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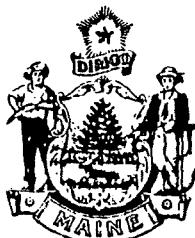
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PRELIMINARY REPORT

**STATES WITH A SINGLE DEPARTMENT
TO SERVE CHILDREN**



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Interdepartmental Council

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STATE OF MAINE

INTERDEPARTMENTAL COUNCIL

November 14, 1989

TO: Interdepartmental Council
FROM: A. L. Carlisle, *A. L. Carlisle*
Deputy/Associate Commissioners' Operations Group
RE: Survey of States with Separate Departments of Children

Per the request of the Interdepartmental Council, I am forwarding a copy of the preliminary report on the survey results of states which currently have separate departments of children. Also included is a copy of the survey instrument.

cc: Norine Jewell, Governor's Office

PRELIMINARY REPORT

STATES WITH A SINGLE DEPARTMENT TO SERVE CHILDREN

INTRODUCTION

This report addresses the issue of improving services to Maine's children. It is a summary of the findings of an analysis of interviews with Commissioners, high-level administrators and staff in five states which currently provide services to children through a consolidated, formal structure.

A consolidated approach to providing services to children and their families is a costly structure to develop. It requires commitment, demands assurances of funding and necessitates major policy revisions.

Existing organizational structures would need to be sacrificed to the development of the single agency. Working networks, ties and agreements might be relinquished as a consequence.

Development costs could include commitments for start-up financing, creation of new positions at the highest administrative levels, formation of support divisions and staff, physical plant procurement consisting of office equipment, computer hardware and software and space allocation or rental.

Benefits, however, would be significant. Among those which are critical to the State of Maine are:

- * responsibility and authority for services residing in a single agency;
- * visibility for children's issues;

- * access to, and coordination of, services for children and their families;
- * consolidation and effective management of resources;
- * consistent legislative support for children's programming;
- * participation by advocates and consumers.

ACKNOWLEDGMENTS

The information on which the following analysis relies was provided through the participation of the Department of Children and Youth Services in Connecticut, the Department of Services to Children, Youth and their Families in Delaware, the Department of Family Services in Montana, the Department for Children and their Families in Rhode Island, and the Department of Children and Family Services in Illinois, and with the cooperation of the Office of the Governor in each of the above states.

METHODOLOGY

A series of telephone interviews was conducted with five states now providing services to children and youth through a single, consolidated agency. Informal interviews were conducted with the Liaison for Children's Issues in the Governor's Offices in each of the states whenever possible. Each agency was formally interviewed using a structured questionnaire developed by IDC staff and reviewed and approved by the Deputy and Associate Commissioners' Operations Group and the Children's Policy Executive Committee. A copy of the interview instrument used may be found in Appendix A.

STATES WITH CONSOLIDATED SERVICES

Five states provide formalized and consolidated structures for coordinating children's services. Connecticut, Delaware, Montana and Rhode Island have established cabinet-level agencies while the Illinois version has been developed at the sub-cabinet level. While there are similarities among these consolidated agencies, each is unique philosophically, programmatically and organizationally.

Following are brief summaries of the Departments in the states interviewed, strengths and weakness of each agency as reported by the interviewees and a discussion of their collective experience as it relates to the adoption of a consolidated model for Maine.

CONNECTICUT

The State of Connecticut was the first in the nation to develop a consolidated agency for provision of services. Impetus for the consolidation came from two sources. Firstly, there was concern for children who were at-risk after having been placed in the adult correctional system. A second stimulus for change came from a Blue Ribbon Commission which investigated the adequacy of programing in child protective services and children's mental health. Together these motivated the legislature to enact a bill to consolidate the three agencies which provided these services to children into a consolidated agency.

Since 1975 the Department of Children and Youth Services has functioned as an autonomous Department; it is the primary provider of services to children and youth. The Department's mission is to preserve and strengthen families while ensuring that children are safe and have the opportunity for healthy development. It provides a full range of services and maintains support divisions for planning, program development and administrative functions.

The Department believes that services work best when they are planned and delivered close to where people live and when consumers take part in the planning process. Thus, the Commissioner is advised by a State Advisory Council and Regional Advisory Councils on development and implementation of services. It has recently implemented a system of regional management to enhance its capability to provide these services. Currently regional directors, aided by two assistant directors in each of the six regions, administer program development and implementation. The four institutions serving regional populations are also administered by regional directors. A more integrated and consolidated system has been initiated for foster care, placement and support at the regional level. There has been a concurrent streamlining of administrative functions in the central office.

A strong family context for programing was initiated in 1987, yet there are still considerable "cracks" with respect to family issues. While the Department handles the expected children's issues, larger questions impacting the family as a unit must still be addressed through the collaborative process. The Department coordinates through formal mechanisms and agreements with those Departments which provide services of importance to children. Issues of housing, heating allowances, income maintenance, and medical aid which impact upon the child as a family member, but over which the Department has no authority, are those which continue to demand collaboration.

The Governor's Office has a considerable staff handling issues relating to children, youth and their families. Three people liaison with the legislature on issues of importance to the Department and, additionally, there are two staff who do only

administrative support. Currently the Office has five staff people to handle constituent casework with respect to children's issues. Each of these staff people liaison, on behalf of the Department of Children and Youth Services, with several of the other Departments. Staff act as ombudspersons and advocates for the children's interests. At any one time there may be twelve to fifteen of these problem cases. Most of the issues are those where the Department does not have sole authority and responsibility.

Strengths

- * family focus - programs support families and enhance their opportunities for service acquisition;
- * regionalization - authority over resources is given to administrators and staff who offer services rooted in the community and build on natural supports and family networks;
- * involvement in decision-making - an interdisciplinary care planning process values the input of family members;
- * evaluation and quality assurance - an enhanced case review process and program evaluation are mandated.

Weaknesses

- * support staffing - Monitoring children's issues and programs is costly in human resources;
- * formal coordination mechanism - creation of a consolidated department does not obviate the need for collaboration.

DELAWARE

The shift to a consolidated agency was prompted by a number of incidents and issues. Several children in child protective custody died. Advocates, interested in developing alternative structures for provision of services, received a grant to investigate children's issues. There was little initial support for a single agency within the administration, the legislature or the existing Departments. Several reorganizations of programs and staff, intended as improvements, failed to ensure the safety of children and more died. All these factors created an environment conducive to consolidation and, once the creation of a single agency seemed inevitable all interested parties cooperated in its planning and implementation.

Everyone involved believed that once a Department had been established the problems would disappear.

The Department of Services to Children, Youth and their Families began operating on July 1, 1984, with Divisions of Administrative Services, Child Protective Services, Youth Rehabilitation, Children's Mental Health, Program, Planning and Productivity and a single Interagency Diagnostic Center.

The Department had no clear mission, no policies and a host of problems. Staff brought treatment and other biases with them into the new Department. State institutions were under-staffed and badly funded. Placements were inappropriate. There were virtually no children's mental health services. It was impossible to continue in the above fashion, so the Department began to work toward developing a comprehensive strategic plan in response to its need.

A number of positive results have accrued. Policies have been developed in response to a well-defined mission statement. The Secretary has recruited administrative staff with a multiplicity of skills and experiences in order to bring in fresh ideas. Services have been regionalized and community-based. Outside consultants have been brought in to train staff in techniques which focus on family dynamics and structure. All new programs have had a quality assurance and program evaluation component built into them. The piloted Individual Program Unit concept has been developed as a way to diminish divisional rivalries and competition by forging teams whose focus was program development. Its success has led to its institutionalization on a state-wide basis.

The Department has aggressively and successfully sought competitive grants. It is now the designated agency for both IV-B and IV-E block grants and is expecting to access Medicaid funding for expanded services in the near future.

Some residual problems remain. Primary among them is that there are still some problems with "ownership" of individual clients among several Departments. Yet the Department feels that no kids are falling through the cracks. It concludes that it has been successful in tailoring its programs and organizational culture to its family-focused mission by ensuring that its clients receive appropriate services.

Strengths

- * "one-stop shopping" - provision of comprehensive services in convenient locations on a regional basis;
- * integration of operations and planning - involving operations staff in the program development process gives all participants ownership of the programs and a vested interest in seeing them succeed.

Weaknesses

- * organizational culture - absence of initial planning contributed to the failure of the organization to establish a cohesive culture which would have supported the mission of the Department from its inception;
- * team approach - establishing it as an initial organizational component would have facilitated provision of services.

MONTANA

The 1984 shift to the Department of Family Services was proactive in Montana. The Governor formed a Blue Ribbon Committee which suggested the consolidation of several programs for children into a single Department. Unlike other states interviewed, a transition committee was established to plan for the change. The first Director of the Department traveled throughout the state explaining proposed changes and involving people in the process.

This resulted in a cumbersome county-based system being replaced with five streamlined regions. Local planning is now considered an important part of the organizational process and deemed necessary to success. Responsibility for policy development remains at the state level but regional and institutional administrators participate in the planning process through a complex review process. A management team consisting of the Director, state level administrators, five regional representatives, including program staff, and an attorney approve all policies.

Although nominally the most broadly defined, Montana is the most narrowly focused of the five agencies examined. Among its most interesting features is the separation of juvenile corrections and probation and parole. The former was incorporated into the Department while the latter remains within the district court structure. This generates many problems for the system. The Department is also unique in that it does not encompass child mental health services. Its focus is predominately on child protective services, foster care and juvenile corrections.

Having a visible presence has helped in the legislative process, and a continuum of care for children has recently been mandated. Although the Department fares well in the budgeting process, lack of initial funding is now viewed as having been detrimental to early program development.

Also impacting on the process was the decision to initially staff the Department by rearranging people already within the system. There was no infusion of new ideas.

Staff have been dispirited about a lack of leadership at the highest administrative levels. The Department has had a number of Directors since its inception, one of whom stayed only two weeks, and the position was vacant for approximately one year following that short tenure. A recently-hired Director is viewed by staff as one who will "make a difference."

Major criticisms from Department staff center on the perception that the problems which they work to resolve are detached from larger policy issues which need to be addressed. This is exacerbated by the segregation of the central office from the state complex. Meetings are held only when there is an overwhelming need. People feel isolated and out of the information flow.

Kids no longer fall through the cracks, but other sorts of coordination problems exist today. They consist largely of the difficulty of accessing funding and services for children who are nominally under the supervision of the Department but who need services provided by other agencies. Although the Department of Family Services attempts to develop working relationships with collaborating Departments, they are not always successful. At present there are few interagency agreements. Sometimes whole families fall through the cracks through now.

Strengths

- * staff - they are a capable, committed and professional team;
- * single voice - funding is facilitated by visibility;
- * flexible funding - access to funding for individualized services is easier intradepartmentally.

Weaknesses

- * physical and perceptual isolation - quartering staff in buildings far from the state house complex obstructs the formation of networks and, thereby, impedes cooperation and the flow of information;
- * turf issues - biases brought into the consolidated agency, unless structurally thwarted, replicate barriers once constructed at the interdepartmental level;
- * cracks - continuum of care is neither fully developed nor adequately funded.

RHODE ISLAND

Rhode Island is singular among the states interviewed in that it seems to be experiencing as much difficulty providing services to children now as it did prior to its shift to a single agency.

The change to a consolidated department was precipitated by a series of crises, including the deaths of several children in custody, and was forced upon the system by the legislature as a form of redress. No planning was done prior to the creation of this single agency. When the Department for Children and their Families (DCF) was created in 1979, those portions which dealt with children were carved out of the previous departments. Departments which previously provided services now provided by the Department for Children and their Families were: Mental Health, Retardation and Hospitals, Corrections, Human Services and Health. Each of these departments still retains some services for children which must be coordinated with DCF.

Rather than abolishing the coordinating mechanisms in place at the time, all of those were left intact when the consolidated Department was created. The Office of Intergovernmental Research monitors children's issues and services and provides policy analysis to major decision-makers within the departments, the legislature and the executive branch. It is under the administrative umbrella of the Governor's Office. An Interagency Council functions with respect to children's issues which extend beyond the purview of a single department. There are many issues which demand coordination among departments, but there is no longer a clear mandate to guide that collaboration.

No policies were initially enacted to facilitate the coordination of children's services among the existing agencies and the new department. No organizational innovation of any kind was attempted. No attempt was made to seize the opportunity to create an organizational structure which would eliminate existing bureaus, with their attendant interests and biases, nor to facilitate functional professional relationships.

It seems that one set of "cracks" has been traded for another with the shift to a single department. Family issues are among those which routinely fall through the cracks within the consolidated system. Some unmet needs include housing, AFDC, food stamps, child care subsidies and the entire package of family support services which includes custody issues and reunification efforts. At present there is not a single family therapy program. Although coordination is attempted with other agencies, Health, Housing, DHS, advocacy groups, caseworkers and the Office of Intergovernmental Relations which coordinates receipt of federal funds, the Department seems unable to eliminate all the cracks.

The three major bureaus which were incorporated into the Department, juvenile corrections, children's mental health and social services, continue to be those where most of the clients are served. In the last session a bill was passed which brought educational functions into the department for the first time. Rhode Island has one district for each of its thirty-nine cities and towns; an additional school district was created for the Department. This effectively shifts the educational burden, from the cities and towns where group homes, residential treatment centers and other state institutions are located, to the department. Clients are given the opportunity to attend public schools in the local district but, if they so choose, they may elect to attend other educational institutions which they believe may better meet their needs. The department must pay the tuition costs should the client so decide, but no funding stream currently exists to provide this service. At present it affects approximately two hundred children.

The bill creating the Department is said to have lacked a fiscal note, and no funds were immediately pumped into the new agency in order to improve services. Costs have risen since its inception, even given adjustments for inflation, and budgets have not kept pace. Last year the DCF was awarded an 11% increase to other departments' 5% increases, but even that was not sufficient to ward off deficits in many divisions.

Part of the fiscal issue is due to the federal funding streams which allocate at least a portion for children's programs and services but must direct the entire grant to a designated agency. It is often difficult for the Department to access these funds once they are allocated to another department. While an interdepartmental billing system does exist, all accounting procedures are separated by department rather than by client. No policies seem to be in place to discourage the designated department from withholding these funds. Payments for health care, paid by DCF, often go unreimbursed.

The client base is currently rising for all services, and residential services are particularly hard-hit. Increases of 13-15% per year are the norm while slots for clients are shrinking due primarily to cost. In the last year the system lost one group home and eighty-four foster homes; this a 17% decrease in residential services. Eighty clients are currently in "night to night" placement. They are transported from foster home to foster home on a daily basis, carrying their belongings in plastic garbage bags, and they are frequently unable to attend school. The MENTOR Program, instituted last year, is an attempt to provide quality assurance and cost-effectiveness in a residential program. At present costs are twenty thousand dollars per client per year. Little evaluation is performed, so the Department is not sure which of its programs are both cost-effective and beneficial to its clients.

Most of the expansions in services which the Department inaugurated have been encouraged by federal policy revisions. Among the most influential has been the Family Support Act. The DCF now licenses and regulates daycare facilities and providers. Due to the eligibility standards, there is currently no waiting list for subsidized daycare. Another successful new service is the Pathways to Independence program, similar to Maine's ASPIRE, which is mandated for all welfare recipients. C/AN Councils have also been established.

The consolidated approach is useful because it is client, rather than issue, oriented. Yet considerable weaknesses remain.

Collaboration seems to be hindered because all the original departments now view children's issues as solely a DCF problem. Recommendations from the Office of Intergovernmental Research, which suggest dissolving the Department and finding alternative mechanisms for coordinating children's services, have been thwarted by the other departments.

The consolidated approach has not empowered the Department for Children and their Families because of its strained resources due to under-funding and a lack of a federal funding stream. Its mandate confers responsibility for children but without concomitant authority to demand its clients' share of monies which flow to the other departments. Its client base is growing the fastest, and the problems it addresses are among the most difficult to resolve. The other departments don't want a return of the troubles which children's issues bring and are pleased to have those problems removed from their domains.

If having "one voice" for children has made any difference in Rhode Island, it is that it is now easier to ignore it.

Strengths

- * none tendered.

Weaknesses

- * organizational, funding and policy difficulties - there appears to be a growing consensus in the state, especially among planners and advocates, that a significant reorganization is in order.

ILLINOIS

Illinois differs organizationally from the other states interviewed in that its Department was constructed at the sub-cabinet level, yet it is functionally equivalent to the other agencies examined.

The Department of Children and Family Services came into being on January 1, 1964, as a recommendation by the Illinois Commission on Children whose task it was to develop a comprehensive plan for the delivery of children's services. The initial Department incorporated only three divisions from mental health, licensing, casework and institutions, along with some functions of the Higher Education Board. Illinois now has the most comprehensive continuum of care of those states surveyed. From the beginning, however, it was consistent with its mission to provide state-centered but regionally administered services with an emphasis on state management and local participation.

Changes in definition of social problems over the years has reduced services in some areas but, on balance, the Department has continuously expanded services. Visibility has focused attention on the Department, sometimes to its detriment, yet the legislature has been generous with its patronage. The Department has also developed some federal funding streams, particularly in the areas of foster care and daycare, through the block grant system. Illinois has also been fortunate in having a stable and supportive administration for twelve years; and the Governor has loaned his staff and resources to the Department whenever necessary.

Liaisons from the Governor's staff meet with Deputy Commissioners monthly in a Children's Policy Group in an attempt to collaborate on conjoined issues. Difficulties exist in coordinating with other agencies which must provide services to the Department's clients. One issue of increasing importance is the escalation in the number of cocaine addicted infants which are placed in Departmental custody. These children need long-term medical care, covered by Medicaid, which may be accessed only through coordination with the Department of Human Services.

Despite its significant successes, some kids continue to fall through the cracks.

Strengths

- * single focus - it is able to be translated in different arenas.

Weaknesses

- * limited access - knowing that available services are there but being unable to access them for clients due to coordination problems.

CONSOLIDATION AS A MODEL

The experiences of the other states currently providing services for children through a single, consolidated agency offer insights

into the development of a model for establishing such an agency in Maine.

Some common characteristics shared by all states which made a successful transition to a single agency are: the ability to better serve more clients, increases in allocations, decentralization of the programming responsibility, planning for the development of the Department and documenting improvement through quality assurance and program evaluation.

While not all states thoroughly planned their shift to a single agency, those Departments which appear most successful have creatively evolved through a variety of strategic processes. Analysis of the interviews suggests that the measure of success is dependent on the inclusion of a modest number of critical components.

CRITICAL COMPONENTS OF A CONSOLIDATED MODEL

1. **mission statement** which clearly articulates a family-centered approach to providing a continuum of services to children and youth;
2. **planning** which validates the mission with policies with which to guide the development process;
3. **initial funding** with which to initiate new and innovative programs which demonstrate the departmental mission to all interested parties;
4. **functional design** which establishes an organizational culture supportive of sharing responsibility and authority for policy, programmatic and budgetary decisions between state and local levels;
5. **evaluation** of newly-developed programs in order to document expected and beneficial outcomes;
6. **single point of entry** which enhances provision of services.

Clarity of mission was viewed as the best predictor of success. Departments which formulated plans and policies on a mission statement appear most successful among those interviewed. Rhode Island, which perceives its mission as weakened by having no clear mandate, is viewed as least successful.

Despite the relative success in other areas, all Departments have gained through increased visibility in the legislature and the media. Each state has enlarged its contribution to children's issues since the Department has been established, even when adjusting for inflation and changes in issues viewed as social

problems. Visibility may also operate by exposing inefficiency and ineptitude, thereby focusing criticism as a societal version of quality assurance.

Hierarchical organizational structures are costly to maintain and operate. Illinois and Delaware have developed flattened organizational structures more in keeping with their regional approach. Physical distance between core and periphery seem perceptually reduced when administrative levels are minimized.

Bringing together staff from agencies which have historically been in competition for funds, who have contested over jurisdiction and who may have other lingering turf issues and biases is a complicated task. A team approach, as suggested by some interviewees, resolves many such treatment and organizational issues. By placing members on teams which must determine case management decisions, all direct care staff gain an understanding of the complexity of policy and programmatic concerns. Each expert acquires a substantial and generalist knowledge base, and information flows quickly and easily through informal networks which are established. Funding seems less of a problem when the team is invested in the child whose case they are superintending, because intradepartmental competition is reduced as a by-product of the team dynamic.

Several states reduced the numbers of administrative levels during the shift to a single agency. Such an organizational structure, which also places emphasis on regional and state sharing of policy and programmatic decision-making, empowers all participants.

Many states share with Maine the dichotomy between its rural and urban populations with its attendant difficulties in provision of services. Decentralization and empowerment at the regional level has proven helpful in all cases.

No state has found perfection. Each is striving toward its particular goal. The example which they demonstrate to Maine is that, to be successful, the state must know what it wants and be willing to encourage development of that ideal with significant commitments.

IMPLICATIONS FOR MAINE

Among those states interviewed, programs were predisposed to reflect issues of particular importance to Maine. They had a child-centered but family-focused preference. Treatment tended to be home- or community-based. Each state is implementing a continuum of care.

Based on the experiences of other states, if Maine were to establish a separate Department, it should include the following components:

1. **mission statement** which clearly articulates a family-centered approach to providing a continuum of services to children and youth;

The Mission would be to create, with all interested parties, conditions within which all Maine children would have the opportunity to develop to their fullest potential in a safe and caring environment and to invest the resources of the State in activities and programs most likely to advance this mission.

2. **planning** which validates the mission with policies with which to guide the development process;

Services work best when they are planned early on and when they are delivered close to where people live. Providing services through a system of regional planning, program administration and funding would best fulfill the Department's mission.

3. **initial funding** with which to initiate new and innovative programs which demonstrate the departmental mission to all interested parties;

General funding would have to be appropriated through the legislative process in order to avoid disadvantaging the consolidated Department at its inception.

4. **functional design** which establishes an organizational culture supportive of sharing responsibility and authority for policy, programmatic and budgetary decisions between state and local levels;

A team approach, as utilized by Delaware and Ventura County, California, places structural barriers to formation of "turf" and invests team members in finding positive outcomes for their shared clients. This seems appropriate to Maine philosophically and programmatically. Each team would be comprised of staff from each of the divisions who have an interest in the outcome. The division with the highest investment in the client would take the lead. Team members would work together to resolve difficulties so that the child and family receive services in the most expedient and comprehensive way. Experience from other states, most notably Delaware and California, indicate that teams are effective in providing services and in obviating much organizational disorder.

5. **evaluation** of newly-developed programs in order to document expected and beneficial outcomes;

In order to demonstrate that in choosing a single agency the State has chosen the superior alternative, it would be appropriate to build-in sufficient funding to encourage new program development and to include quality assurance and program evaluation components.

6. single point of entry which enhances provision of services.

A single point of entry in the form of a toll-free number, such as 1-800-FOR KIDS, would streamline intake and improve client access to services.

APPENDIX A

SURVEY INSTRUMENT

SURVEY INSTRUMENT

I. INTRODUCTION

My name is _____; I'm with the State of Maine's Interdepartmental Council. We're gathering information on the advisability of creating a single Department for Children and their Families. As part of that process, I spoke with _____ in the Governor's Office and s/he suggested that I call you.

During the last legislative session several bills were introduced which addressed the issue, ranging from creating a blue ribbon panel to establishing a full-blown department. The Legislature amalgamated portions of each of the bills into a single bill which was held over for the next session. The Children's Policy Committee of the Interdepartmental Council, comprised of representatives of the Departments of Educational and Cultural Services, Human Services, Corrections and Mental Health and Mental Retardation, has been charged with investigating alternatives and reporting its findings.

If you have the time, I have a series of questions about the Department of Children and Youth Services which would help us to make a recommendation on establishing such a Department here in Maine.

II. BACKGROUND ON EARLIER SYSTEM

Could you tell me a bit about how the State used to provide services to children?

1. Which Departments provided services?
2. What kinds of services were provided? (get n of each)

homebased
family support
group homes
day treatment
residential treatment
secure treatment
 institutional
 detention
other (specify)

3. How many clients were served?
4. Do you have an estimate of cost?

per client

total budget

5. How effectively were services provided?

evaluations
QA
reports

Would you be able to send copies of these?

6. Were there any coordinating mechanisms?

formal
informal
barriers to collaboration, if any

7. How would you describe the system's strengths?

8. What were its weaknesses?

9. Is there anything else we should know about the earlier system?

III. CHARACTERISTICS OF THE STATE

Do you feel that there is anything special or unique about your State which contributed to the change to a single consolidated Department?

per capita income
population density
geographical distribution
client characteristics
cultural factors
political factors
 executive
 legislative
 judicial
 interdepartmental
 intradepartmental
 other, if any (specify)
 interaction, if any
organizational factors
 core/centralization
 periphery/decentralization
systemic breakdown
other (specify)

IV. CATALYST

Could you describe how the change came about?

planned/proactive
crisis/reactive
other

V. DESCRIPTION OF THE SINGLE DEPARTMENT

Would you tell me about the Department itself?

1. Do you still provide the same services? (n of each)

homebased
family support
group homes
day treatment
residential treatment
secure treatment
institutional
detention
other (specify)
2. Have you added any services? (specify)
3. Have you discontinued any services?
4. Do you find that it is possible to provide services in innovative ways? ("new blood")
5. Do you serve the same numbers of clients?
6. Has the budget for children remained stable?
7. Are costs equivalent, given adjustments for inflation?
8. Have you done any cost-effectiveness/benefit analysis or other types of evaluation of the programs?
9. Are there any residual problems with coordination of services? Do kinds still fall through the cracks?
10. With which other Departments do you now interact? (specify)
11. How does the Department interact with these other Departments?

independently/autonomously
collaboratively
at what level
formal
informal
(commissioner, department heads, project directors,
staff, other)

12. How has having a single Department affected relations with the Legislature and the Governor's Office? Has the "one voice" made a difference?
13. Is the Department organized differently than the older Department?
14. Does the Department do business differently?

paper flow
funding
intake
case management
database
disbursement
budgets
other (specify)

Does the Department control Medicaid funds or other types of single agency allocated funds?

client flow
intake
funding
identification
departmental services
outside services
access
referrals
participation
other (specify)

information flow
single point of entry
multiple points of entry

15. People often talk about what an infusion of "new blood" will do. Did you experience such an infusion and, if so, have you found that it has been beneficial? In what ways?

ideas
programmatic changes
networks
organizational structure
other (specify)

16. What would you say are the major strengths of the present system?
17. Are there any weaknesses?

VI. Would you do it again? If so, what changes would you make?

VII. Compared to the old system, how would you rate the consolidated system?

better
same
worse

On a scale of 1 to 10, with 1 being lowest and 10 being highest:

provision of services
organization
 staff
 coordination
costs
benefits
paperwork
budgets
relations with Legislature
relations with Governor's Office
client satisfaction

VIII. Is there anything else we ought to know?

XIX. Are there any other comments you'd like to make?

X. Thanks.