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MINUTES OF THE 9/20/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Ms. Levenson and Mr. Rosser, Members;
Paul Saucier and Joyce Benson, Staff.

The day was devoted to hearing comments on the Committee's interim report. All presenters are listed below. Most presenters offered their comments in writing. The minutes focus on verbal comments not contained in the written material.

I. Comments on the Committee's Interim Report

A. Comments from Providers

Beth Hoxie, Maine Foster Parent Association. Ms. Hoxie presented written comments on behalf of Debbie Gross, President of the Association.

Dana Totman, President, Maine Community Action Association. (written comments) Mr. Totman was asked why the Association does not recommend placing Head Start in the Education Department. He said that the Association views Head Start as a social service program first and an education program second. Head Start raises the aspirations of parents and in turn improves children's chances at educational success. Head Start staff must address an array of social issues, including abuse, malnourishment, family violence and inadequate access to health care.

Ron Thurston, Executive Vice President, Maine Health Care Association and Chair, Health Policy Advisory Council. (written comments) Mr. Thurston pointed out that the Committee's function statement does not mention leadership; the State role in this area must include leadership. Mr. Thurston suggested that option 12 (regarding coordination) should be the Committee's first priority, and that any coordinating mechanism should include a strong role for providers and consumers, and should enable the Legislature to retract from the role of referee. Finally, Mr. Thurston suggested that the State must find new ways to assure quality. He said that "quality assurance by inspection" does not work. Ms. Bernstein asked Mr. Thurston to comment on the effect of the Health Policy Advisory Council. Mr. Thurston noted that the Council is the only organization that produces a 5 year forecast of issues in health, and that it serves at the institutional memory for health policy in the State.

George Hill, Executive Director, Family Planning Association of Maine. Mr. Hill noted the Committee's 4th

finding and pointed out that Family Planning is primarily a prevention service. He also said that the Association strongly agrees with finding 5; more trained professionals are needed, particularly in health care. Regarding options 1 and 2, Mr. Hill said that the Association does not have a strong opinion but would probably prefer to be in Child and Family Services rather than Physical and Mental Health. Mr. Hill expressed reservations about option 15, noting that categorical funding does assure that certain services (such as family planning) will be funded.

Frank Schiller, Executive Director, Maine Council of Community Mental Health Services. (written comments) Mr. Rosser asked if the Council recommends privatization, reduction or elimination of the mental health institutes. Mr. Schiller noted that a reduction in size and a change of mission will come as the consent decree is implemented. The Association would support the ultimate elimination or private management of much smaller institutes. Mr. Rosser asked about regional boards. Mr. Schiller said that the Association is ambivalent about the concept. On the one hand, increasing advocacy for consumers and their families would be a benefit, but the Association is concerned that central leaders not be isolated from service delivery. Also, regional boards could become an expensive bureaucracy to support.

Peter Kowalski, President, Maine Association of Private Residential Resources. Mr. Kowalski said that his organization does not expect much to come from a general reorganization. He urged the Committee to look at the role of the State in services. Presently, the state provides services directly, purchases them from private providers, and regulates them. Mr. Kowalski feels that the State should stop providing services directly, and that service planning should move away from Augusta to the regional level. Regulation is a great concern. His agency has 15 to 20 sets of regulations that are often inconsistent. In the ICF/MF program, the federal government reduced its regulation to 12 pages but the State increased theirs to 250. Mr. Kowalski warned that simply unifying procedures does not save costs. MAP II, the uniform single auditing procedure that was to have simplified financial audits and reduced costs, has resulted in thousands of dollars of additional costs for agencies.

B. Chairs of Legislative Committees, Task Forces and Study Commissions

Representative Peter Manning, Chair, Joint Standing Committee on Human Resources. Rep. Manning opened by stating his skepticism about the restructuring effort. He feels that resources are needed and that restructuring will not free a significant amount of money. He also noted that

simply placing services under a single department does not necessarily result in better coordination and service delivery. As an example, he referred to the lack of coordination between Corrections and Mental Health when they were in the same department (the former Department of Mental Health and Corrections). If the departments are to be reconfigured, Rep. Manning wonders where the cut off for family services is. Would services for older people fit in a Department of Children and Families, for instance? Rep. Manning does support the elimination of the Division of Community Services. He also supports the creation of regional boards in mental health, in order that implementation of the consent decree can occur at the local level. Generally, local planning in social services would allow a reduction in duplication, leading to less funding of administrative overhead. Regarding the creation of a counter cyclical fund, Rep. Manning said that would have a difficult time supporting such an concept when there are so many pressing needs in the present.

Senator Jeff Mills, Chair, Study of the Obstacles to Affordable Housing in Maine. Senator Mills said that the most important restructuring issue in the areas of affordable housing and homelessness is whether all services should be located in one place. He supports centralizing these services in the Maine State Housing Authority, since the public already identifies MSHA with such a function.

Representative Ruth Joseph, Chair, Joint Standing Committee on State and Local Government and Co-Chair, President's and Speaker's Blue Ribbon Commission on Children and Families. Rep. Joseph strongly supports the creation of a Department of Children and Families. Not only would that lead to more cost-effective service delivery, but it would also allow the State to focus on early intervention with children. Regarding the location of Medicaid, Rep. Joseph feels that where Medicaid is located is not as important as whether all departments have ready access to it. Each department will know best how it can use Medicaid. When asked about services for older people, Rep. Joseph said that older people are part of families, and they should be in the Department of Children and Families.

Margaret Marshall, Chair, Interagency Task Force on Homelessness and Housing Opportunities. (written comments)

Rep. Margaret Pruitt Clark, Member, President's and Speaker's Blue Ribbon Commission on Children and Families; Governor's Task Force to Improve Services for Maine's Children, Youth and Families; Governor's Committee on Child Sex Abuse; and the Governor's Committee on Substance Abuse. Rep. Clark expressed enthusiasm for the recommendation that a Department of Children and Families be created. Regarding the elderly, she noted that older people are part of families, and that a department of

families would need to embrace non-traditional models of family, such as unrelated older people who share residences. She emphasized that a new department should have as its core a very strong case management function. Although she likes the name Department of Children and Families, she would not object to dropping the word Children is certain groups are uncomfortable with it.

Jean Manning, Chair, Family Support Task Force and Developmental Disabilities Council. (written materials) The groups that Ms. Manning chairs have 3 priorities: information and referral, respite care, and support groups. She expressed concern that the Bur. of Children with Special Needs respite care model not be lost if BCSN is moved to a new department. She also expressed the transition from child to adult services that would involve a transfer from the Department of Children and Families to the Department of Physical and Mental Health for people with disabilities. Strong coordination would be critical.

Jane Sheehan, Chair, Governor's Task Force to Improve Services for Maine's Children, Youth and Families. Ms. Sheehan said that the Task Force will be submitting a formal report to the Committee at the end of the month. The group has reached consensus on the need for a single entity for children and families. When asked if the Task Force would recommend moving Child Development Services out of the Department of Education, Ms. Sheehan said that such a recommendation would go farther than what the Task Force has suggested.

C. Comments from Consumer Groups

Michael Fitzpatrick, Alliance for the Mentally Ill of Maine. (written comments) Mr. Rosser asked about the development of regional boards. The Alliance supports the creation of board to conduct local assessments, local planning and evaluation. Regional allocations would be made at the State level, with each regional board then making allocations within the region. Ms. Levenson asked about the issue of confidentiality. Mr. Fitzpatrick acknowledged that this is a difficult issue, but he feels that the family needs to have access to information since the family is generally the primary care giver.

Hilton Power, AARP. (written comments) When asked what the 3 greatest needs are for older people, Mr. Power said that home-based care is 1st, followed by transportation and income maintenance.

Sheila Commerford, Director, Maine Committee on Aging. (written comments) Ms. Commerford was asked where the Bureau of Elder and Adult Services should be if the choice is between a Department of Children and Families or a

Department of Health. Ms. Commerford said that the Committee would prefer the Department of Health.

Dale Finseth, Maine Independent Living Council. Mr. Finseth cautioned the Committee against placing all disability services into a Department of Health. People with disabilities need many social services, such as transportation and adaptive equipment. The Council would prefer to see a coordinating office created to pull together services for people with disabilities. Mr. Finseth suggested that the Committee consider a unified, rather than a centralized, case management system. When asked what the 3 top needs of people with disabilities are, Mr. Finseth said transportation, job placement, and disability awareness.

Ray Bandusky, Maine Advocacy Services. Mr. Bandusky indicated that MAS, as the designated protection and advocacy organization in Maine (as required to receive certain federal funds) is opposed to being consolidated with other advocacy organizations.

Reid Scher, Executive Director, Maine Commission on Mental Health. Regarding finding 6, Mr. Scher expressed concern that confidentiality requirements not be weakened. Regarding the creation of a Department of Physical and Mental Health, Mr. Scher said that the major concern is that mental health not get lost in a large agency that is focused on physical health. Also, the Commission believes that services should be moving away from a medical model of treatment. Being in the same agency as the medicaid bureau would be a benefit.

Christopher St. John, Maine Association of Interdependent Neighborhoods. (written comments)

II. Committee Discussion

The committee discussed how it should present its options at the October 4 meeting. It was decided that the full Commission would be interested in which options would save money and which would cost money. Ms. Levenson presented an outline of options in each category, and the Committee decided to include it in its October 4 report.

The Committee discussed the option of creating a coordinating mechanism with authority. After much discussion, the Committee decided that it wants the mechanism to be independent of the departments. One option would be for a strong coordinating office to be located in the Executive Department. All departments would be on an equal footing. This issue is separate from the need for a single case management function for children and families.

The Committee decided on incorporating the following into its report:

1. Include leadership as a State role in the function statement;
2. Clarify that although confidentiality is a barrier, it is in many instances essential to protect the privacy of individual consumers. Confidentiality requirements should be eliminated where they serve no compelling privacy need; and
3. Clarify that the committee does not wish to diminish the attention that is being paid to mental health, and envisions a continued Bureau of Mental Health within the Department of Physical and Mental Health.

The Committee met with the Commission chairs, Mr. Henry and Mr. Nicoll, to discuss the format of the October 4 meeting and to review a list of questions prepared by the chairs in response to the interim report. The Committee discussed the questions and addressed them as follows:

1. If a Department of Children and Families were created, family would be interpreted broadly to include members of all ages and of traditional or non-traditional families. The important issue is to assign an appropriate level of authority for certain services. For instance, the Bureau of Elder and Adult Services would remain a Bureau, reporting directly to the Commissioner. Older people are part of families and could be appropriately served, as long as the Bureau was not reduced to a division or some other administrative entity with less authority.
2. The Committee decided it should review LD 1911 (submitted by the Systems Assessment Committee and held over to the Second Regular Session). Staff will prepare an analysis of the bill.
3. and 4. The Committee discussed the implications of regionalization. A distinction should be made between regional governance (generally not practiced now) and regional service delivery (widely practiced presently).
5. A separate Department of Health should result in less fragmentation than currently exists. The Committee has stated from the start that coordination needs to be strengthened regardless of the new configuration of departments, but placing all children and family services together will result in less duplication and fragmentation. Having disabilities as part of a health department should also reduce fragmentation, since many people with disabilities receive long-term care services.

6. Regarding the Special Investigations Unit, the Committee has requested the report of the Inspector General and will not make any recommendations pending the outcome of the investigation other than to say that, generally, this function should be a broad one directed at all of State government rather than targeted to income maintenance programs.

7. The Committee has discussed consolidation of advocacy services and will continue to work on that issue.

8. The Committee has considered the work of the Commission of Maine's Future, particularly the demographic study done as part of that Commission's work.

9. Regarding outcome oriented goals, many social services can not be measured for outcomes in the short term. Many social welfare policies must be evaluated over a long period of time.

10. The Committee's recommendations would facilitate the management of information. Single intake and single case management are examples of recommendations which would consolidate information.

11. The Committee has incorporated many TQM ideals into its recommendations. The Committee has focused on consumers (customers). While it will be recommending that many boxes be moved, the Committee considered coordination and collaboration (the white space) to be paramount.

12. The Committee is very interested in looking at the Boards and Commissions in its area but has not been able to secure information for analysis. The Committee continues to work on this issue.

MINUTES OF THE 9/13/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Ms. Levenson and Mr. Rosser, Members; Paul Saucier and Joyce Benson, Staff.

Also attending were A.L. Carlyle, Assoc. Commissioner, Department of Corrections; Sheila Commerford, Maine Committee on Aging; Kala Ladenheim, Maine Health Policy Advisory Council; Sylvia Lund, Interdepartmental Council; and Jane Sheehan, Child Welfare Services Ombudsman.

The Committee reviewed the matrix of services prepared by staff. The matrix will be sent to the departments for review, edited as necessary, and enlarged for the benefit of the entire Commission.

The Committee reviewed a set of regional maps for the major departments. Staff were asked to obtain one for the Judicial Branch. The Committee discussed how boundaries might be made uniform. The Committee decided that the best approach is to establish the boundaries in statute but allow a set amount of time to phase them in. The Committee will ask each Commissioner to comment on the rationale for current boundaries and obstacles to making them uniform.

The Committee discussed the elements of a counter cyclical fund that they may recommend to the full Commission. The fund should be non-lapsing (can be carried forward) and expenditures should be strictly limited (tied to unemployment rate with few or no exceptions, and targeted to health and social services). The fund should be based upon the premise that economic cycles are not predictable and should be designed to meet basic needs that become greater in difficult economic times. The fund would not be designed to "pump prime" the economy. Staff were asked to begin work on a model, identifying possible revenue sources.

The Committee discussed the physical plant needs of the State. Questions were raised regarding the condition and economy of State-occupied space, whether owned or leased. The Appropriations Committee reportedly made policy decisions in this area last Session. Staff were asked to determine what Appropriations did and to send a note to the Commission chairs asking them if any committee is looking at this topic.

The Committee reviewed the agenda for the 20th. Providers will be heard from 8:00 to 10:00 a.m., chairs of legislative committees, commissions and task forces from 10:00 to noon, and consumers from 2:00 to 4:00. Staff were asked to send a follow-up memo to those invited, asking them to limit their comments to identification of the 2 items which they are most concerned about.

The Committee asked staff to invite the Commissioners to meet with them on the 25th. Each department head will be given 30 minutes (scheduled from 9 to noon and 1 to 2), and will be asked to participate in a round table discussion with the Committee from 2 to 3. The Commissioners will be asked to respond to several specific questions which were developed by the Committee.

The Committee turned to its interim report. It was decided that, in terms of the Committee's strategic issues, the areas of public-private partnerships and technology need further development. The Commissioners will be asked to comment on these areas, and staff were asked to gather materials from various sources. The Committee reviewed the list of options in the report and made the following comments:

Option 3: Should the Bureau of Rehabilitation be moved to the Department of Labor rather than a newly created Department of Health?

4. Where should Head Start be located?

5. This option should state the Committee's intention to offer a master plan for uniform regions with phased-in implementation.

7. This option is intended to address central information and intake across, as well as within, departments.

8. What will the lead agency be?

11. Add services for the homeless as another example.

12. This should be made even stronger. Replace mediate with arbitrate, and make it clear that such an organization would encourage cooperation and collaboration even in the absence of conflict (not only reactive). Also, such an organization needs a budget of its own and needs an adequate number of staff.

19. Indicate that advisory groups have proliferated and suggest that fewer groups ought to exist, with each one covering a broader topic area.

The group then discussed the format for its final report. The report will follow the same format as the interim report, but recommendations will be divided into 3 categories: immediate recommendations; longer-range goals to be met; and items that need further study or need testing or are outside the time constraints of the Commission. The Committee tentatively agreed to use the October 23rd meeting to finalize its recommendations.

LHS3015

MINUTES OF THE 9/6/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Ms. Levenson and Mr. Rosser, Members;
Paul Saucier and Joyce Benson, Staff.

Also attending were Jamie Morrill, Deputy Associate
Commissioner, Department of Human Services; Ron Welch,
Associate Commissioner, Department of Mental Health and Mental
Retardation; Richard Davies, Maine Association of Community
Action Program Directors; Christopher St. John, Pine Tree Legal
Assistance; and Bruce Thomas, Maine Health Policy Advisory
Commission.

The Committee made further revisions to the draft interim
report and asked staff to make the final changes and submit it
to the Commission chairs.

The Committee looked at more regional maps and concluded that
no 2 State agencies use the same regional boundaries. This
presents obvious barriers to sharing resources at the regional
level and makes access to services that much more confusing for
consumers. The Committee decided to invite the Commissioners
to discuss the issue of regional boundaries on September 13.
The meeting will be moved from Portland to Augusta to
accomodate the Commissioners. The committee will also review
the service matrix at that meeting.

LHS3002

MINUTES OF THE 9/3/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Ms. Levenson and Mr. Rosser, Members; Paul Saucier and Joyce Benson, Staff.

Also attending were Sheila Commerford, Maine Committee on Aging, and Jamie Morrill, Deputy Associate Commissioner, Department of Human Services.

The Committee reviewed a draft interim report. Members distributed notes they had compiled from the presentations at the previous meeting and asked staff to incorporate major themes into the interim report. Ms. Bernstein reminded the Committee that the task of the group is to recommend broad restructuring, and that specific program changes probably fall outside of that charge.

The Committee discussed how it might obtain further information from people outside State agencies. It was decided that the September 20 meeting would be set aside to hear from consumer groups, provider groups and chairs of committees, commissioners and task forces. Staff were asked to compile mailing lists for each group and extend invitations along with copies of the interim report.

It was further decided that the Committee's September 13 meeting would be devoted to reviewing a matrix of services that staff are preparing from the materials distributed at the last meeting.

At the Commission's next meeting (September 6), the Committee will review a second draft of the interim report and review regional maps.

MINUTES OF THE 8/23/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Ms. Levenson and Mr. Rosser, Members; Paul Saucier and Joyce Benson, Staff.

Present in the audience (in addition to those presenting information to the Committee) were Sheila Commerford, Maine Committee on Aging; Reid Scher, Maine Commission on Mental Health; Christopher St. John, Pine Tree Legal Assistance; Robert Frates, Maine Human Development Commission; Ron Thurston, Maine Health Care Association; and Kayla Ladenheim, Maine Health Policy Advisory Council.

The day was devoted to presentations from State agency officials. Most presenters offered written testimony; the following minutes list the presenters for each category and focus on verbal comments that supplement the written material.

1. Children/Youth and their Families at Risk

A. Peter Walsh, Director, Bureau of Child and Family Services, Department of Human Services

Mr. Walsh suggested that a more comprehensive approach is needed. Public agencies should be consolidated; contracting with private agencies should be consolidated (agencies often have multiple contracts with various State entities); planning should be consolidated at the local level by establishing a single human services planning agency for each service area.

Ms. Levenson asked about case management in the Bureau. Mr. Walsh explained that the child protective system is built on case management. He described the system as "fully computerized." Mr. Rosser asked that Mr. Walsh submit his ideas regarding specific plans for restructuring services to children.

B. Robert Glover, Commissioner, Department of Mental Health and Mental Retardation

Commissioner Glover stressed that, while children and families are served by multiple agencies, the overriding issue is a significant shortage of funds in this service area. The fragmentation that does exist is attributable to categorical funding; funding streams need to be centralized to allow greater flexibility.

C. Nicola Kobritz, Director, Division of Community Services, Executive Department

Ms. Kobritz said that all of the Division's services duplicate efforts in other agencies. Head Start is similar to day care programs administered by DHS; programs to address homelessness are similar to those administered by Maine State Housing and the Department of Economic and Community Development; and LIHEAP is similar to emergency assistance programs administered by DHS. Ms. Kobritz noted that no central intake exists for children and families, and that several parallel case management systems are operated by various agencies. She suggested that services become more family centered by moving away from categorical funding. She suggested that a single department for children and families be established.

D. David Stockford, Director, Division of Special Education, Department of Education

Mr. Stockford stressed that the committee should look not only at duplication (which exists in case management and information and referral) but also at gaps. Maine does not have a complete continuum of services for children. Providing more early intervention services should be a priority.

Mr. Rosser asked if the shortage of trained professionals is attributable to stringent credentials requirements which discourage agencies from hiring and training people. Mr. Stockford feels that more on-the-job training may be one way to reduce the shortage of professionals. Mr. Stockford was asked to provide the Committee with models of interdepartmental cooperation which he finds particularly effective.

E. A.L. Carlyle, Associate Commissioner, Department of Corrections

Ms. Carlyle opened by noting that sex offenders and their victims are not specifically addressed by the Committee but are a large part of the corrections populations. Ms. Bernstein asked that Ms. Carlyle's comments on that topic be submitted to the committee.

Ms. Carlyle maintained that duplication is not an issue for children in the corrections system. In fact, services are lacking. She echoed Mr. Stockford's comment that Maine does not have a continuum of services, and she suggested that more money is required to address problems in children's services. The number of dysfunctional families is increasing. Prevention and early intervention efforts must be strengthened. Flexible funding is needed ("a pot of money that says Kids on it"). Family reunification efforts need to be critically evaluated and abandoned earlier in the process when it is clear that further efforts will be fruitless.

2. People who Abuse Substances

A. Jereal Holley, Fiscal Manager, Office of Substance Abuse

Mr. Holley stressed that major restructuring has taken place in substance abuse services over the last two years, and that further changes would be premature at this point.

B. Jamie Morrill, Associate Deputy Commissioner, Department of Human Services

Mr. Morrill pointed out that with the relocation of the Substance Abuse Clearinghouse and DEEP from DHS to OSA, DHS will no longer play a major role in substance abuse programs. One position has been maintained as liaison to OSA to ensure that DHS clients do receive needed substance abuse services.

C. Marlene McMullen Pelsor, Department of Mental Health and Mental Retardation

While Ms. Pelsor agreed that recent restructuring of the substance abuse system should be given time to work, she noted that the system should be linked to the higher education system to ensure that current teaching is in line with current thinking in the field.

D. A.L. Carlyle

Lack of substance abuse services is a major problem for corrections clients, both inside the institutions and in the community for people on probation. More research and evaluation are needed to assess which services are effective.

Mr. Rosser asked if mandatory sentences for OUI offenses need to be reconsidered. Ms. Carlyle suggested that they should be evaluated for effectiveness; in many cases community-based treatment would be more appropriate.

E. Carl Mowatt, Division of Alcohol and Drug Education Services, Department of Education

Mr. Mowatt said that the Division does not duplicate other substance abuse services, since his is the only program to address prevention specifically. An emerging issue for the Department is to address the problems of users and affected children, particularly at the primary education level. Structurally, Mr. Mowatt feels that the Division should be given more responsibility for prevention parent programming, and that services should be available through college rather than stopping at grade 12. Mr. Mowatt agrees that the field of substance abuse needs time to

stabilize before more changes are made, but he feels that relative to treatment, not enough resources are allocated to primary prevention efforts.

3. People Who are Homeless or Inadequately Housed

A. Margaret Marshall, Department of Economic and Community Development

Ms. Marshall drew the Committee's attention to the recommendations of the Interagency Task Force on Homelessness and Housing Opportunities, beginning on page 13 of their report. The priority recommendation is the formation of an Office of Board for Homelessness.

Ms. Levenson asked why DECD is involved in services for the homeless. Ms. Marshall explained that the Department administers the Community Block Grant program and is responsible for local comprehensive plans.

B. Jane Fowler, Maine State Housing Authority

An emerging issue is the increase of children who are homeless or at risk of homelessness. A number of prevention strategies should be pursued, including the improvement of substandard housing, subsidies for security deposits, rents and mortgage payments, a single clearinghouse for housing information, and case management for at-risk families.

C. Jamie Morrill

Mr. Morrill noted that no lead agency exists for homelessness, so DHS looks for a related issue, such as mental illness, which can be addressed by it or another agency. The Department's General Assistance and Emergency Services programs routinely provide assistance to people who are without homes or are inadequately housed.

Mr. Rosser asked if a board could actually pull together the fragmented services for this group. Mr. Morrill suggested that such a board would need to be given adequate authority to pool the resources that do exist.

4. People Who are Unemployed or Underemployed

A. Charles Morrison, Commissioner, Department of Labor

Mr. Morrison stressed that, in an era of dwindling resources, meaningful coordination of services among State agencies will become more important. This must include coordination at the local service delivery level, among line staff.

B. Sabra Burdick, Director, Bureau of Income Maintenance, Department of Human Services

Given federal and State changes in policy, welfare programs are increasingly directed at fostering self-sufficiency. Technological enhancements, economies of scale (to be achieved by moving toward fewer, rather than more, departments), and co-location of services could result in greater efficiency.

Ms. Burdick was asked to provide details regarding how she would consolidate services.

C. Margaret Brewster, Deputy Director, Bureau of Rehabilitation, Department of Human Services

Ms. Brewster noted that the Bureau is mandated to use existing services to achieve its rehabilitation goal, so no duplication exists.

Ms. Levenson asked if, in fact, the Bureau's services do duplicate Department of Labor services. Ms. Brewster explained that the Bureau does vocational rehabilitation, preparing people for reentry into the work force, while the DOL focuses on job placement. Generally, when a Bureau client is ready for placement, a referral to DOL is made.

5. Older People

A. Christine Gianopoulos, Director, Bureau of Elder and Adult Services, Department of Human Services

Ms. Gianopoulos pointed out that most other agencies do not have services targeted to older people, so services are mostly offered by the Bureau. Eligibility determination and provision of in-home support services are the most troublesome areas of duplication. Long-term care needs coordination at the local level.

B. Robert Glover

Mr. Glover presented written testimony only on this topic.

6. Abused and Neglected Adults

A. Peter Walsh

Mr. Walsh explained that the Bureau of Child and Family Services has contracts with private agencies to operate programs for domestic violence and rape victims.

B. Christine Gianopoulos

Ms. Gianopoulos pointed out that Maine is the only state in the country which has a separate guardianship program for people with mental retardation (within the Bureau of Mental Retardation). The Bureau of Elder and Adult Services administers a program of guardianship and conservatorship for all other adults.

7. People with Mental Illness

A. Christine Gianopoulos

Ms. Gianopoulos proposed the consolidation of all services for adults into a single department with a mission of maximizing independence. She was asked to provide details as to which services would be included in such a department.

B. Robert Glover

Commissioner Glover noted that the State lacks a comprehensive service system for people with mental illness; a major focus for him has been to work with community hospitals to develop in-patient treatment options. Regional boards should be established to plan and implement services at the regional level. When asked about the lack of uniformity of defined service regions, the Commissioner suggested that all human service agencies should have conterminous regions.

C. Peter Walsh

Mr. Walsh suggested that the Bureau of Children with Special Needs should be given the authority to be the lead agency to plan and coordinate services to children with mental illness.

D. A.L. Carlyle

Ms. Carlyle said that the Corrections Department has difficulty getting mental health services for its clients. It would prefer to get those services from DMHMR, but if that can not be assured, the Department should move to provide services itself. The closure of the adolescent unit at AMHI does present a problem for Corrections; services are not in place for those children, and the Youth Center is becoming a dumping ground.

E. Margaret Brewster

Ms. Brewster reiterated comments made earlier.

F. David Stockford

Mr. Stockford pointed out that costs to special education departments for mental health services are escalating, causing concern within school districts. It is estimated that 50% of children who drop out of school are seriously emotionally disturbed.

8. People with Mental Disabilities

A. Roger Deshaies, Director, Bureau of Mental Retardation

Mr. Deshaies stressed that the service delivery system must move away from "capacity" funding (where specific programs are funded to a specified capacity) and move toward individualized funding which focuses on the needs of the client. The Bureau's voucher program is a step in this direction.

B. Margaret Brewster

Mr. Rosser asked if the Bureau of Rehabilitation should be moved into DMHMR. Ms. Brewster indicated that such a move deserves consideration.

9. People with Physical Disabilities

A. Margaret Brewster

Emerging needs in this area include personal care assistant services and independent living services. Ms. Levenson asked whether consumers know where to go for appropriate services. Ms. Brewster acknowledged that entering the system can be confusing and difficult, and she asked the committee to consider the development of a single-point-of-entry system.

10. People with Chronic Illness

A. Dr. Zsolt Koppanyi, Bureau of Health, Department of Human Services

Dr. Koppanyi stressed the importance of directing more resources to prevention and primary care. He suggested the creation of a separate Department of Health to lend greater focus and visibility to health issues.

B. Elaine Fuller, Director, Bureau of Medical Services, Department of Human Services

Ms. Fuller suggested that a single health department be created to include mental health, mental retardation, long-term care and rehabilitation.

11. **Others Needing Health Care** (Note: It was suggested that this group be changed to something more descriptive, such as "Consumers of Acute Care, Public Health and Disease Prevention Services.")

A. Elaine Fuller

Ms. Fuller reiterated her suggestion that a single health agency be created.

B. Fran Finnegan, Deputy Director, Bureau of Medical Services, Department of Human Services

Mr. Finnegan's major recommendation is to revise the data processing system to reduce the number of paper claims and create a database for timely analysis. He estimated that automation needs total \$3 to \$5 million. The Federal government will pay 90% of technological enhancements, so the State share would be \$300,000 to \$500,000.

C. Randy Schwartz, Bureau of Health, Department of Human Services

Mr. Schwartz described the changing role of public health, from the traditional role of protecting the public from communicable diseases to playing a more active role in chronic disease investigation and environmental health.

D. Delores McLaughlin, Department of Labor

Ms. McLaughlin described the Health Occupations Training (HOT) program, which is generally considered a model of successful interagency collaboration. Ms. Levenson asked Ms. McLaughlin to provide her thoughts as to what program elements led to its success.

When the presentations were finished, the Committee turned its attention to the interim report. Items to be included in the report were discussed, and staff were asked to submit a draft prior to the Commission's September 6 meeting. The Committee decided to meet again on September 3 at 1:00 at 112 Craigie Street in Portland, and to begin meeting later (at 11:30) on September 6. On September 3, the group will discuss the information received today and refine its work plan. On September 6, the Committee will revisit its strategic issues and review the draft preliminary report.

LHS2984

MINUTES OF THE 8/9/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Mr. Caron, Ms. Levenson and Mr. Rosser, Members; Paul Saucier and Joyce Benson, Staff.

Present in the audience were Commissioner Robert Glover, DMHMR; Deputy Commissioner Douglas Porter and Associate Deputy Commissioner Jamie Morrill, DHS; Christine Gianopoulos, Director, Bureau of Elder and Adult Services; Sheila Commerford and Joan Sturmthal, Maine Committee on Aging; Gordon Smith, Maine Medical Association; Jane Sheehan, Office of Child Welfare Services; and Kayla Ladenheim, Maine Health Policy Advisory Council.

Mr. Caron was introduced to the group. He and Mr. McGowan have switched committee assignments; Mr. Caron is now the co-chair with Ms. Bernstein.

The group discussed the revision of the function statement offered by Ms. Levenson and adopted it. The statement now reads:

It is the responsibility of the State to invest in an affordable system of health and social services for the care and assistance of those who cannot adequately provide for their basic health, social and economic needs. In carrying out this responsibility, the State must balance public needs with the public's ability to fund services.

In addition to basic maintenance services, the State must invest in those preventive, early intervention and innovative programs that yield long-term gains.

Staff presented statistics regarding the elderly in Maine that had been requested by the committee. Issues discussed included the aging of the population generally, the increase in the "very old," and the probability that less informal care will be available to older people in the future. Based on the discussion, the committee decided to address older people as a distinct consumer group. This led to a general discussion of the committee's approach to its work. The committee decided to begin by identifying all the client groups within its purview. The next step would be to list all of the service needs of those groups, possibly compiling them onto a matrix to identify areas of common need. The group identified the following client groups:

1. Children/youth and their families at risk;
2. Abused and neglected adults;

3. People who abuse substances;
4. People who are unemployed or underemployed;
5. People who are homeless or inadequately housed;
6. Older people;
7. People with chronic illness;
8. Other people needing health care;
9. People with mental illness;
10. People with other mental disabilities; and
11. People with physical disabilities.

The committee then turned to a general discussion of how it should engage the public in its deliberations. Ms. Levenson offered sample questions which might be used to conduct focus groups with service providers and consumers. While other members acknowledged the value of conducting focus groups, they were concerned that the committee does not have time to conduct them. The committee decided to begin by seeking input from State agency officials at the next meeting and to discuss the issue of further information gathering after that meeting. Ideas included inviting chairs of recent study commissions to address the committee and sending a written solicitation to the various coalitions representing the service areas being studied. For the next meeting, staff were asked to invite agency officials to address each client group identified above. Half the client groups will be addressed in the morning and half in the afternoon. The agency officials will be asked specifically to address the following questions:

1. Identify duplication or overlap of services for this client group. What problems does the duplication or overlap present for the clients?
2. What do you see as the emerging needs of this client group to the year 2000? What structural changes are needed to meet those needs?
3. What is the 1 thing you would change in this service area?

The committee then decided to schedule tentatively additional meetings, as follows:

September 13 at 9:00 a.m. at the Spurwink School, 899
Riverside St. in Portland;

September 25 at 9:00 a.m. at the Spurwink School; and

October 23 at 9:00 a.m. at Ms. Bernstein's home in Portland. (Staff will provide directions.)

Because 2 members will not be able to attend, the committee decided that it will not meet during the Commission's October 18 meeting.

Staff presented information regarding the Special Investigations Unit. While the committee continues to feel that the topic is too narrow for its consideration, it will request that DHS forward the report of the federal Inspector General which is currently being prepared on this topic. The committee decided to defer any further action until the report is available.

The group then decided to identify strategic issues which it will address across client groups. After much discussion, the committee agreed to begin with the following:

1. Government structure may be incompatible with client needs and services;
2. Technological capacity;
3. Interdepartmental coordination;
4. Public-private partnerships, including:
 - a. privatization;
 - b. group purchasing;
 - c. employee benefits; and
 - d. insurance; and
5. The impact of economic cycles on services.

Also discussed as subsets of strategic issues and/or barriers for investigation were:

1. The crisis nature of human services;
2. The nature of government (time, money, "red tape");
3. Attitudes toward change;
4. Duplication;
5. Structuring government in a manner which will reduce duplication, inefficiency and waste;
6. Fragmentation; and
7. Confidentiality.

The committee asked staff to share the 5 strategic issues with next meeting's invited guests so that they may address the questions with those strategic issues in mind.

Staff presented information on the Maine Rainy Day Fund and countercyclical funds in other states. The committee asked staff to conduct further research into models which target funds to social services.

Staff presented regional maps for DHS, DMHMR and the Division of Community Services. Maps for Labor and Corrections will be provided at the next meeting. The 3 maps presented to date all have different regional service areas.

LHS2940

MINUTES OF THE 7/29/91 MEETING

SPECIAL COMMISSION ON GOVERNMENTAL RESTRUCTURING

COMMITTEE ON HEALTH, SOCIAL SERVICES AND ECONOMIC SECURITY

Present: Ms. Bernstein, Ms. Levenson and Mr. Rosser, Members; Paul Saucier and Michael Montagna, Staff.

Absent: Mr. McGowan.

The meeting opened with a general discussion of the committee's charge. The set of criteria on page 4 of the July 23 memo from the Commission chairs was reviewed and the committee agreed to condense the set to the following:

1. Public access;
2. Results: effectiveness and efficiency; and
3. Economic and social impact.

The group then turned to the proposed function statement and revised it to read as follows:

It is the responsibility of the State to balance public needs with the public's ability to invest in an affordable system of health and social services for the care and assistance of those who cannot adequately provide for their basic health, social and economic needs. In addition to basic maintenance services, the State must also invest in those preventive, early intervention and innovative programs that yield long-term gains.

The group then looked at the proposed areas of investigation. It was noted that the list was a mixture of constituent groups and service areas, and it was suggested that the committee should be consistent in its approach. Members felt, though, that they could not finally decide on areas of investigation until they had a better sense of the work done by other commissions. Staff were asked to provide the executive summaries of pertinent studies prior to the next meeting, and the matter was tabled until then.

The group then turned to the illustrative hypotheses. Members felt that those listed were all "straw men" and that the exercise of knocking them down would impose a negative tone on the committee's work. The hypotheses were abandoned in favor of the development of a list of goals to follow the function statement. The committee will then determine the degree to which the goals are met by the current system. The following goals were developed:

I. Program Goals

In the following areas, the State should provide the necessary financial resources and should collaborate with local communities to plan and implement an appropriate mix of community-based and institutional services:

1. The State should establish a reasonable level of control over health care costs while maintaining an acceptable level of care for citizens.
2. Basic healthcare, including illness prevention and long-term care, should be available to citizens in need.
3. The State has an obligation to meet the basic health, social and economic needs of Maine's children and families.
4. Basic care for abused and neglected children and children without supportive parents, including prevention and early intervention, should be provided.
5. Basic substance abuse and mental health services should be provided to all citizens in need.

The committee agreed to expand this list at the next meeting.

For the next meeting, staff were asked to develop draft goals in additional areas, to provide executive summaries of reports, to provide statistics regarding the well-being of older citizens, and to check with other states regarding their restructuring efforts. Staff were also asked to investigate the concept of a reserve pool for countercyclical investment in health and social services.

LHS2940