

REPORT ON
THE REGIONAL SERVICE DELIVERY BOUNDARIES
OF STATE HUMAN SERVICES AGENCIES

TO

GOVERNOR WILLIAM A. O'NEILL

FROM THE

GOVERNOR'S HUMAN SERVICES CABINET

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EXECUTIVE SUMMARY

The Governor's Human Services Cabinet, which first met in September 1987, is composed of Commissioners of the thirteen state human services agencies in Connecticut and is chaired by the Secretary of the Office of Policy and Management. The goals of the Cabinet are to advise the Governor on emerging human services issues, to ensure the development of coordinated human services policies, and to ensure coordinated delivery of human service programs that are responsive to the needs of Connecticut residents.

In order to achieve the third goal, a Cabinet objective is to identify and analyze interagency service delivery problems, and develop policy recommendations to alleviate these problems. One of the first service delivery issues examined by the Cabinet was the placement of human service agencies' regional service delivery boundaries and its impact on coordinated delivery of human services programs in the state. Most of these boundaries are non-coterminous; that is, most agencies use different regional configurations.

Historically, three service delivery concerns have been associated with the fact that, in Connecticut, the regional service delivery boundaries of human services agencies are not coterminous. These are: inconvenience for staff, inaccessibility for clients, and inability to utilize standard regions as a basis for human services planning among agencies.

However, the Cabinet has concluded that, while some of these service delivery concerns may be the result of non-coterminous boundaries, they cannot be adequately addressed by standardizing agency service delivery boundaries alone. Further, the social and financial costs of modifying existing boundaries are greater than the negative impact associated with these service delivery issues.

Therefore, the Governor's Human Services Cabinet does not recommend standardizing human services agencies' regional service delivery boundaries. However, the Cabinet recommends the following measures to address more adequately the service delivery concerns that have been identified:

1. Use of standard criteria for placing agency regional boundaries if, and when, modifications in any Cabinet agency's current boundary system are proposed, and an interagency process for reviewing the proposal.
2. Co-location of human services district offices where appropriate.
3. Coordination with the Department of Transportation and transit district representatives to improve client transportation to service delivery offices.
4. Development of a pilot project to establish regular interagency meetings for district or regional office managers to share information, identify interagency problems, and develop strategies to address those problems.

5. Exploration of the feasibility of aggregating client data by town to enable sharing of this information among agencies for interagency planning purposes.
6. Ongoing efforts by the Cabinet to identify other client access problems as they arise.

DESCRIPTION OF CURRENT SITUATION

In Connecticut, thirteen state agencies are responsible for the delivery of human services to state residents. Ten of these human services agencies use regions for service delivery. The ten agencies are the Department on Aging (SDA), the Department of Children and Youth Services (DCYS), the Department of Education (SDE), the Department of Health Services (DHS), the Department of Human Resources (DHR), the Department of Income Maintenance (DIM), the Department of Labor (DOL), the Department of Mental Health (DMH), the Department of Mental Retardation (DMR), and the Connecticut Alcohol and Drug Abuse Commission (CADAC). Two other human service agencies, the Department of Housing and the Commission on Long Term Care, do not use a regional structure and one agency, the Department of Correction, uses a regional structure for administrative purposes only.

One of the ten agencies, DOL, uses regions for delivery of services in only one of its programs, the federally-funded Job Training Partnership Act (JTPA). Since the regions for this program were developed in accordance with federal legislation, only the other nine agencies, which have independently determined their regional boundary structures, are considered in this analysis.

Of the nine agencies that have developed regional structures for service delivery, all currently use either five or six regions. However, two of these agencies (SDA and SDE) use additional regional configurations for different programs and these regions vary in number from three to nine. Some agencies' boundaries are completely coterminous, such as DHR with DIM and DHS with DCYS*; some are coterminous in some places; and some are not coterminous at all. (See Appendix A.)

These nine human services agencies determined their current boundaries between 1974 and 1986 based on a variety of criteria, including:

- o Predetermined boundaries, such as Health Service Areas (HSA)
- o Size of geographical area
- o General population distribution
- o Agency target population distribution
- o Agency caseload
- o Placement of existing facilities
- o Regional resources
- o Transportation accessibility

Standardizing the regional boundaries of state human services agencies has been recommended by several reports and commissions in the past fifteen years. However, the recommendation for coterminous boundaries has never been implemented. The following reports recommended standardizing agency regional boundaries:

*DCYS has proposed changing its existing boundary system from five regions to six.

- 1972 - Commission on Human Services (Zimmerman)
- 1975 - Connecticut Council on Human Services
- 1975 - Substate Regionalism in Connecticut
- 1976 - Connecticut Association of Human Services Report entitled "Human Service Organization: Problems and Proposals"
- 1978 - Human Services Reorganization Commission
- 1986 - Commission to Study Human Services

PROBLEM DEFINITION

An analysis of the desirability of standardizing agency regional service delivery boundaries raises four major questions:

1. Do non-coterminous boundaries interfere in a substantive manner with the delivery of services to clients?
2. Are service delivery problems primarily the result of non-coterminous boundaries, or are they the result of other factors?
3. Do the social and financial costs of modifying existing boundaries outweigh the negative impact associated with service delivery concerns related to non-coterminous boundaries?
4. What alternative measures would address adequately the identified problems which affect the integrated delivery of human services?

In order to identify and clarify the problems associated with non-coterminous boundaries, background research on the history of this issue and a survey of Commissioners on the Governor's Human Services Cabinet was conducted. The results of these efforts were used to address the four questions above.

1. Do non-coterminous boundaries interfere in a substantive manner with the delivery of services to clients?

A. Reports

The Commissions and reports listed above which recommended standardizing boundaries as a solution generally did not define clearly the problem that such standardization was intended to solve. The problem usually is stated in abstract terms, such as "overlapping", "fragmentation", and "maldistribution of service". The specific meaning of these terms is not explained nor is evidence of their existence documented.

Standardizing agency regional boundaries seems to have been proffered as a solution to a variety of problems which may result when clients need to use services of more than one state agency. It should be emphasized that non-coterminous boundaries can potentially create problems only when clients receive services from more than one state agency at the same time. Single-agency clients are not at all affected by whether boundaries are coterminous or non-coterminous, since they have contact with only one agency and its particular boundary system.

The number of multi-agency clients within the state human services system is not documented, so it is unknown whether multi-agency clients make up a substantial proportion of the total number of clients served. However, since the multi-agency client is the focus of this analysis, whenever "client" is used throughout this report, it refers to "multi-agency client".

The Commissions and reports which recommended standardizing regional boundaries generally focus on three distinct concerns: one for agency staff, another for clients, and the last for regional planning.

The issue for state agency staff, mentioned less often and apparently of less concern than the issue for clients, is that agency staff have to work with more than one contact at each other state agency with which they share clients. In these reports, it is stated that staff feel that this practice can be less efficient than having one contact person at each state agency. In the process of client referral, the staff must first determine in which region of the particular agency the client resides, and then contact the appropriate regional or district office. However, it is difficult to ascertain to what extent this two-step process impedes the delivery of service to clients.

Another side to this issue is that staff are unable to form a relationship with only one staff person at each agency. However, given frequent turnover in staff, it is not likely that coterminous boundaries alone would alleviate this problem.

The issue for clients is more difficult to grasp. The contention is that non-coterminous boundaries are a barrier to accessible services. Many questions are left unanswered, however: Is the problem that clients do not receive all the services they need? If so, improved interagency staff coordination rather than changing boundaries would be a more effective solution. Is the problem that clients physically have to go to different locations to receive different services? If so, co-location of services would solve this problem, standardizing boundaries alone would not. (It is important to note that coterminous boundaries do not imply "one-stop shopping".) Unfortunately, these reports do not address the specific aspects of the reported problem for clients.

A third issue, mentioned least often, contends that non-coterminous boundaries prohibit the development of interagency sub-state regions. These sub-state regions presumably would enable the state to plan by region for each specific region's human services needs. Furthermore, it is presumed that multi-agency regional planning would allow a tailoring of services to meet the particular needs of citizens in each region. It appears, however, that interagency planning, based on a sound data system of town by town needs assessments, could address this issue.

B. Survey of Commissioners on the Governor's Human Services Cabinet

In order to identify the current concerns associated with non-coterminous regional service delivery boundaries, a survey of the thirteen Commissioners on the Governor's Human Services Cabinet was conducted. (See Appendix B.)

Six agencies surveyed stated that non-coterminous boundaries did not present a problem for integrated service delivery, one was uncertain, one stated that it was a problem for staff, and four stated that it was a concern for both clients and staff.

The agency which felt non-coterminous boundaries presented a problem only for state agency staff stated that it was "inconvenient for staff to determine which regional office is appropriate for each client. Staff cannot form a close working relationship with staff of one regional office per agency. Staff sometimes receive different answers from different regional offices." This concern relates directly to the issue for state agency staff stated in the Commission reports.

One agency that stated that a lack of coterminous boundaries was a problem for both clients and staff defined the problem as "considerable travel by both client and staff is sometimes necessary when boundaries are not co-terminous with court boundaries. Accessibility is an issue when services of agency offices are needed and these offices are distant." Another cited "Confusion among clients and state agency staff as to the appropriate location/office from which services may be obtained. Accessibility, by phone and/or office visit, may be adversely affected. Services to clients who may be disabled elderly, at risk, etc. should be widely accessible and identically geographically defined."

The problems of travel and transportation relate to two separate issues: access for clients and convenience for staff. Agencies such as DIM and DHR require clients to visit district offices periodically to receive services. For these agencies, the transportation problem applies mainly to clients and involves travel distance and availability of public transportation. For other agencies, such as DCYS and DMR, clients are served more frequently in their family homes or residences. Therefore, these agencies are concerned primarily with staff travel distances.

Agencies that did not think non-coterminous boundaries presented a concern also stated their position: "Service delivery is affected more by availability of services, relevance of services to specific target populations, agency mission and treatment philosophy, administrative structure and procedures. These factors may at times masquerade as issues of regional boundaries, but, in reality, would likely continue to exist even if regional boundaries were co-terminous."

C. Summary

In summary, according to the reports and Commissioners' survey, the problems identified as being associated with non-coterminous boundaries are:

- o The inconvenience for staff to determine which regional office is appropriate for each client;
- o The difficulty for staff in forming a close working relationship with staff of other agencies;
- o The possibility of staff receiving different answers from different regional offices;
- o The issue of travel by both multi-agency clients and staff which is sometimes necessary when boundaries are not coterminous with other state agency boundaries and/or boundaries of relevant institutions;
- o The accessibility to services when offices are distant;
- o Confusion among clients and state agency staff as to the appropriate location/office from which services may be obtained; and
- o The issue of multi-agency regional planning.

2. Are the identified service delivery problems primarily the result of non-coterminous boundaries, or are they the result of other factors?

The issues identified in the previous section should be reviewed to determine whether they are a direct consequence of the geographic non-conformity of some state agency service delivery regions. These seven issues can easily be grouped into three categories: staff issues, travel issues, and miscellaneous issues.

A. Staff Issues

The three concerns related to agency staff all result from staff having to work with more than one staff person at each state agency with whom they share clients, rather than having one contact at each agency. Since agency staff would have to communicate with different regional or district offices of other agencies unless boundaries with other agencies were exactly the same, this problem appears to result from non-coterminous regions.

However, the question remains as to the degree to which this inconvenience for staff impedes service delivery to clients. Furthermore, this problem could be addressed substantively through interagency collaboration at a regional level. This issue will be addressed later in this report.

B. Travel Issues

The next two stated concerns are related to travel and distances between agency offices and homes. The distinction between regional administrative offices and regional service delivery office should be emphasized: clients are not concerned with the placement of agency administrative offices, only with the placement of agency service delivery offices that they must visit to obtain services.

The problem of travel appears to be due to service delivery offices which are not conveniently located and/or are not co-located with related services. This concern would not be addressed by simple geographic conformity of regions, since offices of different agencies could be located at opposite ends of a region and travel would continue to be a problem. However, non-coterminous boundaries may aggravate the problem for a small number of multi-agency clients. Those clients living in outlying areas could find themselves having to go in opposite directions to obtain services from two or more agencies, each in a different region. Thus, there can be no simple solution to this problem. One solution could be the co-location of human services offices. A second solution could be to maintain noncoterminous boundaries but allow clients to visit any office that is most convenient for them.

Access to agency services is an issue that agencies must grapple with, not just for multi-agency clients, but for all clients. For agencies such as DIM and DHR, which require clients to visit district offices, access is frequently based on available public transportation. This issue appears to be a concern primarily in the Northeast and Northwest regions of the state.

For agencies such as DCYS and DMR, which send staff out to clients rather than requiring clients to come to the district office, access is based on how quickly and easily staff can get to clients. The obvious response is to utilize geographically small regions with district offices centrally located within each region or establish sub-offices within regions.

C. Miscellaneous Issues

Another concern is stated as "confusion among clients and state agency staff as to the appropriate location/office from which services may be obtained". This appears to be due to a lack of information-sharing with other state agencies and/or inadequate publicity to clients, not due to non-coterminous boundaries.

The inability to establish a multi-agency regionalized state system for planning may be due in part to non-coterminous regions, since standardized interagency regions would facilitate multi-agency planning by region. However, there may be other ways to achieve multi-agency planning by region without standardizing regions. This issue will be addressed later in this report.

D. Summary

In summary, three problems are identified as being related, wholly or in part, to non-coterminous boundaries. These are: inconvenience for staff, client travel and inconvenience due to different locations of agency offices, and the inability to perform interagency planning using standard multi-agency regions. However, as stated earlier, the extent of these problems is not known, because the number of multi-agency clients is unknown. Further, when balanced against the costs of modifying current boundaries, changes may not be warranted.

3. What are the social and financial costs of modifying existing boundaries? Are these costs less than the current negative impact associated with service delivery problems related to non-coterminous boundaries?

The question remains whether the three problems identified in the previous section are substantial enough to outweigh the difficulties associated with changing to coterminous boundaries.

In order to identify the problems associated with changing regional boundaries, the survey of Cabinet Commissioners asked "What problems are foreseen if your agency's boundaries are changed?" One agency responded that no problems were foreseen. Other responses were:

- o Potential uneven caseload distributions;
- o Skewed workload and diminished services;
- o Potential need to relocate offices, staff, and case records;
- o Changes in data systems to reflect the new boundaries in the way statistics and reports are developed and presented;
- o Revision of management information systems;
- o Revision of reporting and computer systems for all programs;
- o Informing clients;
- o Explaining the changes to staff and the public;
- o Clients would have to be re-educated as to where they need to go for services;
- o A major disruption for existing clients and their families;
- o Transportation scheduling;
- o Training staff;
- o Fiscal implications of reconfiguring staffing and residential services;
- o Boundaries have been developed over a long period of time based on extensive negotiations among towns and between the state and towns;
- o Securing federal review;
- o Revising governance structures;
- o Substantial disruption of the existing balance of social and political forces impacting the mental health service system: existing service availability, recent targeted program development efforts, the growth and development of our citizen advisory structure, community integration of clients following psychiatric crises and inpatient hospitalization, and our continuing system planning efforts; and
- o There would be a significant impact on the Area Agencies on Aging (AAA) and the agencies which they fund. All funds are awarded to AAAs based upon key population factors by formula. The distribution would be severely affected if the boundaries were changed and service delivery could be adversely affected. Federal approval would also be required to change the boundaries. There may also be a financial impact for State-funded programs, as extra staff might be needed to handle new regions.

While none of the problems listed above are impossible to overcome, they do demonstrate that existing boundaries have been developed over a long period of time to optimize delivery of services to each different client group. Each agency has developed regions which facilitate relationships with distinct facilities and institutions with whom they work closely on a daily basis. Given the magnitude of problems associated with changing even one agency's regional boundaries, serious consideration should be given to any proposal to modify agencies' regional boundaries.

Therefore, the current costs associated with service delivery problems related to non-coterminous boundaries must be examined and shown to be very high in order to justify modification of boundaries.

A. Inconvenience for Staff

The problem of inconvenience for staff could be solved by coterminous boundaries because the staff would have one contact person at each agency, rather than two or three. However, the inefficiency that may result from a two-step process of referral, rather than a one-step process is negligible and, therefore, does not justify standardization of service delivery regions. Other efforts to promote interagency networking among staff of different agencies should be considered.

B. Client Travel and Inconvenience

The number of clients who face excessive travel because of non-coterminous boundaries is likely to be very small because a client would have to be using the services of more than one agency at the same time, would have to visit both agency's offices to receive services, and would have to live in a town which was in a different region for each agency. All three of these factors have to exist in order to create a travel problem for a client. Although modification of all agencies' regional boundaries to facilitate service delivery to this small number of clients is not reasonable, alternative solutions for those clients for whom travel is a problem should be worked out on an individual basis or in other ways, such as co-location of agencies' district offices.

C. Multi-agency Regions for Planning Purposes

The inability to develop standard regional boundaries for purposes of planning leads us to pose the question: Do we need or desire such a regionalized planning system? Multi-agency regionalization would allow agencies to develop interagency plans to meet the needs of citizens in each region; however, Connecticut is geographically small and interagency planning issues can be addressed through the Cabinet.

In order to develop regional plans, it would be sufficient to gather data which can be aggregated to match any agency's specific regional configuration. A solution may be to gather agency data on a town basis, so it can be aggregated on any regional configuration and shared with other agencies to match their regional configuration, or to form interagency planning teams so that the issue of coterminous boundaries, at the very least, would be far less important.

D. Summary

Based on the assumption that the number of multi-agency clients is relatively small in comparison to the overall caseload of each agency, the social and financial costs to solve the problem appear greater than the benefits of changing boundaries.

Thus far, the discussion has focused on the desirability of standardizing the regional boundaries of all nine human services agencies. The question remains whether any human services agencies' regional boundaries should be coterminous. This question hinges on identification of the agencies that share the greatest number of multi-agency clients.

Currently, data is not kept in this fashion. On the surface, it would appear reasonable to assume that DCYS, DHR, and DIM would share the greatest number of multi-agency clients given the nature of their services. Since DIM and DHR currently have completely coterminous boundaries, the issue for these two agencies is non-existent. Based on the fact that DCYS most often delivers services to clients in the field rather than requiring clients to visit the office, it does not appear necessary for DCYS to share the exact boundaries of DIM and DHR in order to facilitate service delivery to multi-agency clients. However, co-location of DCYS with DIM and DHR would facilitate client access to services of these agencies.

RECOMMENDATIONS

The Governor's Human Services Cabinet acknowledges that standardization of agencies' regional boundaries may be a desirable ideal, but recognizes that the current boundary system has been developed over the years to serve each agency's distinct target population. While there are some service delivery problems related to non-coterminous boundaries, standardization of agency regional service delivery regions alone will not solve these problems. Furthermore, there are alternative ways to address these concerns more easily.

Therefore, the Governor's Human Services Cabinet does not recommend modification of any agency's service delivery boundaries. However, the Cabinet recommends the following measures to address the service delivery concerns that have been identified.

1. Cabinet agencies will use standard criteria and factors for placing regional service delivery boundaries if, and when, an agency proposes modifications in their current boundary system. A process for interagency review of the proposed changes will be implemented.

When an agency plans to change regional boundaries, a number of criteria should determine where those boundaries will be placed. Development of an effective regional system depends upon identifying and using the most important criteria for optimal boundary placement. It should be noted that boundaries are generally more important for administrators and staff -- clients neither know, nor necessarily care, where regional boundaries are placed; they only need to know where an office is located that they must visit to obtain services.

Criteria that agencies should consider are:

- o Equity of caseload by region;
- o Equity of agency target population by region;
- o Equity of general population by region; and
- o Maximum standardization of their new boundaries with the boundaries of agency(s) with which they share the greatest number of clients.

Factors that agencies should consider are:

- o Current location of agency service offices;
- o Location of existing agency facilities;
- o Location and boundaries of relevant institutions, such as hospitals, courts, etc;
- o Natural magnets which influence care-seeking practices of individuals and groups;
- o Natural affiliation of suburbs to cities;
- o Location of district state office buildings planned by the Department of Public Works;
- o Standard Metropolitan Statistical Areas (These are US Census Bureau regions that identify population and commuting patterns.);
- o Planning regions defined by the Office of Policy and Management;
- o Anticipated population shifts (both general and agency target);
- o Transportation distance within regions;
- o Availability of public transportation;
- o If agency clients receive services at home, transportation distances for staff -- if agency clients receive services at the regional or district office, public and private transportation accessibility and distance; and
- o Geographic considerations.

It should be noted that even if all agencies utilized the same criteria and factors to determine their regional boundaries, their boundaries would not be coterminous since caseload, agency target population, and relevant institutions differ for each agency.

When a Cabinet agency proposes to change its existing boundary system, a proposal should be submitted to all other Cabinet members individually for their review. The proposal should include:

- o a map of the current boundary system;
- o a map of the proposed boundary system;
- o existing and proposed service delivery office locations;
- o caseload (and a definition of caseload) per region for both the current and proposed boundary systems;
- o a description of how the agency uses its boundaries;
- o how the proposed system meets the criteria outlined above; and
- o reasons for the proposed change.

The Cabinet members should have three weeks to review the proposed changes and return comments to the agency.

2. Co-location of human services district offices where appropriate.

Co-location of human services agencies provides clients with one-stop shopping, improves communication among agencies, and provides a "state presence" in each location. Thus, co-location should be encouraged and discussed particularly among those human services agencies that share the greatest number of clients in common (i.e. DHR, DIM, DCYS, DOL).

Currently, CGS Sec. 4-27b addresses "Colocation and integration of human services". In this statute, co-location means that representatives of two or more agencies are located in the same building to facilitate consumer access. Subsection (e) states that:

"Human services shall be provided, wherever feasible, through colocated sites that promote accessibility and integration of services. Each human services agency shall develop a colocation statement indicating the manner in which any planned or requested capital project or program providing intake, referral and case management services addresses the following goals: (1) Accessibility to consumers of human services who rely on public transportation; (2) ability to provide opportunities for colocation of human services agencies with each other and with federal, municipal and private agencies providing human services; (3) ability to provide opportunities for integration of services for multiproblem consumers; and (4) ability to provide cost-effective services"

Currently, these statements are provided by some human services agencies to the Office of Policy and Management. The Cabinet encourages a thoughtful and comprehensive completion of these statements each year by each human services agency. Each agency's statement should identify the agencies with which they would be appropriately co-located and the benefits that would result from this co-location. In addition, the agency co-location statements should include any recommendations to be co-located with private, municipal, or federal human services agencies where appropriate. [C.G.S. Sec. 4-26b(e) states that the Commissioner of the Department of Public Works "shall endeavor to locate human services agencies in the same buildings as municipal and private agencies that provide human services".]

The Cabinet recommends that these co-location statements be used by the Department of Public Works (DPW) as a basis for co-locating state human services agencies' district offices, including the planned District State Office Buildings in New Britain, Stamford, New Haven, Bridgeport, Waterbury, Norwich, and Hartford.

The agencies that are likely to share the greatest number of multi-agency clients (DHR, DIM, DCYS, and DOL) should be co-located in these locations in order to facilitate service to citizens served by all four agencies and to enhance communication among them.

In addition, all Cabinet human services agencies should review plans for these District State Office Buildings and discuss co-location needs with the Department of Public Works. DPW will consider which agencies should be co-located within these buildings.

3. The Cabinet will meet with the Department of Transportation and transit district representatives to discuss client transportation problems. The participants will identify existing and potential client transportation problems, and develop recommendations to improve client access to state human services.

The issue of the adequacy of public transportation in Connecticut plays a significant role in client access to district service offices. District offices are frequently placed where there is access to existing public transportation; however, human services agencies rarely have worked jointly with the Department of Transportation to improve public transportation access to district offices.

The Cabinet recognizes the need to work jointly with the Department of Transportation and transit district representatives to enhance client access to state human services.

4. The Cabinet will develop a pilot project to establish regular interagency meetings for district or regional office managers to share information, identify interagency problems, and develop strategies to address those problems.

Rhode Island uses a networking approach to maximize coordination of agencies on a regional level. Rhode Island, like Connecticut, has several human services agencies, all with different regional configurations. These two states are unique since almost all other states either have an "umbrella" human services agency or use a county system in which all agencies' regional boundaries correspond to county lines.

Networking, or the use of regular interagency meetings for district or regional office managers to share information, identify interagency problems, and develop strategies to address those problems, has been a useful format for Rhode Island. This approach creates an opportunity for interagency dialogue and can identify specific interagency problems which may not be evident to central office staff. The improved communication which is developed through use of this system ultimately results in better service delivery to clients.

The Cabinet will identify where informal meetings or mechanisms for interagency dialogue at the regional level already exist in Connecticut. A pilot project in one area of the state then will be implemented to bring together regional directors and supervisory level staff of DOL, DIM, DCYS, and DHR. This project will be coordinated by DIM. Meetings will be limited to review of particular interagency issues and/or problems. Meeting participants may wish to explore the need for an inventory of social services available in Connecticut. A comprehensive inventory may facilitate provision of information and referrals.

5. The Cabinet will explore the feasibility of aggregating client data by town.

How each agency collects data and tracks clients is important when this data is shared with other agencies for the purposes of interagency planning by region. Each Cabinet agency should collect and store client data in such a way so that the data can be retrieved by town. This process will enable agencies to share information with other agencies, not only on the basis of their own regional system, but also by using any other regional system used by another agency.

The Cabinet recommends that, to begin this process, a survey be conducted by the Office of Policy and Management (OPM) to determine whether agencies currently are able to aggregate client data by town. Although a previous survey by OPM demonstrated that agencies do not currently have any data that would show which clients are multi-agency clients, the new survey should explore the issue of whether, and how, agencies could identify multi-agency clients. The ability to identify multi-agency clients would greatly facilitate interagency planning on a regional level.

Another important method for promoting interagency planning is the utilization of the Connecticut Health Research and Information System (CHRIS). This project is an ongoing state data coordination and access effort. CHRIS is designed to facilitate access to data for policy development and research; providing support for data and policy analysis projects; and providing technical assistance to individual agencies to support their data management and analysis efforts. All Cabinet agencies should become familiar with the potential uses of CHRIS for interagency planning efforts. The utilization of CHRIS by individual agencies and interagency planning efforts is encouraged.

6. The Cabinet will continue to identify other client access problems as they arise.

Clients may experience difficulties accessing state human services that cannot be alleviated by co-location or improved transportation. The Cabinet will continue to identify other existing client access problems as they arise, and develop alternatives and recommendations for addressing these problems. As part of this effort, the Cabinet will identify which agencies have successfully improved client access to services and explore the possibility of using similar practices in other Cabinet agencies.

CONCLUSION

In summary, three service delivery problems have been associated with the fact that the regional service delivery boundaries of human services agencies are not coterminous. These problems are inconvenience for staff, inaccessibility for clients, and inability to utilize multi-agency regions as a basis for interagency planning.

However, while some of these service delivery concerns may be the result of non-coterminous boundaries, they cannot be adequately addressed by standardization of agency service delivery boundaries alone. Further, the social and financial costs of modifying existing boundaries may be greater than the costs associated with these service delivery concerns.

Therefore, the Governor's Human Services Cabinet does not recommend standardization of human services agencies' regional service delivery boundaries. However, the Cabinet recommends the following measures to more easily and adequately address the identified service delivery concerns:

1. Use of standard criteria for placing agency regional boundaries if, and when, modifications in any Cabinet agency's current boundary system are proposed, and an interagency process for reviewing the proposal.
2. Co-location of human services district offices where appropriate.
3. Coordination with the Department of Transportation and transit district representatives to improve client transportation to service delivery offices.
4. Development of a pilot project to establish regular interagency meetings for district or regional office managers to share information, identify interagency problems, and develop strategies to address those problems.
5. Exploration of the feasibility of aggregating client data by town to enable sharing of this information among agencies for interagency planning purposes.
6. Ongoing efforts by the Cabinet to identify other client access problems as they arise.

APPENDIX A

MAPS

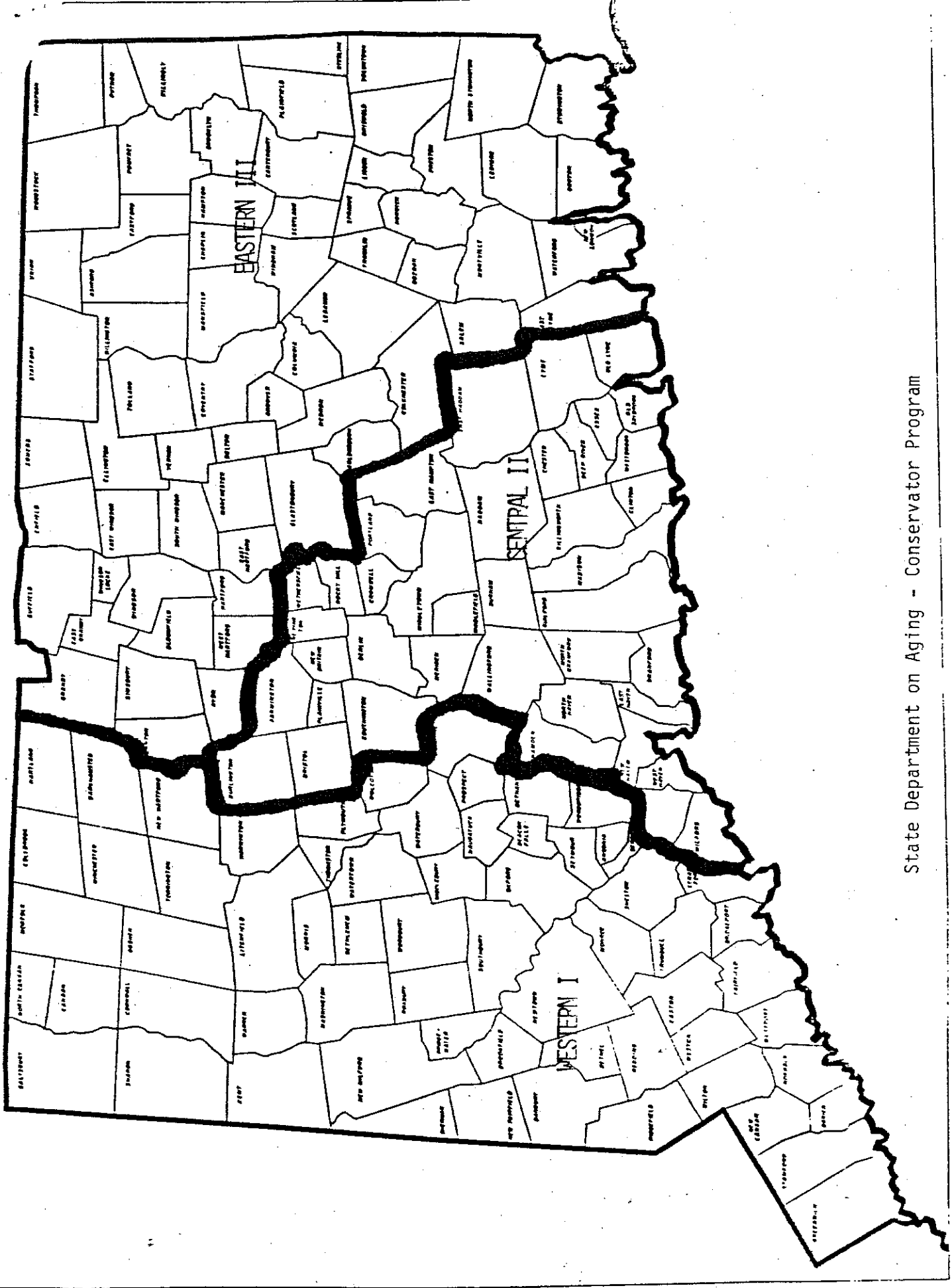
of

THE REGIONAL BOUNDARIES

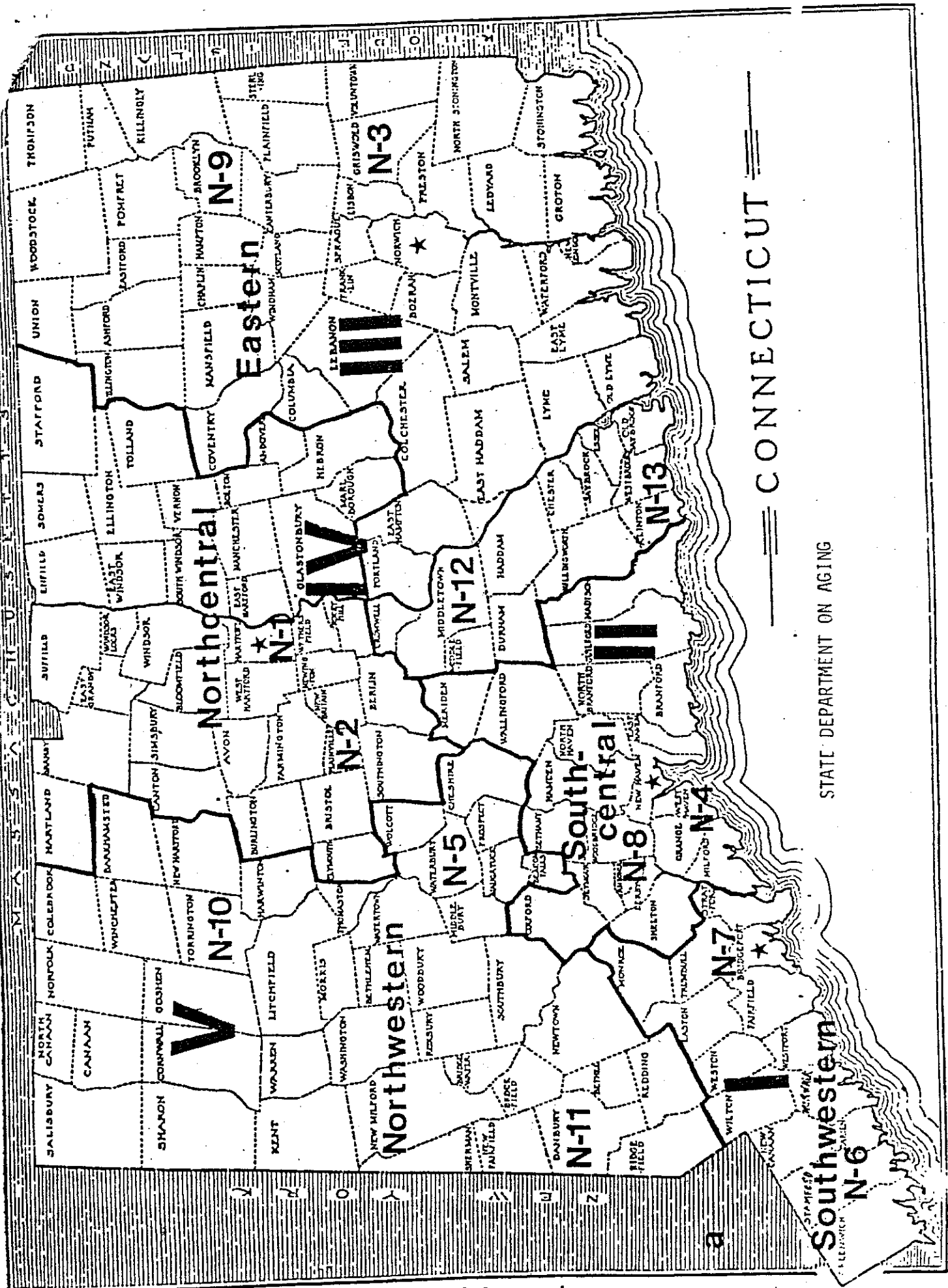
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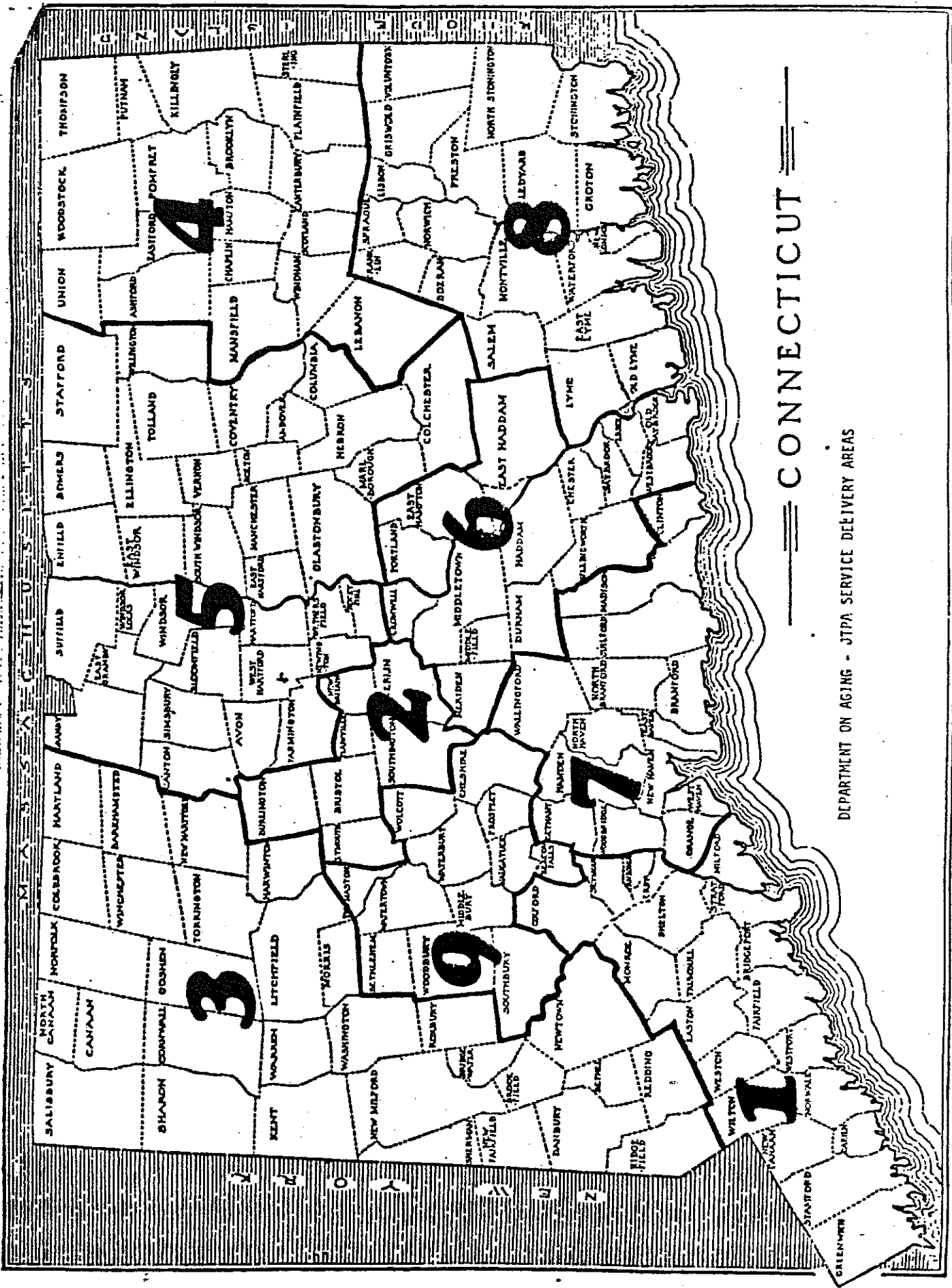
THE GOVERNOR'S HUMAN SERVICES CABINET AGENCIES

MAY, 1988



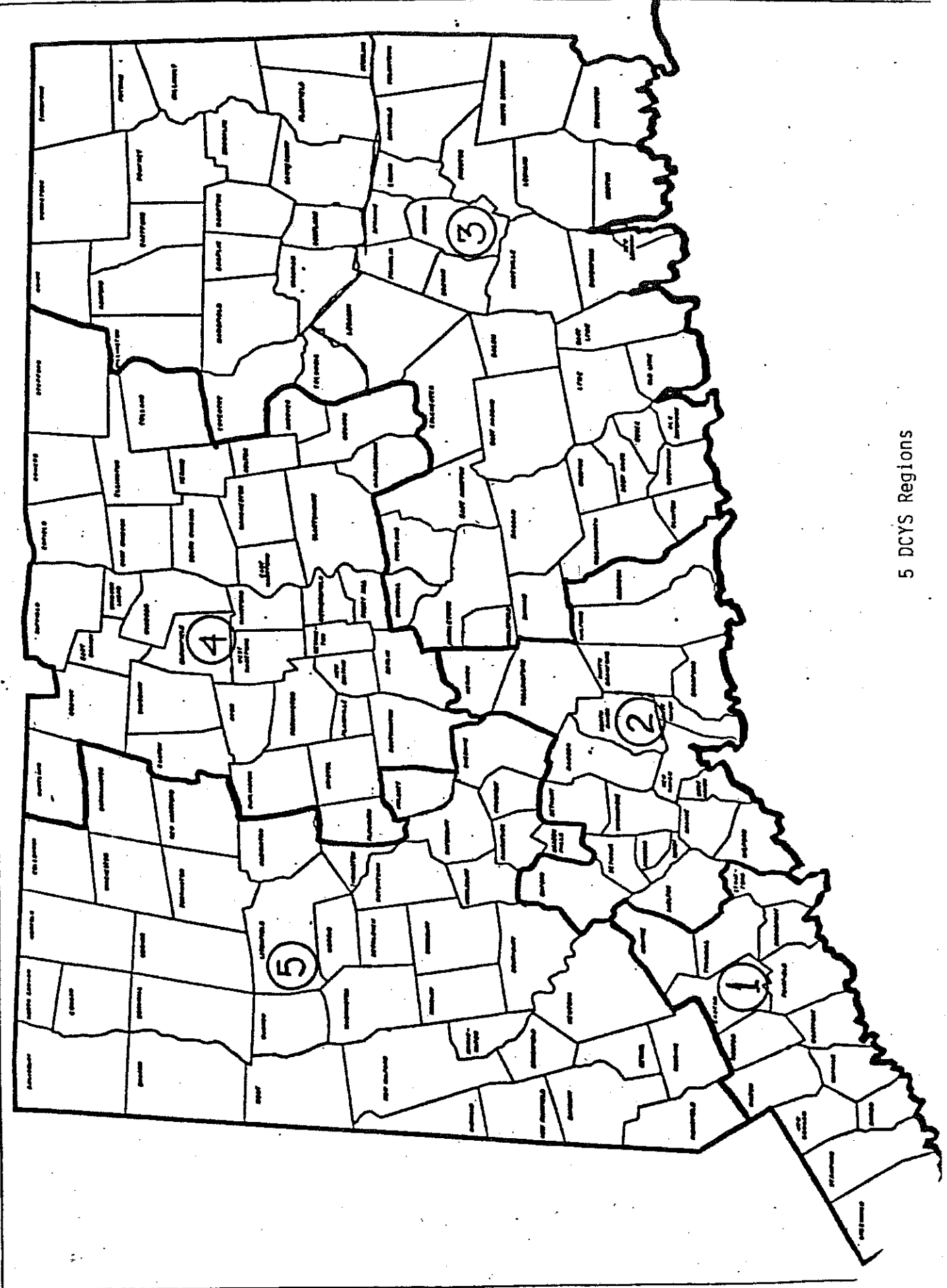
State Department on Aging - Conservator Program





CONNECTICUT

DEPARTMENT ON AGING - JTPA SERVICE DELIVERY AREAS



5 DCYS Regions

C. Adamek
 M. Edmonds
 Q. Geter
 J. Martinelli
 L. Milling
 A. Reese

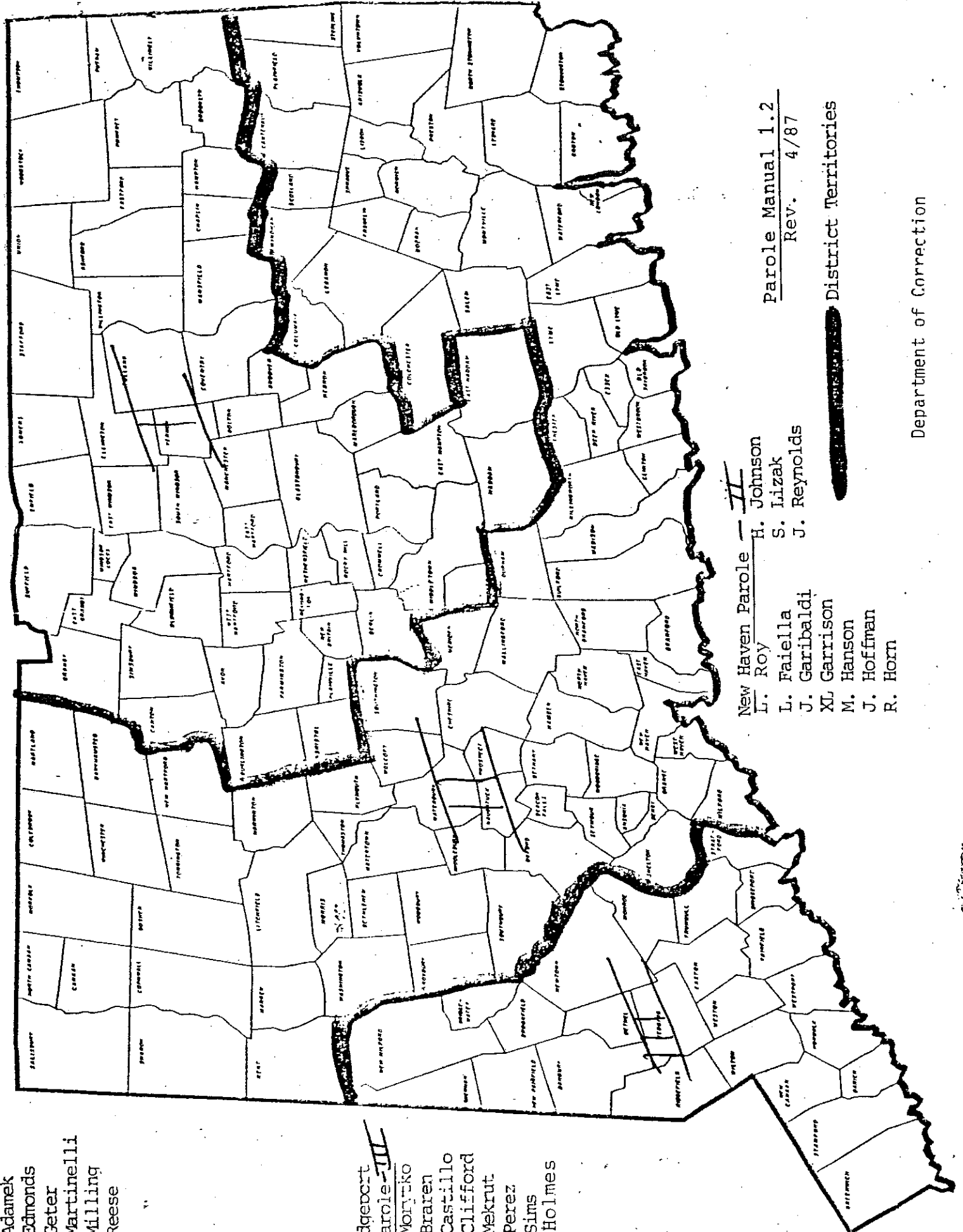
Bridgport
 Parole - III
 J. Morzyko
 R. Braren
 J. Castillo
 K. Clifford
 S. Mekrut
 C. Perez
 R. Sims
 A. Holmes

New Haven Parole - II
 L. Roy
 L. Faiella
 J. Garibaldi
 XL Garrison
 M. Hanson
 J. Hofman
 R. Horn

Parole Manual 1.2
 Rev. 4/87

District Territories

Department of Correction



CC

EASTCONN

PROJECT LEARN

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REGIONAL EDUCATIONAL SERVICE CENTERS IN CONNECTICUT

CS

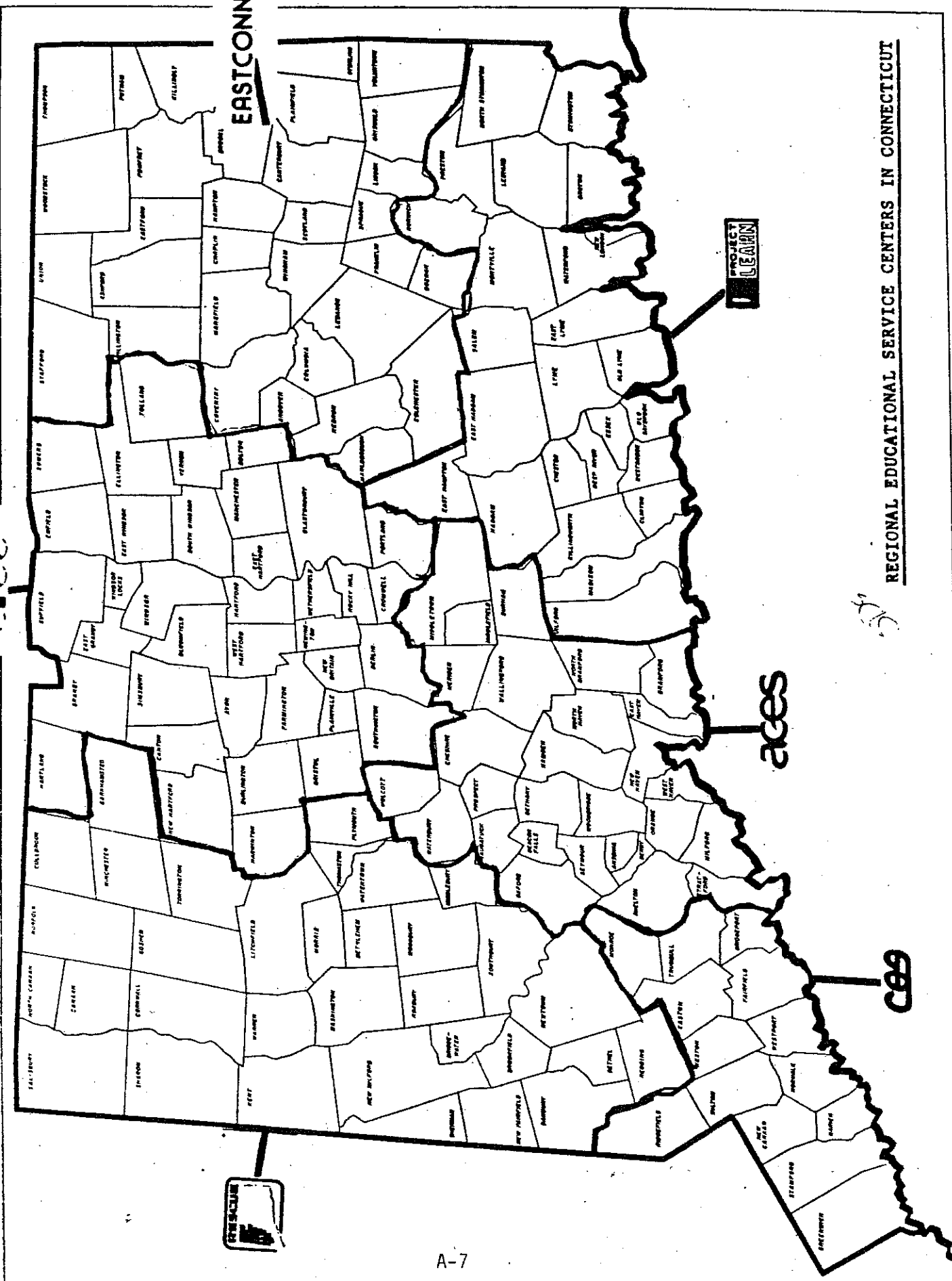
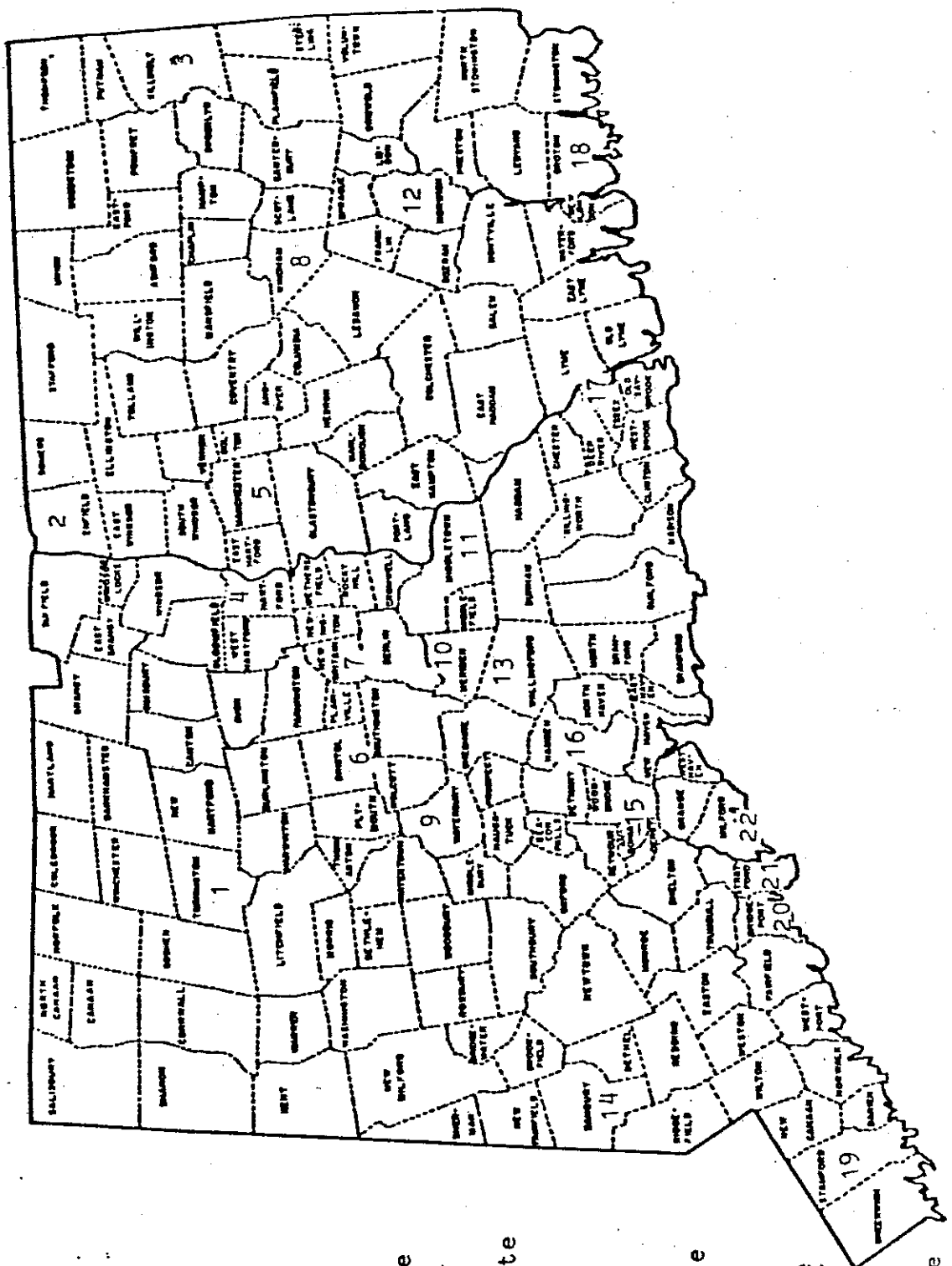


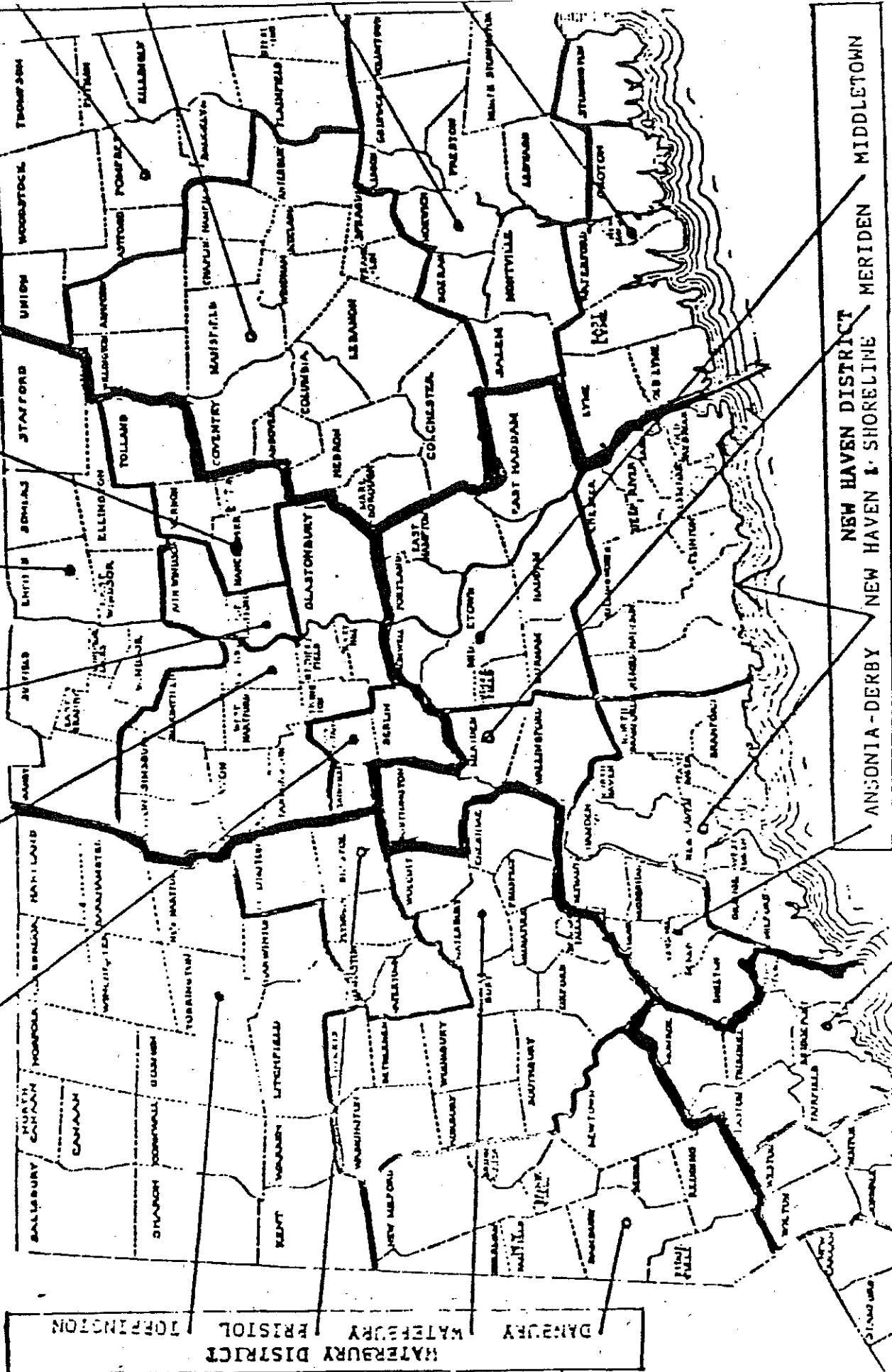
TABLE I-1. Names and Locations of the 17 Vocational-Technical Schools and 5 Satellites.



KEY:

- 1 - Oliver Wolcott
- 2 - Cheney satellite
- 3 - H.H. Ellis
- 4 - A.I. Prince
- 5 - Howell Cheney
- 6 - Goodwin satellite
- 7 - E.C. Goodwin
- 8 - Windham
- 9 - W.F. Kaynor
- 10 - H.C. Wilcox
- 11 - Vinal
- 12 - Norwich
- 13 - Wilcox satellite
- 14 - Henry Abbott
- 15 - Emmett O'Brien
- 16 - Eli Whitney
- 17 - Vinal satellite
- 18 - Ella T. Grasso/Southeastern
- 19 - J.M. Wright
- 20 - Bullard-Havens
- 21 - Platt satellite
- ?? - Platt

NEW BRITAIN
HARTFORD
HARTFORD DISTRICT
E.H.F.D.
MNFIELD
MANCHESTER

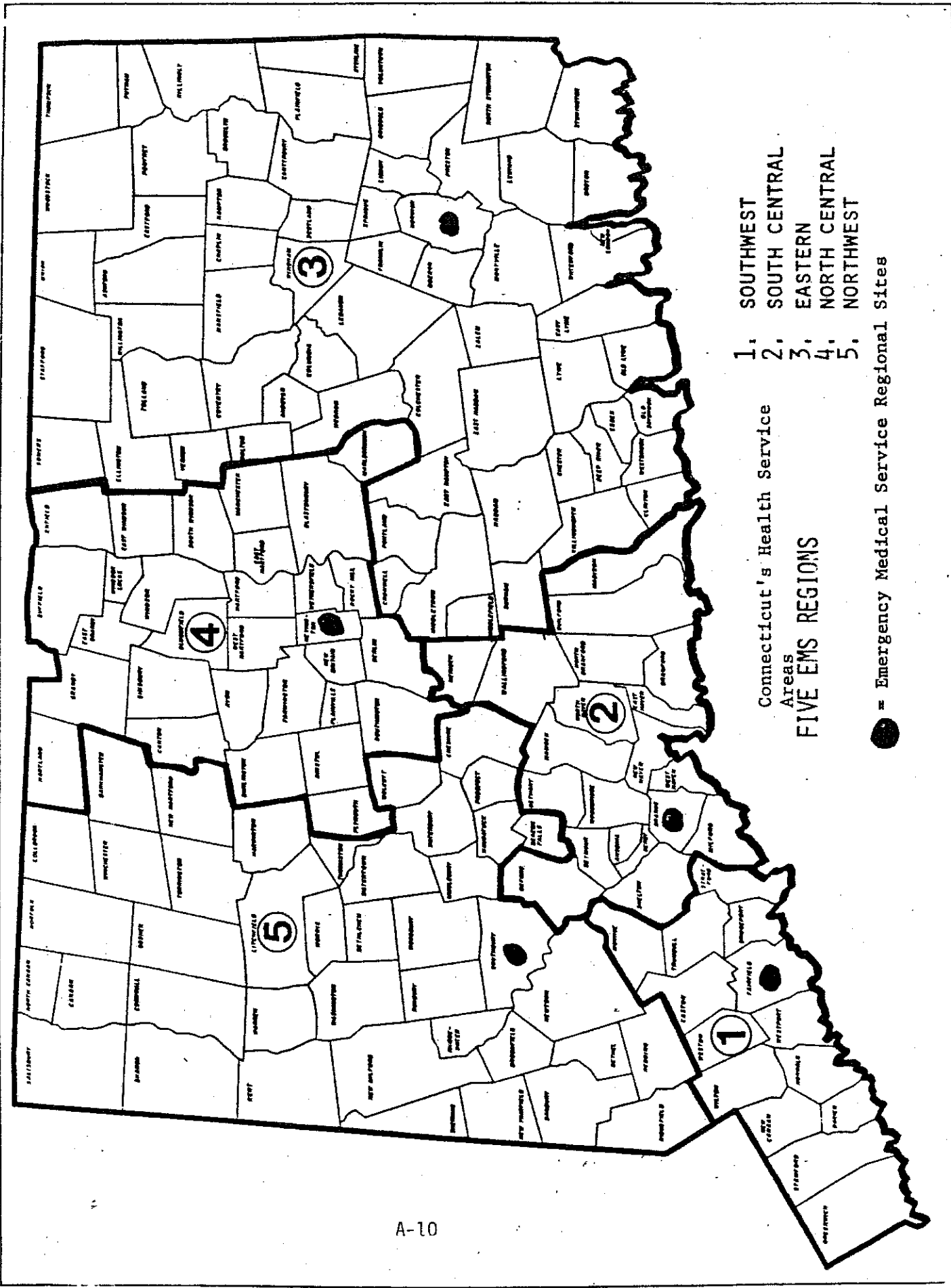


DANEBURY DISTRICT
WATERBURY DISTRICT
BRISTOL TOWNSHIP

BRIDGEPORT DISTRICT
STAMFORD
NORWALK
BRIDGEPORT

ANSONIA-DERBY
NEW HAVEN DISTRICT
NEW HAVEN & SHORELINE
MERIDEN
MIDDLETOWN

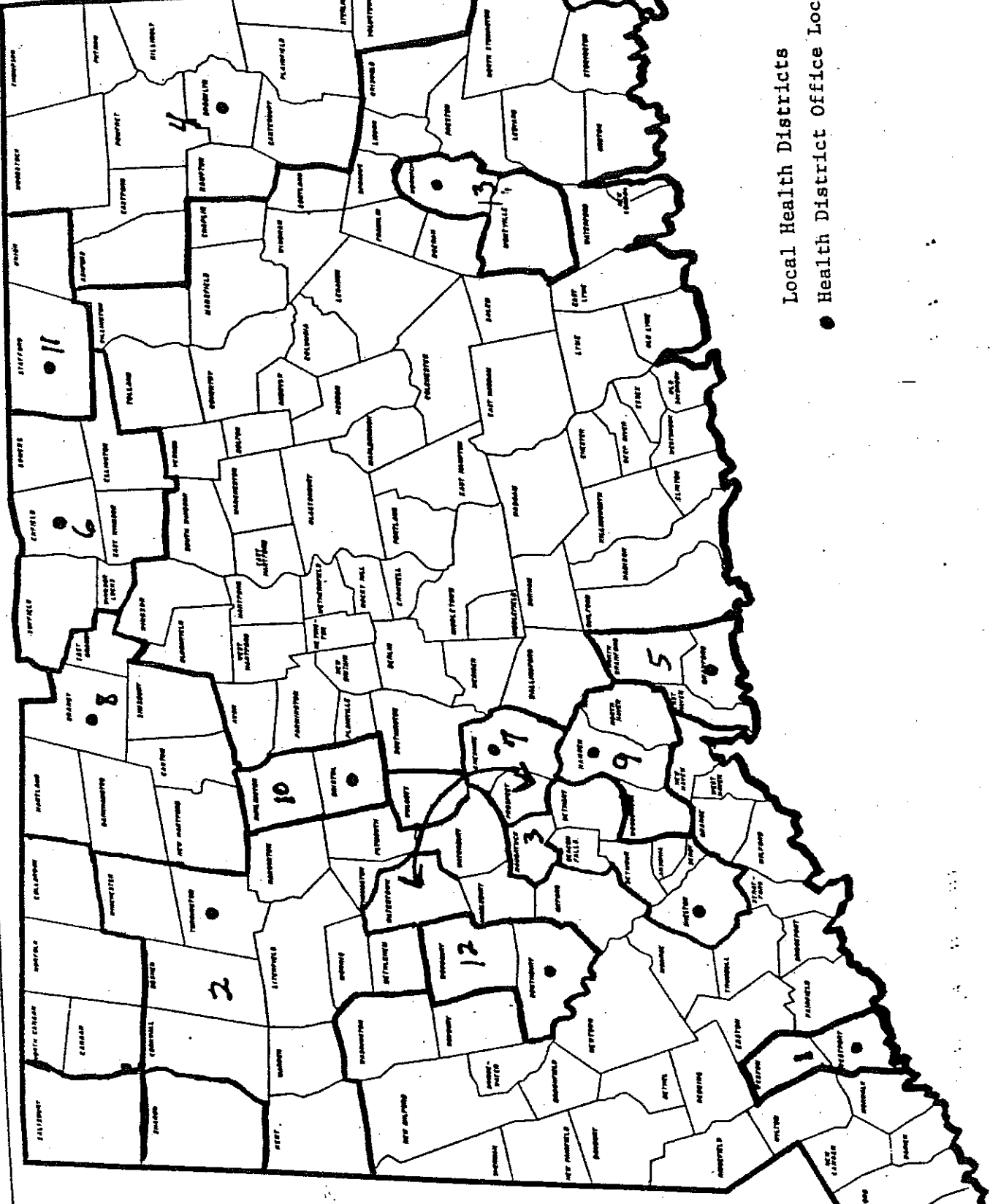
State Department of Education
Division of Rehabilitation Services
Districts



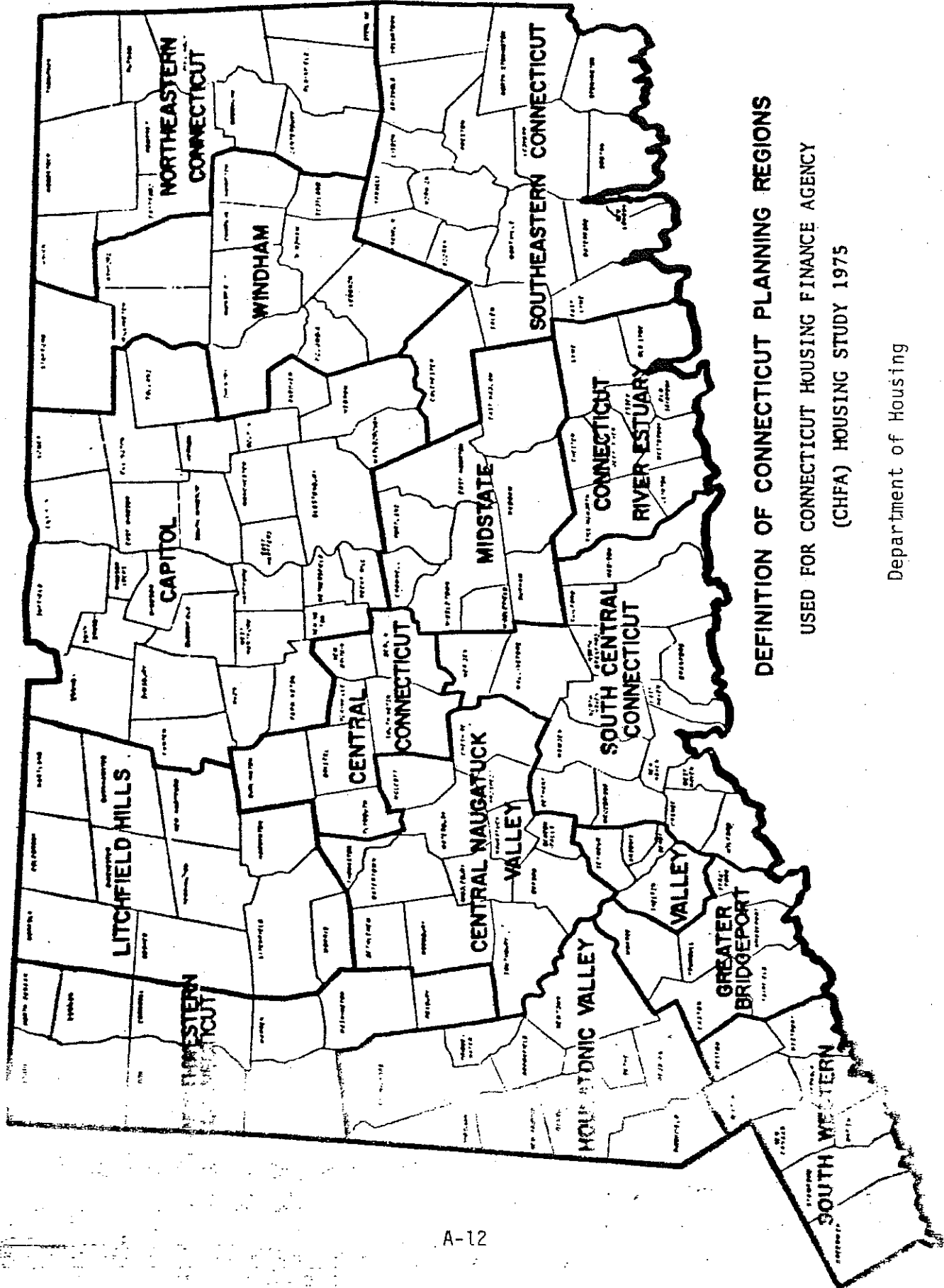
- 1. SOUTHWEST
- 2. SOUTH CENTRAL
- 3. EASTERN
- 4. NORTH CENTRAL
- 5. NORTHWEST

Connecticut's Health Service Areas
FIVE EMS REGIONS

● = Emergency Medical Service Regional Sites



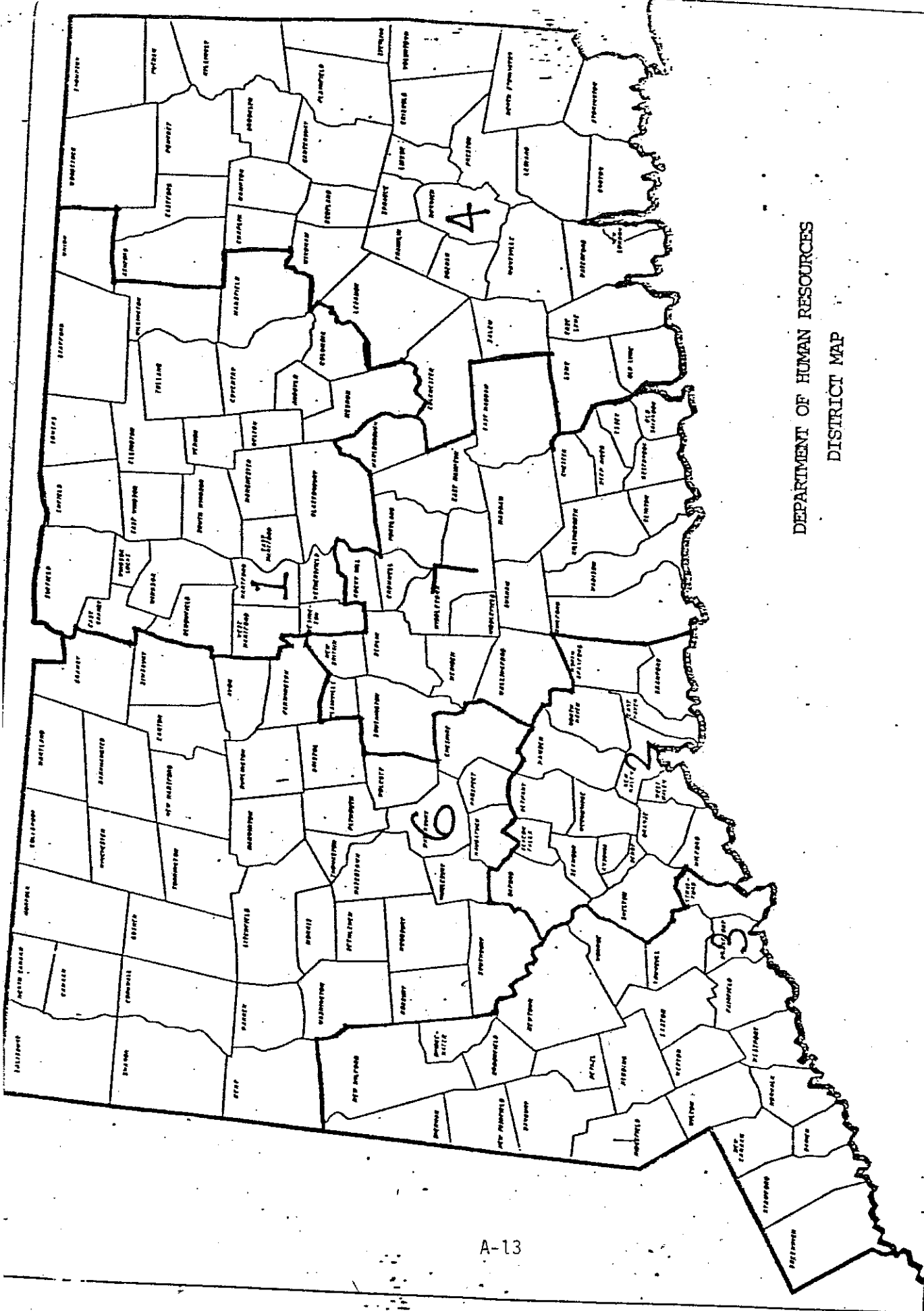
Local Health Districts
 ● Health District Office Location



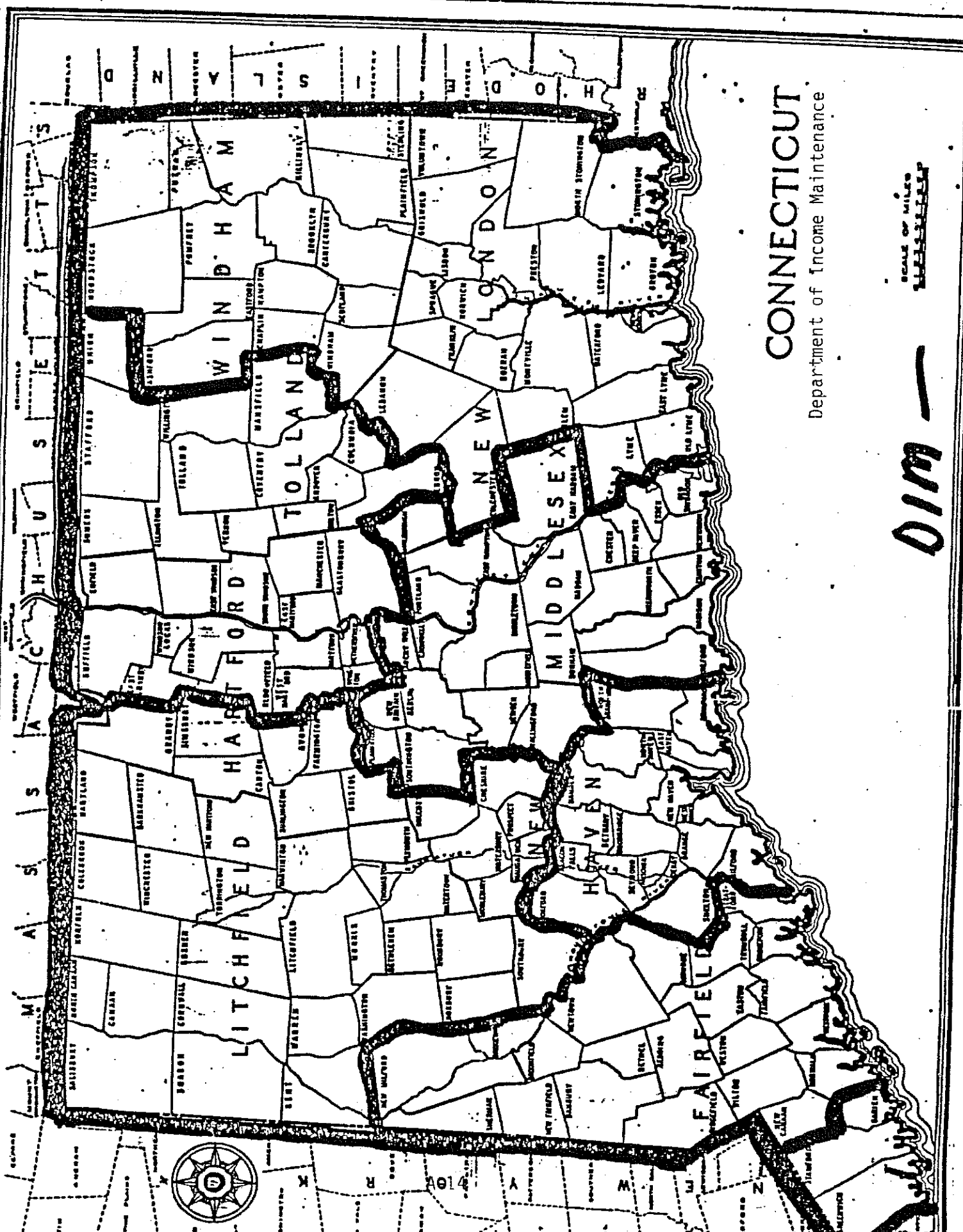
DEFINITION OF CONNECTICUT PLANNING REGIONS

USED FOR CONNECTICUT HOUSING FINANCE AGENCY
(CHFA) HOUSING STUDY 1975

Department of Housing



DEPARTMENT OF HUMAN RESOURCES
DISTRICT MAP

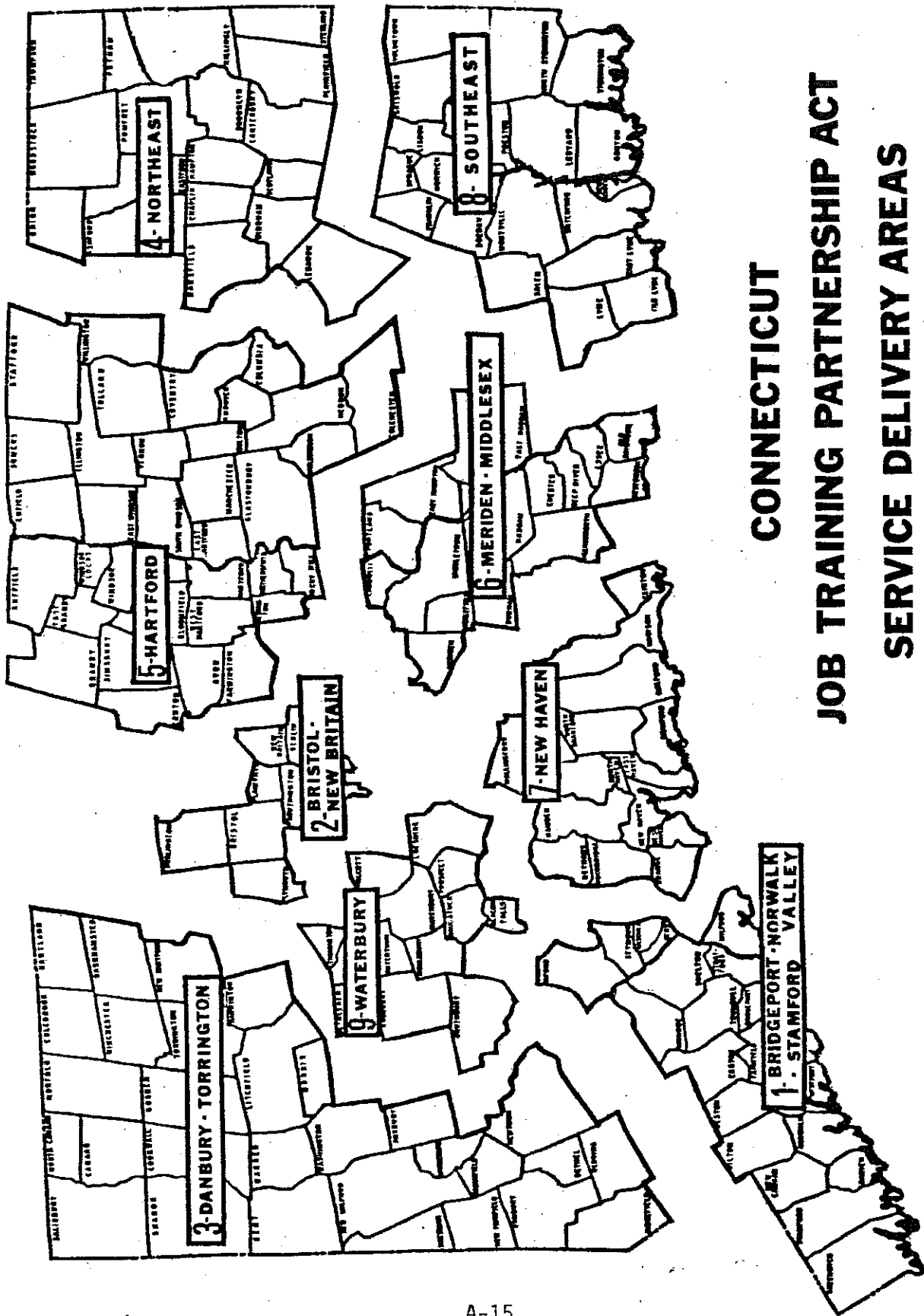


CONNECTICUT

Department of Income Maintenance

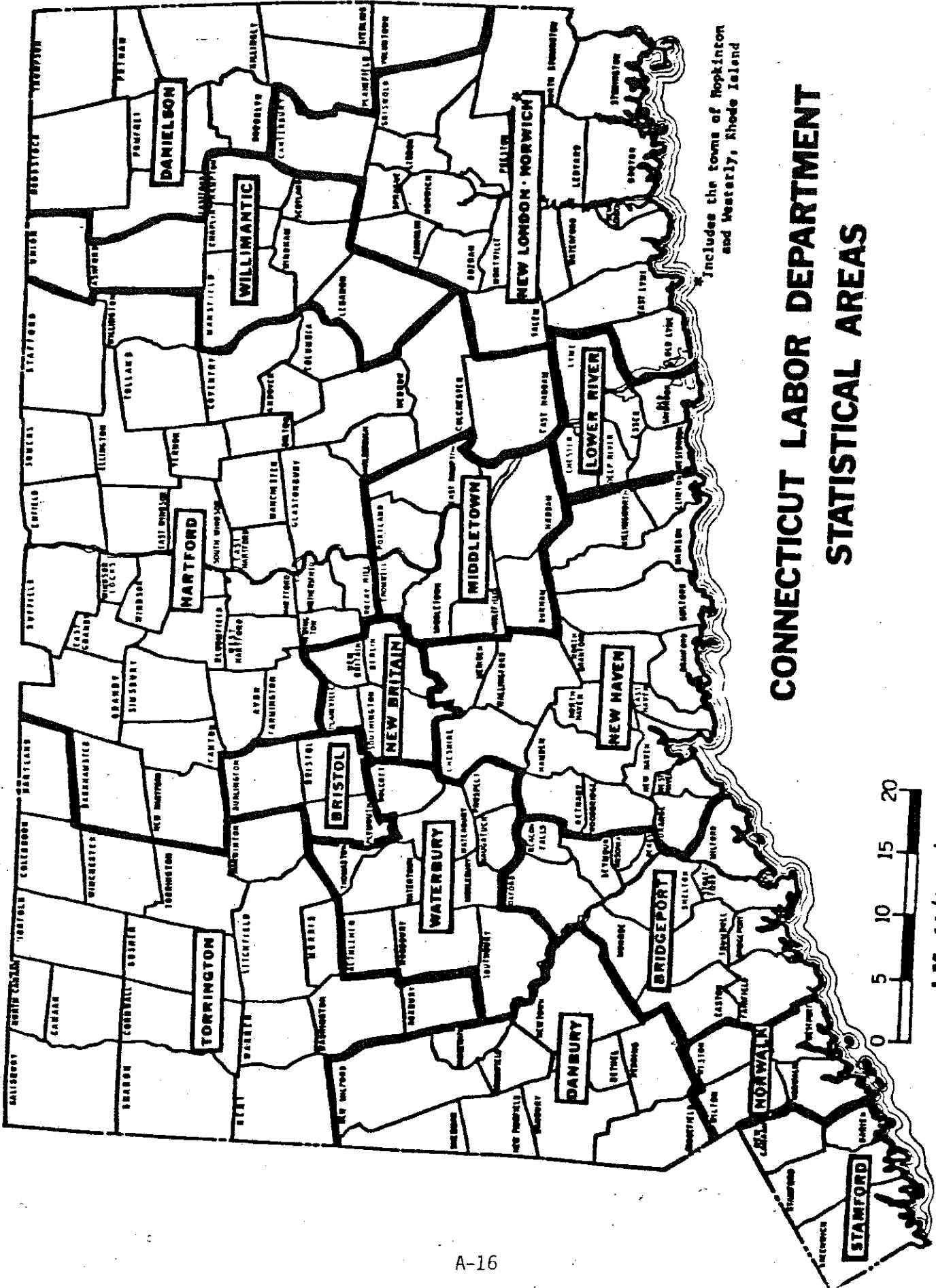
SCALE OF MILES

DIM



CONNECTICUT
JOB TRAINING PARTNERSHIP ACT
SERVICE DELIVERY AREAS

Department of Labor

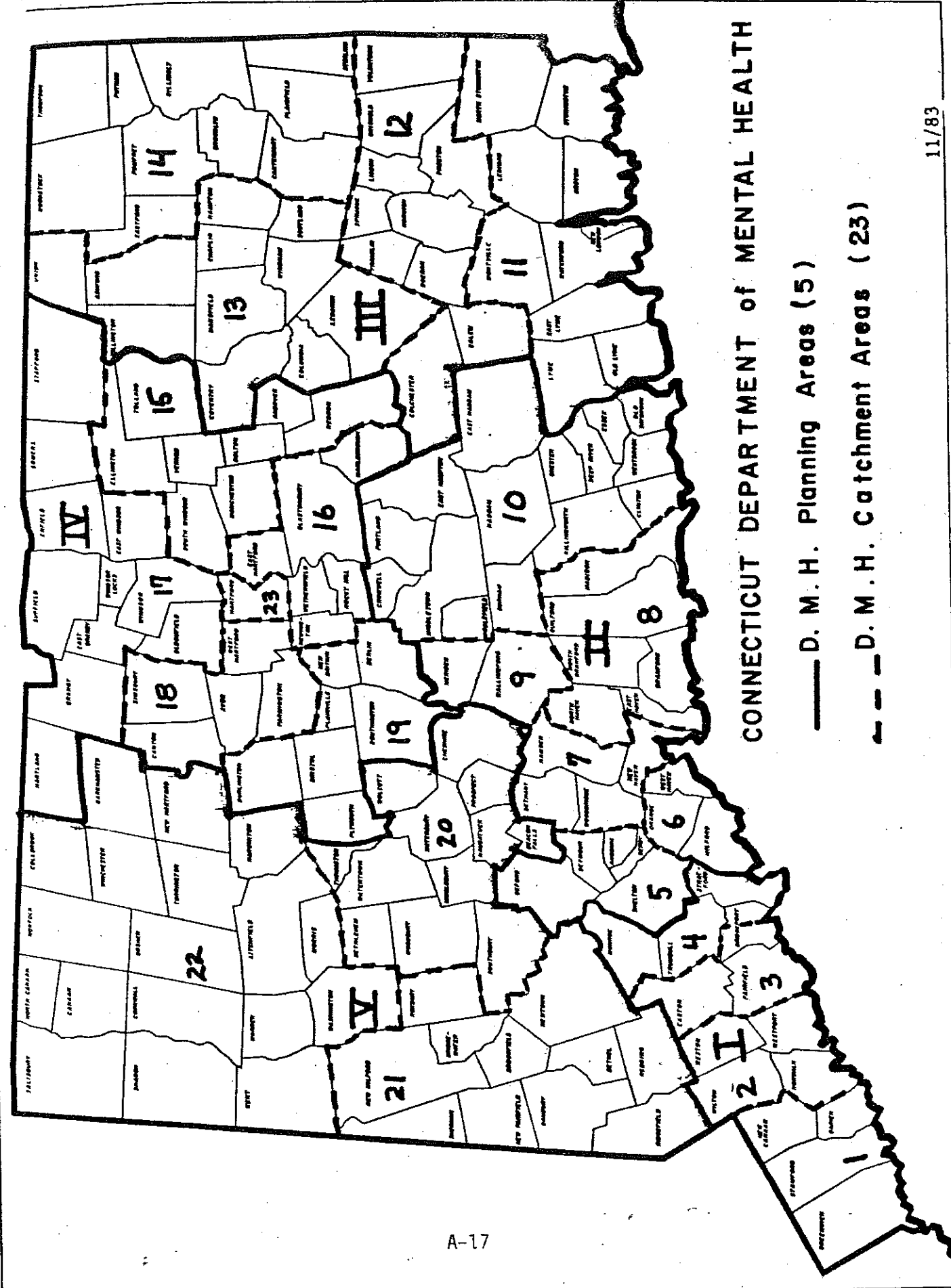


Includes the towns of Hopkinton and Westerly, Rhode Island

CONNECTICUT LABOR DEPARTMENT STATISTICAL AREAS



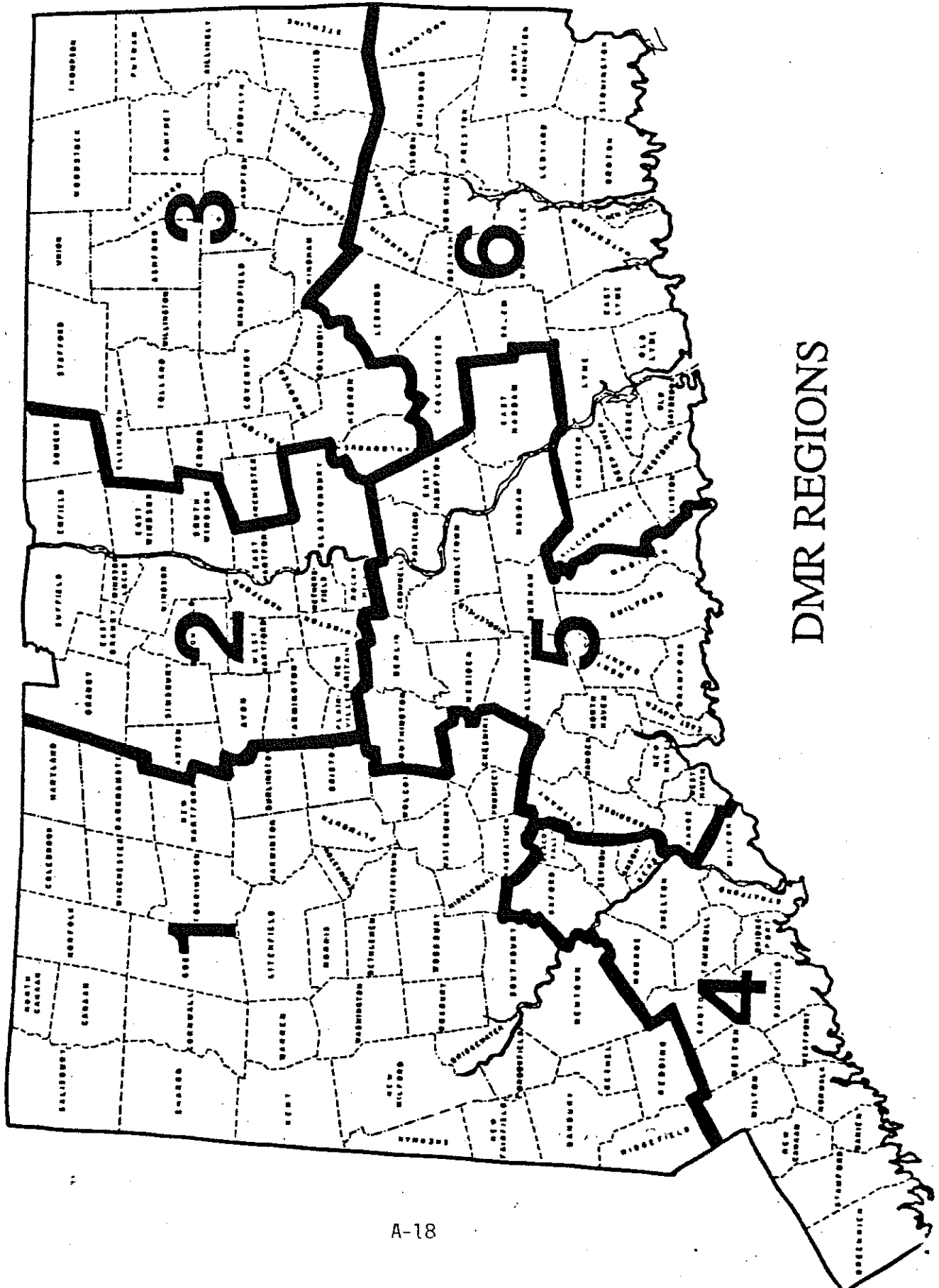
LM-41 (1-85)



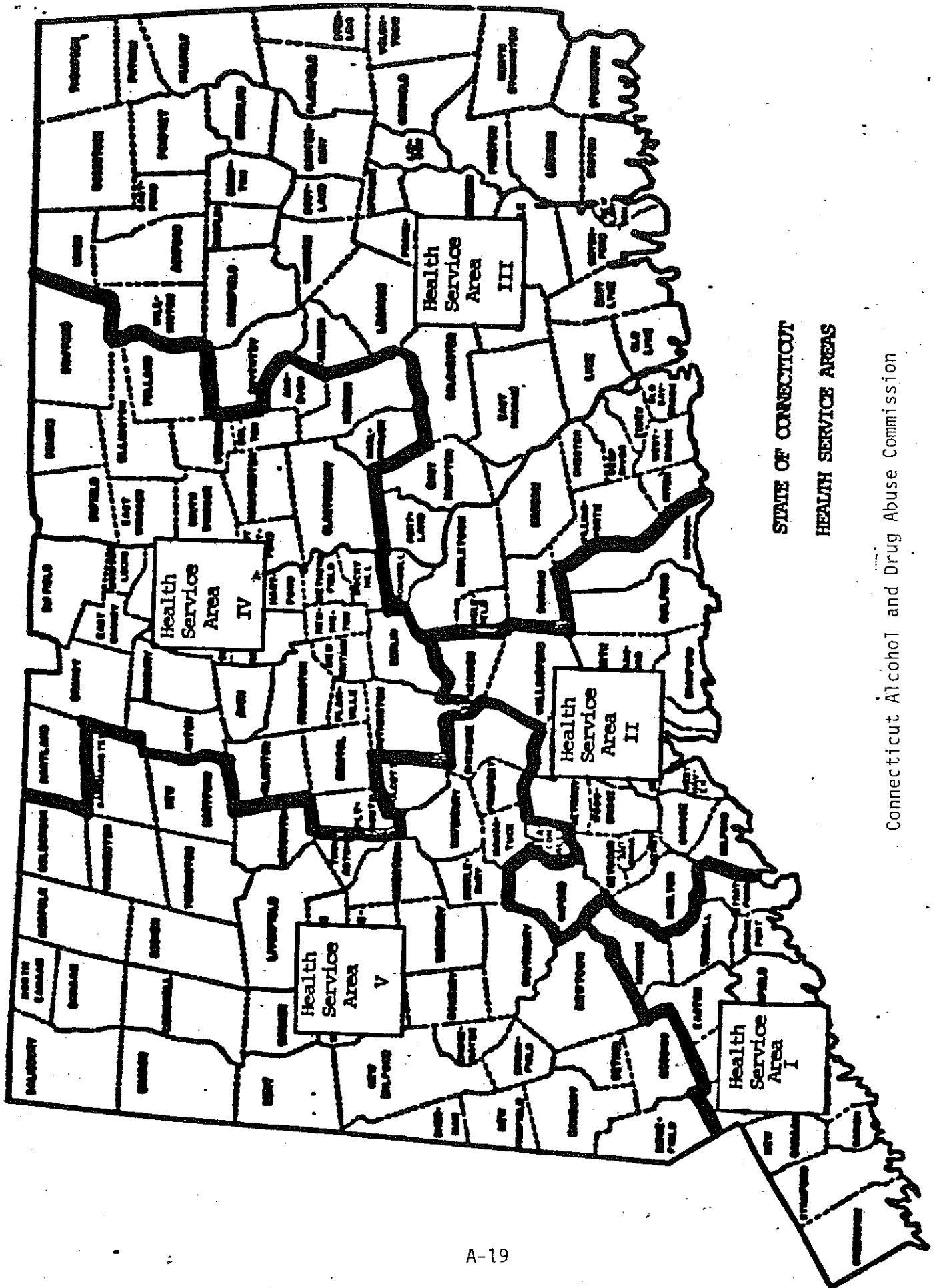
CONNECTICUT DEPARTMENT of MENTAL HEALTH

11/83

Prepared by DMH
 Office of Planning and Evaluation



DMR REGIONS



STATE OF CONNECTICUT

HEALTH SERVICE AREAS

Connecticut Alcohol and Drug Abuse Commission

APPENDIX B

SURVEY ON AGENCY REGIONAL SERVICE DELIVERY BOUNDARIES

1. Please identify your agency's current regional boundaries on the enclosed map.
2. List by town where regional and district offices are currently located.
3. Identify where these offices are currently co-located with other state agencies:
4. Identify the location of relevant institutions: courts, hospitals, other facilities.
5. What is the purpose of your agency's regions?
 - a. Do you use regions for needs assessments and planning purposes?
 - b. Do you use regions for client service delivery? Are clients refused service if they come to the "wrong" regional or district office?
6. When were your regional boundaries drawn?
7. What criteria were used when your current agency regional boundaries were drawn? What are the imperatives for these boundaries? e.g. federal or state guidelines or statutes?
8. Were your boundaries drawn to equalize regions by geographical area, population, caseload or any other factor? Have you determined any significant changes in these factors since the boundaries were drawn?
9. Is it a problem that boundaries are not co-terminous? If so, why?
 - a. Is it a problem for clients or staff? If so, why?
 - b. If there is a problem for clients, is it primarily due to differing regions or a lack of co-located offices?
 - c. Is it a client access problem? If so, is it because of a lack of client services or lack of coordination between agencies?
 - d. Do you have any evidence that clients are affected by non-coterminous boundaries? e.g. that services are not convenient, not accessible, that clients want one-stop shopping?

10. Which agencies do you work most closely with? What mechanisms for coordination do you already have in place if your regional boundaries are not co-terminous with those agency's regional boundaries?
11. Do we need to improve coordination between human services agencies on a regional level? How would this best be done?
12. What data/conclusions would convince you that boundaries of several human services agencies should be co-terminous? Which agencies' boundaries should be co-terminous?
13. What goal or objective would standardizing these boundaries meet?
14. What problems are foreseen if your agency's boundaries are changed?
15. If boundaries are redrawn, what criteria for placing boundaries should be used? Should boundaries be equalized by geographical area, population, caseload or any other factor?
16. How do you keep client data? e.g. by zip code, town, etc.
17. Do you use units of service? How do you define a unit of service?
18. How do you identify and track clients? e.g. by Social Security number, by some assigned number, etc.
19. Do you have any data that would show which clients are multiple users?
20. Please designate a field operations staff liaison.