REPORT OF THE ADVISORY COUNCIL FOR THE REORGANIZATION AND UNIFICATION OF THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES

SUBMITTED TO
GOVERNOR JOHN E. BALDACCI

JANUARY 5, 2004

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Appendices

January 16, 2004

Dear Governor Baldacci,

Enclosed is the final report of the Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services. The Council was established to identify ways that the reorganization could achieve improved service, increased efficiency, and improved external relations. The Council was assisted by a wide range of stakeholders including consumers, advocates, staff, and community organizations. Their collective assistance was invaluable to us.

In summary, we found that a merger of these two departments makes eminent sense. There is no way to make human service delivery more accountable and responsive, without creating a unified system of services.

We understand that you, along with the Legislature, need time to review and evaluate our recommendations. One thing, however, is critical. Serious, formal effort needs to be undertaken to support implementation. We hope that you will continue to invite internal and external stakeholders to participate in the implementation process. The opportunity for substantive, ongoing collaboration is present, but it must be nurtured and supported to achieve the goals that you have identified.

Thank you for your confidence in us. We appreciate your initiating this new era for human services in Maine. Now it's time to make it happen.

Sincerely,

Valerie R. Landry
Council Chair

Executive Summary

On May 13, 2003, Governor John Baldacci signed an Executive Order establishing the Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services (Appendix A). The Council was asked to make recommendations as to how the merger can result in improved service, increased efficiency and improved external relations.

The Council was comprised of seventeen members, with a range of public and private sector experience. Its work was assisted by a range of stakeholders including consumers, advocates, staff and community organizations. (Appendix B).

The Council found that the merger makes sense. The two Departments serve common clients, use common funding sources (Medicaid and General Fund), use common service agencies, and employ people with similar skills and job descriptions. There is no logical reason to continue to have two separate ways of doing business for such similar work..

The Council makes one hundred recommendations that can be summarized under ten key areas:

1. Create new culture of quality, performance, and responsiveness;
2. Provide a one-stop entry for consumers;
3. Institute high-level, focused, professional financial management;
4. Establish the Bureau of Children and Families;
5. Streamline administration;
6. Create fair and timely complaint, appeals, and advocacy processes;
7. Standardize and simplify contracting, licensing and accreditation;
8. Provide excellent support and training for staff;
9. Leverage program resources more effectively; and
10. Finally, just do it – implement the program effectively.

Overall, if the recommendations are implemented, the new Department will have a more streamlined administrative structure, with similar services grouped together, and a much higher emphasis on customer input, quality assurance and quality improvement.

Minutes of all Council and Sub Committee meetings, as well as this final report are available on the Governor's web site at http://www.maine.gov/governor/baldacci/news/events/dhsbds/dhsbds_unification_council.htm.

I. The Charge

On January 8, 2003, Governor Baldacci announced in his Inaugural Address that he was embarking upon *"... an overall change in state government - how it's organized, how it delivers services, and how it spends your money."*

Why change? *"We need to be sure that maximum resources are devoted to actual service and not multiple layers of bureaucracy. We need to be sure that the people most in need of service get it. And, we need to be sure that the people who actually deliver the service - state workers and community organizations - are supported."*

Then he made a strong promise: *"In my Administration, silos between state agencies will come down, and common sense will prevail. One person or one family shouldn't have to deal with five case managers to get help from one state government."*

Where did Governor Baldacci intend to start? *"As a first step, I will file legislation to merge the Department of Human Services and the Department of Behavioral and Developmental Services into one state agency with a Division of Children and Families. This will make it easier for people to obtain service through a "one stop" approach. It will reduce administration overload on community organizations as they deal with multiple bureaucracies to serve the same client. And, it will increase accountability both at the state and local level."*

How did he intend to proceed? *"To be successful in this, we will reach out in partnership to the non-profit organizations that are working in many important areas. Whether in disability, domestic abuse, child abuse and neglect, housing or mental health - we value your partnership and your suggestions as we work together to leverage new resources and opportunities."*

By Executive Order, Governor Baldacci established the "Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services" (Appendix A). The Council was asked to make recommendations regarding how the merger can achieve three primary objectives:

1. Improved service;
2. Increased efficiency; and
3. Improved relations with community organizations.

The Governor asked the Council to *"ensure that a broad spectrum of stakeholders are engaged in the process in a meaningful way both inside and outside of government."*

II. The Process

The Council has seventeen members including four who are appointed by the Legislature and four who represent the Administration as ex-officio members. Members have a range of public sector and private sector experience (See Appendix B for complete list).

The Council met monthly and heard formal presentations from senior officials from the Departments, union representatives, as well as testimony from consumers and community organizations. The Council used the meetings to inform the public about the process and to invite input. An interim report entitled Subcommittee Summary was published in early November and a draft list of recommendations in early December.

To expand participation, the Council created six subcommittees:

- Integrated Services for Adults
- Integrated Services for Children & Families
- Consumer Affairs
- Executive Planning
- Health
- Point of Entry & Navigation

The subcommittees helped to identify key opportunities to achieve the objectives outlined in the Executive Order. As in any large organization, many practices, policies, procedures, programs and services can be improved. The Council's job was to find the areas that would catalyze major improvements in service, efficiency and external relations.

Subcommittees each contained between fifteen and thirty-five members and were comprised of consumers, parents, state agency personnel, advocates, foster parents and community organizations. Beginning in August, subcommittees generally met weekly, concluding in October. Overall, with subcommittee members and members of the public who regularly attended subcommittee meetings, more than two hundred people participated.

Staff were invited to participate in several ways. They could send comments, concerns and suggestions to their supervisors, through their representatives on the subcommittees, through the Commissioners or directly to the Council. The Council attempted to incorporate their concerns and suggestions in the report and has provided a sample of staff questions in Appendix D.

As would be expected, not all Council members or subcommittee members agreed on all issues. However, a remarkable degree of consensus on many topics was achieved. One or more Council members chaired each subcommittee and they made recommendations to the Council regarding priorities. These recommendations form the basis of this report.

Minutes and reports of Council and subcommittee meetings can be seen at:
http://www.maine.gov/governor/baldacci/news/events/dhsbds/dhsbdsunification_council.htm

III. Why Merge?

No one disagrees with the three primary objectives of improved service, increased efficiency and improved relations. But some question whether these objectives can be accomplished by merging two big departments. They wonder whether the new "mega-department" will just make things worse. Some question whether the missions of the two agencies are compatible.

The Council understands that a merger, by itself, does not accomplish the three objectives. It is technically possible simply to combine the two commissioners' offices, while leaving everything else the same. This would be a merger without any benefits to customers, taxpayers or staff.

On the other hand, the Council understands that a merger presents a special opportunity to deal with issues that have long plagued the delivery of health and human services in Maine. Here is a sampling of report excerpts from the past five years:

- In 1997, a background paper prepared for the Human Services Subcommittee of the State, County, Local Initiative stated, "The culture inherent in the way the executive branch is currently organized works against collaboration and communication at the state level and is detrimental to developing a comprehensive human service delivery capacity."

- In November 2000, a report issued by the Children's Cabinet regarding an Integrated Case Management Pilot Project stated, "families feel overwhelmed and confused by the number of service providers in their lives. . . . . developing a social services culture where integrated, cross disciplinary work is the norm is necessary if we are to move the next step toward assuring that families are getting effective, efficient and holistic services and support."

- In October 2002, the Institute for Health Policy within the Muskie School of Public Service report, Towards a Coherent Single Vision, stated, "For a state, the cost of not collaborating means an inefficient use of resources and ineffective services. From the consumer perspective, lack of coordination means frustration, wasted time, and can sometimes lead to more dire consequences such as institutionalization or incarceration, poor health or death."

Is combining the two Departments the best way to address these issues? **Our Council has come to this conclusion: that a merger is not only one possible way to deal with these problems, it is absolutely essential, a prerequisite.**

Consider how much these organizations have in common. They both:

- ❖ Serve common clients -- adults and children who face significant barriers due to illness, disability, age, low income, limited English proficiency, substance abuse, family dysfunction, domestic violence or other circumstance;

- ❖ Use common community agencies to deliver services;

- ❖ Depend upon MaineCare and the General Fund for financial support;

- ❖ Require knowledge of federal regulations;

- ❖ Employ people with similar skills performing similar tasks such as case managers, clinicians, direct care workers, information technology specialists, compliance officers, advocates, and human resource professionals; and,

- ❖ Operate central and regional offices.

Yet in dealing with these common populations and issues, the Departments have separate and independent systems: different contracts, different regulations, different intake procedures, different decision-making processes and different approaches to common issues. The longer these Departments remain separate, the bigger, and more costly the challenge to unify them. As an example, one only need look at the separate and costly information technology systems.

The issues recounted here are not a criticism of the individuals who work at either Department. As one staff person in Portland said, "When I attend a client meeting, the people there see me as being able to help them. When I return to the office, I feel powerless because I'm not able to get them what they need." Staff will benefit from a more unified system that is easier to navigate and as a result, they will be able to provide better service.

Both Departments have a wide range of programs and services including health, clinical services, employment, long-term care, children's services and domestic violence prevention just to name a few. Collectively, these programs and others are powerful, important resources that are needed by both staff and consumers.

The State of Maine continues to make a substantial and growing financial commitment to health and human service programs. Simply put, taxpayers cannot afford to underwrite a system that is inefficient from an administrative or program viewpoint. Duplication, fragmentation, overlapping programs and inability to reconcile data all act as open windows in winter, sapping precious fuel needed for other purposes.

The establishment of a clear, universally defined data set is central to reform. For example, data that allows true cross tabulation of caseloads, across state government and into the private sector is not fully available. This means that it is not possible to obtain a true cost of case management. Resolving the need for comparable data will not come about without an open partnership between the Department and the Legislature with the goal of developing a new set of expectations, tools and results.

The creation of one health and human services system makes possible the other goals of reform. It makes responsiveness to citizens, legislators, consumers, staff, providers and press possible, for only a system with clear controls and organization can be accountable.

A merger, in itself, is not sufficient to achieve the three goals of improved service, increased efficiency and improved community relations. But it is a necessary first step.

IV. Recommendations: Overview

Form follows function. This is a classic statement in architectural theory, but it also applies to organizations. The most important task is to figure out what the new Department should be doing differently. Once that is determined, the shape of the organization begins to emerge.

For this reason, most of the discussions with stakeholders involved how state government could do things better. Subcommittee Chairs listened carefully and identified major issues and opportunities for change. These opportunities are captured in more than one hundred individual recommendations that are detailed in Section V. (A corresponding number in the narrative references the specific recommendations in Section V.)

The Council recognizes that many of these changes will take a number of years to achieve. Many areas described in this report are complex, and will require further analysis and planning for successful implementation. Some will require additional resources; others will necessitate the dismantling of existing functions. It is understood that the Governor, Commissioner and Legislature need an opportunity to evaluate the recommendations in this report, and undertake a serious planning and implementation process, one that will extend several years. *The Council's job was to synthesize a wide range of input into a useable framework -- a roadmap – for change.*

Here are ten key ways that the new Department can function as a result of the merger:

1. Create a new culture of quality, performance and responsiveness

Principles

Ultimately, all of the recommendations are about this: the new Department must treat everyone with respect and dignity; value staff; treat community organizations with professionalism; and look to internal and external stakeholders to help design the system. Services should be based on objective analyses of needs and relevant, meaningful data. Whenever possible, services should be individualized, close to home, interdisciplinary, with an orientation towards prevention and the maximization of independence.

This is not a matter simply of changing laws and regulations. It must be internalized in day-to-day activities within the Department. The ethic must be visibly posted (Recommendations A1-A2). It must be demonstrated by the Commissioner and senior staff (C1- C3). It must be exercised in new collaborative relationships with legislators, stakeholders, customers and providers (B1, D8, and D14) – exemplified by the creation of a new overarching Advisory Board (B2). This is done by leadership, not laws.

Accountability and Public Trust

The new Department will have considerable interaction with the public. Developing and nurturing public trust is an essential aspect of its success. To facilitate this trust, the new Department should:

- Simplify program language and reports.

- Construct a set of easy to understand and meaningful Activity Measures and Program Indicators for use across all programs.
- Report to the Public often (successes, failures, progress).
- Demonstrate fair and consistent appeals and advocacy processes.
- Report accounting/financial management issues promptly to the Legislature and to the public.
- Maintain an open door policy and encourage citizen and press participation.

Communication

Key to this culture is a commitment to listening to consumers, personnel and community organizations. Only through listening can the Department embrace continuous improvement. The Department needs to cultivate a reputation of receptivity to input and systematically must share information important to others. It needs a formal communication and decision making process that is transparent and accountable. Transparency means that both external and internal stakeholders will know where to get information, and where to give information. They will see clearly where and when decisions are made and how input was used in the process. And, they will know to whom they can go if they disagree with a decision. Personnel also need timely information and a systematic means of communicating concerns and suggestions. This is a common concern in large organizations, but for the merger to be successful, it is of particular importance.

Proactive steps are needed to communicate to the public about the Department and the positive culture it embraces. This is essential in encouraging people to use the services. It also is essential in developing an esprit de corps. For this to be successful, external stakeholders must be engaged and supportive.

The Department is the leader in health and human services in the State of Maine. The role of leader requires the ability to be both supportive of staff and external organizations, as well as to hold them accountable. Accomplishments, both internal and external need to be recognized. High standards, internal and external, need to be upheld.

Planning

Successful planning takes place when planners have a degree of independence from the programs they are studying, yet have an in depth understanding of the programs and their potentialities; when data collection is universal, standardized, ongoing, and flexible; when performance benchmarks are clear; and when top management is paying attention. An example where planning needs to occur is resource development. This involves the creation of programs, services, and organizations statewide. It is an area that is decentralized among bureaus, and about which little formal planning has taken place between the Departments.

Quality Assurance and Improvement (QA/QI)

Quality assurance must be formalized and reflective of consumer needs and the needs of the people who serve them. The Council recommends that an Office of Policy, Planning and Quality Assurance provide the leadership, support and monitoring of an effective system (D1). Actions include:

- Adopt outcomes and standards on a department-wide basis and across the entire system.
- Incorporate the commitment for QA throughout the Department.
- Determine what data is relevant and meaningful, collect it, track it and evaluate it.
- Use this information to make improvements and decisions.

Within the two Departments are examples of QA/QI initiatives that should be examined for replication. In addition, many states are grappling with this issue and some have created a framework for QA/QI that can be used as a basis in Maine.

Meaningful Data

As a result of requests from the State Legislature, federal agencies and court requirements, staff collect an astonishing amount of data in specific formats and configurations. The data does not lend itself to easy cross tabulation or analysis. The result is a tidal wave of data not always useful for quality assurance or planning purposes. It is a source of frustration cited by many, including legislators and members of the press. In addition, front line staff and community agencies are required to collect and deliver increasing amounts of data that adds to their workload. What makes this situation worse, is that staff do not always believe that the information is useful, or that it is used to drive better decision-making. As one staff person commented, "I entered this field to help people, not to enter data into a computer." As such, a concerted effort must be undertaken to inventory the reports now generated, identify the key components that must be collected to drive decision-making, and work with both state and federal officials to streamline, if not eliminate the rest (D2).

Responsiveness & Repercussions

The Council heard the perception that repercussions or retaliation could occur to people or organizations that complain about the Departments. The Council heard anecdotes that complaints could result in actions ranging from not responding to phone calls; to decisions on individual families; to how funds are distributed to community organizations. The Council did not investigate any such claims and cannot comment on the depth, scope or validity of this problem. However, the perception alone is enough to chill the critical input needed for continuous improvement. As such, the Council recommends that the Commissioner set the expectation for reaching out for input, for resolving issues in a fair and timely manner, and for establishing a systematic process for complaints within the Quality Improvement Unit (G1-G11). This responsiveness must extend to personnel who must be supported when they provide critical input or complaints. The Council recommends that the Commissioner bring together staff and external stakeholders for open discussion on this topic (I3).

The Council heard a number of anecdotes about staff that exemplify the principles of customer service and professionalism. In this regard, staff expressed frustration at being on the receiving end of public criticism while working hard to serve the public. As such, it is imperative that the leaders in the system demonstrate that they are addressing problems, engaging stakeholders in the process, and communicating outcomes.

2. Provide a one-stop entry for customers

There are two principles at work here. The first is "one-stop." A person should not have to fill out the same forms again and again. One-stop does not mean necessarily one location, or one person. It does mean a way of doing business where people are helped in an efficient and customer friendly manner, as early as possible in the process, and in the least disruptive manner possible.

The second is "no wrong door." Under this principle when a person contacts the Department for assistance, whether by visiting a local office or calling, they should be able to receive information or service through a one-stop approach. The Council understands that individuals may need services from a number of specialists. However, the organization of these services should be coordinated in a manner that makes it as easy as possible for the customer (F1 – F6, F26).

The new Department should have one primary public phone number and one customer service unit. There should be a computerized financial eligibility process that will establish financial eligibility for the major programs (an expansion of what is already in operation in the existing DHS Bureau of Family Independence). The Council recognizes that this cannot happen overnight. However, it's an example of a resource that should be leveraged, through careful planning, to benefit the entire Department and its clients.

The Council understands that United Way agencies are working on a concept called 2-1-1 that would provide a single access number to obtain information and referral for social and human services. The Council does not have a recommendation in this regard, but suggests that the relationship of this effort to the Department's proposed customer service center be clarified.

Case management received a great deal of attention in several subcommittees. The Council recognizes that this subject is complex, and intertwined with federal and state regulations and definitions, court settlement agreements, program specialties and differences in geography. However, this complexity cannot prevent tackling this problem: consumers report being overwhelmed by dealing with so many case managers. Multiple case managers for the same individual or family may be deployed by both DHS and BDS. In addition, the same individual or family may have case management support from private agencies, Bureau of Rehabilitation and other entities. Besides being potentially confusing and time consuming for consumers, this complexity obscures understanding and analysis of caseloads, cost and effectiveness for policy makers.

The first step in detangling this issue is to conduct an independent review of the functions provided by case managers, assess which functions can be combined, and undertake a systematic effort to streamline and rationalize this area (F8). The Department should consider assigning a Lead Case Manager for people who have complex circumstances or who qualify for multiple programs at the time of eligibility screening. This model has been piloted in the state with some success. However, the layering of case managers is not the overall solution. The assessment will provide a basis for decision-making in this area.

To that end, the new Office of Policy, Planning and Quality Assurance will oversee progress towards more unified service delivery and will monitor program developments to avoid creating more silos (D1-D7).

3. Institute high-level, focused, professional financial management

The new Department must be financially strong, sound, and transparent. This means that financial operations of the various institutions, bureaus, programs and regional operations must be centralized under one financial office that will be focused on one thing and one thing only – financial planning and accountability. Recommendations E1 and E2 accomplish this.

Medicaid financing is central to major programs in both Departments. The State Legislature has made a conscious effort to maximize Medicaid reimbursement – which pulls downs a federal match of $2 for each $1 of state funds spent. That has resulted in a substantial increase in federal Medicaid spending in Maine. It also has resulted in a complicated set of programs and regulations.

The Council recommends that a separate MaineCare unit be maintained in the new Department to give this issue focused attention (E4). This unit should have a formal relationship with the Office of Health Care Policy and Finance, which is responsible for overseeing the development of the state's Medicaid Plan and overall response to health care delivery. In addition, other units that need to work closely with the Office of Health Care Policy and Finance include: Certificate of Need, Substance Abuse, Fund for Healthy Maine, school health programs and public health programs.

Along the same lines, the Council recommends that a separate Office of Internal Audit be established to review programs such as MaineCare for compliance with federal, state, and professional accounting standards and to recommend improvements in internal controls (E12). The Council supports the Governor's actions to rectify finance operations in DHS. This includes conducting a review by an external accounting firm, hiring of additional qualified personnel and the installation of a Deputy Commissioner of Finance with substantial experience in state budget and finance (E1).

4. Establish the Bureau of Children and Families

The rationale for this recommendation was expressed by the Report of the Subcommittee on Children and Families:

> *For 25 years Maine has tried to deliver child and family services through a combination of Departments and agencies. Each of the past four Governors has organized a Children's Cabinet to coordinate such services. It is our opinion that, in the face of needless fragmentation, these systems have fallen short of the standards they had hoped to achieve.*

This new Bureau would manage programs in child care and development, Head Start, mental health, mental retardation, developmental disabilities, autism, child protection, adoption and foster care (F9-F10). The Subcommittee concluded that:

> ... *the Bureau of Children and Families holds much promise in securing significant improvements in Maine's services to children and families. It is believed that, unified under a clear mission of excellence in service and free of the burden of needless fragmentation, families, children, advocates and professionals will benefit enormously from the creation of such a dedicated Bureau. Our children – our future - deserve and need a strong and concerted voice in Maine.*

The Council received significant anecdotal information regarding children's services. These included frustration in dealing with what appeared to be an unresponsive system. In some instances, staff did not appear knowledgeable about other services within their respective Departments. The Council also received information that commended the high level of service of individual staff or units.

Regarding these issues, the Council has several recommendations. First, "voluntary" services should be separated from "involuntary" activities whenever possible (F10). Prevention services should be infused into a range of programs and services to assist in identifying and resolving problems as early as possible within families (F30). A single point of contact to follow a family throughout their relationship with the Department would be a major step forward in brokering the many services at the state and private level (F-8). Having so many people engaged with a narrow slice of an individual or family, increases the risk of missing fundamental elements that will help them to be successful. The concept of a Lead Case Manager will assist in supporting a comprehensive response (F8, F8, F10). Cross training of case managers and other staff is essential to improve service for consumers.

The Council heard many comments regarding the need to better coordinate services for young people in the Juvenile Justice system. A concerted effort has been made to develop strong connections among the Departments of Corrections, Human Services and Behavioral and Developmental Services. However, young people continue to be involved in a system of care that is fragmented. As such, the Council strongly suggests that a careful planning process be undertaken, involving internal and external stakeholders, resulting in a recommendation regarding the location of preventative and rehabilitative services. Consultation with the Department of Corrections and consideration of a report soon to be issued on corrections policy in Maine should be part of this process. The Council understands that there are strong opinions on this topic. However, it is clear that the process today between the state agencies is not seamless. An action plan must be developed that rectifies this situation within a defined period of time.

Finally, the Council understands the importance of the relationship of the Court System to many services provided by the new Department, and in particular Children's Services. In this regard, the Council encourages ongoing collaboration with the Court as an essential aspect of overall improvement and reform.

5. Streamline administration

Part of the rationale for consolidating the Departments is to improve administrative efficiency. This should result in improved service, increased capacity and/or savings. On a continuing basis, the senior leadership team should identify opportunities where consolidation or reengineering can result in savings.

The Council identified savings in the area of senior management. By combining related functions in the two Departments, overall efficiency can be increased and long-term budget savings achieved. Examples include:

- Budget and accounting (E2)
- Facilities services (E5)
- Contracting services (E6)
- Licensing (E7)
- Human resources (E9)
- Information technology (E10)
- Consolidation of bureaus

These actions will result in a savings of approximately $1.3 million per year. In addition, the Governor's Office, in conjunction with the Departments, has identified $4.5 million in additional administrative savings that will not impact service delivery.

The Council understands that nineteen (19) positions have been held vacant in the current budget. These positions could be eliminated as part of this reform, along with the management positions identified above.

Along these same lines, the Council recommends that the administration of state institutions (AMHI, BMHI, Forensic Unit) be consolidated under one director. This reform will create more accountability for state institutions, and will enhance the ability of state government to provide a coordinated and comprehensive service package in response to court decrees. Given the impact and cost of these institutions, this Director should report directly to the Commissioner.

In a later section, there are recommendations related to streamlining the administrative burden on service providers. This should have the effect of deploying existing funds to service delivery as opposed to unnecessary administrative activities.

6. Create fair and timely complaint, appeals, and advocacy processes

Responsiveness requires communication between customers and the Department that is open and honest. Customers, providers and staff need to know where and how to file a complaint, appeal a decision or seek advocacy services.

Complaints and Comments

The Council heard anecdotal comment that it is not clear where to make complaints or comments. Also, customers may fear that by complaining, their chances of receiving services are diminished. The Council recommends that there be one complaint and comment line with TTY access, and website for the Department along with widely available written forms. (G1). Complaint data must be systematically collected, analyzed and used for decision-making (G7). In addition, staff must be trained to provide information to customers as to who and how comments or complaints can be made. This information should be available at the time of intake, and be included on all major documents. Staff also must have clear channels for complaints, and not fear repercussions for using them (I3).

Appeals

The Departments have different appeal processes. The new process should be located in a combined Office of Appeals, and should include explicit procedures (I4), trained staff (G6), and the capacity to employ alternative dispute resolution techniques (G9). It is important that the Appeals Unit be independent from program and service areas. As such, the Council recommends that the Appeals Unit be a separate cost center from the Bureaus (G8). The Council heard concerns regarding the ability of the Commissioner to overturn decisions from Hearings Officers. The Council suggests that data be collected on the frequency and type of decisions overturned (G4). Finally, the Council heard compelling comments that consideration should be given to a central appeals panel for use throughout state government. This would have the benefit of leveraging all available resources, and creating a more robust and independent Appeals Unit. The Council was not in a position to evaluate the cost-benefits of such an approach, and recommends that a formal review process be established to consider a central appeals panel (G2).

Advocacy

Advocacy services emanate from both private and state agencies. The Council gave particular attention to the BDS Office of Advocacy, which reports to the BDS Commissioner, and is the only group of advocates comprised of state employees.

The role of advocates appears to differ from one organization to another. No unified repository of information exists for quality assurance and quality improvement efforts. While some advocacy organizations appear to have detailed reporting requirements, others do not. This fragmentation results in an evaporation of valuable information that could be used to improve systems and services.

The BDS Office of Advocacy is the only advocacy service that is not contracted to a private agency. External contracting would improve the perception of greater independence from state programs, but could decrease valuable access to state facilities and employees. Whatever the decision by the Governor and Legislature in this regard, the Council recommends that all the units of advocacy join together in a formal process to define roles, clarify rules, share results and provide public education.

Included in this review should be the identification of actions that promote consistency, quality assurance, greater capacity for education and training, national interaction for best

practices and data collection (G13). To the extent possible under federal law and court settlement agreements, the roles of the various advocates should be clearly defined and communicated. Included in this discussion should be the clarification of the role of Ombudsman and Constituent Affairs staff, and their relationship to the Advocates (G11).

A possible addition to this approach is the creation of an independent board to oversee all advocacy services – either as part of the overall Advisory Board, or as a separate group (G14). This would be appointed by the Governor and would review contracts, performance and complaints. This would provide a degree of separation for BDS advocates not achievable by reporting directly to the Commissioner. The Board also could play a role in helping to bring together the best practices of the entire system of advocacy. Finally, any final decisions regarding advocacy should take into account guidance provided by the Community Consent Decree Court Master.

7. Standardize and simplify contracting, licensing and accreditation

State Government uses a myriad of private vendors – both for-profit and nonprofit – to deliver residential, vocational, home care, day care, long term care, advocacy, clinical and many other services. The reduction of non-value added or duplicative administrative functions on these organizations increases capacity for direct service or for savings.

Contracts

The two Departments purchase and administer hundreds of contracts with a total value of $450 million. Successful contracting can further the goals of cost control, quality performance, and community partnerships. In addition, it reduces the administrative burden on service providers who are obliged to keep up with a variety of requirements, policies, procedures and timelines, even when providing similar services, for similar populations. To achieve this, the Council recommends:

- Consolidate into one administrative unit the individuals responsible for procurement, so that they can share expertise.
- Standardize contracting policies and procedures to the extent permitted by law.
- Maximize transparency (how contracts are issued and decided), competitiveness, pace, efficiency and quality of the contracting process.
- Review mechanics of contracts to ensure that they meet requirements of state and federal laws and guidelines.
- Identify conflicting requirements, if any.
- Establish a review process to monitor fairness of the selection process.
- Make greater use of techniques such as bidding and market-clearing pricing, capitation agreements, voucher arrangements for small purchases, value based pricing in areas of specialization, and performance bonuses and penalties.
- Coordinate contracting processes for individual organizations to the extent possible.

By having a process in place that ensures that contracts are done efficiently and effectively, the Department will have one more tool for achieving its goals (E6).

Licensing

Facilities that require licensing must satisfy several state units with different requirements, different visiting schedules, and in some cases different definitions of the same terms. This fragmentation not only increases administrative expense at the local level, it increases risk for consumers. It is possible that a license or contract can be given to an organization by one department or unit, while another has withdrawn contracts or licensing for cause. From an efficiency and accountability perspective, this area needs to be unified.

In the new Department, licensing activities should be consolidated in one place. This new unit issue should coordinate licenses by applicant, and be responsible for coordinating and consolidating inspector visits (E7).

Accreditation

The Council recommends that the state study the adoption of consistent, national accreditation standards (E7). In addition, the Department should implement existing rules that require national accreditation. Many organizations are already accredited. Importantly, the information gained from a consistent survey process can be used to gauge the strength of the system as a whole. This information is not now being captured, and it should be.

The Council understands the difference between licensing and accreditation. However, where the two areas overlap, every effort should be made to use national accreditation standards as the benchmark. Finally, when comparable national standards are available, the Council discourages the Department from developing its own standards. In essence, the state does not have the capacity to develop, maintain or review these standards in the same way as a national organization. The state could add standards as needed to conform to specific, unique state objectives or to set higher standards.

8. Provide excellent support and training for staff

An organization that delivers health and human services is reliant upon the quality of its staff to deliver those services well. The Council heard from many front line staff who are doing their very best in a system that is often confusing and frustrating. They support the goal of improved customer service, while recognizing that they are obliged to deliver service, each day, within a system that is inherently fragmented. The Council makes twelve recommendations to ensure that staff are treated fairly, are well trained, and have opportunity for input into decision-making. (H1-H12).

Staff are on the front line. On a daily basis they hear from consumers, community organizations and other state agencies. This is a wealth of information that should be systematically captured in a variety of ways such as case review, staff meeting minutes, formal complaint and comment protocols, and input mechanisms (D2). Particularly in the field offices, the Council heard that staff do not always feel "heard," and that their expertise in making suggestions or improvements is not solicited. Staff should be encouraged – and rewarded – for offering suggestions on how services, programs and systems could be streamlined with the goal of improved service to customers (H3, I8).

A systematic program of cross training, particularly in the area of case management should be developed. It is important that an overall orientation program for all staff be developed and implemented.

Staff need to be supported through the changes associated with this merger. They need direct input and involvement. This requires an active, formal program of communication, and a culture of participation. The statewide Bureau of Human Resources has offered to assist in developing the specific interventions that will advance the change effort.

An active, visible labor-management committee should be created by the Commissioner and supported by senior Department leadership (H-1). The committee should work actively to foster communication between staff and management.

Wage parity was raised as an issue of concern within the organizations. As a result of a series of unrelated actions, staff who appear to have similar roles or similar titles are paid differently depending on where they work. Reconciling this problem requires a long-range plan, but must be considered a priority (H7). One particular area of concern in this regard is case managers. However, the Council heard concerns about other areas where staff may have similar job titles, but where the tasks are handled differently. One example in this regard is contract managers.

Staff who meet or exceed the principles of customer service should be rewarded. Those who don't should be assisted to improve, or otherwise be held accountable (I2). This is as true for senior staff as it is for front line staff.

The role of mid-level managers appears to be the most ambiguous. Some appear to function primarily as an "overflow" staff person, filling in for staff vacancies. Others have advanced to the supervisory role, but have not had formal training in supervision. Still others express frustration regarding limited information or communication with the central offices of the Departments. Mid-level managers report feeling "squeezed" by the rapidly changing requests from central offices, and their inability to plan thoughtfully for staff on the front lines. Mid-level managers need focused training regarding supervision (F8). In addition, they need an outlet for support and "debriefing" as they often deal with situations that are highly charged. The Maine Management Service was created to respond to the need for improved skill building for managers. The Council did not evaluate this resource, but encourages the Commissioner to do so.

Especially in areas that are geographically distant from Augusta, there is sense that decisions are made absent of a solid understanding of the geographical and other distinctions. At the same time, the Council heard numerous complaints regarding consistency from one region to another and sometimes from one office to another - - and sometimes, from one staff person to another. This problem supports an earlier recommendation that the decision-making process needs to be more transparent, and people (staff, customers and service providers) need to see how input is used.

In summary, the Council recognizes and appreciates the hard work of personnel within the two Departments, and the challenges they face on a daily basis. Some of these

challenges are inherent in the type of work performed. Other challenges, however, are due to the inefficiency of the system itself. The recommendations in this report are designed to not only improve service for customers, but to improve the work environment as well.

9. Leverage program resources more effectively

One of the great values in the merger is bringing together units that will complement one another, and as a result, will provide better service for the customer. The Council recommends that staff in these units must play a central role in determining how these advantages can best be leveraged (H3).

The Council recommends bringing together adult services, children's services, better coordination of services for refugees and immigrants, unifying guardianship services and better integrating of substance abuse services. Many of these areas represent cross cutting service areas. With limited resources, it is essential that Department staff work across program lines to leverage opportunities for collaboration. This goes to the heart of bringing together complementary units into common bureaus or offices. The changes are outlined in Section IV.

The Council considered a number of organization models for the senior management structure. The goal is a structure that is streamlined, demonstrates accountability, and is equipped to support the activities of the agency and the changes described above. One option for the senior structure is outlined in Section VI.

Similarly, determining the regional structure is an important step in bringing the overall benefits of this merger to the front lines. The Council heard two possibilities for regional management models, each with advantages and disadvantages (E14).

One possibility is to create a single director for each region reporting to the Deputy Commissioner of Programs. It creates a regional point of accountability in terms of unifying services from the customer's perspective. When the Commissioner, legislator or consumer has a question or a problem, the accountability is clear. The disadvantage is that it is a departure from the traditional bureau model, wherein bureau directors have full control over operations. Concern also exists that it creates the possibility of inconsistency among regions. An alternative approach is to maintain the bureau structure in the regions, and add a "regional executive director"responsible for integrating services.

Whatever the final decision on the regional model, these considerations should be taken into account:

- Decision-making authority needs to be clear, internally and externally;
- Continuous effort needs to be applied to unify effort and services, and
- Fresh leadership may be needed to overcome old perceptions, patterns of behavior and relationships and to build trust internally and externally.

10. It's all in the doing.

There have been many studies on how to improve health and human service programs in Maine in the last five years (see Bibliography). These reports contain hundreds of recommendations many of which have not been implemented. This also is true nationally. Many states have considered, or even undertaken a revamping of their health and human services. None, it appears, have completed full-scale change.

What happens in other states is a familiar story. The planning happens in earnest. Some recommendations in specific program areas are implemented, but full reorganization hits familiar snags. To be successful, several things must be present. First, it takes a comprehensive plan. Second, it takes dedicated staff time and resources. Third, it requires consistent leadership. All of these are difficult to maintain in the public sector.

Developing a comprehensive plan isn't easy. Staff already are working on difficult problems, and are frequently called to other priorities. Some segments may get implemented, and then Administrations change. Priorities change. Budget problems emerge. Progress slows, often stops. This is a familiar refrain throughout the public system nationally. So, how can Maine be different?

First, what are our assets?

- The Governor and Legislature are committed to improving service delivery and accountability.
- We have a wealth of expertise both internal and external to state government. This includes resident experts who play a key role at the national level.
- 200 stakeholders were involved in creating these recommendations. Many are interested in continuing to help.
- Maine is known for practicality. If it can be done anywhere, it can be done here.
- The Joint Standing Committee on Health and Human Services has spent several years engaged in reform discussions, and several members were deeply engaged in the Council's work.
- We have a knowledgeable press that has undertaken review and analysis of key human service issues and raised public awareness of them.
- There is a willingness and desire among all three branches of government to improve outcomes.
- Staff want to do their jobs well. They care about the people they serve. They care about Maine. They are resourceful and skilled, and we need their input to succeed.

To support these assets, the Council has specific recommendations:

Ultimately, the Commissioner and senior staff are responsible and accountable for the implementation of these recommendations, but the input and support of external stakeholders is essential to the process. *For this purpose, an Implementation Team should be created as soon as possible.* This team would be comprised of internal and external stakeholders that can provide ongoing input to the Commissioner.

The Implementation Team would provide regular updates to the Department's Advisory Board. It could be a committee of the Board, however, it needs to be created as soon as possible, and shouldn't await the formation of the Advisory Board. The overarching Advisory Board cannot substitute as the Implementation Team as it needs to be engaged in the broad policies and issues confronting the Department.

A formal process must be undertaken to engage staff at all levels. The Departments have created a "Cross Agency Restructuring Team (CART) comprised of senior managers. This group may provide a good vantage point from which to plan a systematic means of communicating with staff, and receiving input, however, a systematic effort needs to be undertaken to gain the involvement of front line and field staff.

The Commissioner should consider engaging the services of external consultants to help develop the implementation plan, facilitate and manage the process. This is not because staff are incapable of managing this assignment. However, staff are fully engaged, and cannot be expected to meet this challenge without assistance.

In summary, a formal planning and implementation process must be undertaken. A large number of discreet processes and decisions require attention. Some of these can and should happen contemporaneously. Others are sequential. For the goals of the merger to be successful, all of these activities must be detailed and monitored in an overall project plan. This will enable members of the public, the press, the legislature and the staff to follow developments, and to understand where input is needed and possible. *The Council cannot overemphasize the importance of such a plan, and implementation process to the success of the effort.*

V. Recommendations: Detail

This section provided the detail regarding the recommendations that were described above. Recommendations are grouped in nine categories:

A. Principles and Standards
B. Oversight
C. Leadership
D. Policy, Planning, and Quality Improvement
E. Administration
F. Programs and Services
G. Due Process, Dispute Resolution and Advocacy
H. Personnel
I. Culture

Within each category there are specific recommendations that are numbered according to the priority area e.g. A1, A2, B1 and B2. The last column indicates suggested timing:

I = Immediate (in the next six months)
M = Medium term (in the next year)
L = Long term (in the next two years and beyond)

	Priority Area	Recommendations	Actions/Notes	Timing
A	**Principles & Standards**			
A1	Adopt Principles	The foremost goal is improving the health and well being of Maine people, with this goal guiding all decisions, programs and services. People receiving information or services are treated with respect and dignity without exception. Personnel are valued and supported as the critical connection to the consumer. Service organizations that carry out the Department's mission via contracts should adopt similar principles are treated with professionalism and collegiality without exception. Stakeholders play a meaningful role in design of system.	Post Principles and Standards conspicuously, include in all promotional material, incorporate into job descriptions and performance appraisals, ensure that managers demonstrate Principles and hold staff accountable for doing the same.	**I**
A2	Adopt Service Standards	Leaders are expected to make decisions that uphold core principles. Services should be linked to population-based priorities. Whenever possible, services should be: Individualized Family centered Close to home Preventative Interdisciplinary Evidence based Consistent with best practice		**I**
B	**Oversight**			
B1	HHS Committee	Hold monthly meetings with Commissioner		**I**
B2	Advisory Board for Health and Human Services	Review & comment on Strategic Plan & progress	This is an active, high visibility advisory board that plays a key role in advising the Commissioner on a long-	**I**

	Priority Area	Recommendations	Actions/Notes	Timing
		Report findings and recommendations to Governor and Legislature.	term systems plan. It includes direct consumers, service providers, advocates, business leaders, researchers and members of the public. It requires staff support. Activities could include: reviewing reports on key indicators; review and comment on major policy options; receive reports from committees to the Board; and, offer annual assessment of progress and effectiveness.	
B3		Initiate formal discussions with existing advisory Boards regarding integration opportunities. Inventory existing Councils, Boards and Commissions; determine statutory mandates, annual cost, including staff time devoted and estimated volunteer cost.	Dozens of advisory boards now exist. Some of these would be advantaged via merger into the Advisory Board. Although no specific recommendations are being made for elimination of boards, a review should be undertaken with the goal of some consolidation.	**I**
C	**Leadership**			
C1	Commissioner	Ideally, the Commissioner should have experience in change management, labor relations, developing systems of fiscal and program accountability; be knowledgeable and supportive of family centered reform and be experienced in human service or related systems.	The Commissioner is responsible for leading change in overall system, not only in state government. As such, Commissioner must demonstrate regard for the overall system, and model respect for partners.	**I**
C2	Senior Staff	Develop a Senior Staff team that demonstrates commitment to: ■ Consumer satisfaction ■ Systems leadership ■ Communication at all levels Incorporate Principles & Standards into performance appraisals.		**I**
C3		Set expectations for collaboration in Department, across state government and with community agencies.	Collaboration needs to be demonstrated by a commitment to specific actions and processes. Expectations in this regard need to be specified and published.	**I**
C4		Members of Senior Leadership Team should hold appointed	This includes: Deputy Commissioners	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
		positions and serve at the pleasure of the Commissioner.	Regional Directors & Bureau Directors and other key positions	
D	**Policy, Planning and Quality Improvement**			
D1	Create Policy, Planning and Quality Improvement Unit to include:	Research & Statistics & Vital Records	Coordinate departmental efforts for the State Health Plan under the direction of the Governor's Office of Health Policy and Finance	**M**
D2		Data management	Inventory existing reports. Identify federal and state requirements for reporting. Identify relevant benchmarks for data collection. Identify non-value added reporting requirements. Work with state and federal officials to eliminate non-value added statutory requirements. Develop cross agency data sets that are comparable. Publish data in reports that are usable for public and legislature.	**M**
D3		Policy Coordination, APA Management and Rulemaking	Create short-term work team to identify measures that improve communication regarding rulemaking. With consideration to the complexities of the issues, every effort should be made to write rules in clear language.	**M**
D4		Compliance with applicable national standards	Come into compliance with existing rules that require national accreditation standards.	**M**
D5		Resource Development Establish short-term work team of internal and external stakeholders to recommend policy and procedures related to when and how new resources are developed.	Resources must be developed with attention to building capacity within existing frameworks as opposed to continuously adding new organizations. The tendency to add new entities contributes to added administrative expense in the community, fragmentation of services and difficulty in maintaining accountability system wide.	**I**
D6		Develop Quality Assurance system	Establish process to integrate QA, QI, utilization review and outcomes into planning process. The Council understands that the Departments are now required to organize information for a variety of sources including the courts, federal agencies and State Legislature.	**M/L**

	Priority Area	Recommendations	Actions/Notes	Timing
D7		Develop resource identification and grant writing capacity. Collaborate with external stakeholders.	The Department should lead the effort in bringing people together to leverage additional resources. At the same time, the Department should not be a pass through for all grant requests, but should pursue funds based on identified needs and long-term systems building. The creation of new structures, with temporary funds should be avoided.	**M/L**
D8	Consumer Input	Establish Consumer Committee to the Advisory Board for Health and Human Services.	Consumer input is collected inconsistently. An over reliance on Advisory Boards may have caused the system to overlook or not capture the multiple avenues of input, such as case reviews, follow-up calls, focus groups and surveys. Policies and practices to facilitate consumer involvement should be suggested by the Consumer Committee with consideration of issues such as reimbursement for costs associated with participating including child care, personal care assistance, transportation and interpreter services. Commissioner should meet regularly with Consumer Committee. The Health and Human Services Advisory Board should include people who receive services directly.	**M**
D9		Existing Consumer Support Unit should be evaluated to determine how it could be more effective in facilitating consumer input in the broadest sense.	Develop or continue policies that require demonstration of consumer input in community organizations, and the Department. The Department should have high-level capacity to facilitate consumer input including department-wide policies, expertise in accessibility, and support for programs in their efforts to involve consumers in program and policy development.	**M**
D10		Provide consumer access to own files unless prohibited by law for child protection or other similar		**M**

	Priority Area	Recommendations	Actions/Notes	Timing
		purposes.		
D11		Develop protocols through the Communications Office to communicate developments such as policies and rules to consumers.		**I**
D12		Provide consumers with access to data in useable format.		**M**
D13	Provider input	Set up short term working group to identify ways to ensure that provider input is used in developing policy and procedures. Develop procedures and publish.	Providers are integral to the overall system. For the system to function optimally, providers must have information and input.	**I**
D14		Establish Provider Committee of the Advisory Board on Health and Human Services	Committee will provide guidance on ways to improve partnership. Commissioner should meet regularly with Provider Committee.	**I**
E	**Administration**			
E1	Office of Finance	Implement PWC Recommandations	Office will be the bill paying and revenue collection unit. Providers will deal with one office for all contracts.	**I**
E2		Centralize budget & accounting staff. Establish direct reporting lines to Office of Finance for budget and accounting staff within programs and regional offices	Reorganization in this area already is underway as a result of the Governor's actions to rectify accounting problems within DHS.	**I**
E3		Develop process for intersection and coordination of finance staff and program/policy staff.	The coordination of finance and policy is critical to meeting short and long-range objectives.	**I**
E4	MaineCare	Maintain as a discrete entity within Department. Coordinate efforts under the direction of the Governor's Office of Health Policy and Finance.	This includes coordination of individual Bureau efforts as relates to overall health care policy.	**I**
E5	Office of Administration	Centralize Facilities Services	Maintain staff in regions, but centralize reporting relationships	**M**
E6		Centralize Contracting	Standardize contracting policies and procedures. Develop specific procedures that ensure transparency. Establish contract review process that is outcome based.	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
			Establish common database for all contracts. Connect centralized contract function to fiscal management system. Define the role of program staff in the centralized contracting system. Use competitive practices to encourage efficiency; ensure that specifications are in keeping with strategic objectives.	
E7		Unify licensing Coordinate licenses and survey and certification processes to reduce redundancy, increase efficiency, and improve accountability.	Eliminate duplicative licensing aspects for same facility. Establish coordinated schedule for licensing and stick to it. Issue single license or otherwise coordinate licensing process for single organizations. Create seamless licensing process. Standardize definitions and terms. Identify and coordinate licensing functions with other Departments such as state fire marshal. Review other states' systems that confer deemed status for agencies that hold certain accreditation standards.	**M**
E8		Centralize and systematize rate setting.	Create short-term working group to make recommendations regarding consistency and transparency in rate setting.	**M**
E9	Unify Office of Human Resources	Merge DHS/BDS HR functions.	HR should play a leadership role in developing a plan to implement change, and in creating a training and development plan.	**I**
E10	Unify Office of Information Technology.	Merge DHS/BDS IT functions. Consolidate systems where possible to achieve integration.	This Office is responsible for creating and overseeing technology plan. It must demonstrate collaboration with other state and private agencies and include all bureaus and divisions in planning and implementing IT plan. This is a critical component of system	**I**

	Priority Area	Recommendations	Actions/Notes	Timing
			unification. Under the leadership of the state CIO, this area is being reviewed closely for efficiencies and opportunities for greater integration.	
E11	Create Office of Communications	Develop plan that identifies proactive measures to inform public about merger and Department services in a unified framework. Develop plan that creates a formal system to for communication internally and externally and at all levels of the organization Coordinate communications with other State agencies, the Governor's Office and State Legislature.	This office should be at the heart of promoting the dissemination of information. It must be proactive in reaching out to all parties and encouraging other units within the Department to do the same. It must cultivate and demonstrate a responsive attitude towards the public and the press.	**I**
E12	Create Office of Internal Audit	Review programs and operations for compliance with federal, state and professional financial standards and consumer satisfaction, and recommend corrective practices and improvements in internal controls.		**M**
E13	Consolidate Administration of state institutions: AMHI, BMHI, Forensic Unit, Levinsen	Appoint one Director that reports to the Commissioner. Appoint Chief Operating Officers that report to Director.		**M**
E14	Senior Management & Regional Offices models	Identify leadership model Consider creating Deputy Commissioner of Programs to focus on the continuing process of unifying and streamlining service delivery across program lines.	Two models should be further explored. One option is to appoint one Regional Director in each region to oversee operations. Personnel in Regional Office should report to Director whenever possible. Regional Director is responsible for providing leadership for overall system in region. Team Leaders will supervise respectively Adult and Children divisions in regions. The second option creates two regional directors, one for adults and one for children that report to separate Bureau Directors. This option includes the placement of "regional executive director" who reports directly to	**I**

	Priority Area	Recommendations	Actions/Notes	Timing
			Deputy Commissioner for Programs, and who works to unify services at the regional level. In both models, functions such as budgeting and accounting would be transferred to central office. Consideration should be given to the value of the geographical proximity of contract managers to programs and services. Resource development needs to be linked with QI data system in the central office, and with system-wide needs, in conjunction with Policy and Planning Unit.	
E15	Regional Offices	Unify Regional Offices	The Council strongly suggests that the regional offices be co-located.	**M**
E16	Compliance	Consider establishing role of compliance officer in relation to all consent decrees		
E17	Legislative Liaison	Consolidate legislative liaison activities in one office. Coordinate closely with Communications Office.	Consider joining staff from this office with Communications staff.	
F	**Programs & Services**			
F1	Information & Referral	Establish customer service unit that receives all calls, answer basic questions and refer appropriately. Establish one primary incoming phone number with TTY access for general requests. Maintain separate crisis telephone line for urgent services, including adult and child protective referrals.	This is an important initiative, but one that involves complex planning staff training and support.	**M**
F2		Identify measures to promote services.	Responsibility of Communications Office in conjunction with programs.	**M**
F3		Publish one resource booklet for all programs.	This would be an overview document. It is understood that more detailed individual documents are needed.	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
F4	Intake	Assess capacity of existing financial screening system called ACES (now used by the Bureau of Family Independence) that may be used as the Department's single financial eligibility screening.	Inventory asset or income based eligibility programs. Align application forms Align certification periods across income-based programs. Allow web-based applications to allow electronic reporting to the maximum extent possible. Align household composition rules to the maximum extent possible. Accept verification of financial eligibility for income-based programs as verification of eligibility for all less restrictive programs. Use ITV technology to allow community organizations to assist in application process. Consider allowing greater parental choice (from approved lists) in professional assessment, such as psychological assessments.	**M**
F5		At time of screening designate one Lead Case Manager to be the point of contact.	This is easier said than done. However, this is an area of such high priority for consumers, the Department needs to set in motion a plan and timetable to achieve this goal. It requires coordination among a variety of programs internal and external to the Department.	**M**
F6		Review intake questions and procedures to make less disruptive to consumers.	Avoid duplicative questions. Ensure that forms are written in clear language.	**M**
F7-F8	Case Management	Adopt Principles of Case Management (a number of models were produced in the Point of Entry Subcommittee and offer a solid foundation from which to work.) Review the definition of case management. Clarify definitions. Conduct formal, independent	Consumers engaged in this project stated that multiple points of contact can be time consuming, confusing and sometimes, intimidating. The Council suggests that the concept of Lead Case Manager be further explored as an interim measure to unify service delivery for individuals and families.	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
		assessment of case management actual duties, including duration and scope of services. Involve external stakeholders in input, across all units; include Bureau of Rehabilitation and other agencies delivering similar services to the same populations. Develop plan to cross train case managers.		
F9	Create Bureau of Children and Families	Division of Early Intervention to include: ■ Prevention ■ Child & Maternal Heath* ■ Children's Mental Health Mental Retardation, and Developmental Disabilities Note: Child Development Services - -see next column. *Under discussion	The Chairs of the Subcommittee on Children listened to a great deal of comment regarding Child Development Services (CDS) now located at the Department of Education. In addition, the experience of other states in this regard was considered. The issue relates to how early intervention services administered by DOE can be better integrated into an overall system of care. This could be via coordination, by actual merger, or by something in between. The Council recommends that a decision be made within a two years regarding whether CDS should be integrated into the new Department. To resolve this question, the following issues/questions should be explored: Articulate principles, goals and objectives for CDS program. Evaluate capacity of current system to uphold principles and accomplish goals and objectives Research best practices developed or evolving in other states such as the ABCD program funded by the Commonwealth Fund. Develop outcome measures and other data by which the state can measure success. Evaluate how to accommodate	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
			regional differences. Recommend training and staffing needs. Develop proposals for enhancing collaboration among providers. Explore braided and blended funding opportunities to maximize effective use of resources. Coordinate with Office of Heath Care Policy and Finance	
F10		Division of Child Welfare to include: Adoption Child Protective Foster Care	Review whether Title IV-B money can be used to prevent abuse and neglect for "at-risk" children. Review level of effort regarding preventing child abuse and neglect in comparison to other services. Review how voluntary services should be separated from involuntary functions (such as child protective). Post adoption services need to be linked with other services in Department. Adoption staff must be knowledgeable about support services within Department as a performance expectation. Increase staff time devoted to permanency planning. Adoption studies and licensing needs to be standardized. Develop more collaborative approach between birth parents and foster parents. Review models in other states such as Illinois that has a funding formula called Performance-based Contracting that rewards "permanency" instead of penalizing it and their foster care population was cut in half.	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
			Review pending federal Foster Care Flexible Funding Plan to assess benefits of improving Maine's system. Form working group to make long-term recommendations regarding legal services for parents involved in cases with DHS. Develop and improve coordination with clinical services (now offered by BDS) so as to offer a seamless package of assistance to children and families.	
F11	Juvenile Justice	Strong consideration should be given to setting in motion a thorough and formal process, involving internal and external stakeholders, that results in a recommendation and determination regarding the location of the administration of preventative, rehabilitative, residential and community services. The Department of Corrections should retain responsibility for assuring public safety through the provision of detention and incarceration of children and youth who pose a significant threat to public safety.	The Juvenile Justice System has two purposes established in the Juvenile Code: Assure public safety; and, Rehabilitate juvenile offenders Reasons for considering transferring rehabilitative services to new Department: • Access to community based care • Avoid duplication in administration and service delivery • Improve rehabilitative outcomes • Increase the availability of federal dollars • Support integrated planning, research and quality assurance • Ensure that services continue after leaving the juvenile justice system The Council recognizes that this is a complicated system and that any transition will require careful planning and a reallocation of resources. This is a system that is closely intertwined at many levels and cannot and should not be completely separated. For example, the presence of a case manager when a minor appears in court would assist in ensuring that supportive services are in place, and	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
			that continuity in terms of planning occurs. This could occur if the units remain in two separate agencies or are under one umbrella.	
F12	Create Bureau of Adult Services	Relocate adult Mental Health and Mental Retardation Services to the new Bureau.	Provides coordination for full range of Behavioral Health and MH/MR services.	**M**
F13		Consider creating Division of Disability Services	This unit would provide support for disabilities, such as traumatic brain injury, not addressed in other units. This recommendation emerged from discussion regarding why disability services are divided in their current configuration of Mental Health and Mental Retardation, and the recognition that there needs to be more of an interdisciplinary approach, and a better way of serving adults with other disabilities that may result in functional challenges similar to that of MH/MR but for whom funding is not available.	**L**
F14		Relocate services of current Elder and Adult Services to Bureau; consider creation of Division of Elder Services.	Review comprehensive or holistic program for elders encompassing mental as well as physical health.	**M**
F15		Unify Adult Protective Services within new Bureau.		**M**
F16		Coordinate adult services more closely with those offered through the TANF program.		**L**
F17		Develop plan to coordinate Office of Deafness and Multicultural Services with children's services and with the Bureau of Rehabilitation's Office of Deafness. Review compatibility of Deafness and Multi-cultural services to assess the compatibility of these two program areas in one unit.	A BDS Office of Deafness and Multicultural Services now exists. This office should be examined to determine if these two program areas are compatible, or if constituents could be served through a realignment of responsibilities.	**M**
F18	Bureau Of Family Independence	Assess use of Bureau of Family Independence financial eligibility screening tools for Department wide purposes. Continue to evaluate components of BFI as relates to other units such as Bureau of Adult Services	This unit will require additional support to undertake the tasks described.	**M**

	Priority Area	Recommendations	Actions/Notes	Timing
		and BMS. Identify opportunities for collaboration with other departments that provide related services or serve the same populations such as Department of Labor Career Centers.		
F19	Bureau of Public Health	Coordinate Bureau efforts for the State Health Plan under the direction of the Governor's Office of Health Policy and Finance.	There is a single consolidated state public health agency whose mission is to protect, promote, and preserve the health of all Maine people. Its main functions are to provide three core public health functions: assessment, policy and assurance.	**M**
F20	Substance Abuse	Elevate visibility of substance abuse prevention and treatment by moving it into the Bureau of Health with the mandate to develop a plan that reaches across state government and to municipal and private sectors.	The Director of the Bureau of Health and her staff have been effective, highly visible agents in bringing attention to bear of a number of critical health related issues. This same visibility and focus can be used to the advantage of the substance abuse community. The issue is not one of location; it is an issue of coordination. The Substance Abuse Advisory Commission plays a key role in the development and monitoring of this plan. Where coordination does not occur, the Commission should bring these issues to the attention of the Commissioner and the Governor.	
F21		Division of Family and Community Services.	Focuses on disease prevention and health promotion interventions that are community-based and family-based, with particular emphasis on prevention and control of chronic diseases. This would be combining two separate divisions: Community Health and Family Health, and requires collaborative work with maternal and child health.	**M**
F22		Division Disease Control No change recommended.	Focuses on preventing and controlling infectious disease.	
F23		Division of Environmental Services No change recommended.	Focuses on evaluating environmental health hazards. Programs include: environmental toxicology and the Office of the State Toxicologist.	
F24		Division of Health Engineering No change recommended.	Health Engineering is a specialized field, focusing on maintaining a safe environment. It includes Drinking	

	Priority Area	Recommendations	Actions/Notes	Timing
			Water Program, Eating and Lodging Program (see F29), Nuclear Safety Program, Wastewater & Plumbing Control, Radiological Health, and Radon Program/Indoor Air.	
F25		Laboratory No change recommended.	Provides laboratory testing that serves the public's health, such as disease and water safety surveillance. Programs include: Chemistry, Environmental Lab and Microbiology Testing Lab.	
F26	Create Office of Customer Service	Establish one telephone number with TTY access and website incoming to Customer Service Unit.	Consumers report inconvenience and confusion resulting from multiple phone access points leading to individual units. This is an important but complex initiative requiring careful planning, staff training and staff support.	**M/L**
F27	Immigrant & Refugee Services	Bring together staff who are designated in each agency to provide service to immigrants and refugees, along with external stakeholders, and task them with developing better coordination among state government services, and services between state government, municipal and law enforcement agencies.	The Council recognizes the leadership and efforts of staff within the existing BDS Office of Deaf and Multicultural Services and recognizes the objective of making all services accessible and culturally competent. The capacity to provide service both to people who are Deaf, hard-of-hearing, Deaf-Blind, and others who have communication barriers, as well as to multicultural communities should be assessed and responsibilities realigned or augmented if needed.	**M**
F28	Rehabilitation/DOL & employment for people with disabilities	Review policies and procedures to identify and resolve conflicting areas between the Bureau of Rehabilitation and the new Department. Cultivate and be supportive of employment opportunities for all people who desire it within the full range of existing laws.	The Department should be proactive in developing and integrating into adult services the employment opportunities that assist people to become increasingly independent of the mental health system. The Council understands that a significant number of MR/MH consumers are not employed and would like to be. While the Council makes no specific recommendation in this regard, it encourages the new Department to review existing policies and procedures that may present barriers.	**M**
F29	Food Inspection	The Department of Human Services and the Department of Agriculture both conduct food	Consolidation could enable better coordination of all food safety programs including: regulating eating	**M/L**

	Priority Area	Recommendations	Actions/Notes	Timing
		related licensing and inspection activities. There is discussion about combining these either within DHS or DOA.	and food establishments; inspection frequency; public feedback; staff capacity; and, identification of overlap between the two agencies. Staff have prepared detailed pros/cons for decision by Commissioners, Governor and Legislature.	
F30	Prevention Services	Inventory prevention efforts at state and local levels with the goal of pooling resources to better achieve goals. Examine ways to coordinate prevention efforts at local level. Coordinate with the Governor's Office of Health Care Policy and Finance.	Prevention efforts are fragmented and cut across a wide variety of program lines ranging from physical health, to mental health, to substance abuse to domestic violence and sexual assault.	**M/L**
F31	Domestic Violence & Sexual Assault	Work with external organizations to produce plan to integrate information across program lines, and to reduce unnecessary administrative burden on local organizations due to conflicting grant requirements.		**M**
G	**Due Process, Dispute Resolution and Advocacy**			
G1	Complaints	Consolidate complaint lines into one. Develop Internet Complaint line.	It is not always clear where or how complaints can be made, or the results of complaints.	**M**
G2	Appeals	Establish formal review process to consider central appeals panel with recommendation by 1/1/05.	A number of state agencies conduct appeals. A formal review should examine the feasibility, benefits and costs of a central panel.	**M**
G3		Combine DHS & BDS Appeals Units.	While the above review is being conducted, BDS and DHS Appeals should be combined into one unit, with flexibility to maintain existing external contract with DOL until review is completed.	**I**
G4		Collect and review data pertaining to frequency that Commissioner overturns or substantially changes recommendations of Hearing's Officers. Analyze for patterns and recommend changes as	The Council did not make any recommendations in this regard. However, during the subcommittee process, the perception was raised that the Commissioner's ability to reverse or substantially change decisions affects perception of impartiality of	**I**

	Priority Area	Recommendations	Actions/Notes	Timing
		needed.	process.	
G5		Constituent communication	The nature of the work of the Commissioner brings the office into frequent contact with constituents who have pending appeals. The potential problems associated with this scenario were brought to the Council's attention, but the Council makes no formal recommendation in this regard.	**I**
G6		Train senior staff on the standards that govern Hearings.	The purpose is to facilitate continued impartiality and fairness of process.	**M/L**
G7		Collect and analyze complaint data as part of the overall QA/QI effort.	Establish short term working group to identify useful data collection, and set plan for capturing data and using for quality assurance in conjunction with Policy, Planning and QA.	**I**
G8		Establish separate cost center for Appeals.	Impartiality of Appeals is central to well functioning system.	**M**
G9		Identify Alternative Dispute mechanisms.	Resolve disputes in a manner that meets customer need and is fiscally efficient.	**M/L**
G10		Appeals Unit reports to the Commissioner	The purpose is to maintain separation from programs.	**M**
G11	Ombudsman	Clarify roles related to Constituent Affairs, Ombudsman, Advocate and Appeals. Publish roles in unified brochure and distribute to all consumers and service organizations.	The role of each of these units is not universally clear to either consumers or professionals. Due process cannot be achieved if parties are unaware or confused by roles of helping agents or advocates. Consider changing anonymous reporting to confidential reporting on the Child Abuse Hotline, allowing DHS to have information for court purposes if needed.	**M**
G12	Guardianship and Conservatorship	Guardianship and Conservatorship services provided by DHS and BDS should be unified.		**I**
G13	Advocacy	Set goal of unifying advocacy services from an informational perspective to ensure appropriate training, consistency, reporting and accountability. Final decisions regarding advocacy should take into account guidance provided by the Community Consent Decree Court Master.	Advocacy units are dispersed in a number or organizations internal and external to state government. Several funding streams have their own "advocacy" requirement built in. As such, consumer issues are divided by funding stream. Functions among these groups appear to vary. Ensure that role of Advocates is either in statute or in rule. Ensure that procedures are established through	**I/M**

	Priority Area	Recommendations	Actions/Notes	Timing
			rule making, are published and distributed to all parties involved. The Council is aware that discussions have occurred regarding contracting the existing BDS Advocacy services to a private organization. The Consumer Affairs Subcommittee recommended that, if a merger occurs, existing advocates should be able to retain existing state salaries, benefits. Even if BDS Advocacy Services are contracted externally, a process should still be undertaken that better coordinates advocacy services across programs. This includes collection of data for QA/QI purposes.	
G14		To ensure independence and accountability, advocates should be overseen by an entity separate from the Commissioner and separate from programs. This applies to both the BDS Office of Advocacy and contracted advocates.	One option is to create a Committee to oversee the Office of Advocacy and contracted advocacy services. This could be a committee of the Advisory Board.	**M**
H	**Personnel**			
H1	Increase involvement of personnel in systems change.	Establish Labor Management Committee that meets monthly		**I**
H2		Increase information sharing between and among units		**I**
H3		Foster culture processes that promote and reward input.		**I**
H4		Produce weekly bulletin to keep staff abreast of merger developments.		**I**
H5		Produce bimonthly newsletter to provide intra departmental link on programs, policies and operations		**I**
H6		Establish mechanisms to celebrate and share success department-wide		**I**
H7	Wage review	Develop long term plan to ensure departmental wage parity, and that reflect responsibility to react to market conditions for contracted services.	Conduct analysis of pay scales in DHS/BDS, identify internal inequities. Set priorities and timelines for resolving inequities.	**M/L**

	Priority Area	Recommendations	Actions/Notes	Timing
			Use DOL Wage Survey as base for external review. Work with service organizations to develop long term plan.	
H8	Front line staff	Evaluate mid-level managers to ensure ability to effectively supervise and train, provide assistance and remediation where needed.		**I/M**
H9		Develop staff orientation; prioritize in high-risk areas. Implement support system and process to assist staff with changes initiated by the merger. Enlist assistance of the Bureau of Human Resources in this effort.	Bureau of Human Resources has offered assistance with change management, including developing tools that will assist in identifying needed supports.	**M**
H10		Provide adequate opportunities for staff to provide input and share concerns.		**I**
H11		Establish incentive program for superior customer service.		**M**
H12	Support Managers and hold accountable for decisions.	Review and evaluate effectiveness of supervisory training; work with BHR to improve where needed.		**M**
I	**Culture**			
I-1	Mission	The Department's culture is: ■ Mission driven ■ Committed to timely, quality service ■ Supported by a flexible, nimble and responsive work force ■ Grounded in best practice ■ Nurturing ■ Based on communication that is timely, honest and broad based.		**I**
I-2	Customer Service	Reward staff who meet or exceed customer service expectations. Staff who do not meet expectations need to be assisted to do so, or be held accountable.	Eliminate "culture of blame" cited in subcommittees as preventing people from seeking services. Actively identify and seek input from stakeholders, and use input to drive decision-making.	**I**
I-3	Repercussions	Develop policies and procedures that make clear that repercussions	This was a topic of active discussion in several subcommittees. The	**I**

	Priority Area	Recommendations	Actions/Notes	Timing
		or retaliation against customers, providers or staff is not tolerated and will result in disciplinary action Review level of discretion in awarding contracts and services with particular attention to methods employed with independent contractors. Record all complaints of repercussions.	Commissioner should bring together internal and external stakeholders come together to identify examples of repercussions or the perception of such, and to work together to develop appropriate training and responses.	
I-4	Procedures	Identify "unwritten rules" that create misunderstandings and formalize or eliminate them		**M**
I-5		Examine rules and policies to determine whether, when similar services are provided by the Department and external agencies, they are governed by similar standards.	The goal is to encourage consistency in service, regardless of delivery point.	**M**
I-6	Collaboration	The Department will foster collaboration - - and will establish measurable objectives relating to collaboration with other state agencies and community organizations to demonstrate improvements in services.		**I/M**
I-7	Best Practices	Incorporate best practices of each agency to enhance the new organization.	Each agency has particular strengths that can be used to improve the overall organization.	**I/M**
I-8	Communication	Provide information on merger to stakeholders: Via website Newsletter Press Releases Regular meetings	Some stakeholders may be understandably concerned about what the merger will mean to them. A communication arm that relates regularly to all external stakeholders must be identified and active throughout the merger.	**I**
I-9	Community Groups	Develop interdisciplinary collaboration on long-term policy and structural issues.	Requests for proposals for services should reflect long-term policy goals. The Advisory Board should facilitate this collaboration along with the Commissioner and Senior Staff.	**L**

VI. Overview of Organizational Changes

The Council examined ways the merger could improve service, increase efficiency and improve relations. This document is a not a detailed blueprint for a new organizational structure. It does provide the general shape of a new organization based upon the implementation of the recommendations in the prior section. The design of the new organization should reflect functional priorities – form must follow function.

The information below begins with a description of the Departments as they exist today, then moves on to describe how staff, consumers, and general public will experience the changes.

The Departments Today:

While the client/service databases of the two agencies do not easily cross-tabulate, it is reasonable to assume, based on the needs of the people served, that there is considerable overlap. Between the two Departments, more than two billion dollars are spent on programs, services and financial assistance, either directly by the Departments or through a network of approximately 600 local community service providers.

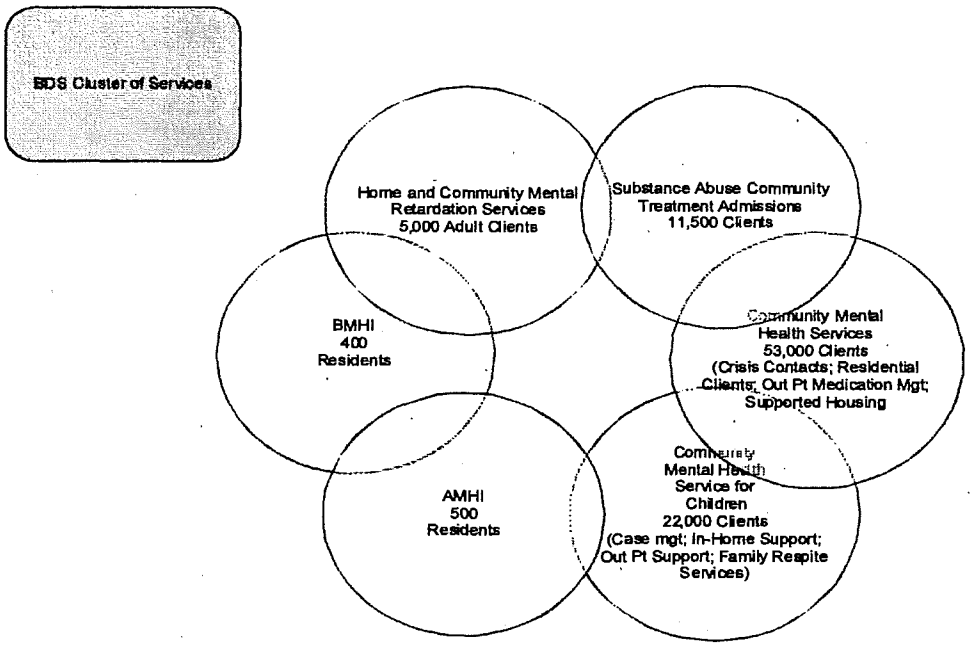
Information from other states leads to the same conclusion about shared services. For example, 54% of the Department of Social and Human Services (DSHS) clients in the state of Washington use two or more services (with 16% of all DSHS clients using three or more services). The most common point of overlap is Medicaid/TANF. The data below shows that these clients often participate in multiple programs that extend beyond their TANF or Medicaid needs:

* 78% of Mental Health clients receive other services;
* 69% of Medicaid clients receive other services
* 44% of Juvenile Rehabilitation clients receive other services
* 83% of TANF/Income assistance clients receive other services
* 67% of Vocational Rehab clients receive other services
* 76% of Clients with Developmentally Disabilities receive other services
* 69% of Alcohol and Substance abuse clients receive other services
* 52% of Children and Family clients receive other services
* 93% of Aging and Adult clients receive other services

(See Matrix of Washington State Department of Social and Human Services "Shared" Clients at the end of Appendix E.)

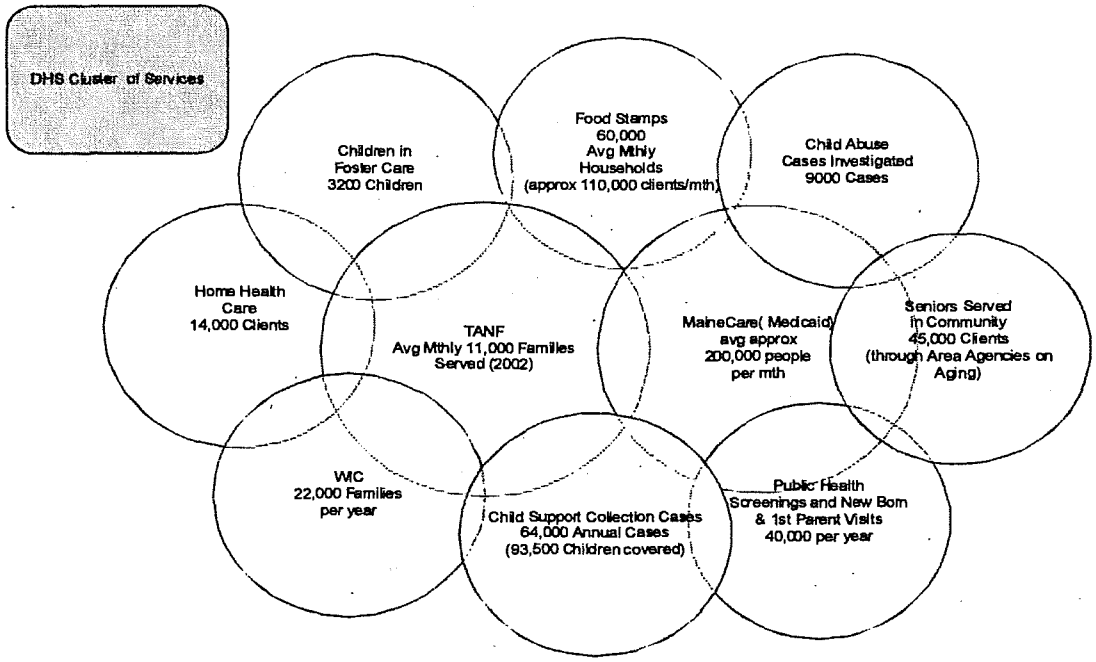
BDS Services consist primarily of:

- *Mental Health Services for Adults and Children* (case management services, therapy, crisis counseling, out-patient medication management, residential and group home services)
- *Mental Retardation Services for Adults and Children* (home and community based services, supported employment, residential services, case management)
- *Substance Abuse Services* (community treatment programs, prevention programs, OUI education and evaluation programs)
- *Residential Services* (AMHI, BMHI, Freeport Towne Square, Levinson Center)



DHS Services differ from those at BDS in their focus on financial stabilization services for families, protective services for children and elders, as well as extensive public health screening and prevention services. A significant number of BDS clients participate in the financial stabilization services of DHS (TANF, Food Stamps & MaineCare). The DHS Services model can be viewed as five basic programs:

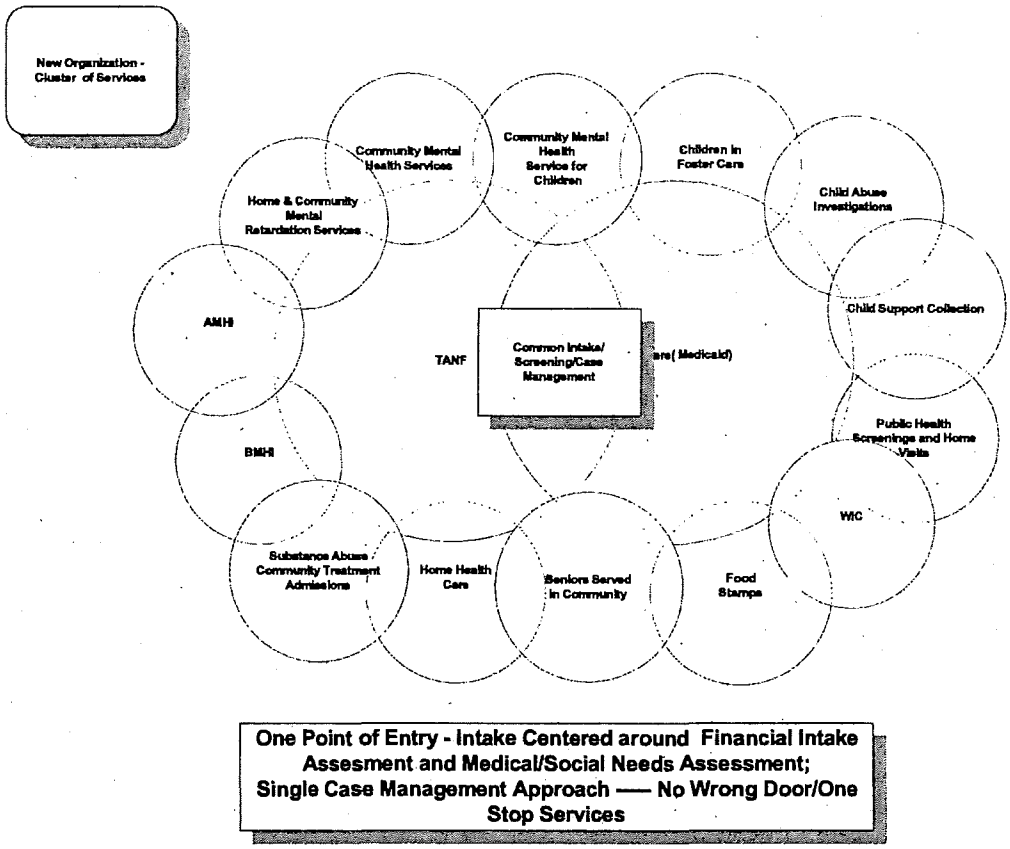
- *Child Protection & Support Services* (child abuse investigation, protective custody services, foster care services, adoption services, WIC and child support enforcement)
- *Family Support and Preservation* – financial stabilization (TANF, ASPIRE, Food Stamps, General Assistance and State Supplement to SSI)
- *Elder and Adult Services* (five Area Agencies on Aging, long term care assessments, home health services and, elder and adult abuse protection)
- *Medical Services* (MaineCare and medical facility licensing)
- *Public Health Services* (inspections, health screenings, prevention programs, home health visits, vaccine distribution and vital records management)



When the BDS service model is overlaid on the DHS service model, it is evident that:

1. Common clients are served.
2. Primary intersection seems to be financial stabilization and healthcare.
3. DHS/BDS clients using financial and MaineCare services are typically on caseloads for 1 ½ years, which supports a long term case management approach.
4. DHS Elder and Adult services resemble BDS community services.
5. Protecting and serving children are priorities for both agencies.
6. Licensing and regulatory components are similar.
7. Both Departments provide public health services and prevention programs.
8. The most noticeable difference is management of residential services by BDS especially large institutions like AMHI and BMHI. However, DHS does have considerable experience with the licensing and regulation of hospitals and long-term care facilities.

Given the common client service characteristics, the Council recommends that the new Department's consumer focus be centered on a common financial intake/screening and case management system. Further, since much of the client overlap is within financial stabilization (TANF) and Medicaid areas, the Council sees a central role for those two programs within the new combined cluster of client services. In effect, any new intake/screening and case management process must be "built" with the TANF and MaineCare programs at the heart of those at new systems and procedures.



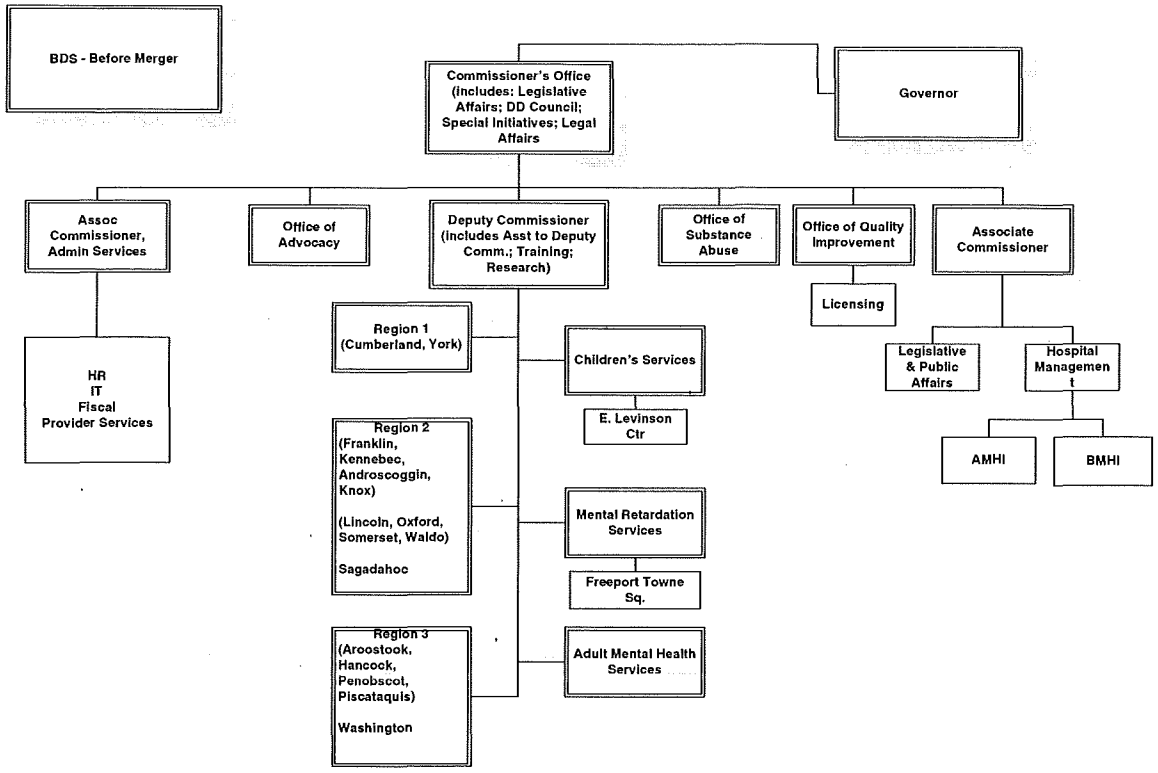
The "High Level" Organizational View:

To merge these two Departments, one must first have a grasp of existing organizational structures. First, let's look at BDS:

- Number of Positions: 1350
- Number of Major Org Units: 58
- Number of Regions: 3
- Number of Regional/Local Offices: 7

The BDS Organizational Chart below reveals the following characteristics:

- Hierarchical structure built on a Commissioner/Deputy Commissioner/Associate Commissioner model.
- Program activity is directed at the state level.
- Major service delivery programs are grouped under one Associate Commissioner.
- Quality Improvement and Technical services are maintained separately from program areas.
- Office of Substance Abuse is separate from other service programs and reports directly to the Commissioner.
- Institutions are managed separately from one another.

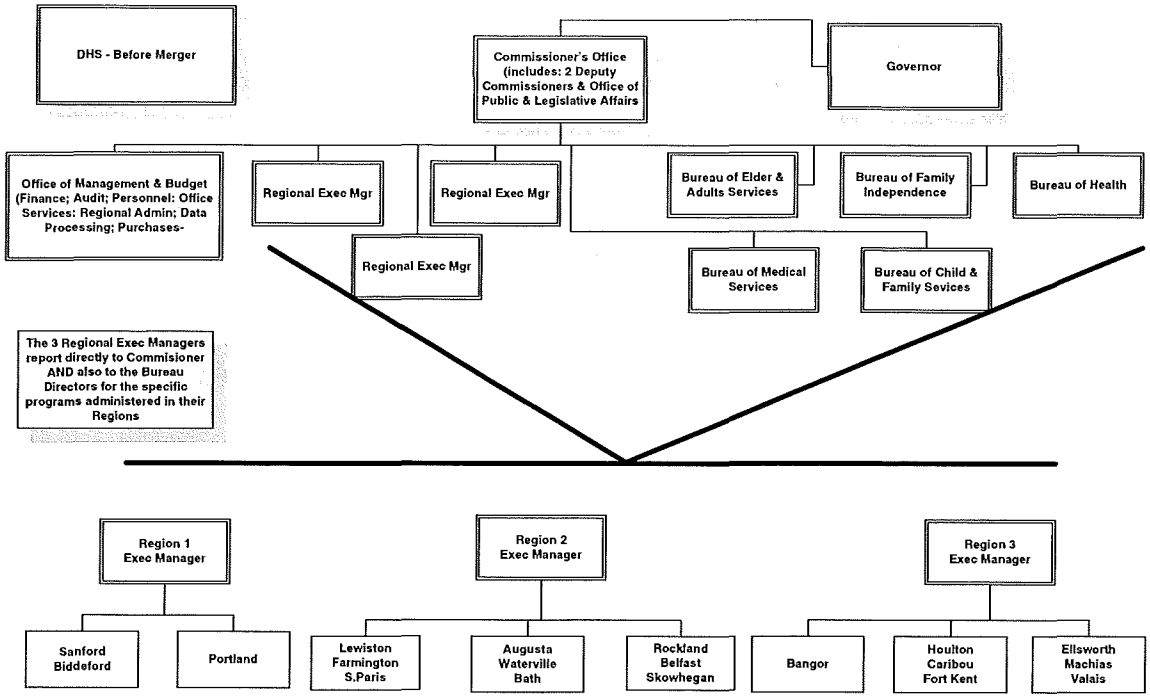


Now let's look at DHS:

- Number of Positions: 2620
- Number of Major Org Units: 63
- Number of Regions: 3
- Number of Regional/Local Offices: 16

The DHS Organizational Chart reveals these characteristics:

- Flat senior management structure – all bureaus and regions report directly to Commissioner.
- Bureau Directors have direct responsibility for program areas within Regions.
- Regional Managers report through Bureau Directors.
- Bureau Directors are responsible for program success and coordination.
- Office of Management and Budget has department-wide Financial and Audit responsibility.



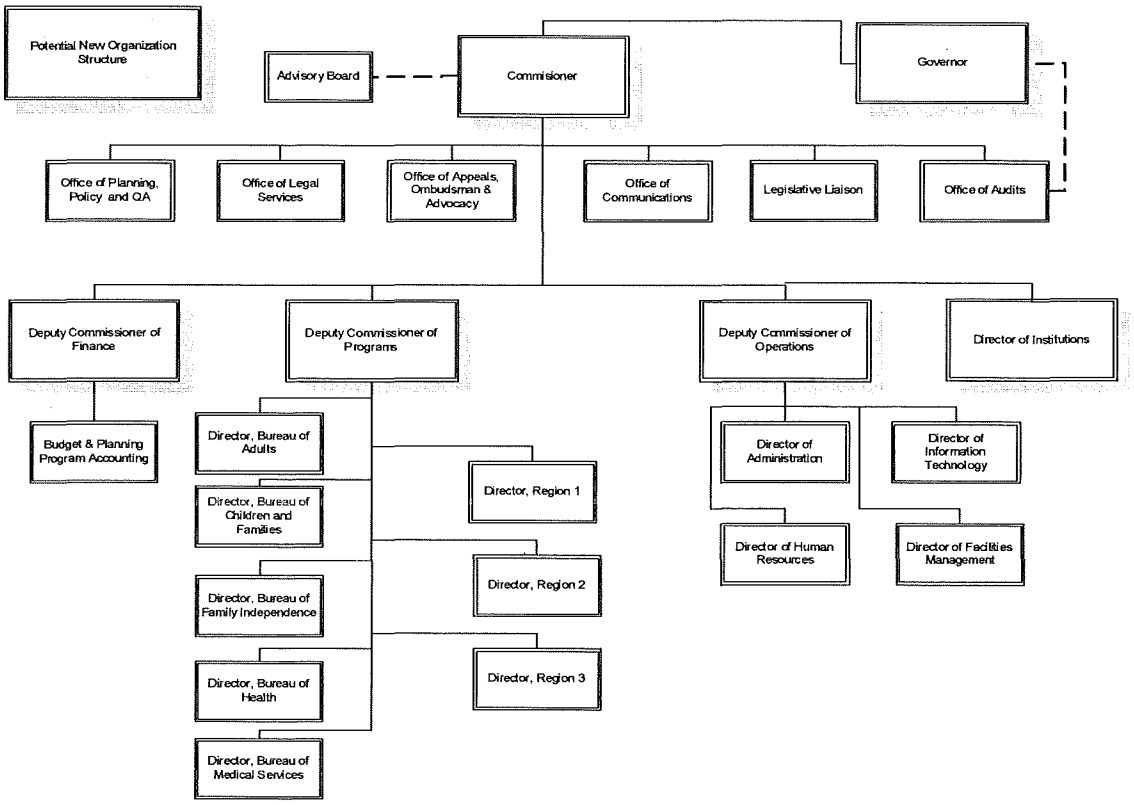
Now, a high level view of how the new Department could look after merger:

As noted earlier, the organizational structure shown below is just one option that can be considered for the new Department. The Council is not making one specific recommendation in this regard. In addition, two options for the regional model can be seen within the recommendation detail section (E-14).

The organizational design below is based on these principles and considerations:

- Manageable span of control (6-8 direct reports);
- Office of Audit reports directly to the Commissioner and provides independent, regular reports to the Governor;
- High level Advisory Board (consumers, providers, advocates, experts, and public members);
- Office of Communication oversees communication, internal and external;
- Finance Division is well staffed and the Deputy Commissioner of Finance reports directly to the Commissioner;
- Director of Institutions coordinates high level support and accountability is for the unique needs of the residential/ institutional programs;
- Deputy Commissioner of Programs is responsible for all Bureaus and regions and directs a coordinated service delivery approach among Bureaus;
- Office of Planning, Policy and QA reports directly to Commissioner and provides planning services and research for programs;
- Regional Directors are accountable for the seamless "no wrong door" service delivery system at the local level;

- BDS Mental Health and Mental Retardation service for adults are housed in the Bureau of Adults;
- BDS Children's Services are housed in the Bureau of Children and Families; and
- BDS Office of Substance Abuse Services are housed in the Bureau of Health.



The Customer's Perspective:

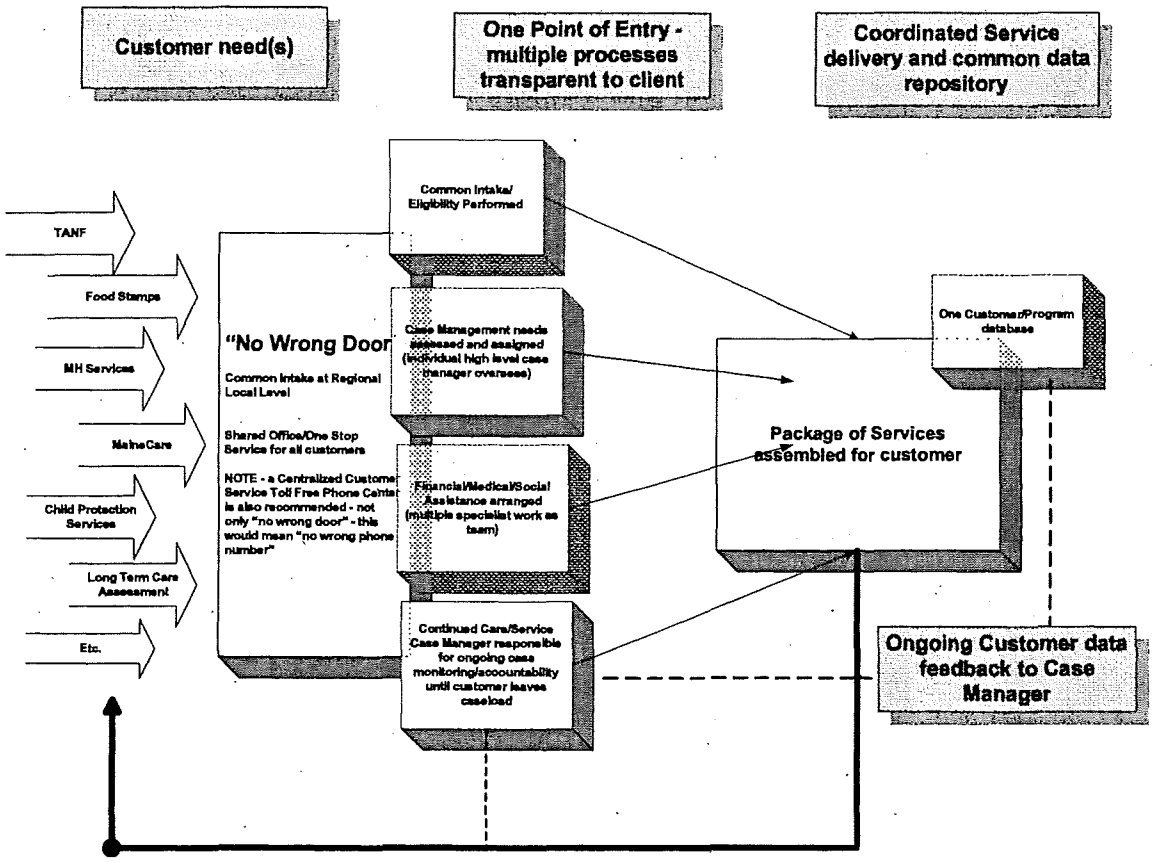
As noted throughout this report, the Council adopted the concept of "no wrong door" for the customer service model. Simply stated, the customer will no longer need to decipher a list of programs, services, eligibility requirement, or locations when preparing to seek services. Instead, a unified case management approach will be used to assess individual needs, coordinate a service plan, and deliver services effectively and efficiently.

The changes inherent in the merger must be operationalized at the customer service level. In short, the benefit of the merger must be tangibly improved services for consumers. The Council understands that this cannot happen overnight, but is convinced that it can, and must, happen over time. On entering the system, the individual should experience:

- Single point of entry, regardless of services needed;
- Welcoming staff;
- Easy to navigate, user friendly, intake process/system;
- Knowledgeable case manager responsible for, individual and family services;

- Individual programs co-located within offices will largely be "transparent" to the consumer;
- Easy-to-use, responsive toll free Customer Service phone, with TTY access, and website; and
- Consistent services regardless of access point.

Below is a simplified schematic of the "no wrong door" concept for services:



And finally, the Public Perspective:

DHS and BDS deliver a tremendous amount of high quality services, and as such, there are many in the public who strongly support these two Departments. It is also safe to say that these two agencies may be among the most controversial in Maine State Government.

Given that perspective, a number of recommendations relate to the need for a stepped up program of public information, and a culture that emphasizes transparency and accountability. For example, recommendations regarding the Communications Office, as well as the development of information that is clear and comparable, will enable the public to better understand and evaluate effectiveness. Recommendations such as the Customer Service Unit will make the first public contact with the Department courteous, competent and responsive. Recommendations regarding actively seeking input from the

public will alter the way in which the Department interacts with consumers, and will demonstrates its responsiveness in terms of program design.

Conclusion

The Council has recommended combining a number of separate and distinct units under common bureaus and offices. This consolidation reduces the overall number of sub-units within the two organizations. More importantly, it brings together leaders, managers and staff to collaborate on improving the overall product of service. In particular, the Council heard that the current system fosters fragmentation that is confusing, sometimes conflicting and inefficient to both customers and staff. Directors of the new Bureaus need to continue to identify ways to improve service across units.

The result of these changes will be a system of services that is seen as responsive and accountable. It will be a system that respects its staff and partners. It will use data to drive decision-making. It will be known for its collaborative culture, internally and externally. Given the talent within the Departments, as well as the firm commitment and support of external stakeholders, all of these changes are possible to achieve.

VII. Acknowledgements

More than two hundred people actively participated in this effort. Personnel from both DHS and BDS were generous in their input and assistance. Acting Commissioner Peter Walsh and Acting Commissioner Sabra Burdick were fully engaged and supportive of the overall process. Senior staff maintained communication to the Departments, and were responsive in their assistance to the Subcommittee Chairs. Front line staff were generous, candid and thoughtful in their comments. Administrative Assistants deserve thanks for their hard work in coordinating subcommittee meetings and disseminating information on tight schedules. They include Jennifer Sanborn, Kathy Harvey and Jan Hoffmann, of BDS; and Norma Tunks, Mandy Milligan and Elaine Lovejoy, of DHS. In particular, the Council wishes to thank Peggie Dore of the DHS Commissioner's Office who was skilled, responsive, tireless and humorous in her assistance.

The Maine State Employees Union (MSEA) and the American Federation of State, County and Municipal Employee Union (AFSME) contribution of representatives to each subcommittee was invaluable. The Legislative appointees have been active participants. The House Chair of the Joint Standing Committee on Health and Human Services, Rep. Tom Kane co-chaired one of the Subcommittees, and Rep. Julie O'Brien, a member of the Joint Standing Committee on Appropriations, co-chaired another subcommittee. Senator Carol Weston served as a member of the Council and was a regular contributor as was Kris Sahonchik of the Muskie School.

In addition, numerous groups such as Children's Alliance and other children's organizations, foster family associations, mental health and mental retardation associations, domestic abuse & sexual assault coalitions, health care organizations, hospitals, substance abuse organizations, elder services, community action programs, Muskie School of Public Service, Disability Rights Center, Pine Tree Legal, the state chapter of the National Association of Social Workers, Maine Equal Justice, long term care organizations, University of Maine, University of New England, municipal services, immigrant and refugee groups and many others devoted significant time to learning about the issues, and strategizing possible solutions.

The Council's work was aided by the assistance of expert facilitation and project support from Craig Freshley, Frank O'Hara of Planning Decisions and Alan Hinsey of Management Intervention Services. The Council thanks Freda Bernotavicz for her assistance in obtaining project support through the Muskie School of Public Service.

The Council is grateful to the Governor's Office for ongoing assistance and in particular would like to acknowledge Chief of Staff Jane Lincoln, Kathryn Monahan Ainsworth, Kurt Adams, Daryl Fort and Lee Umphrey.

The Council would particularly like to thank the parents, foster parents and consumers who have been involved as we understand that their involvement signifies a major contribution of time and personal resources.

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Appendix A. Governor's Executive Order

AN ORDER ESTABLISHING THE ADVISORY COUNCIL FOR THE REORGANIZATION AND UNIFICATION OF THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES

WHEREAS, clients of the human services agencies of the State of Maine deserve effective care and assistance; and

WHEREAS, the taxpayers of the State expect their government to operate efficiently and to have mechanisms in place to ensure accountability for the monies that fund human services; and

WHEREAS, the Department of Human Services and Department of Behavioral and Developmental Services ("Departments") have similar missions and furnish services to adults and children who face life-obstacles due to illness, disability, age, income, language or cultural issues, substance abuse, family dysfunction, domestic or sexual abuse, or other life circumstances; and

WHEREAS, the programmatic overlap of the Department of Human Services and the Department of Behavioral and Developmental Services results in administrative duplication that yields additional expense; and

WHEREAS, the Departments use similar funding sources and service providers; and

WHEREAS, duplicative and conflicting administrative requirements are placed on service providers by the Departments, resulting in unnecessary expense:

NOW, THEREFORE, I, John E. Baldacci, Governor of the State of Maine, do hereby order the establishment of the ADVISORY COUNCIL FOR THE REORGANIZATION AND UNIFICATION OF THE DEPARTMENT OF HUMAN SERVICES AND THE DEPARTMENT OF BEHAVIORAL AND DEVELOPMENTAL SERVICES (hereinafter "Council").

Purpose and Duties

By 5 January 2004 the Council shall prepare a recommendation to the Governor and Legislature that provides for the unification of the Departments within a two-year period. The unification will:

- Improve service for consumers through easy access and better coordination;
- Reduce administrative costs;
- Improve fiscal and program accountability;
- Reduce duplicative administrative burdens affecting community providers;
- Develop a long-term, systems approach to service delivery;
- Improve internal and external communication;
- Increase revenue from federal and private sources through stronger partnerships with community organizations and other state agencies;
- Implement conflict resolution and problem-solving alternatives; and
- Foster a culture of respect for consumers and partnering organizations.

To accomplish those ends, the Council shall:

- Seek stakeholder and consumer input through meetings, forums, and written and electronic correspondence and contact;
- Report to the Governor and Legislature regarding progress and issues;
- Provide public information about the process;
- Advise and work with the Governor's Office of Health Policy and Finance regarding how health care issues can best be addressed;
- Ensure that departmental staff have opportunity for input and are apprised of progress; and
- Use prior research conducted both in Maine and nationally.

Organization of the Council

The Council shall be composed of no more than twelve (12) gubernatorially-appointed members, who will be appointed by, and serve at the pleasure of, the Governor and will hail from a broad spectrum of backgrounds in the private and public sector. The gubernatorially-appointed members will have the expertise to meaningfully contribute to the merger effort.

From the gubernatorially-appointed members, the Governor shall appoint a Chair of the Council, who will serve as Chair at the pleasure of the Governor. The Chair shall preside at, set the agenda for, and schedule Council meetings. Furthermore, the Chair shall ensure that relevant groups are engaged in the unification effort, that Council activities are organized to achieve objectives by designated dates, that the Governor, Legislature, general public, and Departments are informed of the progress of the merger, and that appropriate information is collected and analyzed to assist the Council in making an informed recommendation.

In addition to the members appointed to the Council by the Governor, the President of the Senate and the Speaker of the House will be invited—but not be obligated—to appoint two Council members each. Further, the Commissioners of the

Department of Human Services, the Department of Behavioral and Development Services, and the Department of Administrative and Financial Services, and the Attorney General, will serve as *ex officio* members of the Council.

The Council shall convene no fewer times than one time a month. All meetings will be open to the public.

With the approval of the Office of the Governor, the Council may accept staffing and other administrative support to carry out its duties.

Members of the Council shall serve without compensation for their work on the Council, unless authorization by the Legislature is given.

The Council, and the authority of this Executive Order, shall dissolve once its recommendations have been submitted to and accepted by the Governor.

Resources and Support

The Council will engage staff from the respective Departments, as needed to fulfill the Council's mission. Additional staffing, if necessary, will be coordinated by the Executive Department.

Effective Date

The effective date of this Executive Order is 13 May 2003.

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John E. Baldacci, Governor

Appendix B. Participants

Members of the Advisory Council

- Valerie Landry of Old Orchard Beach (Chair)
- Richard Batt of Wilton – Franklin Community Health Network
- Meg Baxter of Portland – United Way of Greater Portland
- Sabra Burdick, Acting Commissioner, Department of Behavioral and Developmental Services, ex-officio
- Barbara Crider of Bangor
- Patrick Ende of Augusta – Maine Equal Justice Partners
- David Flanagan of Manchester
- Doris A. Harnett, Assistant Attorney General
- Rep. Tom Kane of Saco, Legislative Appointee
- Rep. Julie O'Brien of Augusta, Legislative Appointee
- Michael Pearson of West Enfield
- Cheryl Rust of Wiscasset
- Kris Sahonchik, Muskie School, Legislative Appointee
- Paul Saucier of Brunswick – University of Southern Maine Muskie School of Public Policy
- Peter Walsh, Acting Commissioner, Department of Human Services, ex-officio
- Sen. Carol Weston of Montville. Legislative Appointee
- Rebecca Wyke, Commissioner of Administrative and Financial Services, ex-officio

Senior Staff participants

Department of Human Services:

- Newell Augur
- James Bivins
- Christine Gianopoulos
- Dora Mills
- Rudy Naples
- Barbara Van Burgel
- Karen Westburg
- Judy Williams
- Gail Yeaton
- Chris Zukas-Lessard

Department of Behavioral and Developmental Services

- Jane Gallivan
- Geoff Green
- Brenda Harvey
- Kim Johnson
- Jamie Morrill
- Peter O'Donnell
- Holly Stover

Subcommittee Members

Adult Services Subcommittee

First Name	*Last Name*	*Representing*
Patrick	Ende, *Chair*	Maine Equal Justice Partners
Richard	Brown	Charlotte White Center
Bonnie Jean	Brooks	OHI of Maine
Katherine	Carter	Community Health and Counseling Services
Rebecca	Colwell	Healthreach Network
Roberta	Downey	Eastern Agency on Aging
John	Edwards	Washington County Psychotherapy Associates
Rick	Erb	Maine Health Care Association
Maureen	Flagg	Spruce Run
Fenwick	Fowler	Western Maine Community Action
Cynthia	Freeman-Cyr	Womancare
Jason	Goodrich	Department of Behavioral & Developmental Services
Christine	Gianopoulos	Department of Human Services
Debbie	Gilmer	Coordinator for Community Services/Univ. of Maine
Bill	Hager	Child Care Services of York County
Christine	Hastedt	Maine Equal Justice Partners
Jan	Hofmann	Administrative Assistant for Team
Kim	Moody	Disability Rights Center
Peter	O'Donnell	Department of Behavioral & Developmental Services
Frank	O'Hara	Facilitator
Kathryn	Pears	Maine Alzheimer's Association
Melissa	Pendleton	Maine Coalition Against Sexual Assault
Wendy	Rose	Women, Work and Community
Susan	Rovillard	Home Resources of Maine, Inc.
Connie	Sandstrom	Aroostook County Action Program
James	Schmidt	Employment and Vocational Advocate
Harold	Siefken	Group Home Foundation, Inc.
Barbara	Van Burgel	Department of Human Services
Hank	Warren *	AARP Maine
Eileen	Wilkins	Consumer Advocate
Judy	Williams	Department of Human Services

Children's Services Subcommittee

First Name	*Last Name*	*Representing*
Julie	O'Brien, *Co-Chair*	Children's Discovery Museum/ Representative
Cheryl	Rust, *Co-Chair*	Small Business Owner
Connie	Allen	Advocate for Foster Children
Shannon	Bonsey	Penquis CAP
Roger	Brodeur	MSEA, Maine Caring Families
Mary	Callahan	Foster Parent
Jack	Comart	Pine Tree Legal Assistance, Inc.
G. Dean	Crocker	Maine Children's Alliance
Gregg	Dowty	Goodwill-Hinkley Homes for Boys and Girls
Richard	Farnsworth	Woodfords Family Services
Susan	Hancock	Catholic Charities of Maine
Lucky	Hollander	Youth Alternatives
Bette	Hoxie	Adoptive and Foster Families of Maine
Peter	Kowalski	John F. Murphy Homes

First Name	*Last Name*	*Representing*
Jeanie	Mills	Child and Family Opportunities, Inc.
Michael	Pearson	Council Member
Judy	Powers	Mid Coast Children's Services
Lawrence	Ricci	University of Vermont College of Medicine
Kim	Roberts	Maine Coalition to End Domestic Violence
Jack	Rosser	Spurwink Institute
Kris	Sahonchik	Insitute for Child and Family Policy, Muskie
Susan	Savell	Communities for Children
Kryse	Skye	Foster Parent
Donna	Strickler	Silent No More
Anita	St. Onge	Muskie School of Public Service
Holly	Stover	Department of Behavioral & Developmental Services
Carol	Tiernan	GEAR
Meredith	Tipton	University of New England College
Lindsey	Tweed	Anchor Program; Maine Medical Center
Jane	Weil	Early Intervention Coalition
Karen	Westburg	Department of Human Services
Susan	Young	Foster/Adoptive Parent

Consumer Affairs Sub Committee

First Name	*Last Name*	*Representing*
Paul	Saucier, *Chair*	Muskie School of Public Service
Pam	Allen	Seniors Plus
Laura	Antranigian	Speaking Up for Us
Thomas	Bartell	People's Regional Opportunity Program
Ann	Conway, Ph.D.	Maine Turning Point Project Director
Melinda	Davis	Advocacy Initiative Network of Maine, Inc.
Tom	Davis	Sebasticook Farms
Peter	Driscoll	Amistad
Mary	Edgerton	Maine Center on Deafness
Thomas	Field	Disability Rights Center
Brenda	Gallant	Long Term Care Ombudsman Program
Lisa	Harvey-McPherson	Eastern Maine Healthcare
Stephen	Jennings	AARP
Lenard	Kaye	UMaine Center on Aging
Natalie	Morse	Maine Public Health Assoc.
Charles	Newton	Penquis C.A.P., Inc.
Tracy	Quadro Walk	Community Mediation Services
Peggy	Rice	MSEU/Dept. of Behavioral and Developmental Services
Stephen	Richard	Opportunity Training Center
Bobbi Jo	Yeager	United Cerebral Palsy of Maine

Executive Planning Subcommittee

First Name	*Last Name*	*Representing*
Meg	Baxter, *Co-Chair*	United Way of Greater Portland
David	Flanagan, *Co-Chair*	
Rebecca	Wyke, *Co-Chair*	Department of Administrative & Financial Services
Kevin	Baack	Goodwill Industries of Northern New England
Maureen	Dawson	Shalom House Inc.
Mary	Callahan	SMMC, Cardiopulmonary Dept.

First Name	*Last Name*	*Representing*
Kimm	Collins, MSW	NASW - Maine Chapter
Anthony	Forgione	City of Portland
Geoff	Green	Department of Behavioral and Developmental Services
Jessica	Harnar	Coastal Economic Development Corp.
R. Scott	Hawkins	Catholic Charities Maine
John	LaCasse, Eng.Sc.D.	Medical Care Development, Inc.
Edward	McGeachey	The Spurwink School
Peter	Mcpherson	The Spurwink School
Edward	Miller	American Lung Association of Maine
Jack	Nicholas	Catholic Charities Maine
Carl	Pendleton	Sweetser
Susan	Percy	Creative Work Systems
Daniel	Reardon	Board of Visitors, Longcreek
Bradley	Ronco	Department of Human Services
Catherine	Saltz, MBA, CPA	
Ron	Welch	Maine Association of Mental Health Services
Carol	Weston	State Senator

Health Services Subcommittee

First Name	*Last Name*	*Representing*
Richard	Batt, *Chair*	Franklin Memorial Hospital
Richard	Balser	Spring Harbor Hospital
Karen	Bell, MD, MMS	
Leah	Binder	Franklin Community Health Network
Patricia	Conner LCPC, LADC	
Joseph	Curll	
James	Harnar	Maine Health Information Center
Dennis	King	Spring Harbor Hospital
Lisa	Letourneau	MaineHealth
Donald	McDowell	Maine Medical Center
Mary	McPherson	Maine Equal Justice
Lisa	Miller	Bingham Program
Nathan	Nickerson	Portland Public Health
Sylvia	Perry	
Randy	Schwartz	American Cancer Society
Shawn	Seeley	Bureau of Health, Division of Health Engineering
Elizabeth	Ward Saxl	Maine Coalition Against Sexual Assault
David	Winslow	Maine Hospital Association

Point of Entry Subcommittee

First Name	*Last Name*	*Representing*
Barbara	Crider, *Co-Chair*	Council
Tom	Kane, *Co-Chair*	Representative, Council Member
Helen	Bailey	Disability Rights Center
Lance	Boucher	Governor's Office
Carol	Carothers	NAMI Maine
Jerry	Cayer	City of Portland
David	Faulkner	Day One
Laurie	Fogelman	The Next Step Domestic Violence Project
Craig	Freshley	Facilitator
Connie	Garber	YCCAC

First Name	*Last Name*	*Representing*
Donald	Gean	York County Shelters
Elinor	Goldberg	Maine Children's Alliance
Laurence	Gross	Area Agency on Aging
Don	Harden	Catholic Charities Maine
Brenda	Harvey	Department of Behavioral and Developmental Services
Charly	Haversat	Parent
Richard	Karges	Crisis & Counseling Centers, Inc.
Nancy	Kelleher	Sweetser
Charlene	Kinnelly	Uplift, Inc.
Jane	Morrison	Ingraham Volunteers
Trish	Niedorowski	Wings
Ginette	Rivard	Maine State Employees' Association
Kathy	Walker	Rape Response Services
Richard	Weiss, Ph.D.	Motivational Services, Inc.
Gail A.	Yeaton	Department of Human Services

Administrative Assistants to the Subcommittees:

- Kathy Harvey, BDS (Executive Subcommittee)
- Jan Hoffmann, BDS (Adults Subcommittee)
- Elaine Lovejoy, DHS (Health Subcommittee)
- Mandy Milligan, DHS (Consumers Subcommittee)
- Jennifer Sanborn, BDS (Children's Subcommittee)
- Norma Tunks, DHS (Point of Entry Subcommittee)

Groups and Individuals making presentations to the Merger Council:

June 2003: Presentation about DHS services from Peter Walsh; Chris Beerits; Michael Norton; Christine Gianopoulos; Dora Mills; Judy Williams; Christine Zukas-Lessard; David Winslow (who was then an employee of DHS but later participated on the Health Subcommittee as an employee of the Maine Hospital Association). Sabra Burdick presented BDS services to the Council, along with Brenda Harvey, Jamie Morrill, Geoff Green and other staff.

July 2003: Karen Westburg briefed the Council on child welfare reform steps taken to date and future plans. Dori Harnett and Pat Ende presented information about consent decree and settlement agreements relevant to BDS/DHS/restructuring.

August 2003: Presentation about the PriceWaterhouseCoopers audit of DHS by Rudy Naples. Presentation by Mary Callahan, foster mother, nurse, activist and author of " Memoirs of a Baby Stealer - Lessons I've Learned as a Foster Mother"

September 2003: Presentation from Charley Haversat, Dean Crocker, and Ellie Goldberg of Children's Alliance and Ron Welch of Maine Mental Health Association.

October 2003: Subcommittee Chairs presented findings from their respective series of meetings.

November 2003: Subcommittees presented final reports.

December 2003: Subcommittee Chairs reviewed final draft list of recommendations.

In addition, each Subcommittee received formal presentations on a wide variety of topics and issues.

Appendix C. Facilities

Department of Human Services locations

Central Administrative Offices:

- 221 State St., Augusta (Commissioners Office, Admin Offices, Bureau of Children & Family Services, Health Lab)
- 442 Civic Center Dr., Augusta (Bureau of Elder and Adult Services; Bureau of Medical Services)
- 286 Water St., Augusta (Bureau of Health)
- 11 Whitten Rd, Augusta (Bureau of Family Independence)

Region I locations: (York & Cumberland Counties)

- 161 Marginal Way, Portland
- 208 Graham St., Biddeford
- 890 Main St., Sanford

Region II locations: (Franklin, Somerset, Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, Waldo, and Knox Counties)

- 35 Anthony Ave., Augusta
- 114 Corn Shop St., Farmington
- 200 Main St., Lewiston
- 360 Old County Road, Rockland
- 98 North Ave., Skowhegan
- 237 Main St., South Paris
- 74 Drummond St., Waterville
- 34 Wing Farm, Bath
- 9 Field St., Belfast

Region III locations: (Aroostook, Piscataquis, Penobscot, Washington, and Hancock Counties)

- 17 Eastward St., Ellsworth
- 396 Griffin Road, Bangor
- 392 South St., Calais
- 14 Access Road, Caribou
- 137 Market St., Ft. Kent
- 11 High St., Houlton
- 13 Prescott Dr., Machias
- Summer St., Dover-Foxcroft

Department of Behavioral and Developmental Services Locations

Central Administrative Offices:

- Marquardt Building, AMHI Campus, Augusta (Commissioner's Office, Main Admin. Offices, Program Management Offices)

Region I location (Cumberland; York):

- 175 Lancaster St., Portland

Region II locations (Franklin; Kennebec; Androscoggin; Knox; Lincoln; Oxford; Somerset; Waldo; Sagadahoc):

- Greenlaw Bldg, AMHI Campus, Augusta
- 15 Mollison Way, Lewiston
- 212B New County Rd, Thomaston

Region III locations (Aroostook; Hancock; Penobscot; Piscataquis; Washington):

- 176 Hogan Rd, Bangor
- 642 Maine St, Presque Isle
- 139 Market St., Ft. Kent
- 2 Maine St., Van Buren
- 2 Water St., Houlton
- 15 Prescott Drive, Machias

Institutions/ State Hospitals/ Other Facilities:

- Augusta Mental Health Institute (Riverview Psychiatric Center), 67 Independence Drive, Augusta
- Bangor Mental Health Institute, 656 State St., Bangor
- Elizabeth Levinson Center, 159 Hogan Road, Bangor
- Freeport Towne Square, 178 Lower Main St., Freeport

Appendix D. Staff Questions

Staff Questions

The following questions were collected from staff through the Council process and are representative of the many questions and comments submitted. They are presented as a snapshot of the range of issues and concerns that must be addressed during implementation, and to reinforce the need for a formal process of staff involvement as the merger planning process is undertaken. The questions are roughly grouped by category, and are not presented in any order of priority.

Employment issues

1. Will the restructuring result in loss of jobs?
2. Will attention be given to wage disparity issues?
3. Will the dress code at BDS have to conform to that at DHS or the reverse?
4. How will differences in personnel policies be resolved?
5. Will staff be relocated?
6. How will front line staff have input into merger process?
7. How will the unions be involved in the process?

Administration & Operations

8. How many regions will there be?
9. Will Aroostook County have its own region?
10. How will regional differences in terms of function between the two agencies be resolved?
11. Contract managers are in the regions in BDS, will this change?
12. Will there be a comprehensive review of regulations to accomplish goals?
13. What information technology systems will be used?
14. Pressure on mid-management isn't always recognized, how will this change?
15. Support staff have been reduced. This creates more of a burden on case managers and other staff, and reduces productivity. Will this change?
16. There are not enough staff to do the jobs now, how will restructuring make a difference?
17. Administrative clerks are deployed differently by the two agencies. Will they have an opportunity for input before final decisions are made?
18. The facilities have differing levels of security. How will these differences be resolved?
19. Will data be analyzed e.g., What is collected? Why do we need it? Who needs it? How is it being used? How does the data contribute to performance measurement?

Program

20. Will MH/MR Children's Services lose funding as a result of being joined with DHS?
21. Will consumers be afraid to seek services because they are afraid that their children will be taken away?
22. How will mental health services for refugees be accommodated?
23. Caseworkers are overwhelmed by data entry, how will this change?
24. Can the data systems become more portable?
25. Can more emphasis be placed on early intervention?
26. How will voluntary and involuntary services be delineated?
27. How will consolidation of licensing make things better?
28. Bureau of Family Independence staff are already busy. How will they play a role in providing financial screening for all programs?
29. Managers need to take into account geographical diversity issues when making decisions. One size doesn't fit all.
30. Will there be a public relations campaign to change the image of the system?

Appendix E. Experience of other states

In February of 2003, the Maine Children's Cabinet prepared a report that looked at other states in regard to their experience with merging health and human service agencies. The research for the report, **"Reorganization of State Agencies Serving Youth and Families: A Response from Selected States"** was conducted by Michael Newsom, an Intern at the Muskie School of Public Service, with support from Lauren Sterling of Maine's Children's Cabinet.

In addition the Children's Cabinet staff contacted the American Public Human Services Association (APHSA) to solicit their input on this topic, as well as to secure a list of other states that they believed could provide helpful insights. Out of this process fifteen states were identified. They include:

- Colorado
- Connecticut
- Delaware
- Florida
- Idaho
- Michigan
- Montana
- New Hampshire
- New York
- North Dakota
- Rhode Island
- Tennessee
- Utah
- Texas
- Vermont

The following is a summary of key findings and trends identified from the interviews. For a detailed review of the interview questions and state responses, see the full Report listed on the Merger Council's website (go to the Governors Office Home page and click on "Advisory Council for the Reorganization and Unification of the Department of Human Services and the Department of Behavioral and Developmental Services").

- There is great variety in how youth and family services are organized in state governments around the country. Some states have a Department of Children, some have a mega-agency of human services with a division of children, some have a mega-agency of human services but no division of children, and some have separate social service agencies each providing separate services to children and families.
- No one state could be identified that incorporated all of the integrated services and "no wrong door" delivery system that is envisioned for Maine. There are a few large County Government Human Services agencies that are attempting to incorporate all of the "one-stop/no wrong door" elements;
- In general, state officials felt that their current structure was by and large successful.

- Most states identified service integration as a key issue for youth and family services.
- Success at reorganization or other organizational change was linked to a few key characteristics: sufficient planning in advance, attention paid to merging cultures while allowing for differences, and new management systems to foster street-level changes.
- Reorganization, where it had happened, was just a first step, and an expensive one, in fostering desired changes.
- Reorganization itself has not led to reduced costs, particularly in the short term. Cutting positions and money in the name of consolidation can lead to a reduced capacity to provide services.
- Successful planning was conducted by a lead planning group (like the Maine Merger Council). These groups included both state agencies and community stakeholders.
- Cultural changes among merged Departments is seen as the most challenging area.
- New management systems involved changing formal reporting relationships, regrouping individuals, and designing communication, coordinating, and integrative systems throughout the new organization. Blending all the federal funding streams into new forms of service delivery involve a high level of skill among budget staffers, who must in essence prepare two budgets – one for moneys in, another for moneys out. A part of this effort is the maximization of federal funding streams and the creative use of matching dollars.
- Umbrella structures were said to have the potential for policy development across categorical funding streams;
    - Specific benefits - creation of agency advocates who spoke directly for children's issues and the improvements in service delivery that have come out of reorganization;
    - Specific weaknesses - the increased challenge of changing a vast bureaucracy and the provision of a clear target (because of size and singularity) for public and political criticism leading at times to funding cuts (or threats of funding cuts) for the non-court mandated programs.
- Effective leadership during reorganization involves creating and communicating a vision of what is to come and a rationale for the extra effort of reorganizing.
- Given the need for legislative action, a broad coalition must be formed to champion the reorganization. An executive team or management team must shepherd the process.
- Interim arrangements are necessary, and lots of work must be accomplished by low- and mid-level interagency management.
- Mergers have led to improvements in service delivery by simplifying access points.

Betsy Rosenbaum and Susan Christie of American Public Human Services Association (APHSA) see a lot of potential in a merger of the kind proposed in Maine. However, they felt that the jury was still out about the success of reorganization efforts across the country. APHSA staff suggested that structural reorganization and service integration is

not the same thing, and in fact reorganization could drain resources from attempts at service integration. That said, APHSA also stated that service integration had clear positive outcomes for clients. Where technological advances made possible just one record for the family within the organization, this made service integration easier to achieve, and in the long run provided administrative savings. Typically, organizations did not realize actual savings but did realize improved efficiency by being able to provide more services for the same dollars.

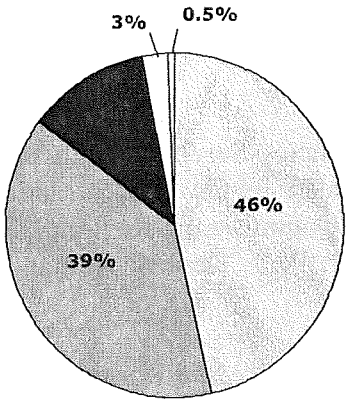
In addition to the "Reorganization of State Agencies Serving Youth and Families: A Response from Selected States," the Council also reviewed information from other reports, such as: The Arkansas Restructuring Commission; Regional Reorganization Principles for Orange County; Allegheny County, PA – Dept of Human Services Plan; and the Vermont Restructuring Initiative 2003.

A final note regarding the importance of accurate and useful program/client data:

The combination of different social and health programs and services posed a significant challenge to all the states reviewed. Differences in program/client definition, units of measurement, and diverging state and federal reporting requirements often results is a jumble of program and client data that can be confusing to seasoned officials and legislators as well as the casual public observer. One agency that seemed to have a good handle on the data management issues was the Department of Social and Human Services (DSHS) in Washington State.

The data displayed below comes for the Washington DSHS website. The DSHS is able to effectively display client service levels by age and other demographic slices, but also they are capable of displaying multiple layers of program and service data that allows program managers and the public to easily see how many clients are using multiple services and where those critical program overlap points occur. Maine should consider consulting with officials from Washington State when beginning the task of integrating the client and program databases.

More than half of DSHS' 1.26 million clients use more than one type of service during a year (Pie Chart FY99 Clients by Number of Programs)



46% (586,148) used **one** program only.

39% (490,030) used services from exactly **two** DSHS programs.

12% (145,458) used services from exactly **three** DSHS programs.

3% (34,614) used services from exactly **four** DSHS programs.

0.5% (5,605) used services from **five or more** DSHS programs.

Source: RDA - FY 99, Client Services Database

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How many people used each possible pair of DSHS programs?

(Matrix of shared clients in FY99)

	AASA	CA	DASA	DDD	DVR	ESA	JRA	MAA	MHD
Aging and Adult Services Administration (AASA)		687	583	1,652	855	22,222	2	52,806	9,788
		0%	1%	5%	4%	3%	0%	6%	9%
Division of Children and Family Services (CA)	687		10,157	3787	1,342	84,557	767	104,172	19,313
	1%		18%	12%	6%	12%	18%	11%	18%
Division of Alcohol and Substance Abuse (DASA)	583	10,157		202	1,919	30,101	683	32,704	10,518
	1%	5%		1%	8%	4%	16%	3%	10%
Divion of Developmental Disabilities (DDD)	1,652	3,787	202		2,369	16,704	27	23,072	3,699
	3%	2%	0%		10%	2%	1%	2%	3%
Division of Vocational Rehabilitation (DVR)	855	1,342	1,919	2,369		13,591	16	13,460	5,291
	1%	1%	3%	7%		2%	0%	1%	5%
Economic Services Administration (ESA)	22,222	84,557	30,101	16,704	13,591		895	579,701	62,469
	39%	38%	54%	53%	57%		21%	61%	57%
Juvenile Rehabilitation Administration (JRA)	2	767	683	27	16	895		1,556	511
	0%	0%	1%	0%	0%	0%		0%	0%
Medical Assistance Administration (MAA)	52,806	104,172	32,704	23,072	13,460	579,701	1,556		79,886
	92%	47%	59%	73%	57%	82%	36%		73%
Mental Health Division (MHD)	9,788	19,313	10,518	3,699	5,291	62,469	511	79,886	
	17%	9%	19%	12%	22%	9%	12%	8%	
One Program Only	4,053	107,382	17,249	7,546	7,734	117,699	2,414	298,473	23,598
	7%	48%	31%	24%	33%	17%	56%	31%	22%
Total	57,340	221,694	55,425	31,587	23,712	710,781	4,330	955,660	108,911

How to read the table: Each cell shows the number of clients who received services from pairs of programs in FY99. **For example, 687** of the clients of Aging and Adult Services also received service from the Children's Administration. This was about **1 percent** of the 57,340 clients of Aging and Adult Services. Since persons receive services from several programs, they may be counted in more than one cell on the table. Therefore the numbers from the cells in the column for Aging and Adult Services will add up to a number larger than the "unduplicated" total of 57,350 Aging and Adult Services clients.

Source: RDA - FY 99, Client Services Database

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