevention activities; and (b) the development of joint work plans on regional basis for all field-level prevention programs.

Organization

The Working Group considered three optional approaches to the need for a better organizational framework within which to coordinate the Department's child and youth services programs. Option A, the establishment of a Statewide Child and Youth Services Authority, would provide an umbrella agency to pull together all public and private child care agencies into an authoritative body that could undertake comprehensive planning and programming. However, this option is rejected largely because it would take a great deal of time to develop and would have to operate at a high level of generality, having little direct impact on individual programs carried out by the Department.

Option B, the reorganization of most of the Department's child and youth programs into a new Division of Child and Youth Services, would fix responsibility within the Department and would facilitate a system approach, leading toward a more efficient allocation of personnel and other resources. However, because this approach would be time-consumming and disruptive of other programs, it similarly is rejected. Moreover, the Working Group feels that, at this time, the massive reshuffling of personnel and programs that would be required for such a new Division is not desirable or necessary.

The Working Group calls for the establishment of a Departmental Coordinating Council on Child and Youth Services with specifically

defined responsibilities and authorities. The Council should have a full-time Chairman attached to the Office of the Secretary and hired specifically for this task. The Council would consist of an upper-management-level representative from each Division providing services to children and youth. The Council would be aimed at supporting the Division Directors, establishing a forum for intra-Departmental coordination, and resolving competing demands for resources.

The Working Group recognizes that in not fixing accountability for all services in one Division Director, this option places a high premium on voluntary cooperation. However, this alternative is immediately feasible, would retain important functional linkages between adult and juvenile programs and offers the most flexibility for such later adaptation as might prove necessary.

The discussion of organization suggests that the proposed Council Chairman undertake to help establish a Statewide coordinating committee that would include child advocacy among its functions. The Working Group also calls for more rigorous coordination with the Family Court through its participation in the proposed Council. Also, it is recommended that the Division of Juvenile Corrections be re-named the Division of Youth Services. Finally, the Working Group feels strongly that, because the juvenile corrections function is so closely related to the other child and youth service responsibilities of the Department, any further consideration of its merger into the adult corrections system would be without merit.

In carrying out this project, the Working Group has become convinced that the entire child and youth services system in the Department of Health and Social Services is seriously underfunded. The effectiveness of all programs (with the possible exception of institutional treatment) is woefully impaired by a critical shortage of staff and budget. Cutting back on child and youth services is a classic instance of false economy. It is only by significantly expanding our services to children and youth that we can hope for some future lessening in the cost of health, welfare and behavioral services to adults.

III. POLICY FRAMEWORK

A project of this nature normally would begin with a reassessment of policy guidelines to insure their current validity. It then would move into an analysis of major issues and a consideration of organizational and program responses to those issues, all within the framework of existing policy guidelines. This approach has not been possible in this project. The Department of Health and Social Services has no discernable policy toward children and youth.

The absence of policy stems from a number of factors. Chief among these are the fragmentation of responsibility among traditionally autonomous Divisions and the development of programs as a response to the availability of resources rather than the assessment of need. The absence of policy results in the lack of clear program objectives and in poor coordination (generally more true at the administrative rather than direct service level). In a policy vacuum, standard procedure becomes the determinant of what we do as well as how we do it.

In approaching this project, therefore, it has been necessary to devise a conceptual framework within which to analyze specific problems and weigh organizational alternatives. It has been possible to draw some general principles from this conceptual framework. The result is, hopefully, the beginning of a child and youth services policy for the Department. At present, it represents only a skeletal outline which will require greater detail and considerable refinement over time.

The Working Group has found it convenient to view all child and youth services within the context of a rudimentary system. The ultimate goal of this system is to resolve the health, welfare and behavioral problems of children and youth. The system has four functional sub-systems which may be termed "processes." These are prevention, intervention, diagnosis and treatment. Not all programs described in the Appendix to this Report fall neatly within one of these processes. Some have characteristics of all four processes. The purpose of the system approaches, however, is not to categorize individual programs. It is rather to provide a perspective from which to offer policy guidelines, to determine what services we ought to have and to evaluate the validity of program objectives.

To call the total of all child and youth services a "system" doesn't make it so. Integrated, long-term planning and the shared use of resources are necessary to create a system out of the

conglomerate of existing and proposed programs. Achieving that, however, requires that program managers have a common frame of reference within which to review jointly their programs. This systems approach seeks to provide that frame of reference.

Prevention

The objective of this process is to eliminate the need for intervention by the State or private agencies acting on behalf of the State. Prevention activities should be aimed at the family and the environment. It is the strongly-held view of the Working Group that all child and youth service programs should have as a paramount objective strengthening the family unit and developing the capability of the family to meet the health, welfare and behavioral problems of children and youth. Parents must be provided with the resources necessary to resolve these problems within the family rather than transferring that responsibility to the courts or social service agencies.

To prevent behavioral problems in children and youth usually requires change in the environmental situation. Behavior which might seem to be deviant or damaging in isolation may be perfectly logical given the environment. Clearly, changing the environment - family, peer group, neighborhood and social institutions - is often a political process rather than a service function. A simple increase in the level of public assistance grants may be more effective in reducing the need for intervention than the sum total of all the poorly funded secondary prevention activities now administered by the Department.

Nonetheless, the process of prevention can be made more effective through a more careful targeting of effort not on the child, but on the environment within which the child lives. Child and youth service programs should work through community groups to assist the family, the neighborhood and social institutions to recognize and to act upon their responsibility to children and youth.

Intervention

It has been observed that "...the principles justifying intervention to control and treat the behavioral problems of children and youth are fundamentally different from the principles upon which society justifies intervention in the behavior of adults." The concept of parens patriae, or the State as the ultimate guardian

of its children, is the basis of our child welfare laws. The notion that youngsters who break the law should be helped, not punished, rests on the presumption that the behavioral problems of the young are attributable to social circumstance. This notion is incorporated into our legal framework.

These principles allow us, when necessary, to protect children from their environment. They permit the State to gain custody of dependent, neglected and abused children. They encourage the development of treatment-oriented, rather than punishment-oriented, facilities for the juvenile offender. They lead to the establishment of health programs and facilities for children often superior to those provided adults.

These same principles, however, often violate the constitutional rights of juveniles. In custody and commitment proceedings, both judicial and administrative, children have been denied the legal safeguards and constitutional protections afforded adults. The Supreme Court has held that, in proceedings which may curtail a juvenile's freedom by commitment to a correctional institution, the child must be informed of the charges against him; informed of his right to counsel (and one must be appointed by the court if the family is indigent); informed of the privilege against self-incrimination; and have the right to confront and cross-examine witnesses against him. The right to trial by jury is not guaranteed in Delaware as it is in many other States, but Supreme Court rulings may be imminent. Similarly, the right of a child involved in custody decisions to have independent legal protection may soon be more clearly stipulated by the Court.

Thus, while the individualized, treatment-oriented approach to juveniles remains viable, it must be balanced with the need to assure constitutional protection. Intervention imposes a tremendous responsibility upon the Department of Health and Social Services to maintain this balance. Children who come into the short or long term custody of the Department as a consequence of intervention, are entitled to receive basic services which go beyond mere shelter.

As a legal guardian, the State must be prepared to provide those same services, educational, health and others, which children have a right to expect from their parents. If the State is unable to provide those elements of care and attention, the lack of which led to intervention, then the State has no right to intervene.

Not all intervention is for the purpose of gaining custody or seeking commitment. Intervention for purposes of custody and commitment is hopefully a last resort and should have been proceeded by a less formal intervention which aims at removing problems before they threaten the family structure.

Diagnosis

The purpose of this process is to identify and decide what to do about problems affecting the health, welfare or behavior of children and youth. Again, this process takes place at various levels. The very first contact of a child and his family with the human services system involves some preliminary diagnosis. As that contact expands, presumably the diagnosis is intensified. It should be particularly rigorous when the issue of custody or commitment is involved.

Generally speaking, the diagnostic process seeks to identify that which causes the health, welfare or behavior difficulties which bring a child to the attention of the Department of Health and Social Services. Usually, the diagnosis is structured around the functional capability of that Division which has primary contact with the child.

From time to time and in varying degrees, each of the functional Divisions has recognized the need for diagnostic skills of other disciplines. Increasingly, the Divisions are coming to use each other's various skills in carrying out systematic diagnosis. The Working Group believes that there is a need for a more clearly spelled out policy of utilizing Departmental resources whenever possible rather than purchasing outside services. Improved record-keeping systems and the integration of service delivery locations will facilitate this progress.

While each Division has recognized the need for diagnosis which goes beyond its own functional area, there currently is no real agreement about how much diagnosis or what kind of diagnosis is necessary in various circumstances. As a general guideline, however, it seems reasonable that diagnosis should stress in all cases the assembly of an etiological social history consisting of an objective evaluation of the family and the physical and social environment of the child. It should always include a medical history and a physical examination. Often, educational and psychological testing would be useful. From time to time, psychiatric examinations may be needed.

Most diagnosis can and should be carried out while the child is residing at home. To place a child in an institutional setting is often unnecessary and always expensive. Diagnosis is not a place; it is a process. Diagnostic services should not be tied to a few isolated institutions, but rather should be accessible to the community served. Moreover, effective diagnosis does not assume there is something wrong with the child and then set about to prove it. Rather, it tries to determine the reasons for health,

welfare and behavioral difficulties which a child may possess.

In all cases, diagnosis should have a very specific product -- a treatment plan. This plan should identify problems and develop a series of measures aimed at eliminating those problems. This should not be limited to treatment of the child per se. It should include treatment of those environmental factors which contribute to the child's difficulties.

It is particularly important that public and private child care agencies in Delaware begin to integrate their separate diagnostic capabilities. This is one area where little cooperation, much less coordination, is apparent. Many agencies (with the notable exception of the Division of Public Health) have tended to view diagnosis from an institutional perspective. There has been inadequate attention to home-based diagnosis and the sharing of information. (Diagnosis is discussed in an operational sense in section IV of this Report.)

Treatment

The objective of this process is to remove those problems affecting the health, welfare or behavior of children and youth. Treatment programs generally can be grouped into two broad categories -- residential treatment and non-residential treatment. In the former, children are removed from their own home to be treated in a different setting. In the latter, the children remain living in their own home while treatment takes place.

In all cases, residential treatment should be prescribed only when absolutely necessary. Residential treatment is high cost and rapidly erodes available resources. It is sometimes inadequate in that it simply removes the child from the problems, treats with the child rather than the problems, and then places the child back in a setting where the same problems still exist.

In those cases where it is necessary, residential treatment should be provided in settings which most closely approximate the home. The Working Group finds persuasive the increasing evidence that institutional treatment is often ineffective simply because it is provided in an institutional facility. Institutions such as Ferris, DYC, Woods Haven-Kruse, Governor Bacon Health Center, the Hospital for the Mentally Retarded and others, are also tremendously expensive -- costing from $8,000 to as much as $15,000 per child per year (data developed by Working Group during

the course of this study).

This is not to suggest that there is no need for institutional facilities. Certain services can be provided only in institutions. The intent of institutional treatment should be to provide each child with a 24 hour-a-day intensive program that will prepare the child for return to the home or for placement in a non-institutional residential setting after a short period (suggested target limit of six months). Non-institutional residential treatment would include foster homes, half-way houses and small group homes. These kind of settings are generally less expensive and, according to accumulating evidence, often more effective because they do not divorce the child from the community.

Treatment of the child in the home setting (through, for example, the out-patient clinics of Public Health) is usually the least expensive and often the most rewarding mode of treatment. It is here that the child can be dealt with in that environment where he or she will have to function when treatment ceases. It is in this context that problems should most clearly be seen. This is not to suggest that all our programs should evolve around home visits per se. Additional out-patient capability based in the community (State Service Centers) and a substantial increase in family counseling capability are required.

Many of the treatment programs administered by the Department tend to be viewed in the isolation of that particular Division which administers them and they are too often seen as mutually exclusive. This parochialism is less apparent now than it was a few years ago. However, to the extent that it remains, it must be eliminated. The full range of treatment capability should be available to all Divisions and to all children. Treatment programs of the Department should be arrayed as a field of alternatives for a youth in need of treatment regardless of which particular Division has primary or initial contact with the youth.

General Principles

From the perspective of this conceptual framework, a few general principles of policy begin to emerge. Because they have influenced the analysis of the Working Group and shaped our approach to consideration of major problems and organization, they warrant careful statement as follows:

1. The primary objective of all child and youth service programs should be to strengthen the family unit and develop the capability of parents to resolve problems within the family structure;

2. Prevention programs should be strengthened and aimed more directly at social institutions rather than particular children;

3. In administrative procedures the Department should accord to children and youth the full protection of the Constitution and those same legal safeguards accorded to adults;

4. Wherever possible, diagnosis and treatment should be provided through community-based resources rather than institutions;

5. All programs should treat with the child as a whole rather than merely with those parts of the child that may correspond with the functional units into which the Department, for reasons of efficiency, is organized;

6. The Department should retain the flexibility to meet certain specialized needs with out-of-state facilities; and

7. The Department is organized into Divisions only for reasons of functional efficiency which must not be allowed to limit the availability or retard the effectiveness of child and youth services.

IV. PROBLEM ANALYSIS

In carrying out this project, the Working Group has sought to identify what seem to be the most pressing problems confronting the Department's child and youth services system. This emphasis on problem analysis was seen as a necessary prelude to consideration of organizational alternatives. While no organizational system in and of itself will resolve program problems, some arrangements are better than others to facilitate action. The major issue is what action is necessary. The purpose of this section is to determine just that.

The selection of problem areas that are treated here was based primarily upon the judgement of the Working Group. While there are a wide array of other issues that require resolution, these seem to be the most urgent and the ones that relate most directly to considerations of organization. Obviously, the following discussion is frankly parochial to the concerns of the Department of Health and Social Services and does not attempt to catalogue difficulties that relate primarily to the education system, the police, the employment services system and other such areas.

Six issues are discussed here as major problems. They are (1) the lack of temporary housing, (2) the division of responsibility for certain diagnostic services, (3) foster care, (4) alternatives to institutionalization, (5) childhood development, and (6) direct prevention. In each case, the problem is defined and remedial action is offered. The proposals are posed in general terms, not as immediate panaceas, but rather as operational guidelines within which the problem should be worked out over time.

Temporary Housing

Problem

There is nearly universal agreement that the lack of adequate temporary housing for children and youth is an immediate problem. However, there has been some lack of clarity in discussing the specific characteristics of this problem.

There is first a clear need for a secure detention facility for children and youth who have been charged with committing serious delinquent acts. Pending Family Court adjudication of the charges, some juveniles must be held in a secure setting. Bridge House in Wilmington and Stephenson House in Milford are sufficient to meet this need. On this point, there is apparent consensus.

However, there is some feeling that criteria for the use of Bridge House and Stephenson House to meet this specific need are somewhat unclear. About 80% of the juveniles held at Bridge House and Stephenson House (FY 1972 data from the Division of Juvenile Corrections) are subsequently not given over to the custody of the Division of Juvenile Corrections. This would suggest that many should not have been detained in the first place.

There is also a clear but unmet need to provide temporary shelter for children who, because of dependency, neglect, abuse or a family crisis should be temporarily removed from their home. At the present time, these children occasionally can be placed with relatives or friends or with a temporary foster home. However, because very few prospective foster parents are willing to accept children on a temporary basis (and foster care group homes and institutions almost always are unable to do so), existing facilities are wholly inadequate to the need. As a result, many children must remain with their family even when a serious crisis exists. Occasionally, some children are placed in detention at Bridge House or Stephenson House (a part of the 80% mentioned above?). These facilities are thoroughly inappropriate for the dependent, neglected or abused child. It is a poor use of the facility and a shameful abuse of the child.

It is difficult to measure the full extent of this need. The admission records of Bridge House and Stephenson House do not clearly stipulate the reasons for a child being held in detention status. A study carried out by the Division of Juvenile Corrections covering the population from January through March of 1972 determined that 486 children passed through the two detention facilities in that period. Of this total, about 98 were children charged as "delinquent," "uncontrolled" or "incorrigible" that were clients of DSS. Active DSS children charged with crimes (rather than status offenses) are not included in the sub-total of 98. (The DJC currently is undertaking a more detailed study of the detention population.)

It has been similarly difficult to determine the number of dependent, neglected or abused children who remain in their home pending foster placement, even in periods of severe family crisis, because alternative shelter is not available. About 20 children are placed in foster homes each month (new placements). According to DSS estimates, many of these would benefit from interim shelter care between removal from their home and actual foster care placement.

The Working Group concludes that there is an immediate need to develop small group homes that could serve as temporary shelter

for dependent, neglected and abused children. The Working Group would oppose any effort to provide such temporary housing on an institutional basis and suggests that contracting with private agencies would be the most flexible approach. Establishment of three or four small group homes would permit alternative levels of professional care and diagnostic attention (see the discussion of diagnostic services which follows).

A problem closely related to the need for shelter facilities for dependent, neglected and abused children is the lack of temporary housing for runaway children. Presently, runaway children picked up by the police are locked up at Bridge House or Stephenson House even though they may have committed no crime and may, in fact, have had good reason for running away from home. This same lack of alternative shelter also tends to make running away the only alternative open to some children who, for a great variety of reasons, find it necessary to leave their home for a short period of time.

Proposed Action

The following proposals are offered by the Working Group as guidelines within which the problem of temporary housing should be resolved.

1. The Division of Juvenile Corrections should work with the Family Court to develop an admittance policy for Bridge House and Stephenson House which would limit the use of those detention facilities to children and youth who require secure, temporary detention. (This proposal should be implemented within the context of related proposals discussed under "Diagnostic Services," also in this section.)

2. The Division of Social Services should act immediately to develop temporary shelter care facilities for dependent, neglected and abused children. In planning the shelter program, the Working Group urges that DSS:

(a) Utilize small and scattered group homes rather than institutional facilities;

(b) Purchase this service from private agencies rather than operate it directly;

(c) Insure that the group homes have professional child care staff capability;

(d) Seek to establish shelter homes that provide varying levels of diagnostic services (see discussion of diagnostic services below); and

(e) Plan flexibly for an initial 30 to 40 children, Statewide.

3. During the time that a child is in shelter, the Division of Social Services should provide counseling services to the parents.

4. The Department should plan with private agencies to establish, particularly in Wilmington, two or three open, community-based, "drop-in" houses to provide temporary shelter to runaway children or potential runaways who simply have to get away from home for a short while.

Diagnostic Services

Problem

Diagnosis is discussed in the preceeding section as one component in a conceptual framework for policy guidance. It is discussed here as a complex and current operational issue or problem. There is an absence of certain diagnostic services (and unclear division of responsibility for developing these services) that warrants immediate attention. Certain aspects of this problem also relate to the temporary housing issue discussed above.

All of the child welfare cases coming to the attention of the Division of Social Services require some sort of diagnostic evaluation. Generally, this consists in the development of an etiological social history, interviews with school authorities and counseling with the child. This diagnosis determines what kind of services should be offered to the family, determines whether the child should be removed from the home for placement in a temporary shelter facility and determines when custody and foster care placement is warranted. The Working Group feels that a physical examination should be a routine part of this diagnosis.

Usually this kind of diagnosis can be done or arranged by DSS caseworkers while the child is at home. When circumstances warrant, it can be done while the child is lodged temporarily in a shelter (as proposed above). Sometimes, however, more specialized and intensive diagnosis is necessary. At times, a child who has a history of emotional disorder and erratic behavior requires intensive psychiatric diagnosis. DSS possesses almost no resources to secure this kind of intensive diagnosis.

The Family Court has similar problems in diagnosing the problems of children coming into its jurisdiction. In most cases, the Family Court caseworker can accumulate the social history and the school history and counsel with the child. Usually, this process can be carried out while the child is at home, but in certain cases, the child may be held in temporary detention during this process. However, the Court, like DSS, occasionally must provide for psychiatric examination as well. Often, the Court must commit a child to the custody of the Division of Mental Health to obtain this diagnosis.

The Division of Mental Health has been exploring the feasibility of setting aside two cottages at Governor Bacon Health Center to serve as a temporary housing and diagnostic center for emotionally disturbed children. This center would draw from the professional staff already assembled at GBHC and could accept referrals from the Division of Social Services and the Family Court. The center also could provide intensive psychiatric evaluations for children who come into contact with Mental Hygiene Centers; who are referred from private agencies, hospitals and physicians; or who are in the custody of Juvenile Corrections. After a diagnostic period of two to four weeks, the center would develop a joint program with the referring agency which might involve long-term treatment at GBHC or another facility of Mental Health; return to the referring agency with a treatment plan; or return to home with an outpatient treatment plan.

The Working Group concluded that the resources implicit in this proposal would represent a valuable increase in the diagnostic capability of the State. It would not eliminate all problems or clear up all unresolved issues. For example, the diagnostic capability of Mental Health needs to be made far more accessible and available on an outpatient basis. Medical examinations should be provided as a routine part of DSS and Family Court child diagnosis. Above all, diagnostic information needs to be channeled more expeditiously from Division to Division without abusing the child's and the parents' right to privacy.

Moreover, both DSS and the Family Court sometimes deal with children who have severe problems and require intensive diagnosis but who are not necessarily emotionally disturbed and need not be placed at the psychiatric diagnosis center. There are occasional cases when medical treatment, intensive family counseling, educational and psychological testing and other diagnostic services are required. These children need a more intensive diagnosis that the DSS or Family Court caseworker can provide. It is important, therefore, that DSS and Family Court have access to intensive diagnostic shelters where a high level of professional attention can be utilized. Such a proposal has been submitted by the CHILD Foundation and warrants

close attention. The Work Group believes that a facility such as that proposed by the CHILD Foundation possibly could be established as one of the shelter homes discussed earlier.

Another problem which merits attention here is the relationship of the diagnostic services performed by Family Court to those of the Division of Juvenile Corrections. The DJC maintains a separate diagnostic unit for females at Woods Haven-Kruse. The Division has planned to develop a similar facility for males at Ferris School in a 25-bed secure medical/reception building now nearing completion. All males coming into the custody of DJC would go first to this facility where, over a three to six week period, they would receive medical services, educational testing, psychological testing, counseling, social history development, etc. All this would lead to a decision about where to place the youth - Ferris, DYC, aftercare or group homes.

The Working Group agrees that DJC must have the authority and the capability to determine the most appropriate treatment program. The Working Group, therefore, concurs in the notion implicit in this that Family Court should commit youngsters not to a specific treatment facility of the Division but to the Division itself, making the issue of which particular form of treatment is best an administrative, rather than a judicial, determination.

(Note: A related argument has been made that the Family Court should commit children not even to a particular Division, but to the Department as a whole. This proposal has some merit in that it might reduce considerably the cumbersome process now necessary to adapt treatment to meet the changing needs of the child. However, it may be dangerous to turn over to an administrative unit the legal authority to make committment or "quasi-committment" decisions. For example, it may be appropriate for the Department to make a decision to transfer a youth from Ferris School to GBHC in order to assure better treatment. But administrative authority to transfer a youth from GBHC to Ferris School or from a foster home to DYC is probably ill-advised and almost certainly unconstitutional.)

While the Working Group concurs in the need for the Division of Juvenile Corrections to have the authority and information to make treatment and placement decisions, it does not believe that the Division should necessarily develop an independent diagnostic capability. In theory, the Family Court should do this diagnosis before it ever delivers a youth to the custody of Juvenile Corrections.

Clearly, the Court does not do an intensive diagnosis - social history, school history, service agency record check, psychological testing, medical examination, education testing and psychiatric

examination - on all children coming under its jurisdiction. It does not and probably will never have the resources to provide intensive diagnosis for all children. Nor does the Working Group believe that an intensive diagnosis is always necessary. However, it seems reasonable to assume that those children who are delivered to the custody of DJC should be the subject of the most rigorous diagnosis. A diagnostic evaluation which leads to the decision to commit usually should be of the depth and quality to serve as the basis for determinations about placement and treatment. Perhaps DJC has legitimate complaints about the quality of Family Court's diagnosis. Many times, Court records are not provided to DJC. However, if the Family Court diagnostic capability is lacking, then it should be strengthened rather than dissiapated further by the development of independent capability for the same child at a level somewhere downstream from adjudication. The development of a separate diagnostic capability within DJC that is unrelated to the diagnosis provided by Family Court (and other agencies) would be a clear duplication of effort and misdirection of resources.

This conclusion is, of course, based upon the assumption that the Family Court retains its diagnosis responsibility and treatment capability. Previous studies by the National Council on Crime and Delinquency of the juvenile justice system in Delaware have recommended that the diagnosis and treatment capability of the Family Court be transferred to the Department of Health and Social Services. The Working Group has not carried out adequate investigation of this issue and is not prepared to endorse the recommendations of the NCCD. Indeed, maintaining diagnostic capability in a judicial rather than an administrative body can be significant in insuring that juveniles charged with delinquency are afforded adequate constitutional safeguards. However, this argument loses its validity if the diagnosis is inadequate or the results of the diagnosis are not passed on to that agency charged with treatment responsibility.

The role of the detention centers - Bridge and Stephenson - is mixed up in this confusion of responsibility. The Division of Juvenile Corrections is administratively and financially responsible for Bridge House and Stephenson House. Yet, the Division has no authority to determine when a youth goes into detention or leaves detention. As a result, the role of the detention center staff in the diagnostic process is unclear even to the staff itself. One way to clear this up might be to transfer full responsibility for detention to the Family Court. The Working Group is not prepared to recommend this step without extensive consultation with Family Court which has not been possible within the limits of this project. Moreover, the real issue is not necessarily one of jurisdiction, but of coordination.

Proposed Action

The following proposals are offered by the Working Group as guidelines within which the several inter-related problems of diagnostic services as described above should be worked out.

1. The Division of Mental Health should prepare a proposed operating plan for the psychiatric diagnostic center for review and comment by all agencies which would use this facility. The proposed operating plan should specify admittance criteria, services to be provided, length of stay and funding arrangements. The proposal also should address out-patient diagnostic capability.

2. The Division of Social Services and the Family Court should work with the CHILD Foundation and other private agencies to develop intensive diagnostic shelters which would complement the psychiatric diagnostic center. Again, this plan should specify admittance criteria, services to be provided, length of stay and funding arrangements. (See related proposals in the discussion of temporary housing above.)

3. The Division of Juvenile Corrections should work with the Family Court to develop a joint agreement on the scope and quality of Family Court diagnosis of juveniles committed to the Division. Any resources secured to augment this diagnosis should be expended only in accordance with this agreement. This agreement should clarify the precise status of the detention facilities and their role in the diagnostic process. The agreement should further stipulate procedures for insuring a full and prompt flow of diagnostic information from the Court to the Division.

4. The Secretary should seek the agreement of Family Court to make custody a Divisional responsibility. The practice of committing juveniles to a specific treatment facility should be discontinued.

Foster Care

Problem

There are a number of problems apparent in the area of foster care and they all seem to revolve around the level of resources available for the program. The Division of Social Services has little control over the number of children who require foster care,

yet it must finance this foster care out of a limited supply of funds. The cost of care rises each year, the number of children requiring care rises each year and the need for services beyond mere subsistence becomes more obvious each year. The level of funds available, however, remains relatively static. The net result is a low-quality and self-defeating program.

For each child placed in a private foster care institution, the State can provide a maximum of about $2,600 per year. Moreover, about 80% of the children are placed in private foster care homes which receive only about $1,400 of State support per year. This amounts to a purchase only of subsistence and minimum subsistence at that. The children, however, need more than subsistence. They have suffered from the conditions of neglect, dependency, abuse and exploitation which led to their being placed in a foster home. In failing to provide foster parents and foster care institutions with the resources to treat these problems, the State is acting as irresponsibly as were the natural parents when the State decided to intervene.

The State also is failing in its responsibility to provide services to natural parents which will permit the foster care child to return to his natural home. Staff positions are occupied nearly full-time in finding foster care parents (an increasingly difficult task) and in placing children with private homes and institutions. Even though the ultimate goal of foster care is to reunite families, there are wholly inadequate resources to finance those services to natural parents which would permit this reuniting. Family counseling and parent education is almost non-existent.

At the present time, nearly 1,500 children are in foster care status. Most of these, about 1,200, are lodged with private families. A 1971 study of the foster care population revealed that about 2/3 of these children had experienced more than one placement. About 20%, or 254 children, had experienced four or more placements and 14 children had been placed in ten or more separate foster homes. The study suggested that inadequate diagnosis -- of prospective foster parents as well as the children -- was the major factor contributing to the high level of multiple placements.

This same study revealed that well over half of the children had been in foster care over three years. It was concluded that the chances of a child returning to his natural home after this lengthy period in foster care were "minute." Moreover, the situation is rapidly getting worse not better. Approximately twenty new children are coming into foster care status each month.

DSS is managing to locate only about six new foster parents each month and many of these are younger couples requiring considerable pre-placement counseling and support.

These depressing facts led the Working Group to question some very basic assumptions which underlie the foster care program. If the State is not prepared to follow through on the responsibility that devolves upon it as the ultimate guardian of its children, then the State has no right to exercise that responsibility. Many of the children the State seeks to place in foster care may be better off with their natural parents.

Another problem in this area involves the so-called "hard-to-place" child. This is the child who bounces from foster home to foster home, from institution to institution. At the present time, there are 12 children in New Castle County alone awaiting replacement. The problem here is not one of a lack of space. For example, the 10 residential institutions most often used for DSS for foster care have a licensed capacity of 219 children but current enrollment is only about 160.

According to DSS and child care institutions, these "hard-to-place" children are usually youngsters with special physical or mental handicaps, or 14-17 year old adolescents with moderate behavioral problems who are disruptive of the program of the institution. They run away, they misbehave and they generally get in the way of effective care for the other children. What happens to these children? Some run away and don't come back. Some continue to bounce around the system (the multiple placements mentioned above). Some have been committed to GBHC or DSH even though they are not seriously psychotic. A large number ultimately end up at Ferris School or Woods Haven-Kruse -- not necessarily because they commit delinquent acts but simply because there is no remaining alternative.

It cannot necessarily be concluded that the problem is wholly with the child. Often it is the foster care system that is at fault -- inappropriate placement, poor screening of foster parents, and inflexible programs in the institutions. While this may not be surprising in view of the low level of resources available for foster care, it is important to look at the specific needs of the child rather than treating him or her as a "problem" simply because the mold does not fit.

Proposed Action

The following proposals are offered by the Working Group as guidelines within which the problems of foster care should be resolved:

1. DSS should establish a demonstration program which would permit foster care payments to be made to natural parents in those cases where inadequate family income is the chief factor leading to DSS custody and foster care placement.

2. DSS should continue foster care payments after adoption for a period of perhaps one or two years to provide greater incentive to foster parents who wish to adopt the child in their care.

3. DSS should move immediately to improve sharply the level and quality of services provided to natural parents while a child is in foster care status. Caseworkers should receive additional training in family counseling and parent education.

4. DSS should work with the Family Court and private agencies to improve the legal definition of dependent and neglected children.

5. Purchase of foster care payments should be greatly increased on a progressive basis (perhaps as much as 40% a year over the next three years).

6. DSS should review its criteria for determining to remove children from their natural home with a view toward reducing significantly the number of children coming into foster care status.

7. Small and specialized group homes should be established for the "hard-to-place" children. The Working Group strongly opposes placement of children who are so classified in large, institutional settings (such as prospectively available buildings at GBHC) under the direct administration of the Department.

Alternatives to Institutional Care

Problem

There is a general trend across the country to move from institutional to community-based care for children and youth. Some States (Massachusetts, California, New York, Kentucky) have moved very rapidly over the last few years to shift treatment from large and relatively expensive institutions to smaller, community-based and more "home-like" settings.

The pace of "de-institutionalization" has not been quite so rapid in Delaware, but there have been some efforts on the part of those agencies who provide residential care to shift toward alternatives to large-scale institutions. The Division of Mental Retardation in particular has had considerable success in expanding foster home placements and in establishing respite nursing programs and daytime care centers to slow the pace of institutional placement. The State has invested considerable resources in recent years to improving institutions designed for children. Major construction at Ferris, Woods Haven-Kruse, the Hospital for the Mentally Retarded and Governor Bacon Health Center are noteworthy examples. Little funds have been invested, however, in community-based treatment programs.

It is chiefly in treatment for delinquent and for emotionally disturbed children that major problems still exist. The Division of Juvenile Corrections provides residential treatment services to about 225 children and youth. Almost all of these juveniles are in institutional settings at DYC, Ferris and Woods Haven-Kruse. While the Division maintains three small groups homes in the Wilmington area, two have been temporarily closed tue to staffing problems and total capacity is only about 20-25. It is generally agreed that as many as 50 to 75 of the current in-residence clients of DJC do not require or profit from institutional care. This group would be better off on an after-care basis or in some type of small group-home setting.

At the same time, the Delaware Youth Center desperately requires better facilities for its program. In the present facility, treatment efforts are severely retarded by physical limitations and females cannot be admitted. About $2.5 million in bond money has been appropriated to begin construction of a new facility for the DYC. However, the Working Group questions whether the State should be building new prisons for juveniles, no matter how inadequate the existing facility, at a time when the State should be making every effort to reduce the institutional population and expand community-based resources.

The DJC shares this concern and is seeking to examine all alternatives to new construction. It is currently considering the shifting of DYC to the secure facilities soon to be available at Ferris and the shifting of some Ferris students into a coeducational setting at Woods Haven-Kruse. A significant expansion of after-care and group home capability is required to permit these shifts. The relocations will in turn free up operating monies needed to finance new group homes and add after-care staff.

The Division of Mental Health has very little out-patient capability and no community-based residential treatment capability for children. The only kind of after-care available to children leaving GBHC or DSH is through the mental hygiene clinics which admit to a lack of specialized child psychiatric and psychological capability. The heavy burden of adult after-care together with the lack of child specialists in the clinics limit the ability of the Division to provide services to children other than in institutions. The small day hospital of the Terry Psychiatric Center can avert some institutional placement, but it is limited to a very narrowly defined category of children. The Division of Mental Health currently is assessing the resources needed to augment the professional abilities of the Mental Hygiene clinics to deal more effectively with children and is reviewing the feasibility of establishing some modest group-home or half-way house facility.

A carefully phased move to community-based treatment facilities such as group homes and after-care homes is not without problems. It is in a group home setting that the stigmas and artificial labels attached to children become particularly sensitive problems. The Working Group forsees some difficulty in securing neighborhood acceptance of group homes for children and youth, especially when the children are labeled as "delinquent", "retarded" or "emotionally disturbed."

Proposed Action

The following suggestions are offered by the Working Group as guidelines within which the alternatives to institutional care should be expanded:

1. The Department should avoid the allocation of bond money to construct new institutions for children and youth. The facility needs of DYC should be met through the use of existing facilities (perhaps involving some modification/expansion of existing facilities) such as that alternative being weighed by DJC.

2. The need for additional group home settings should be addressed on a Departmental level rather than Division by Division. The Working Group suggested that group homes be identified as Departmental facilities (regardless of how they are financed) and that the Divisions of Mental Health, Mental Retardation, Juvenile Corrections and Social Services (see the preceeding discussion of the "hard-to-place" child) consider the joint placement of children in common group-home facilities.

3. The Division of Mental Health should augment its out-patient treatment capability through a few new positions and the development of joint, in-service training programs.

Childhood Development

Problem

The conceptual framework outlined in the previous section of this Report is designed to offer a perspective from which to consider the broad array of social services this Department provides to meet the special needs of children and youth. It is not a wholly adequate framework for consideration of child development programs. Indeed, the "developmental" process can be viewed as a distinct process aimed not necessarily at avoiding or treating problems of health, welfare and behavior but rather at assisting the child to develop the full measure of his or her capabilities. The day care program administered by the Division of Social Services offers the potential for evolving into a significant childhood development effort. Due to a number of problems, again related to the scarcity of resources, the program is not reaching this potential.

Most day care programs in Delaware are operated by private agencies or individuals. All are licensed by the Division of Social Services on the basis of health and safety inspections as well as program and staffing standards specified by DSS. Due primarily to shortcomings in the legal code, the licensing function is not as useful as it might be to insure high quality developmental programs in the curricula of the day care centers. A licensing task force currently is working on a wholesale revision of the licensing law and is developing standards for health, safety, fire, sanitation, program and staff. The development of this new licensing law is expected to resolve some lack of clarity that now exists relating particularly to family day care and to nursery and pre-school programs.

The day care licensing function of DSS, important as it is, should be incidental to the services provided to the centers to up-grade their program and staff. However, owing largely to the heavy administrative burden imposed by the licensing function itself, the limited DSS day care staff is unable to provide technical assistance to the centers required to up-grade programs. Moreover, DSS has not had the resources to develop training programs for professional and para-professional day care personnel.

Financial arrangements to purchase care in day care centers also impose a heavy administrative burden. Aside from licensing and providing technical assistance to day care centers, DSS aslo purchases day care services for children from Title IV-A eligible families. The Day Care Unit of DSS is responsible for placing children of AFDC recipient families (or past and potential recipients) in day care centers when day care is necessary to permit employment or job training of the mothers. Federal regulations require that considerable time be spent in inspecting the financial records of these Title IV-A supported centers. Staffing requirements imposed by the Federal Government for Title IV-A assisted centers are significantly more strict than those imposed by DSS as part of its licensing function. This leads to a wide and occasionally troublesome disparity in the rates charged to private families.

The Head Start Program in Delaware is a form of developmental day care. Funded by HEW, it is not administered through DSS. While DSS must license day care facilities used for Head Start Programs, the programs themselves are administered by CAP agencies in New Castle County and Sussex County and by a private, non-profit corporation in Kent County. Occasionally, DSS uses Title IV-A funds to purchase day care services from a Head Start center. This often leads to some conflict between those federal regulations attached to the use of IV-A monies and those attached to Head Start monies.

The evolution of the day care program into a comprehensive childhood development program is less a reality now then it was two or three years ago. The day care unit has assumed greater responsibility in the last few years by including family as well as group day care. The new licensing law will provide a much more solid basis for licensing and program development. Yet, the professional staff capability of DSS to meet these added responsibilities has actually decreased over the last two years. With existing staff shortages, it has not been possible to develop a comprehensive plan for childhood development; to initiate family education and parent counseling programs; or to establish a professional "career ladder" and training program for all child care personnel.

Proposed Action

The following suggestions are offered by the Working Group as guidelines within which a strong childhood development program should be established:

1. The new day care licensing legislation should be submitted to the General Assembly as soon as possible. That legislation should provide for the establishment of more uniform program and staffing standards and contain a specific appropriation to finance the cost of child care training programs.

2. The professional staff of the Day Care Unit of DSS should be increased to a level commensurate with its responsibilities and the importance of those responsibilities. A relatively modest increase of staff would permit (a) expanded technical assistance to all Centers, (b) the development of a comprehensive plan for childhood development, (c) increased coordination with other agencies (particularly health and education agencies), (d) the development of family counseling and parent education, and (e) in-service staff training.

3. DSS should consider expanding the State's Title XIX policy to provide medical (including dental) screening and treatment to all children in publically-supported day care centers regardless of whether their families are AFDC recipients.

4. The Department should initiate discussions with HEW and the CAP agencies (including Kent County Head Start, Inc.) to determine the feasibility and desirability of a more unified administrative arrangement for Title IV-A day care and Head Start programs.

5. The existing Day Care Unit of DSS should be re-identified as an Office of Childhood Development and given a broader set of "developmental" responsibilities.

Direct Prevention

Problem

It has been previously observed thatthe Department is doing very little at the field-level to prevent the need for intervention into the health, welfare and behavioral problems of children and youth. This statement may not do proper justice to the efforts of the Division of Public Health to provide a wide array of health care and prevention services to children and youth. In other areas,

however, the Department generally is only coping with the children who are already in the system, rather than seeking to prevent youngsters from coming into the system.

The Division of Juvenile Corrections in FY 1973 allocated less than 4% of its total program funds for direct prevention activity. This finances the salaries of six counselors. (A pending reorganization of the community services section of DJC should work to augment the Division's prevention capability.) The Division of Mental Health has an even smaller field staff of five consultants whose prevention work is limited to the five school districts included in the Southern New Castle County Community Mental Health district. Since child psychiatric services in the Mental Hygiene Clinics are very limited, the Clinics are unable to carry out significant prevention activities. The Division of Social Services has 25 field-level protective service workers who generally treat only with the most immediate and serious cases of neglect, abuse and dependency. The Division of Drug Abuse Control operates four counseling clinics Statewide whose major function is direct counseling of juveniles and usually young adults who have drug problems. When possible, they also work through schools and community organizations to prevent drug abuse.

These preventive services usually tend to focus upon the child along relatively narrow lines. Each is concerned primarily with the function of its parent agency. Working in isolation, and funded at low levels, the programs offer little hope of significant progress. Preventing the need for intervention by the State to deal with a particular child involves change in the child's environment and the social institutions which affect him. Prevention activities which neglect these social institutions and focus on the individual child and his special needs are no longer prevention -- they are treatment. The prevention measures discussed above can be successful only if they are operated as an integrated effort. And this integration is required at the working-level in the field.

Proposed Action

The following suggestions are offered by the Working Group as general guidelines within which direct prevention activities should be strengthened:

1. The Divisions of Mental Health, Drug Abuse Control, Social Services and Juvenile Corrections should each allocate a higher proportion of their total operating budget to field-level prevention activities.

2. On a regional basis (the three counties plus Wilmington), the field-level personnel in the programs mentioned above should prepare annually a joint work plan which will identify specific problem areas, resources which could be utilized to help meet these problems and benchmark targets against which to measure progress.

V. ORGANIZATION OF CHILD AND YOUTH SERVICES

General Comments on Organization

The previous sections have outlined some policy guidelines and discussed some of the major problems facing this Department in the area of child and youth services. The present question is how the Department should be organized to approach these problems in a systematic fashion. Before moving into a discussion of the pros and cons of alternative approaches, however, a few general observations are in order.

First, the entire child and youth services system in the Department is seriously underfunded. It may not be accurate to suggest that if there were more money, there would be less problems. However, it is unquestionably true that the effectiveness of all the service programs (with the possible exception of institutional treatment) is woefully impaired by a critical shortage of staff and budget. Experience in Delaware and throughout the country has demonstrated that if the State does not respond to the health, welfare and behavioral problems of children, it will have to cope with the consequences of this failure when the children become adults.

Secondly, almost all the problems identified earlier can be resolved only by concerted action involving more than one Division. Obstacles facing one program in one Division are nearly always interwoven with other obstacles facing other programs in other Divisions. Because the problems of children and youth do not fall into neat categories, our response to these problems cannot be limited by the artificial boundaries which have existed between functionally organized agencies.

Finally, coordination with child and youth services carried out by other public agencies and private agencies is as important as coordination within the Department itself. Within the total spectrum of agencies dealing with juveniles, the Department is a major, but not an overwhelmingly predominant, supplier of services. Coordination between the Department and Family Court leaves much to be desired. Usually it is only ad hoc and related to a specific child. Coordination between the Department and the formal education system is similarly lacking. The same can be said with respect to employment services and police functions. Even with private child care agencies, which are often tied to the Department through purchase agreements, rigorous coordination is lacking.

The Working Group has considered three optional approaches to establishing a better organizational framework within which to approach the problems confronting the child and youth services system. One option would involve the establishment of a State-wide apex organization along the lines of a Child and Youth Services Authority. The second option would be to establish within the Department a separate Division of Child and Youth Services. The third option would call for the establishment of a Coordinating Council on Child and Youth Services.

These are not the only alternatives possible. One could, for example, consider the establishment of a Cabinet Department of Child and Youth Services. One could also consider transfer of many H & SS programs to the Department of Public Instruction. However, the Working Group has limited itself to the three options discussed below out of a concern to keep our work as pragmatic as possible and to avoid lengthy consideration of organizational schemes well outside the practical control of H & SS. It feels that the options discussed below offer a reasonably broad scale of realistic alternatives.

Out analysis of these three broad alternatives has been guided not by an exploration of what would be nice to have or what would look impressive on paper, but rather by a critical view of what is needed to meet the problems outlined above. We have asked what kind of organizational and procedural changes must be made in order to bring about change in programs and improvement in service.

In this discussion which follows, each option is briefly described and the advantages and disadvantages of that option are summarized. This is followed by a summary of the conclusions of the Working Group. The Section also contains a brief analysis of other findings that relate to organization. The section concludes with a statement of the specific recommendations of the Working Group on the organization of child and youth services within the Department.

Option A

Child and Youth Services Authority

Description

A Child and Youth Services Authority would be a Statewide organization established by legislative action. The Authority would have a Board of Directors drawn from private and public agencies who provide services to children and youth, from parent

organizations and community groups. Elected public officials representing the State and local government jurisdictions also would be included on the Board of Directors. The Authority would have a modest staff consisting of an Executive Director and three or four assistants. The Authority would not replace any existing administrative structures. Rather, it would be an apex organization monitoring and coordinating the activities of all agencies providing services to children and youth.

The Authority would report directly to the Governor and through him to the General Assembly. The Authority would have legislatively prescribed power and responsibility which might reasonably include the following:

1. To develop and assure compliance with a Statewide child and youth services policy;

2. To develop a comprehensive, long-term child and youth services plan for Delaware;

3. To review the requested budgets of all child care agencies and make recommendations to the Governor and the General Assembly;

4. To review and approve all requests for federal assistance to support child and youth services;

5. To stimulate measures leading toward greater involvement of children and their families in identifying needs and shaping service programs; and

6. To analyze and serve as an advocate for the special needs of children and youth.

A key feature of the Authority would be that it actually possess the authority to insure that its recommendations are carried out and its decisions complied with.

Advantages

1. The Authority would serve as an umbrella to bring together all private and public agencies concerned with children and youth.

2. The establishment and operation of the Authority would give a greater public visibility to the problems of children and youth perhaps leading to the investment of additional public resources.

3. It would permit a thoroughly comprehensive and Statewide

assessment of the health, welfare, behavioral, educational, employment and developmental needs of children and youth.

4. Establishment of the Authority would not impose a heavy administrative burden on the Department of Health and Social Services.

Disadvantages

1. Establishment and operation of the Authority would take a great deal of time - perhaps as much as two years.

2. This option depends on action from a group - the General Assembly - that it is slow to act and has evidenced little sympathy with the need to improve services to children and youth.

3. The Authority would have to operate at a fairly high level of generality and would not be able to get down to the "nitty-gritty" of program operations.

4. Child and youth services are not well-coordinated at the operating level and executive level coordination could be relatively ineffectual.

5. There is no evidence that other public and private agencies dealing with children and youth would be willing to surrender administrative responsibility and power to an executive level Authority.

Option B

Division of Child and Youth Services

Description

This option would realign most, but not all, of the Department's child and youth service programs into a single Division. This new Division would assume responsibility for the protective services, adoptive services, foster care, facilities licensing and day care functions of the Division of Social Services. These child welfare services would be operated by the new Division pursuant to a purchase of service agreement between it and DSS.

The Division of Child and Youth Services would assume responsibility for all the programs now administered by the Division of Juvenile Corrections which would cease to exist. From the Division of Mental Health, the Terry Children's Psychiatric Center and the Children's Division of Governor Bacon Health Center would pass to the new Division of Child and Youth Services. The small education and consultancy program presently is

tied to the Southern New Castle County Community Mental Health Program, but it probably could be freed up and transferred to the new Division. The Adolescent Program at Delaware State Hospital presents some unique problems because it shares administrative overhead with the Hospital, uses ward psychiatrists of the Hospital and is physically intermixed with the adult programs of the Hospital.

The new Division of Child and Youth Services probably would incorporate the direct clinic counseling programs of the Division of Drug Abuse Control. Residential programs of DAC generally are aimed at an older population (usually over age 18) and in any case are contracted services administered by private agencies under the financial and technical supervision of DAC. The counseling programs, on the other hand, are aimed more narrowly at adolescents.

The Division of Mental Retardation would continue to exist as a separate Division. It deals with an adult as well as juvenile population and treatment techniques generally are not separable on the basis of legal age. As a result, personnel working with children also work with adults. Even the day-time care centers include some adults. Thus, it is difficult to delineate between child and adult service programs.

To some extent, these same problems exist within the Division of Public Health. While a few programs are aimed only at children and youth, personnel functions do not neatly divide on the basis of the age of the client. Moreover, child-oriented services and adult-oriented services are delivered through a common delivery format, the county health offices, which operate along functional, rather than target group, lines.

The Division of Child and Youth Services, therefore, would incorporate child welfare services, child psychiatric services and juvenile correction services plus drug abuse counseling clinics. These programs would be arrayed under one Director who would report to the Secretary.

Advantages

1. The establishment of a Division would fix responsibility and authority for resolving problems that now occur in the fuzzy areas where the programs of existing Divisions meet (or fail to meet) one another.

2. This reorganization would permit greater flexibility in the use of specialized personnel and the allocation of resources.

3. The Division would give a greater visibility to the special needs of children and youth and perhaps lead to a higher level of public support for these needs.

4. Incorporating related programs into a new Division would tend to break down stigmas and discourage the artificial labeling

of children and youth.

5. Pulling these programs together would facilitate the development of a "systems" approach to child and youth services.

Disadvantages

1. Establishment of a Division of Child and Youth Services would be a difficult and time-consumming task for a Department already heavily burdened by administrative responsibilities. It would require extensive job reclassification, salary adjustments and budget transfers.

2. This option would require legislative action on the part of the General Assembly and the revision of many parts of the Delaware Code.

3. Reorganization would tend to divert attention of program managers away from the delivery of service.

4. Reorganization into a Division of Child and Youth Services could be highly disruptive for operating-level personnel.

5. Realignment of programs from a functional to a target groups orientation would sever important linkages elsewhere in the system (i.e., between child welfare programs and adult welfare programs, between child psychiatric services and adult psychiatric services, etc.)

6. Re-organization, per se, will not change programs; it will only realign the bureaucratic setting within which the programs are administered.

Option C

Coordinating Council on Child and Youth Services

Description

This option would call for the establishment of a permanent, intra-Departmental Coordinating Council on Child Youth Services comprising a representative of each Division (probably excluding the Office of the Medical Examiner). All child and youth services programs would continue to be operated by the functional

Divisions. The Council would seek to reinforce, rather than diminish, the responsibility and authority of each Division Director by providing a forum to insure that the plans of one Division do not conflict with those of another and to determine how the problems of one Division could be ameliorated by the actions of another. The Council would work to strengthen the hand of Division Directors in their efforts to secure proper staff and resources by insuring that such requests were coordinated with other demands.

The Coordinating Council generally would aim its recommendations at Division Directors rather than at the Secretary. It would seek to insulate the Secretary from problems that can be worked out at a lower level. Issues pertaining to child and youth services that do have to go to the Secretary for decision would be reviewed first by the Council and appropriate staff assistance would be provided.

The Council would make recommendations to the Secretary only on those issues that require his decision. The Council would then follow up with the concerned Divisions to insure that the decision is promptly and fully enforced.

Specific responsibilities of the Coordinating Council might reasonably include the following:

1. To eliminate inappropriate duplication in the function of personnel;

2. To insure that all programs are as mutually supportive as possible;

3. To review, propose and follow through on the development of new programs in the order of their priority for the Department as a whole;

4. To review and make recommendations concerning the allocation of general and special fund resources among competing demands;

5. To review and approve all proposals for major changes in program emphasis;

6. To develop methodology for the periodic evaluation of child and youth service programs;

7. To develop and monitor implementation of inter-divisional and intra-divisional in-service training programs;

8. To evolve and maintain a Departmental Policy for Child and Youth Services and to assist line Divisions to develop complementary program policy;

9. To arbitrate any problems that arise in the placement of children and youth;

10. To speak with one voice for the Department on issues that relate to child and youth services; and

11. To assure the implementation of the recommendations of this Report.

Representation on the Council would be from the upper-management levels of each Division as designated by the Directors. Each Divisional designee would have an alternate. Time demands would fluctuate considerable, but probably average about 20 to 25 hours each month (15% of an individual's time). The Council would meet twice monthly, probably in half-day sessions. Ad hoc work groups might meet more frequently to resolve special problems.

The Council Chairman should ideally be a full-time position assigned to the Office of the Secretary. It would be most desirable to employ an individual who has not previously been assigned to any particular Division within the Department. The full-time Council Chairman could undertake the staff work necessary to assure a smoothly functioning Council and would facilitate close coordination with the Secretary and the Division Directors. The Chairman would not have line authority over the Division Directors. His decision-making power would be limited to that power accorded the Council as a whole. However, the Council Chairman would be involved in all issues pertaining to child and youth services and would regularly attend the Secretary's senior staff meetings.

Advantages

1. The establishment of the Coordinating Council would be a relatively quick and easy administrative process and would not require any action outside the authority of the Secretary.

2. Setting up a Coordinating Council would not be an unsettling diversion for operating level personnel and would focus their attention more directly on the delivery, rather than the administration, of service.

3. This option is relatively inexpensive requiring only

the addition of one position.

4. This option would avoid the severing of important linkages between child and youth services and adult services.

5. This option would strengthen that staff capability of the Secretary's Office to analyze issues, recommend action and implement decisions.

6. This option has built-in flexibility and can be adopted as experience warrants.

Disadvantages

1. Establishment of a Coordinating Council does not fix precisely responsibility, authority and accountability for all child and youth service programs in one Division Director.

2. The Council approach places a high premium on the voluntary cooperation of Division Directors and their employees.

3. This option places another burden on the time of those upper-management people who would serve on the Council.

4. Prejorative stigmas attached to welfare, mental illness, drug abuse, retardation and corrections would not be directly ameliorated by this approach.

Conclusions

Each of the options outlined above has certain attractive features and none is without serious drawbacks. On balance, however, the Working Group believes that Option C - the Child and Youth Services Coordinating Council - offers the most immediately feasible potential for resolving the problems of fragmentation which have plagued this Department's efforts to service children and youth.

This is not wholly a unanimous view. A few members of the Working Group are sceptical of management-by-committee. They believe that there is an immediate need for a widespread reorganization into a Division of Child and Youth Services along the

lines suggested by Option B. However, all the members of the Working Group see the creation of such a Division as a massive undertaking and most are not convinced that it is essential. Moreover, Option C -- the Coordinating Council -- offers the most organizational flexibility.

The Department of Health and Social Services is but a recent venture. Frustration and impatience with the difficulty in integrating services often leads to a conviction that there is something wrong with the basic structure - the manner in which component programs are assembled together. Occasionally this is true and it yet may turn out to be true with the child and youth services system. However, it is the consensus of the Working Group that problems of coordination can be resolved within the existing structure if the Department fully utilizes the cooperative management techniques implicit in the concept of a Coordinating Council. It is possible to achieve most of the benefits of reorganization without actually incurring the bureaucratic trauma and program dislocations of reorganization. Child and Youth Services can be pulled together within a systems-like approach without setting up an organizational structure which is the mirror image of that system.

The Working Group does not intend the establishment of the Coordinating Council to forever close the door on the notion of widespread reorganization. Such action may prove essential if the coordinative devices prove inadequate. The Working Group therefore urges that the need for reorganization be re-examined in about 18 months.

Other Findings Relating to Organization

Statewide Coordination

While the Working Group has rejected Option A - Child and Youth Services Authority - we do see the need for some sort of statewide body which would provide a forum for the coordination of all agencies providing services to children and youth. There presently exist a variety of specialized inter-agency committees that are concerned only with a relatively small part of the child and youth service system. A more comprehensive forum would be desireable. Rather than recommending any specific structure or organization at this time, the Working Group believes that the Departmental Coordinating Council Chairman should be given the task of working to establish this kind of statewide consultative committee.

The Working Group feels that a statewide coordinating committee could undertake, or develop elsewhere, the important function of child advocacy. Children are an unrepresented minority with special interests and special needs. Some variety of child advocacy to articulate these special needs could be instrumental in protecting the rights of the child.

The Division of Juvenile Corrections

There is increasing consensus that the Division of Juvenile Corrections is inappropriately named. Its present title tends to reinforce the labeling and "compartmentalization" of juveniles. Its "corrections" function more properly should be seen as rehabilitation and treatment. Moreover, the current title does not reflect the important function of preventing those problems which lead to delinquent behavior.

The Working Group believes that the Division should be renamed "The Division of Youth Services". It can be argued that this is merely a cosmetic change and perhaps it is. The Working Group believes, however, that it would have important symbolic and practical consequences. It would symbolize the distinction in treatment philosophy which underlies the juvenile justice system, as opposed to the adult justice system. In a practical sense, it might help to break-down faulty perception of delinquent behavior, for the specific youth involved as well as for the society at large. This change in title, coincidental with proposed changes to reduce institutional population, emphasize community-based treatment and strengthen prevention work would demonstrate a more modern and humane approach to the behavioral problems of children and youth.

The Working Group also has reviewed recent proposals which suggest the merger of juvenile corrections with adult corrections at the Divisional level or at the Departmental level. It seems doubtful that any significant economy would result from such a merger. Moreover, the legal basis, policy foundation and program function of juvenile corrections is vastly dissimilar from that of adult corrections. The proposed merger would sever those critical linkages between the prevention, diagnosis and treatment of delinquent children and the other health, welfare and behavioral services of this Department which this Report seeks to strengthen. The Working Group therefore has concluded that the proposed merger is without merit and should not be considered further.

Family Court and the Department of Health and Social Services

The discussion of problems in section IV of this Report makes frequent reference to the Family Court and demonstrates the close relationship between the Court and the Department. The Working Group is struck by the absence of any formal mechanisms for close coordination between the Court and the various Divisions of the Department (Juvenile Corrections, Social Services, Drug Abuse Control and Mental Health). It therefore would be extremely important that the Family Court be invited to participate fully in the proposed Coordinating Council and designate a representative to sit with that Council.

Recommendations

Based on the analysis and conclusions outlined above, the Working Group offers the following specific recommendations on the organization of child and youth services within the Department of Health and Social Services:

1. that the Secretary establish a Coordinating Committee on Child and Youth Services with representation from all Divisions and with the responsibilities outlined under Option C above;

2. that a qualified individual be employed within the Office of the Secretary to serve full-time as Chairman of the Council;

3. that the Family Court be requested to participate in the Coordinating Council;

4. that the Council Chairman seek to help establish a statewide coordinating committee representing all public and private child care functions and agencies;

5. that this statewide committee undertake to develop a child advocacy function;

6. that the Division of Juvenile Corrections be renamed "the Division of Youth Services"; and

7. that prevention and treatment of juvenile delinquency not be merged with the functions of adult corrections.

MEMBERS OF WORKING GROUP ON

CHILD AND YOUTH SERVICES PROJECT

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(Note: This Report represents the findings and conclusions of the Working Group as a whole. The Report was edited by the Chairman who accepts responsibility for any inaccuracies or distortions the Report might contain.)

END