

**STRATEGY TO ESTABLISH
UNIFORM REGIONAL SERVICE DELIVERY AREAS
FOR ALL STATE AGENCIES**

REPORT

to the

Connecticut General Assembly

Planning and Development and
Human Services Committees

Pursuant to Special Act 92-22



Submitted by

OFFICE OF POLICY AND MANAGEMENT

William J. Cibes, Secretary

Prepared by

POLICY DEVELOPMENT AND PLANNING DIVISION

Susan Shimelman, Under Secretary

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**Strategy to Establish
Uniform Regional Service Delivery Areas
for all State Agencies**

Table of Contents

I.	Summary of Strategy	page 1
II.	Introduction	page 4
	A. Background	
	B. Reorganization Activities	
	C. Goals for Uniform Regions	
III.	Survey of State Agencies	page 7
	A. Results	
	B. Current Use of Regions	
IV.	Development of the Regions	page 33
	A. Principles	
	B. Analysis of Criteria	
V.	Strategy for Establishment of Uniform Regions	page 44
	A. Phase I -- Health and Human Services Agencies	
	B. Phase II -- Closely Linked Agencies	
	C. Phase III -- Other Agencies	
VI.	Attachments	
	A. Special Act 92-22 "An Act Concerning Uniform Regions for State Agencies	
	B. Special Act 92-20 "An Act Implementing the Recommendations of the Commission to Effect Government Reorganization Concerning Human Services	

I. Summary of Strategy

This Report is submitted pursuant to **Special Act 92-22** which requires the Secretary of the Office of Policy and Management to prepare a report "outlining a strategy to establish, to the extent possible on or before July 1, 1994, six uniform service regions for all state agencies, departments and institutions."

Over the past six months, the Office of Policy and Management (OPM) has had the dual role of implementing this legislation and overseeing the implementation of **Special Act 92-20** which calls for the reorganization of state health and human services agencies into four new agencies: the Departments of Social Services, Public Health and Addiction Services, Developmental and Rehabilitative Services, and Children and Families. This Special Act also calls for the development of not more than six uniform regional service delivery areas for these new health and human service agencies.

Strategy to Establish Six Uniform Regions

In response to these two Special Acts, OPM has developed a **three-phase strategy** to the implementation of six uniform service delivery areas for all state agencies.

Phase I - Designate six uniform regional service delivery areas for **state agencies involved in the reorganization of health and human services agencies** and determine the impacts and cost implications of modifying currently used regions.

Phase II - Designate six uniform regional service delivery areas for **state agencies that provide services that are closely linked to health and human services** and determine the feasibility, impacts, and cost implications of modifying currently used regions of some programs.

Phase III - Determine if these six uniform regional service delivery areas are appropriate for **other state agencies that currently use regions for service delivery** and determine the impacts and cost implications of modifying currently used regions.

Phase I -- Health and Human Services Agencies

The first phase of the strategy involves the transition to uniform regions for the agencies involved in the health and human services reorganization. Of these, nine agencies currently use regions for service delivery. These are:

The Departments of Aging, Children and Youth Services, Health Services, Human Resources, Income Maintenance, Mental Health, Mental Retardation, the Connecticut Alcohol and Drug Abuse Commission, and the Board of Education and Services for the Blind.

(Three agencies involved in the health and human services reorganization do not currently use regions for service delivery. These are the Department of Housing, the Commission on Hospitals and Health Care, and the Commission on the Deaf and Hearing Impaired.)

Tasks:

1. Designate six uniform regions for use by the health and human services agencies; and
2. Determine the impacts and cost implications of modifying existing regional service delivery areas.

Presently, the Office of Policy and Management has completed Phase I of this strategy as part of the reorganization of health and human services agencies in Connecticut and has initiated work on Phases II and III.

Phase II -- Closely Linked Services of Agencies

Special Act 92-20 also requires that the uniform regions developed for these agencies be coordinated with those of other state agencies which provide services closely linked with the health and human services agencies that are being reorganized. OPM proposes that the following agencies provide services that are closely linked to health and human services and therefore, should transition to the use of uniform regions in a second phase:

**Departments of Labor, Correction, Education, Higher Education,
Economic Development, Veterans' Affairs, and Transportation.**

Tasks:

1. Determine which agencies and which programs should use the six uniform service delivery areas used by the health and human services agencies;
2. Determine the feasibility of modifying service delivery areas given federal requirements and other restrictions; and
3. Determine the impacts and cost implications of modifying existing regional service delivery areas.

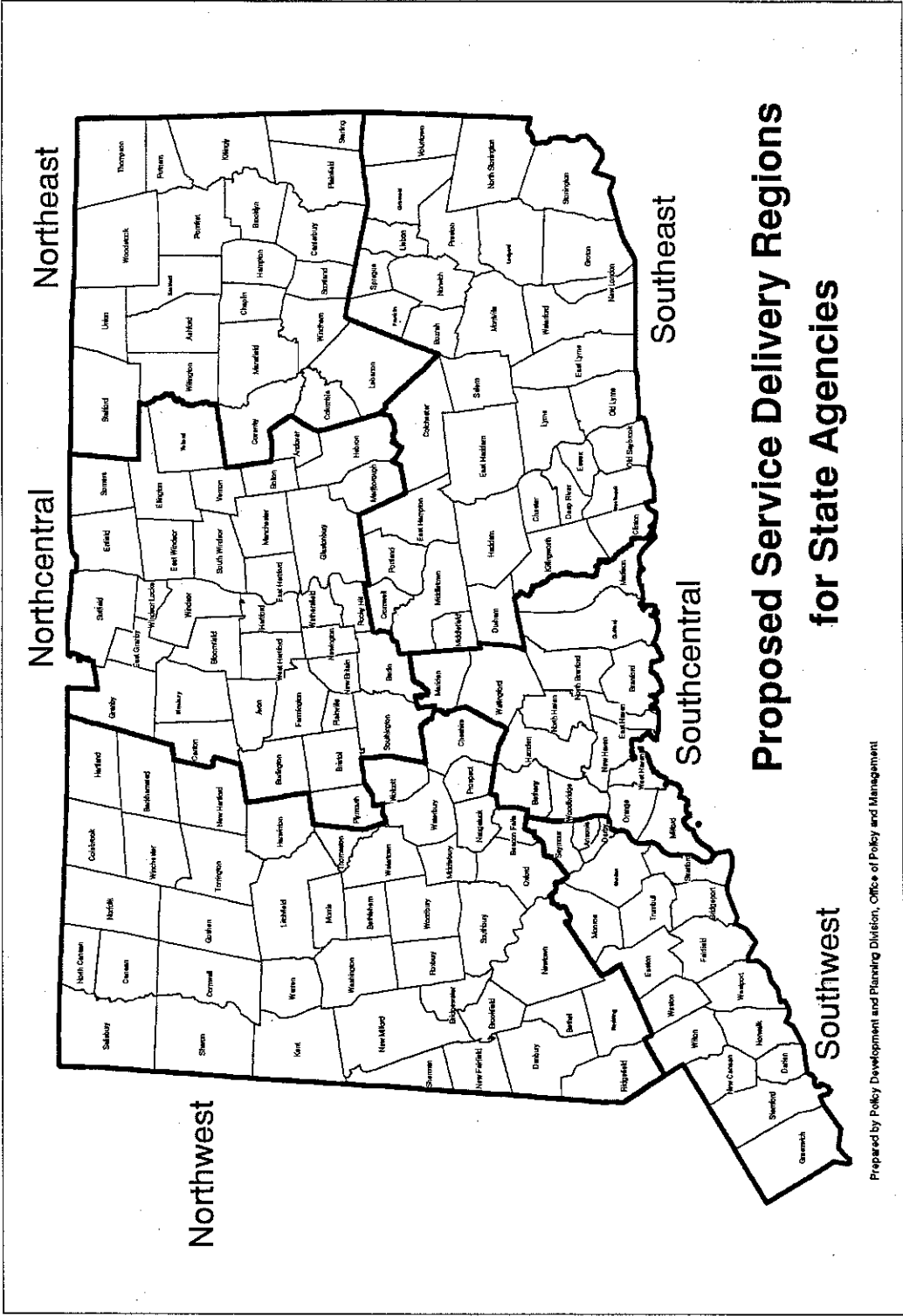
Phase III -- Other Agencies

Because Special Act 92-22 requires OPM to outline a strategy to establish six uniform regions for all state agencies, the third phase of the strategy will involve an analysis of how the remaining state agencies use regions and whether they would benefit from transitioning to the use of uniform regions. These remaining agencies include:

**Department of Liquor Control, Department of Public Safety,
Department of Environmental Protection, Department of Public
Works, Commission on Human Rights and Opportunities, Worker's
Compensation Commission, and Commission on Victims' Services.**

Tasks:

1. Determine if the six uniform regional service delivery areas are appropriate for other state agencies that currently use regions for service delivery; and
2. Determine the impacts and cost implications of modifying any currently existing regions.



**Proposed Service Delivery Regions
for State Agencies**

Prepared by Policy Development and Planning Division, Office of Policy and Management

II. Introduction

This Report is submitted pursuant to Special Act 92-22, "An Act Concerning Uniform Regions for State Agencies", which requires the Secretary of the Office of Policy and Management (OPM) to prepare a report outlining a strategy to establish, to the extent possible on or before July 1, 1994, six uniform service regions for all state agencies, departments and institutions. In brief, that strategy is to:

1. Designate six uniform regional service delivery areas for the **state agencies involved in the health and human services reorganization** and determine the impacts and cost implications of modifying existing regions;
2. Designate six uniform regional service delivery areas for the **state agencies that provide services that are closely-linked to the health and human services** and determine the impacts and cost implications of modifying existing regions; and
3. Determine if these six uniform regional service delivery areas are appropriate for use by **other state agencies that use regions for service delivery** and determine the impacts and cost implications of modifying existing regions.

This Report describes the criteria used to establish the boundaries of the proposed regions and lays out the three-phase strategy for developing and using uniform service delivery areas in state agencies.

A. Background

In Connecticut, approximately 60 state agencies provide a variety of services to state residents, a majority of which are in the health and human service arena. Currently, these state agencies use a number of different service delivery regions to deliver services. Although many agencies use five or six regions to deliver services, these regions are not always in the same geographic configuration.

Presently, some agencies use regions for service delivery only. Others use regions additionally for planning, assessing client needs on a regional basis, in budget development and the allocation of their resources, and to organize the way in which they seek advice from clients and consumers.

Historically, several concerns have been associated with the lack of uniformity in the state service delivery areas of Connecticut's health and human services agencies. These are:

Client accessibility: Clients are confused by the proliferation of different service regions and this confusion may be a barrier for them in getting access to needed state services.

Staff efficiency: The process by which agency staff refer clients and coordinate services for them among various state agencies is complicated by having different service delivery regions for each agency.

Interagency Planning: Coordinated planning to meet regional service needs across agency lines is difficult when agencies related to different geographical regions.

Several reports and commissions have recommended uniform regional service delivery areas for state health and human services agencies. These include:

- 1972 - Commission on Human Services (Zimmerman)
- 1975 - Connecticut Council on Human Services
- 1978 - Human Services Reorganization Commission
- 1986 - Commission to Study Human Services
- 1991 - Commission to Effect Government Reorganization (Hull/Harper)

To address the concerns about the use of non-standard regions in Connecticut, the legislature enacted Special Act 92-22. This act requires the Secretary of the State Office of Policy and Management (OPM) to prepare a report outlining a strategy to establish, to the extent possible on or before July 1, 1994, six uniform service regions for all state agencies, departments and institutions. In establishing the boundaries of such regions, the Secretary shall take into consideration the boundaries of existing regional planning agencies and shall consider the following factors:

- geographic size,
- general population distribution,
- target population and caseload,
- location of facilities maintained by agencies,
- accessibility of transportation for clients to service delivery offices and for employees to clients, and
- any federal requirements

B. Reorganization Activities

In response to the recommendations from the Hull/Harper Commission, the legislature enacted Special Act 92-20 which calls for the reorganization of existing health and human services agencies into four new agencies: the Departments of Social Services, Public Health and Addiction Services, Developmental and Rehabilitative Services, and Children and Families. This reorganization is intended to improve the coordination, accountability, and cost-effectiveness of the health and human services delivery system in the state.

As part of the reorganization, Special Act 92-20 also mandates the establishment of not more than six uniform regional service delivery areas. The act sets forth the following criteria to be considered in establishing the boundaries:

- geographical size,
- general population distribution,
- agency target population and caseload,
- location of department facilities,

- the accessibility of transportation for clients to service delivery offices and for workers to clients, and
- any federal requirements.

In using these uniform regions, the reorganization also calls for:

1. the decentralization of the service delivery operations of each agency to provide as much autonomy as possible to each regional office enabling the office to respond effectively to the particular service needs of the region, and
2. coordinated control and direction for programs to ensure consistency and uniformity among the regions in the development and provision of services.

C. Goals for Uniform Regions

Given the historical concerns about the use of non-standard regions for service delivery, OPM began a dialogue in state government with Commissioners and staff of various state agencies, particularly those agencies which are part of the health and human services reorganization. That dialogue focused on two issues:

1. Given the goals of reorganization to decentralize agencies and to provide more autonomy to regional service offices, how should the regions be used in the four newly reorganized agencies? In other words, what operational functions of the agencies should be carried out on a regional basis?
2. What are the goals of developing uniform regional state service delivery areas?

While the first question continues to be discussed, and will be decided, within the structure of the reorganization process, the second question has been addressed and several goals have been proposed. These are:

- **Integrated planning and program development**, so that state agencies work together to assess client needs and develop programs to serve citizens' needs in each particular geographic area of the state.
- **Improved client accessibility**, by facilitating the development of a common intake process and reducing client confusion as to what region they relate to among the various state agencies from which they may seek services.
- **Enhanced staff-level coordination**, by improving the ability of regional staff to communicate, share information and refer clients across state agency lines within common geographic areas and through the development of a commonly linked information system across state agencies.
- **Enhanced input of advisory organizations** and individuals representing various interests by providing them with a common geographic focus.

III. Survey of State Agencies

A. Results

The Office of Policy and Management began the development of a proposal for uniform regional state service delivery areas by surveying all state agencies in June 1992 to determine the current use of regions by agencies. The survey revealed that 23 state agencies currently use regions for service delivery. These agencies are:

Departments of Aging, Children and Youth Services, Correction, Economic Development, Education, Environmental Protection, Health Services, Higher Education, Human Resources, Income Maintenance, Labor, Liquor Control, Mental Health Mental Retardation, Public Safety, Public Works, Transportation, Veterans' Affairs, the Connecticut Alcohol and Drug Abuse Commission, the Commission on Human Rights and Opportunities, the Board of Education and Services for the Blind, the Commission on Victims' Services, and the Workers' Compensation Commission.

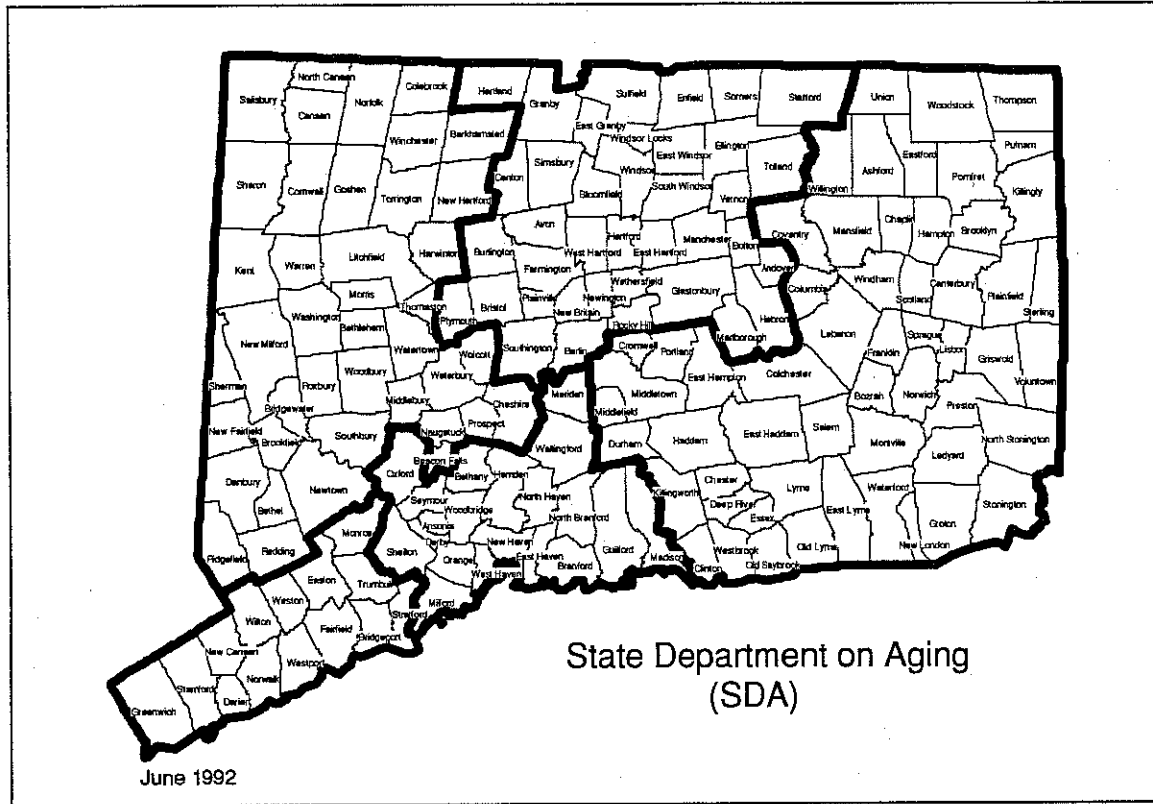
Three agencies whose programs are involved in the reorganization of health and human services agencies -- the Commission for the Deaf and Hearing Impaired, the Commission on Hospitals and Health Care, and the Department of Housing -- do not currently use regions for service delivery.

The survey also revealed that state agencies have regionalized their operations to different degrees. The kinds of operational functions that are being carried out on a regional basis in various state agencies include:

- **planning, program development and evaluation**, by which an agency formulates strategies for improving service delivery, implements program improvements and systems changes, and assess the performance of existing programs.
- **budget development and management and allocation of resources**, in which an agency determines income and expenditures for programs and services as well as manages fiscal (e.g. grants, contracts) and human resources which support those programs and services.
- **service delivery**, by which an agency organizes and delivers its programs and services.
- **advisory activities**, how an agency involves interested individuals and organizations (e.g. consumers, family members, service providers) in the ongoing planing, development and assessment of its services and programs.

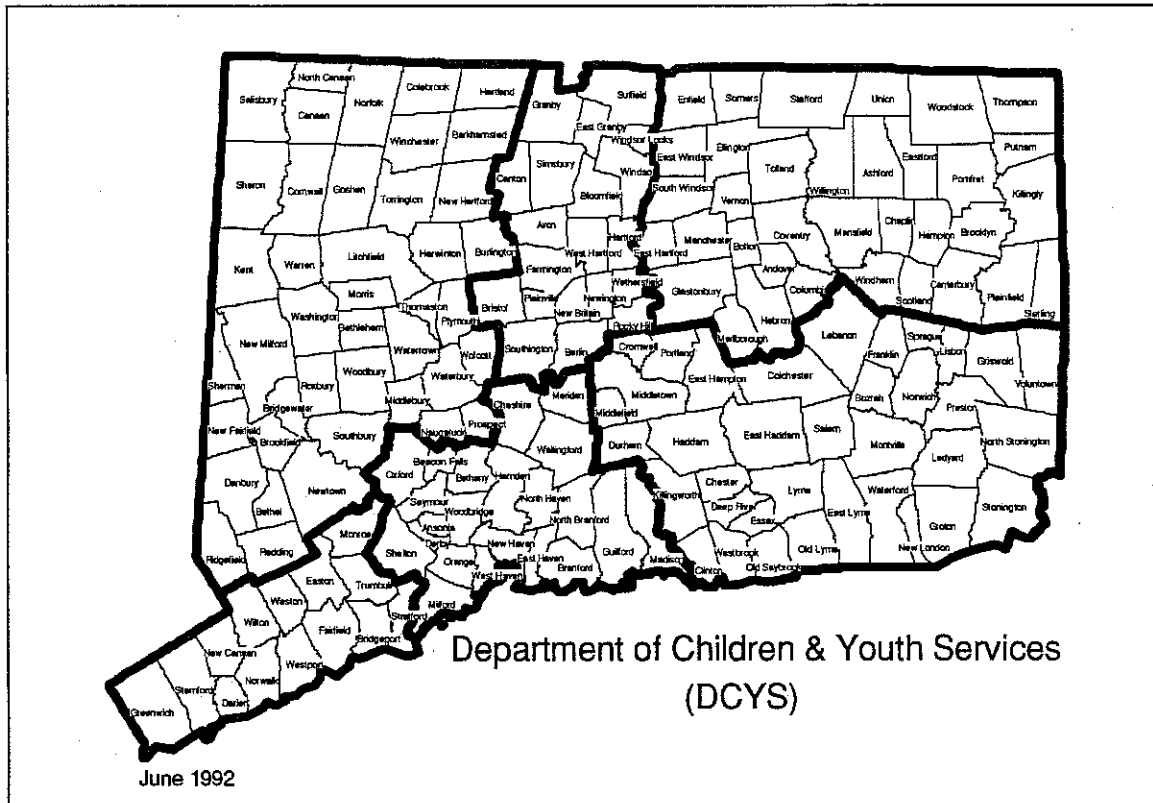
How each state agency currently uses regions is described in the following section.

B. Current Use of Regions



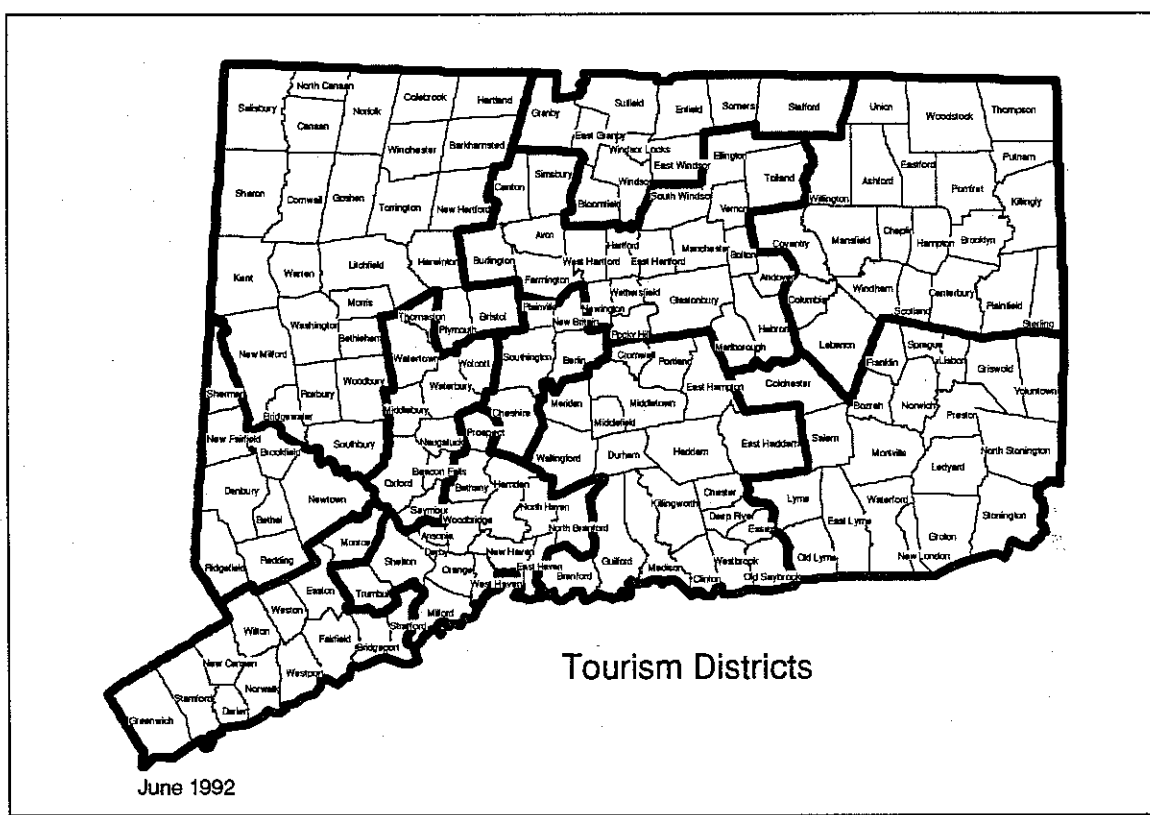
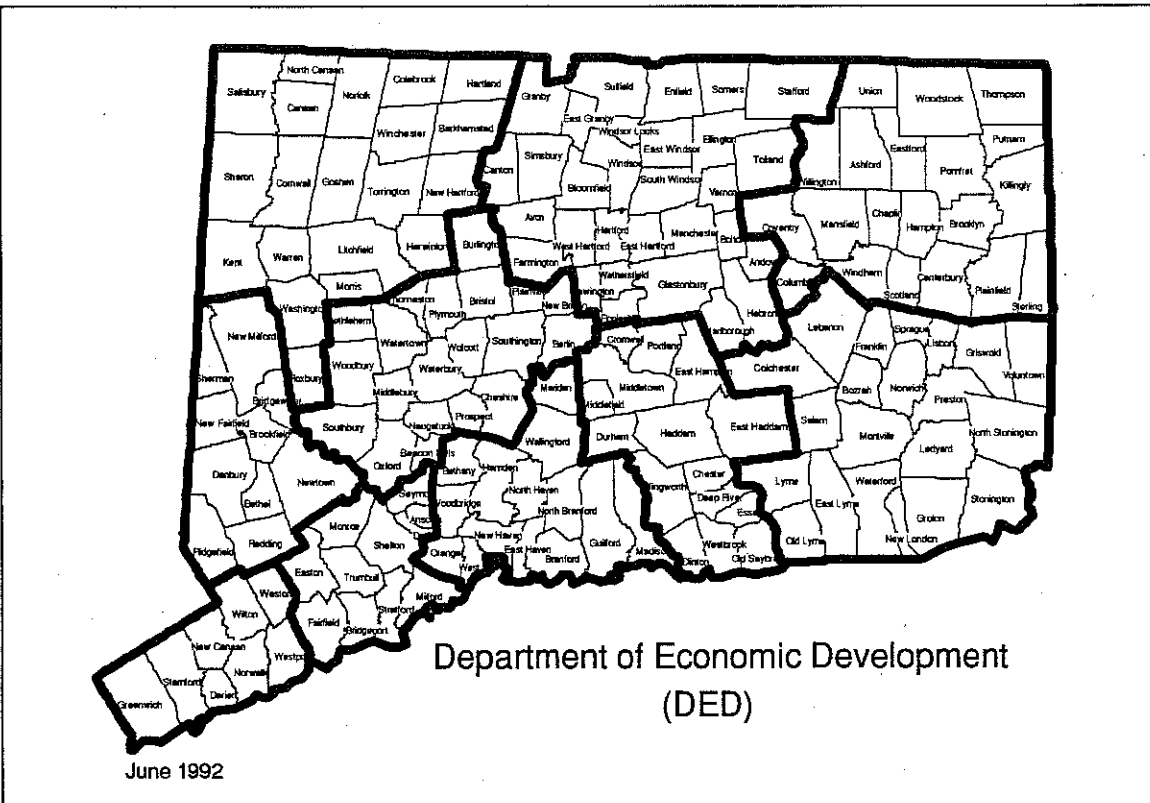
Department on Aging

The State Department on Aging (SDA) uses five regions to administer the Ombudsman Program. Ombudsmen investigate complaints regarding nursing homes or from community sources in regions which correspond with the Area Agencies on Aging (AAA) regions. Nutrition services are delivered through AAA's and senior centers.



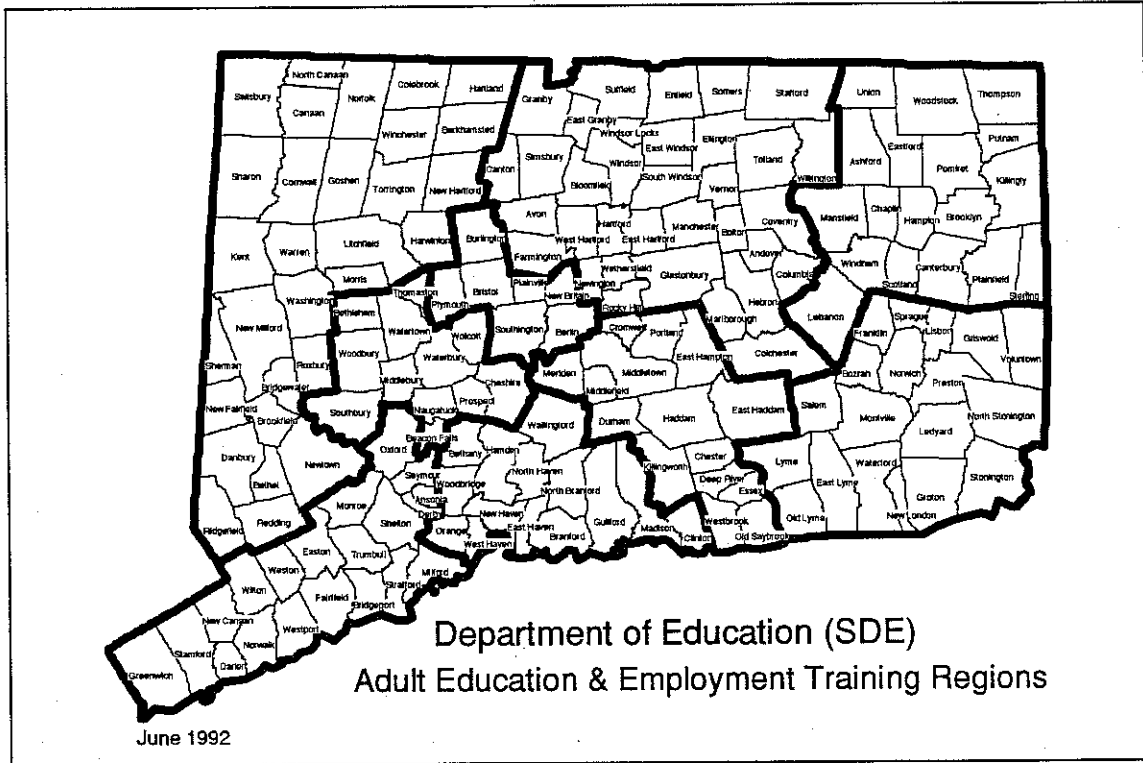
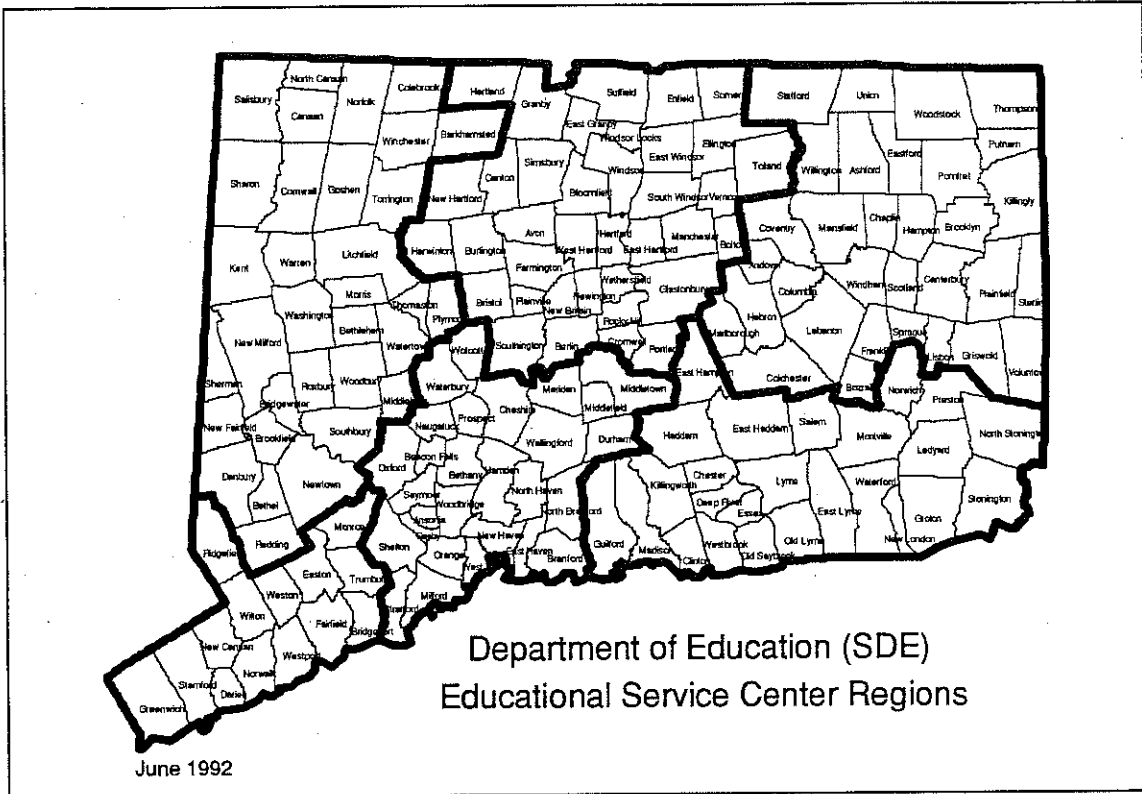
Department of Children and Youth Services

The Department of Children and Youth Services (DCYS) uses six regions based on catchment areas surrounding six major cities. Regional boundaries are used to assign staff to home visits and to route clients to regional or sub-regional offices depending on the city or town of residence.



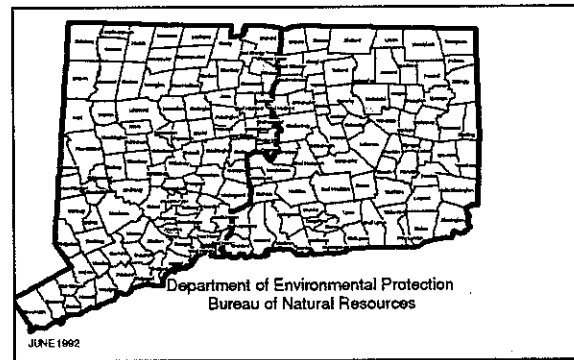
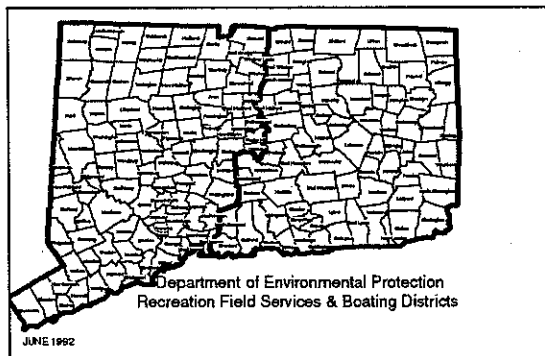
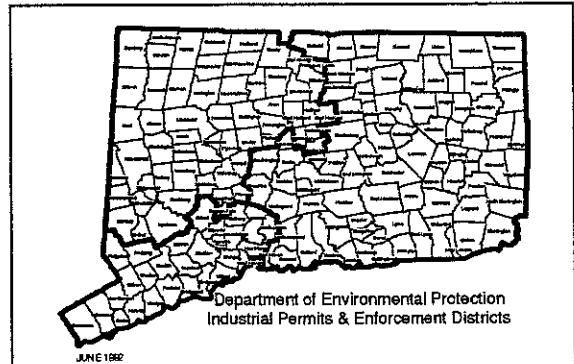
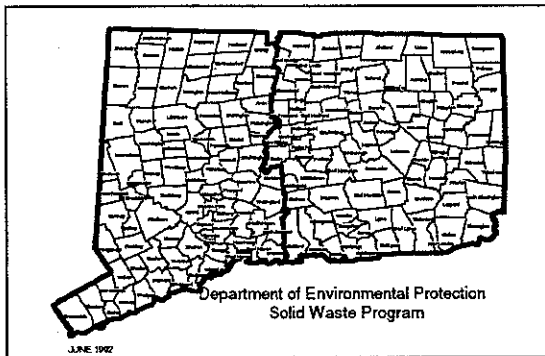
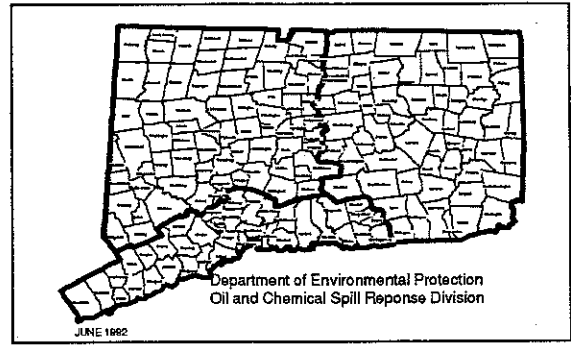
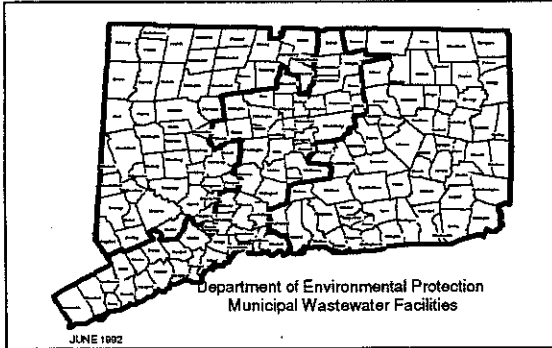
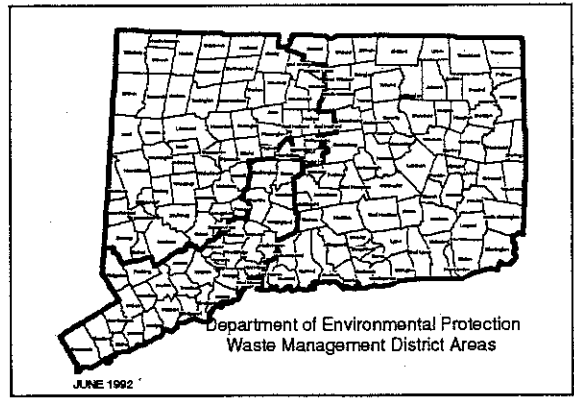
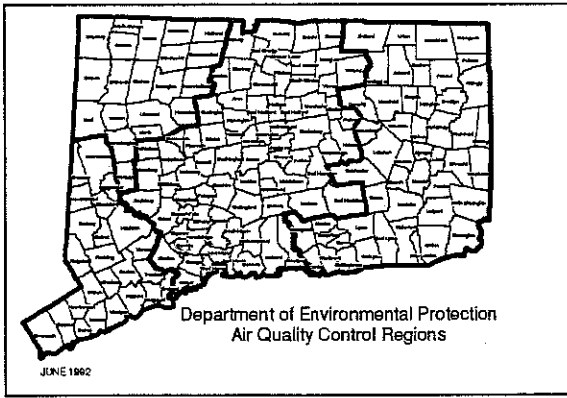
Department of Economic Development

In the Department of Economic Development (DED), Regional Development Agents contact businesses and municipalities and work with them based on their location in the ten regions. In addition, DED uses eleven regions to promote tourism within Connecticut.



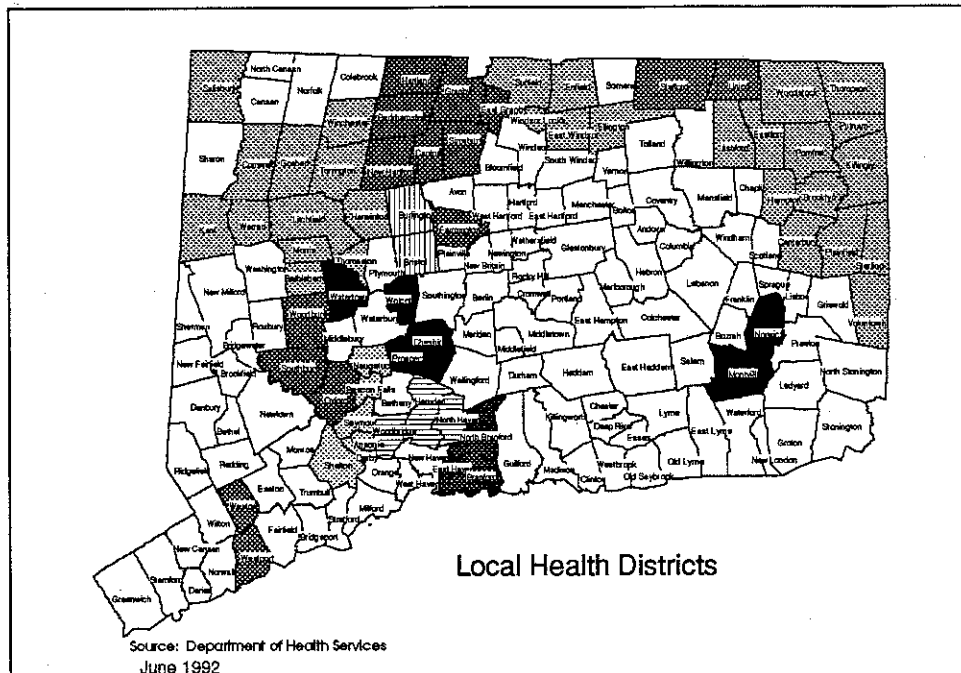
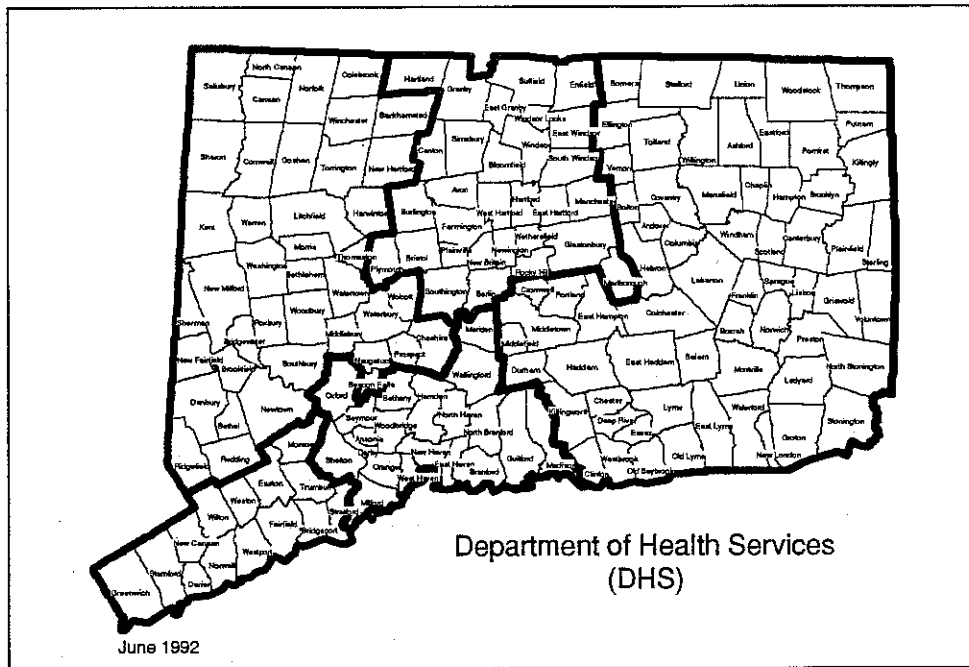
Department of Education

Within the Department of Education, educators and providers are grouped by region. Some clients are routed to regional programs. Special programs use six regional Educational Service Centers, and the Adult Education and Employment Training Programs use 9/10 Private Industry Council Service Delivery Areas (PIC/SDA's). The state Regional Vocational-Technical Schools use 17 regions and the Local School Districts are divided into 165 regions.



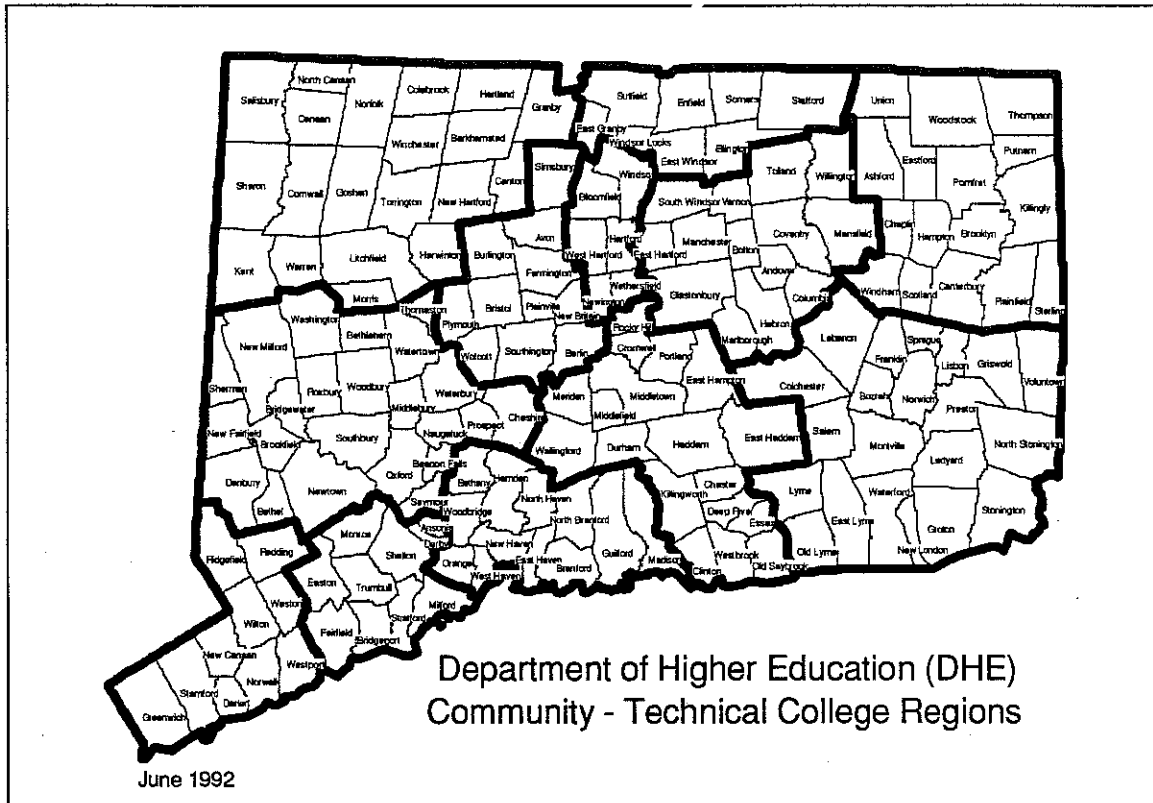
Department of Environmental Protection

All Department of Environmental Protection (DEP) districts are administrative out of the Hartford Office. There are no field offices. The districts are used as a management tool to allocate staff resources. For this reason, district lines vary between programs and are modified periodically to reflect geographic changes in program workload.



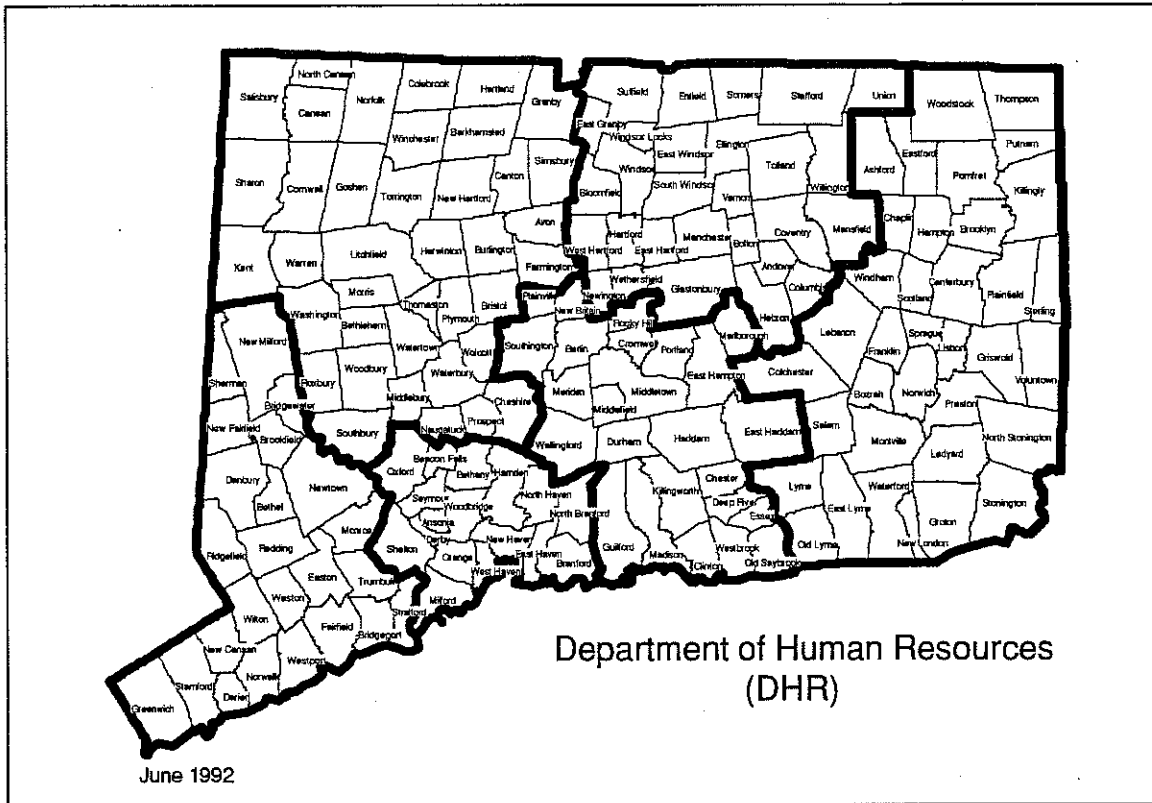
Department of Health Services

The Department of Health Services (DHS) uses five emergency medical service regions for service delivery to client populations based upon such factors as number of person above/below poverty and other social, economic and demographic factors. In addition, local health districts consist of towns, cities and boroughs which have combined their health services into a district health department. District and local health departments, which are funded in part by the state, may provide personal health services, environmental services, conduct license and assurance activities, health planning, epidemiological surveillance, data collection and analysis.



Department of Higher Education

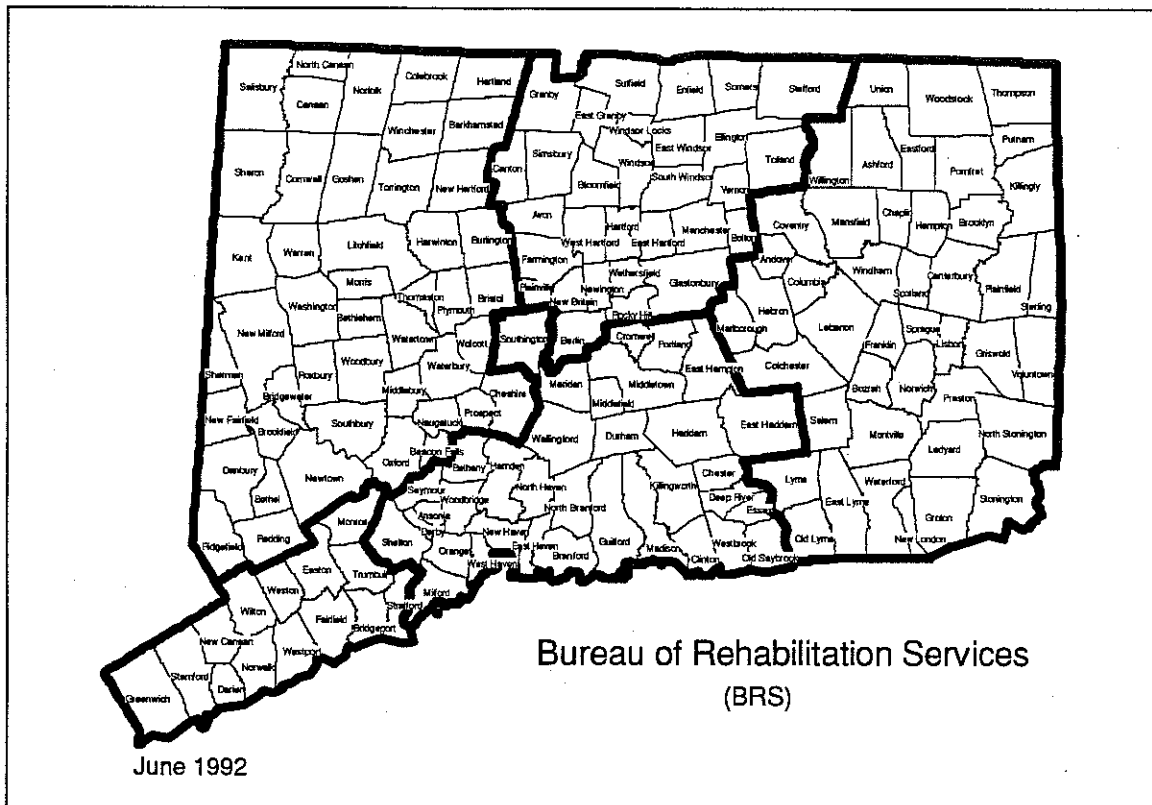
Under the Department of Higher Education (DHE), each of the twelve regional community-technical colleges have a primary service region for which the institution has the responsibility of developing programs responsive to citizen, corporate and community needs.



Department of Human Resources

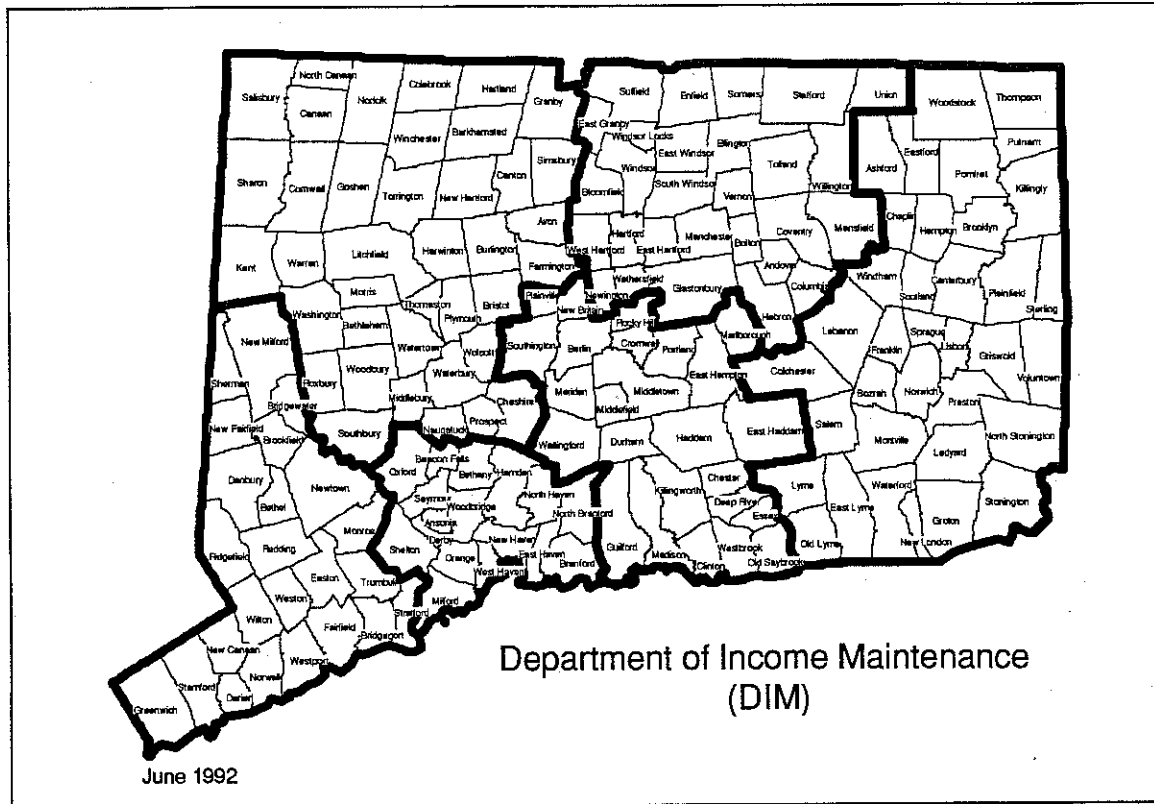
In the Department of Human Resources (DHR), services are provided to clients living within the six regions. Applications are taken at District Offices and/or Community Action Program (CAP) agencies. Regional programs are administered by the Bureau of Field Operations, the Child Support Enforcement Unit, and the Bureau of Grants Management.

The six regional service delivery areas used by the Department of Human Resources are the same as the regions used by the Department of Income Maintenance. In addition, the district offices of these two agencies are currently co-located.



Department of Human Resources Bureau of Rehabilitation Services

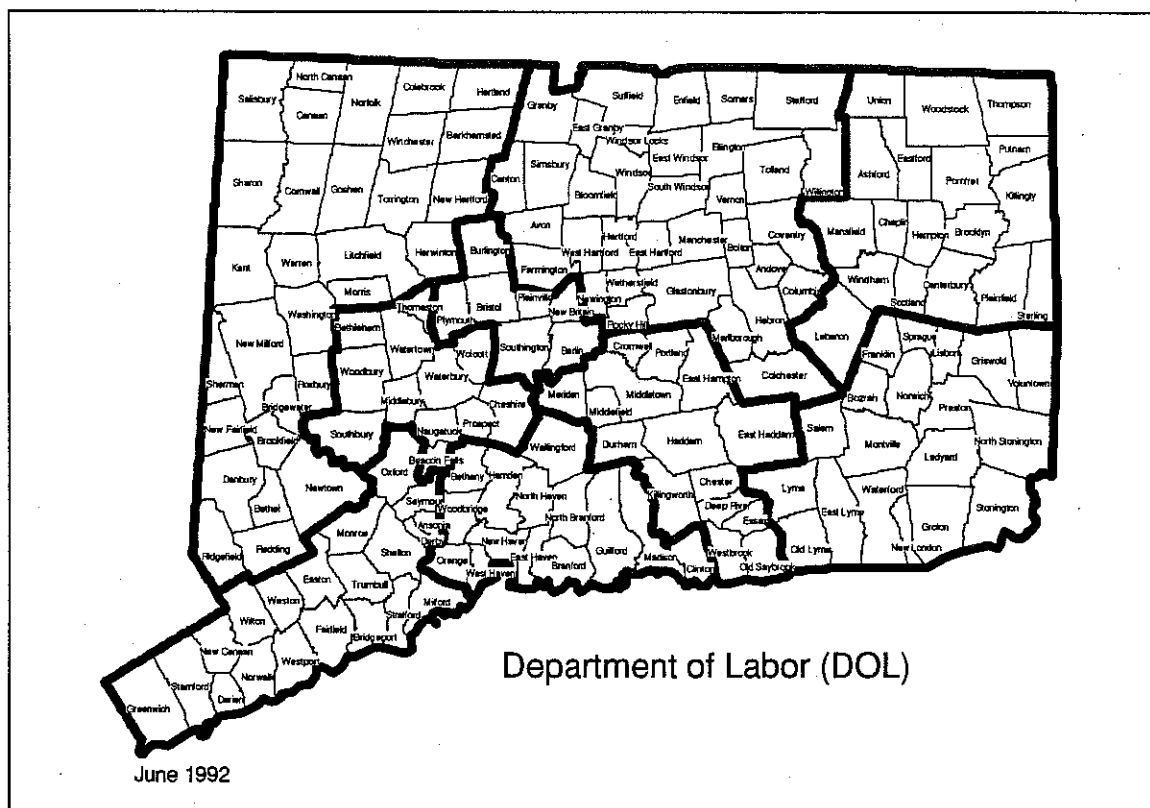
Located within the Department of Human Resources, the Bureau of Rehabilitation Services (BRS) provides services to clients in five regions of the state. Applications are taken at District Offices and/or community action agencies. Regional programs include: the vocational Rehabilitation Services Program, the Supported Employment Program, the Independent Living Program, the School to Work Transition Program, and the Traumatic Brain Injury Program. The Bureau of Rehabilitation Services is primarily funded by the federal government.



Department of Income Maintenance

The Department of Income Maintenance (DIM) administers its assistance programs through six districts. Each district has a district director for administrative purposes, and there may be one to four field offices within each district. Field office locations are based on client concentration, client travel time to offices, co-location of DIM and DHR offices, and placement within metropolitan statistical areas. Office sites may change as these characteristics change.

The regional service delivery areas used by the Department of Income Maintenance are the same as those used by the Department of Human Resources.



Department of Labor

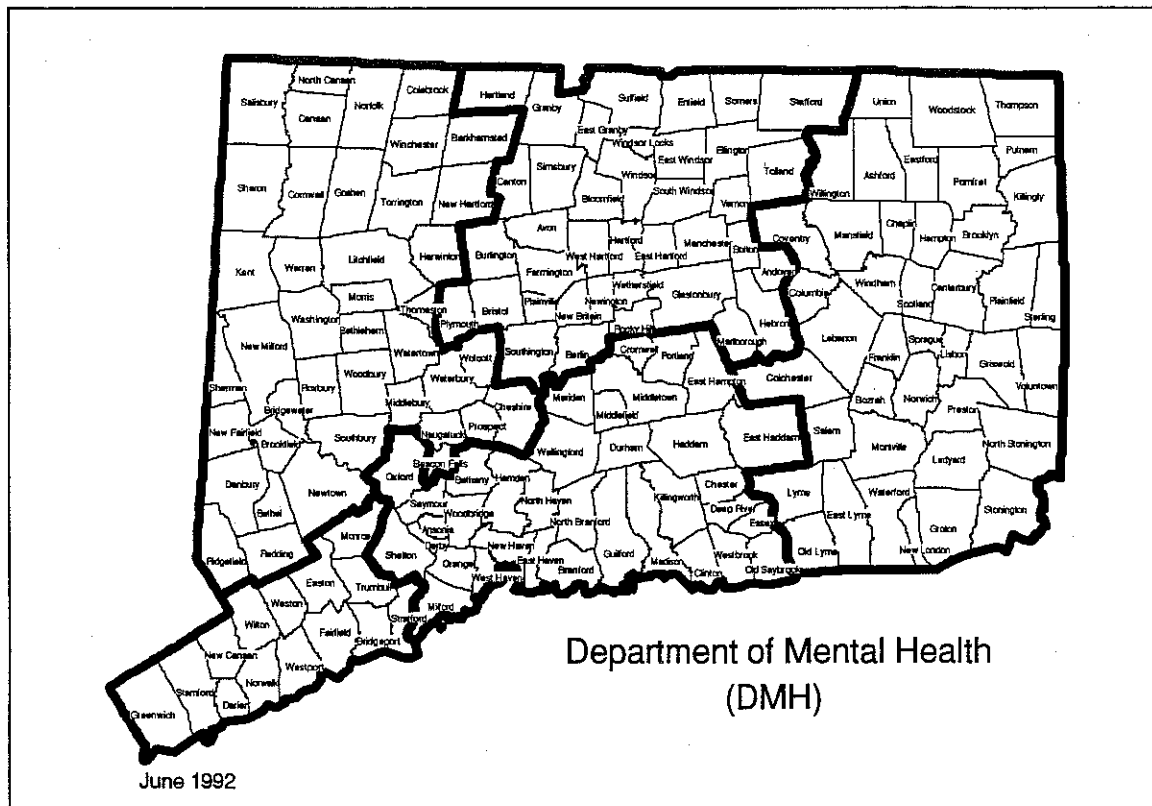
Under the Department of Labor (DOL), clients are routed to local offices based on where they live or work to receive unemployment or employment services. If training is required, they are routed to district offices based on where they live.

For the federal Job Training Partnership Act (JTPA) programs, funds are passed through to nine local grantees. Plans are submitted describing the delivery of services, including outreach, intake and referral of clients to appropriate training and employment services. (See discussion of federal requirements for job training and employment assistance regions on page 43.)



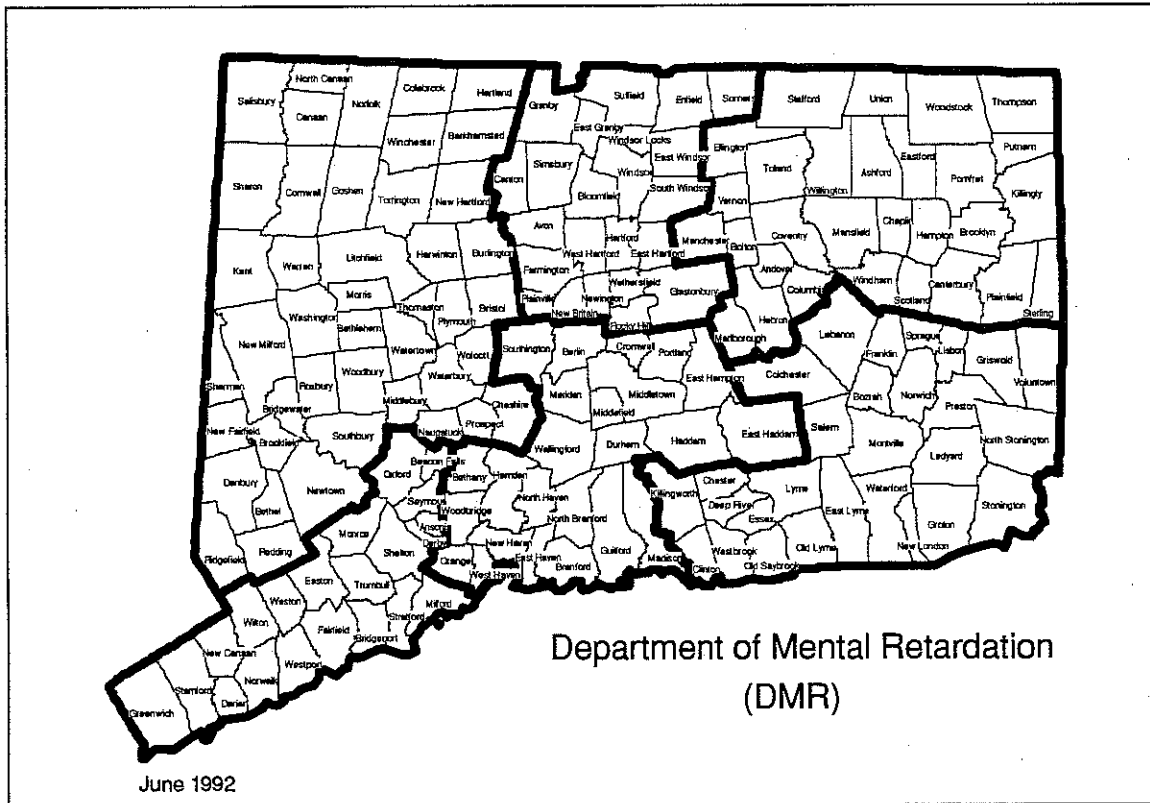
Department of Liquor Control

Liquor Control Agents are assigned to investigations in a region which is usually the closest to their home.



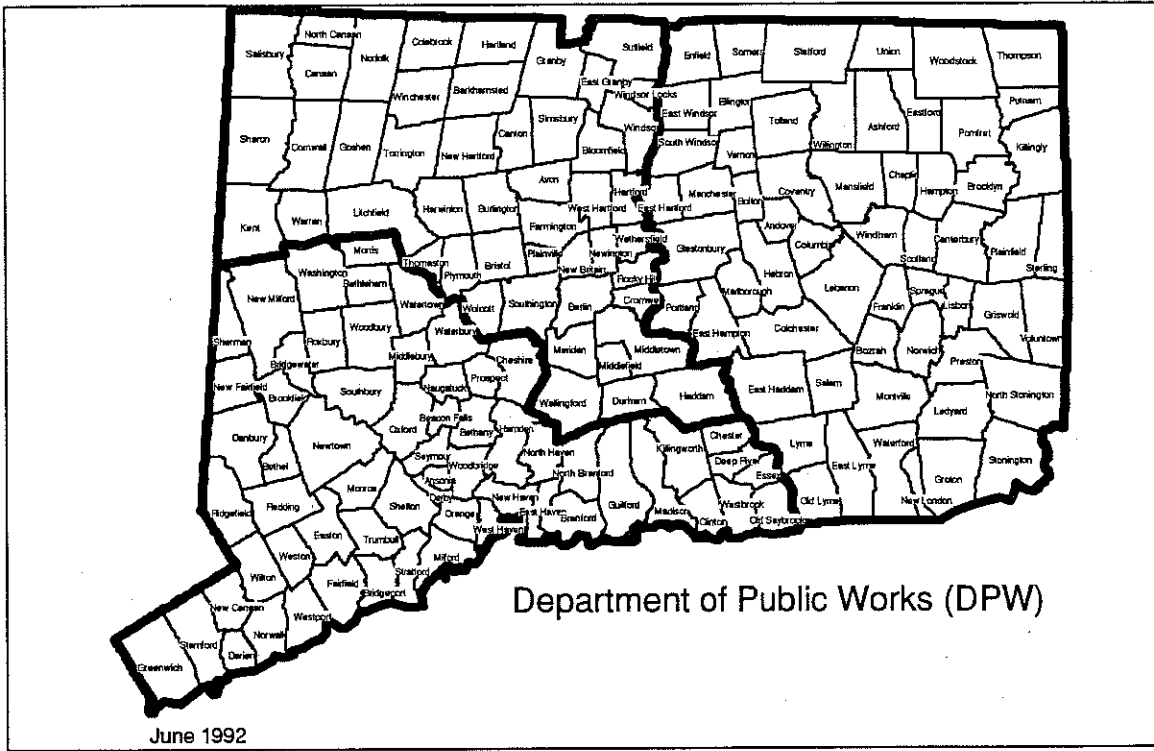
Department of Mental Health

In the Department of Mental Health (DMH), clients are treated primarily in their local regions. Funding decisions and program review/evaluation are accomplished cognizant of regional boundaries. Service system fiscal administrative management is handled in one of the five regional offices.



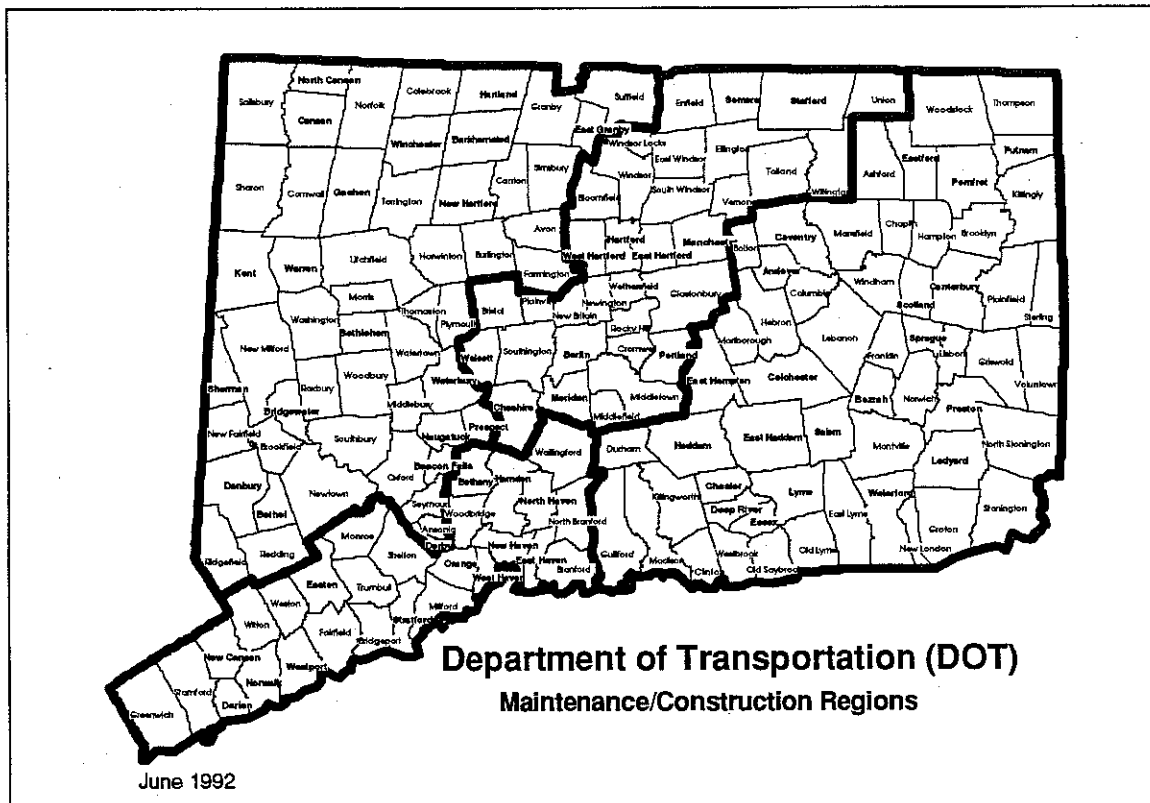
Department of Mental Retardation

The Department of Mental Retardation (DMR) is completely decentralized into six regions. Each region serves all clients in its area, negotiates contracts, manages personnel, and provides case management.



Department of Public Works

The Department of Public Works uses regions for inspection of various public work jobs. Regional field offices are established in each region and field staff work out of these offices to monitor the progress of various projects within the region. Regional boundaries were established to distribute and equalize the work associated with construction supervision.



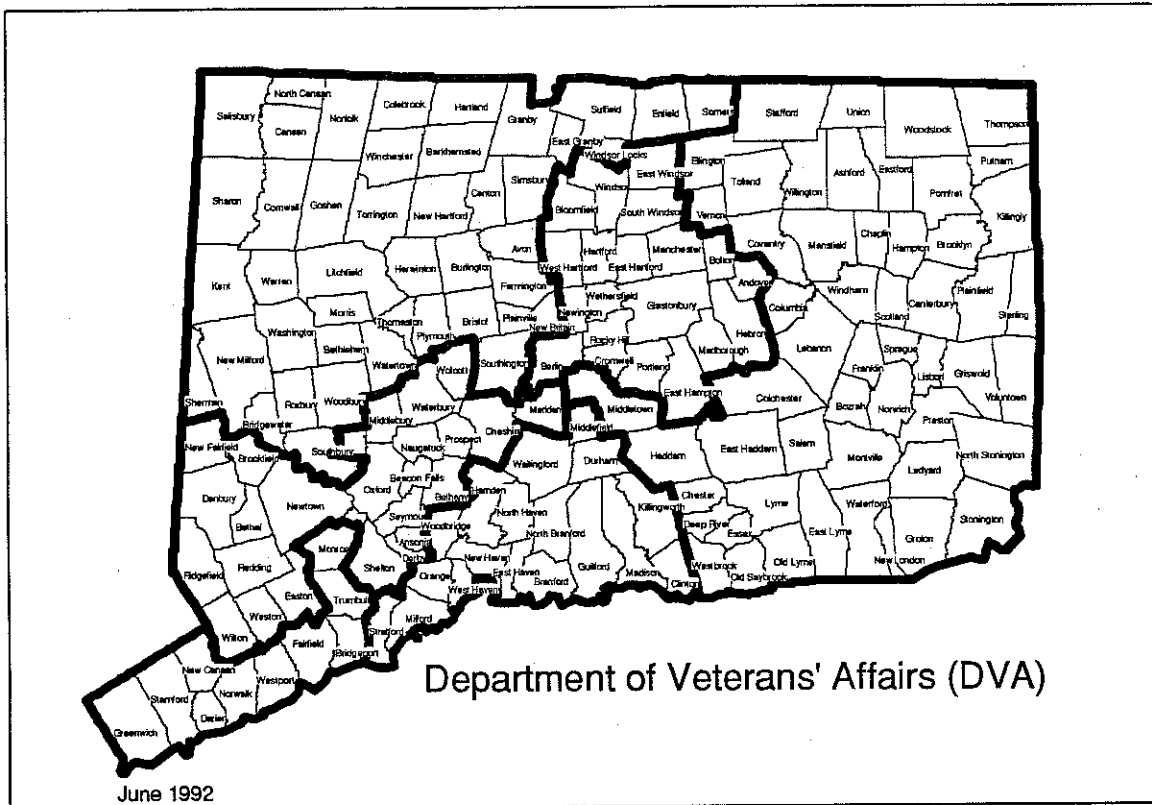
Department of Transportation

The four Department of Transportation (DOT) Maintenance/Construction Districts are used to perform the following work activities: construction inspection, maintenance of pavement and shoulders, drainage, maintenance of major structures, traffic services, extraordinary maintenance, snow and ice control, roadside maintenance and improvements.

Under Public Act 92-68, "An Act Concerning the Brokerage and Funding of Special Transportation Services," the Commissioner of the Department of Transportation must divide the state into transportation service regions in order to establish a regional framework for the planning and coordination of such services.

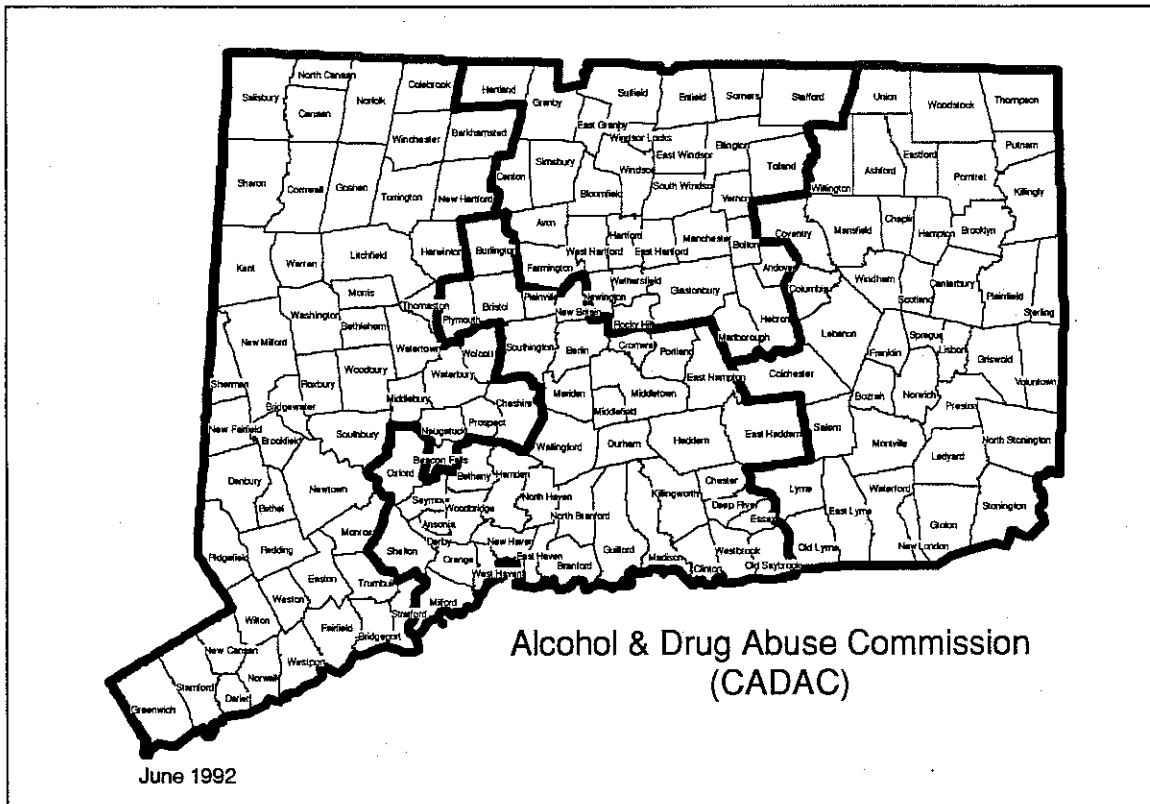
Note -- Two regional maps used by the Department of Transportation are not shown here:

- The 17 Transit Districts, which are authorized by state legislation, receive state funding but are not managed by the Department.
- In addition, DOT has designated 15 planning regions, based on metropolitan and rural planning organizations, which are used for transportation planning purposes. Since the scope of Special Act 92-22 is limited to service regions, this study does not address the planning regions used by DOT and other agencies. (See discussion on page 43 of federal requirements related to DOT planning regions.)



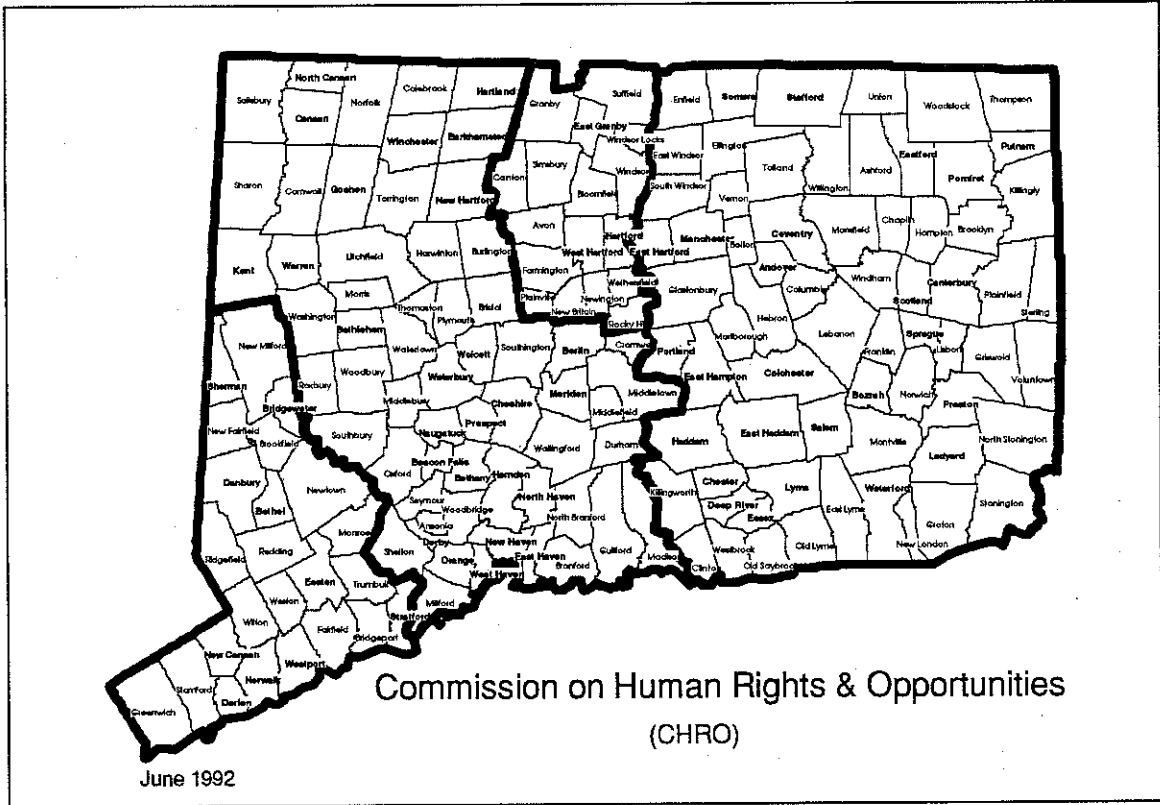
Department of Veterans' Affairs

In the Department of Veterans' Affairs, clients receiving services from the Office of Advocacy and Assistance are routed to one of six district offices based on the region in which they live. The regions correspond to the state's Congressional Districts.



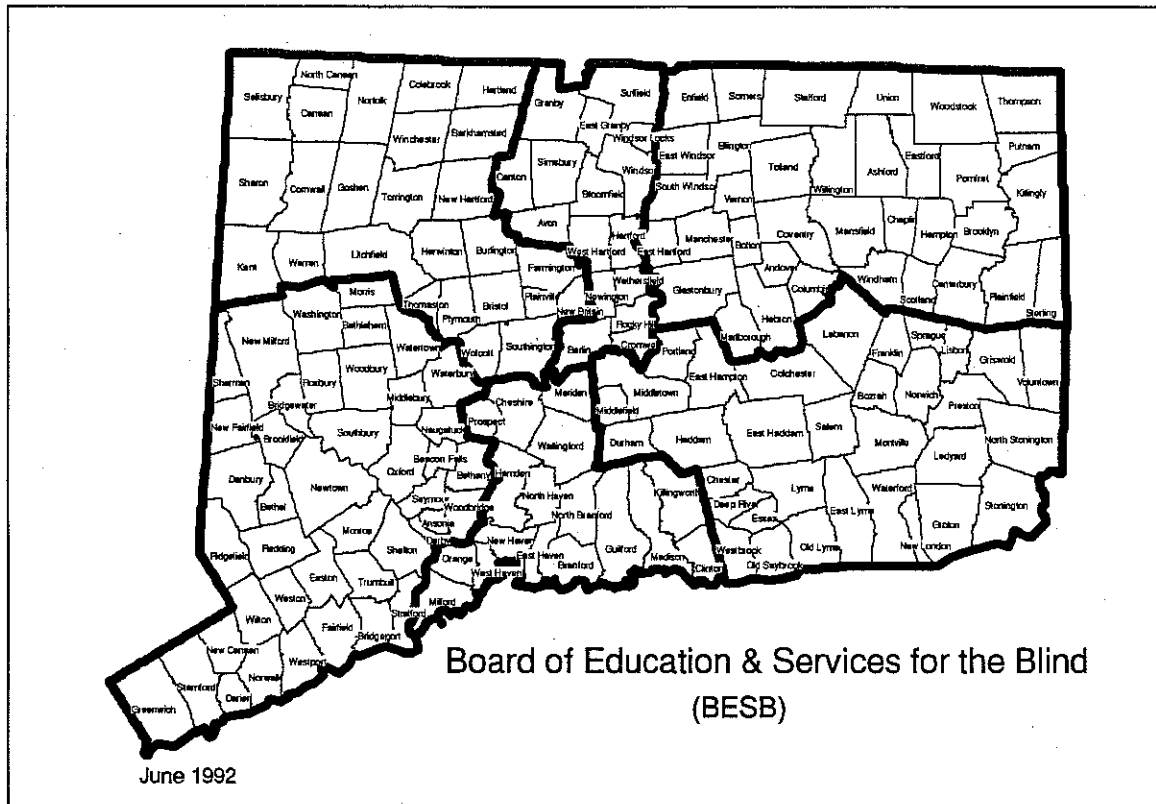
Connecticut Alcohol and Drug Abuse Commission

Under the Connecticut Alcohol and Drug Abuse Commission (CADAC), four service areas are used for CADAC-operated facilities (detoxification and rehabilitation). Referrals directly to the facilities occur from a variety of sources, including the courts, hospital emergency rooms, and non-profit substance abuse treatment providers.



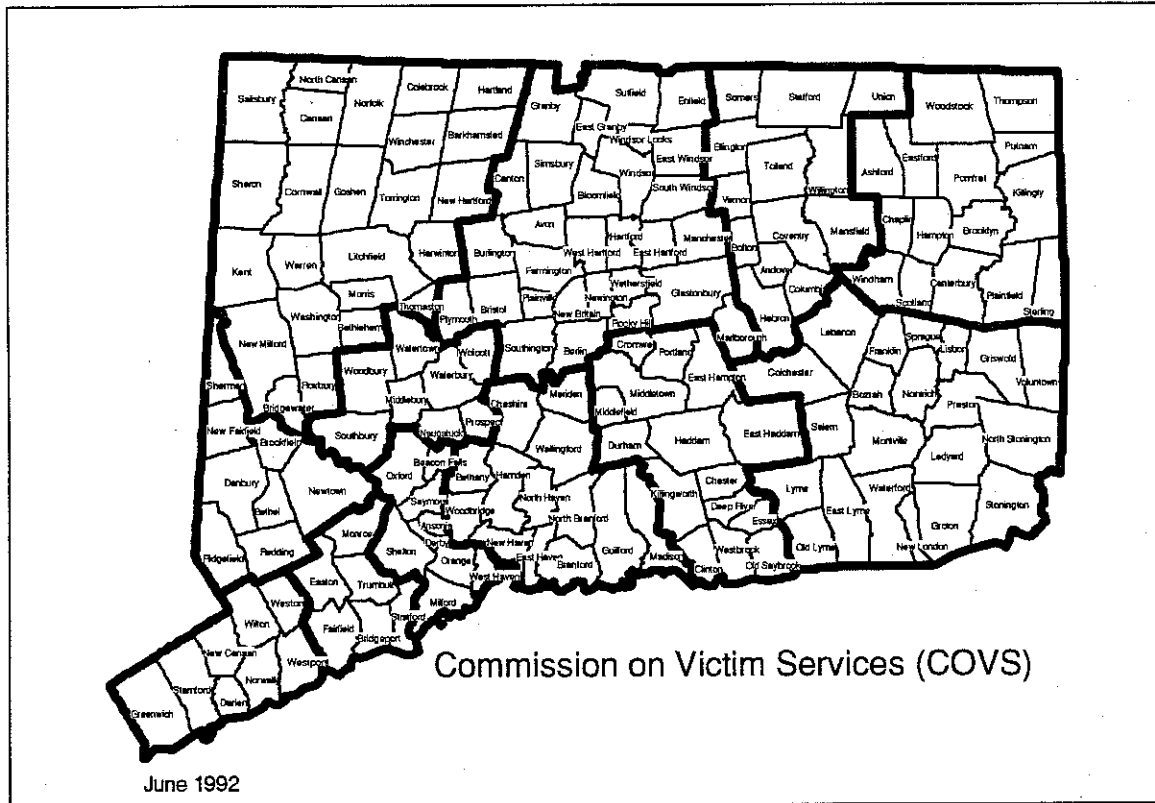
Commission on Human Rights and Opportunities

Under the programs of the Commission on Human Rights and Opportunities (CHRO), persons who have individual complaints of discrimination are assigned to one of four regions for service delivery based on their town of residence.



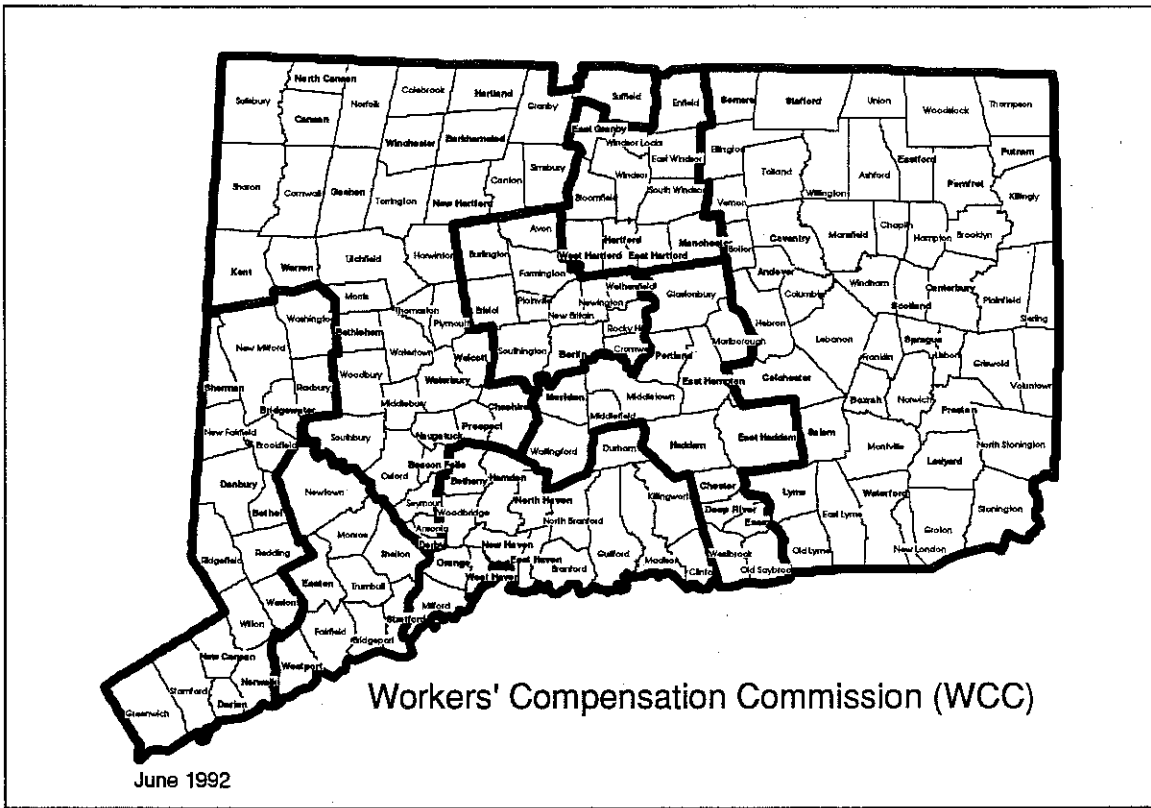
Board of Education and Services for the Blind

The Board of Education and Services for the Blind (BESB) divides the state into six regions and staffing is based upon the population and incidence of blindness in those regions. Some staff members operate out of the main office in Wethersfield, while others have a home office in their assigned region four days a week and come into the agency one day a week for training, picking up equipment, and case management duties. Services are delivered in the six regions of the state.



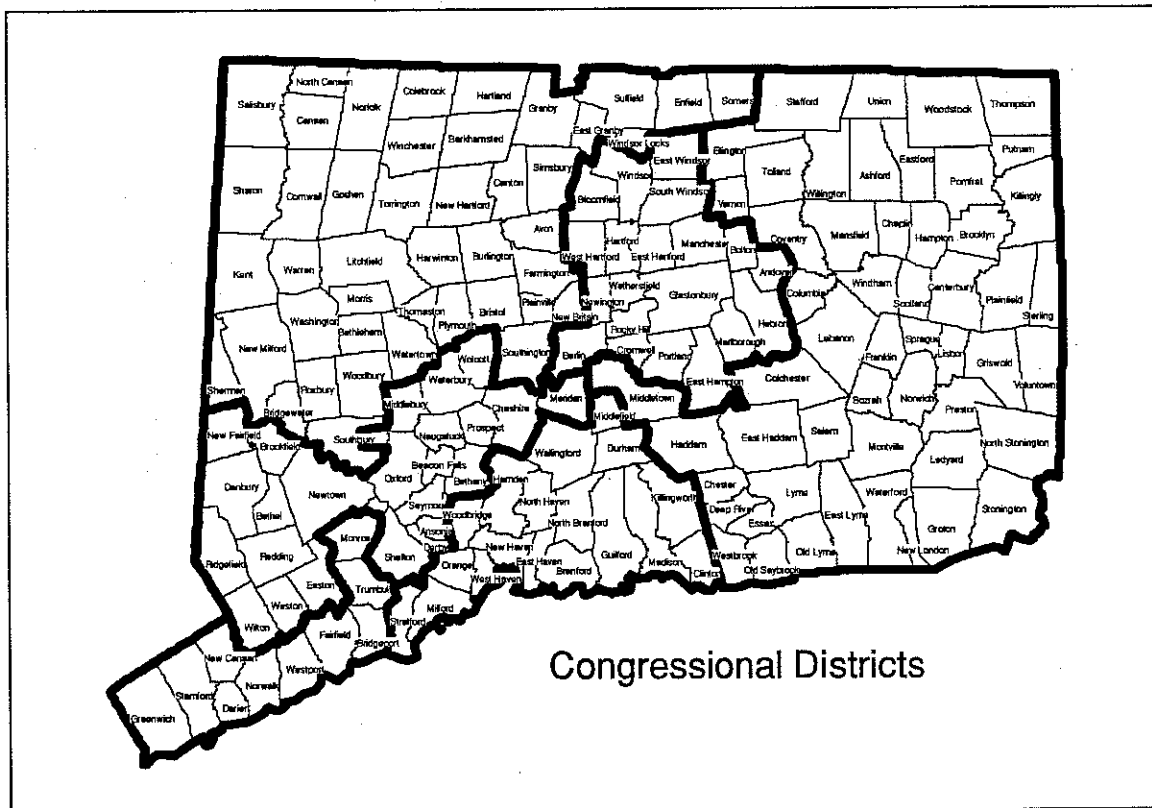
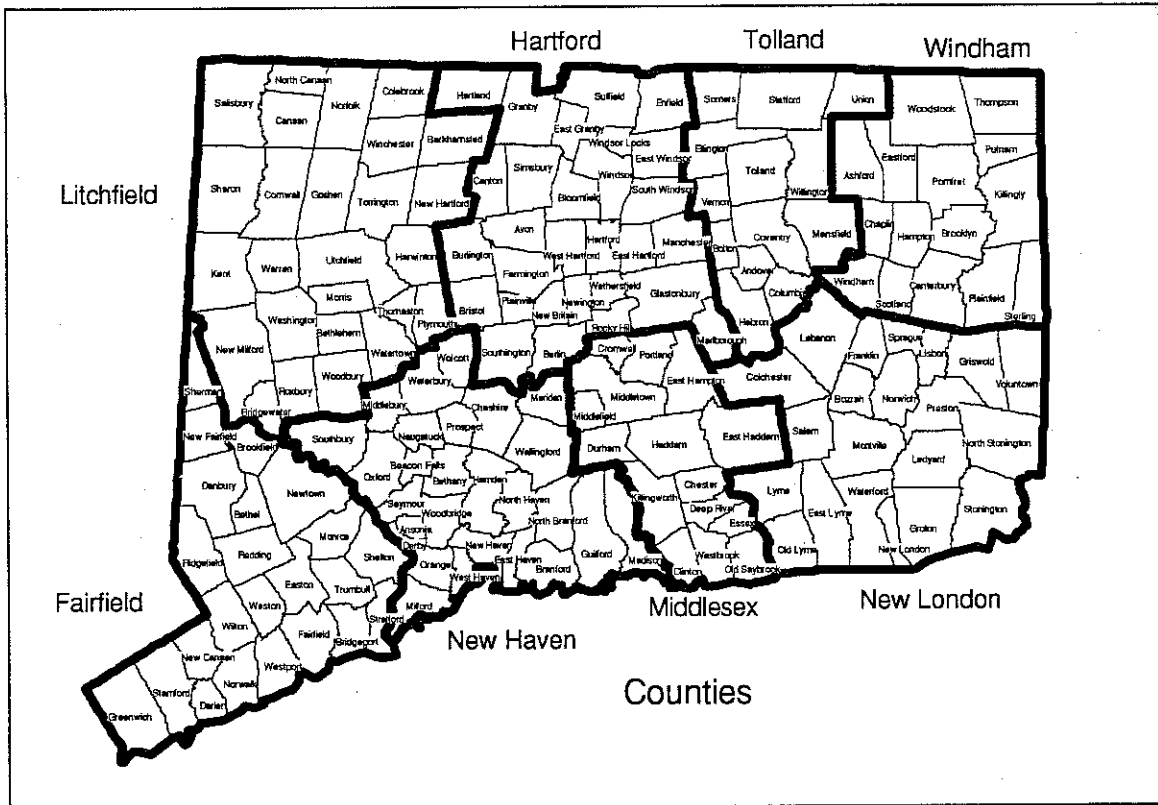
Commission on Victims' Services

Under the programs of the Commission on Victims' Services (COVS), crime victims are provided court advocacy services at ten of the 12 Judicial District Courts. The regions are based on Judicial Districts.



Workers' Compensation Commission

Workers' Compensation claimants are routed to district offices based on the town in which they were injured while working.



IV. Development of the Regions

Based on the criteria listed in both Special Acts 92-20 and 92-22, the Office of Policy and Management has developed a proposal for the placement of regional boundaries to achieve six uniform regional state service delivery areas for Connecticut's state agencies. The criteria used were:

- geographic size,
- general population distribution,
- agency target population and caseload,
- location of facilities maintained by agencies,
- accessibility of transportation for clients to service delivery offices and for employees to clients,
- boundaries of existing regional planning agencies, and
- any federal requirements as to regional areas.

A. Principles

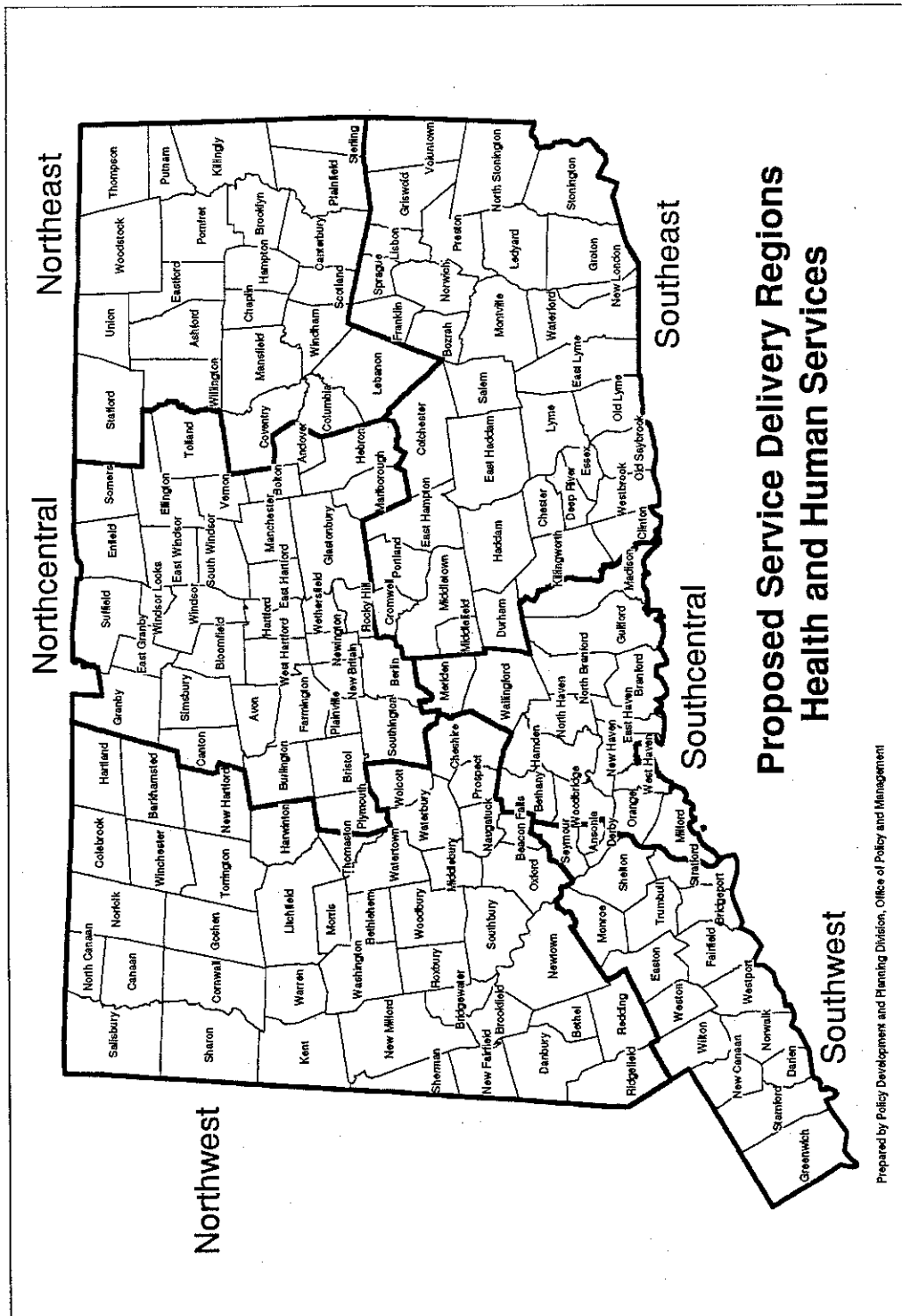
The proposal was developed with these two principles in mind:

- in order to facilitate the planning and delivery of human services in Connecticut, the regional areas should have a fair and equitable distribution of client populations among the regions, and
- in order to match planning currently in progress in closely linked areas such as transportation, economic development and land use, the regional areas should reflect areas used by the regional planning organizations.

B. Analysis of Criteria

The process used by the Office of Policy and Management to develop these regional areas was analytical and collaborative. Information was gathered and analyzed for each of these criteria. These criteria were weighed in drawing the boundaries and consideration was given to the natural affiliation of towns to each other and of suburbs to cities. Various state agency Commissioners and their staff were consulted as to how the criteria should be analyzed and weighed in setting the regional boundary lines.

In addition, public comment was sought throughout the state on a draft proposal. Following this process, which included two public forums as well as written comments, OPM made modifications to the draft which resulted in the proposed regional boundaries as shown on the following page:



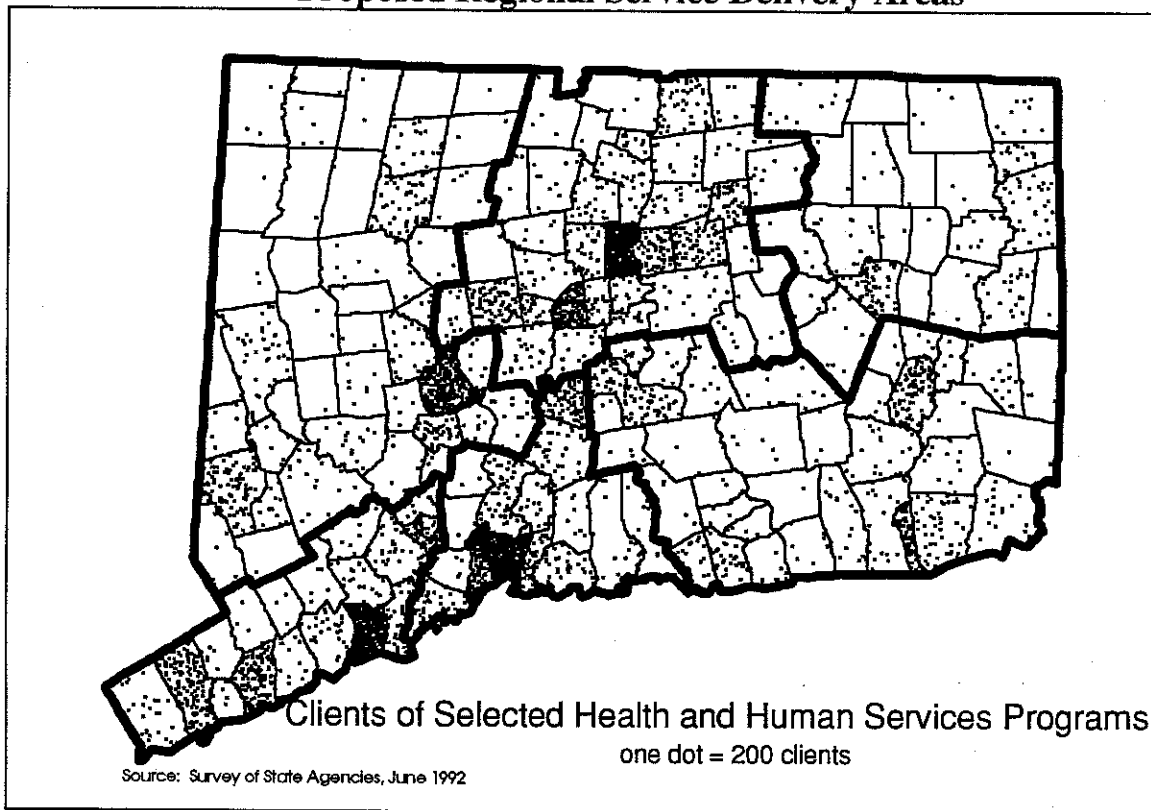
**Proposed Service Delivery Regions
Health and Human Services**

Prepared by Policy Development and Planning Division, Office of Policy and Management

The criteria used to establish these boundaries was analyzed as follows:

Agency target population and caseload: This information was gathered in two ways. First, data on the number of clients served by town was provided by various health and human services agencies. This information does not represent an unduplicated count of clients nor does it include each program delivered by health and human services agencies. However, the client distribution pattern that emerged was comparable to a second variable used, that of poverty by town from the 1990 U.S. Census. Poverty rates for both persons below 100% of the federal poverty level and below 200% of the federal poverty level were used. (See maps below.) The attempt was not to equalize these variables for each region, which would not be reasonable given the differences between urban and rural areas of the state, but to ensure that no region had a disproportionate share of potential clients.

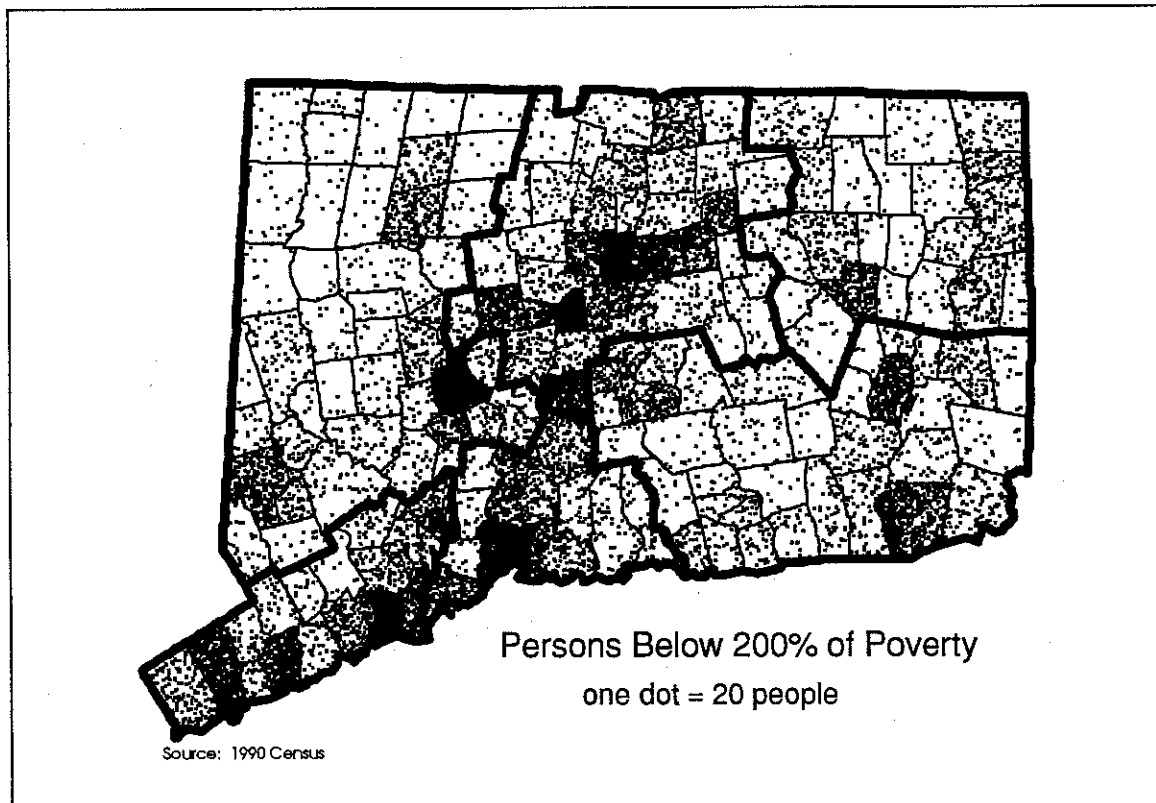
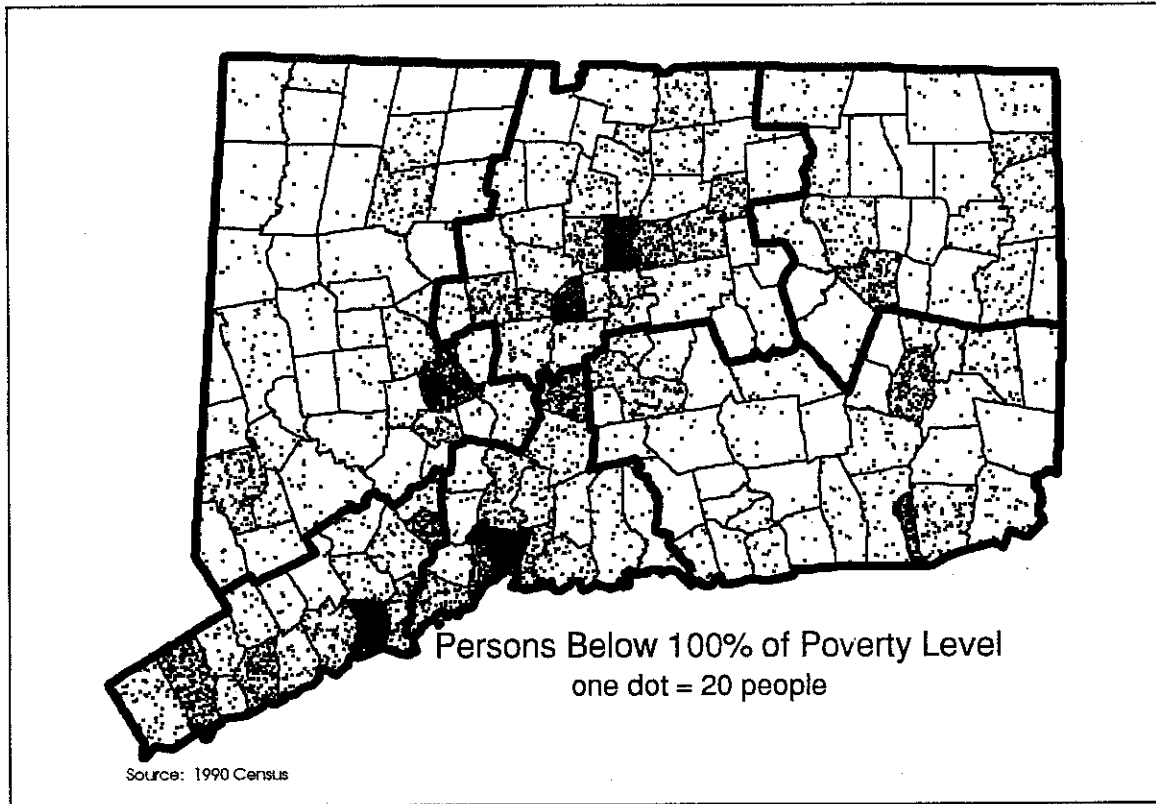
Proposed Regional Service Delivery Areas



Caseload Description

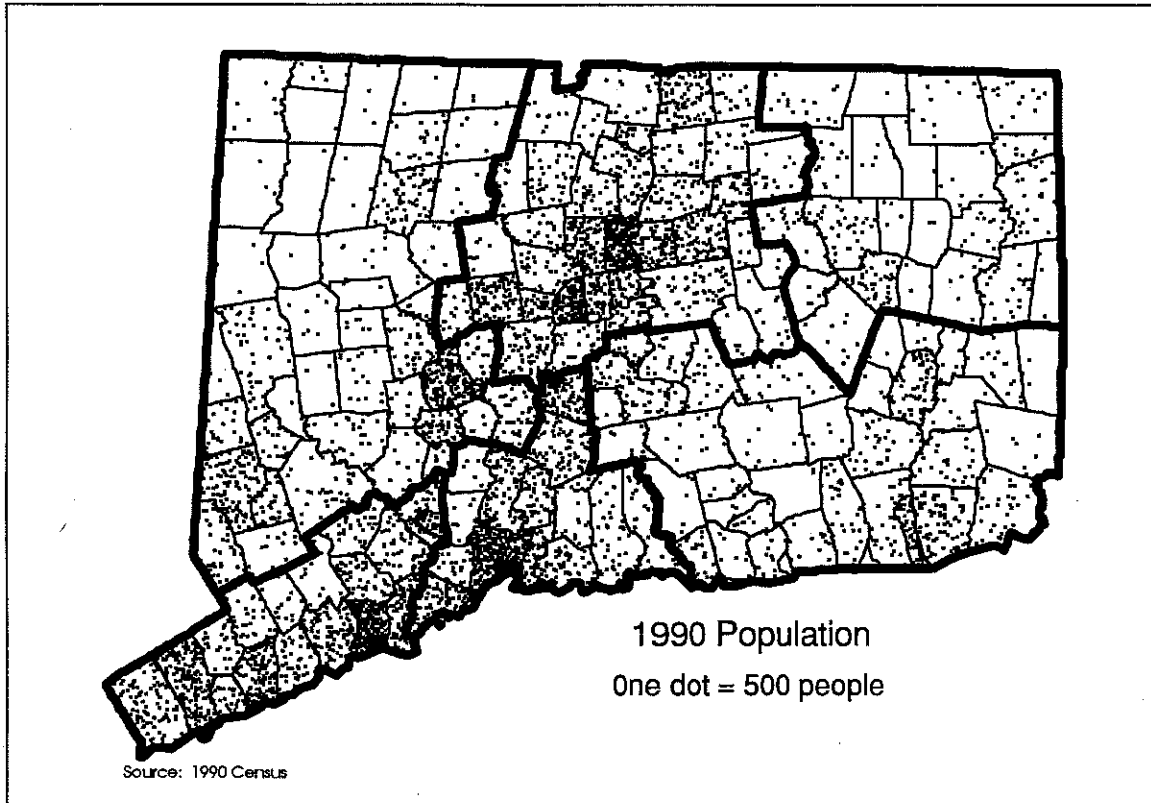
Department on Aging: Ombudsman clients, SFY 1992, and Older Worker Program clients (excluding Connecticut Community Care, Inc.(CCCI) clients), SFY 1992. **Board of Education and Services for the Blind:** Legally blind clients served, SFY 1992. **Connecticut Alcohol and Drug Abuse Commission:** Clients served at CADAC-operated facilities, SFY 1991. **Department of Children and Youth Services:** Total open cases, SFY 1991. **Department of Correction:** Individuals in Community Supervision Programs, SFY 1992. **Department of Education:** Adult Education and Employment Training recipients, SFY 1992. **Department of Higher Education:** Full-time equivalent students at Community and Technical Colleges, SFY 1992. **Department of Human Resources:** Child Support Enforcement Program cases, June 30, 1992, and Energy Assistance Program clients, SFY 1991. **Bureau of Rehabilitation Services:** Rehabilitation clients, June 24, 1992. **Department of Health Services:** Women, Infants and Children (WIC) Program recipients, SFY 1992. **Department of Housing:** Housing units in Rental Assistance Program, SFY 1991. **Department of Labor:** Unemployment Compensation Insurance claimants, SFY 1992. **Department of Income Maintenance:** Total recipients (excluding Food Stamps Program), June 1991. **Department of Mental Health:** Total patients (inpatients and others) at DMH facilities, SFY 1992. **Department of Mental Retardation:** Total clients, June 24, 1992. **Department of Veterans' Affairs:** Office of Advocacy and Assistance clients, SFY 1992. **INFOLINE:** *Total information and referral calls, SFY 1991 (INFOLINE is a non-profit United Way agency, funded in part by the state).

Proposed Regional Service Delivery Areas



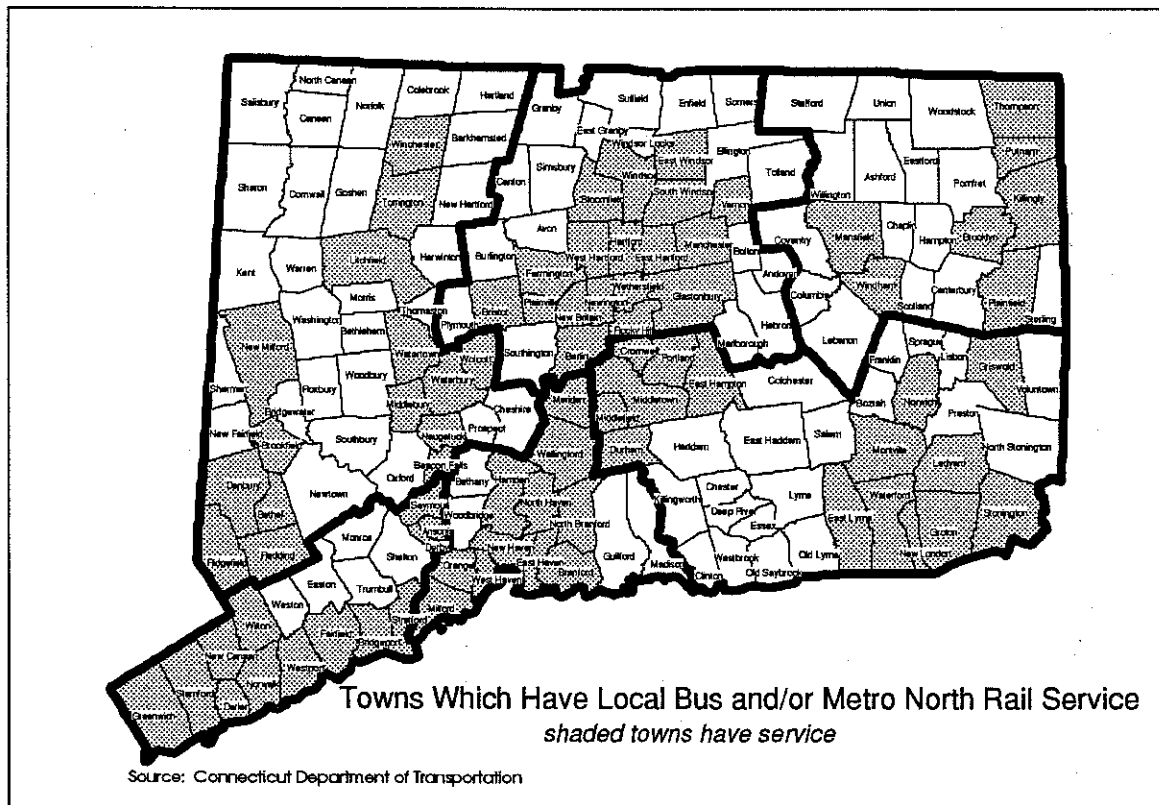
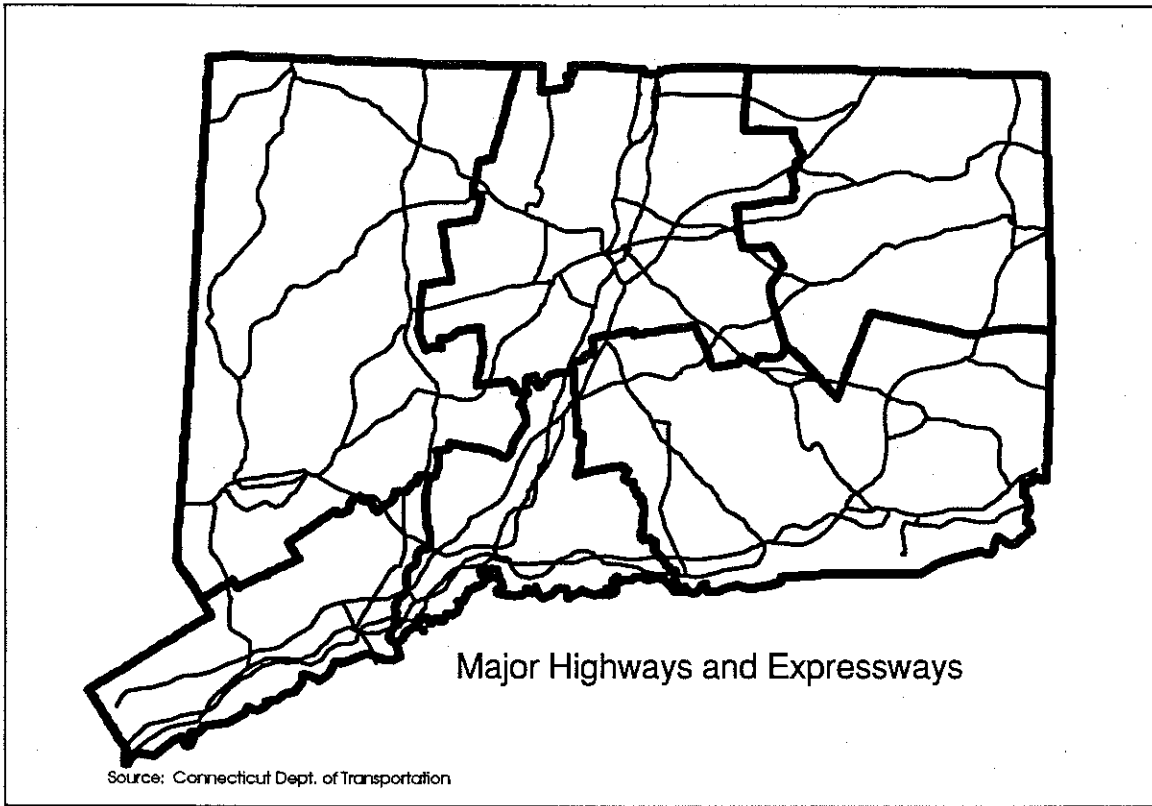
General population distribution: A similar analysis was used to examine population distribution from the 1990 U.S. Census for Connecticut (See map below.)

Proposed Regional Service Delivery Areas

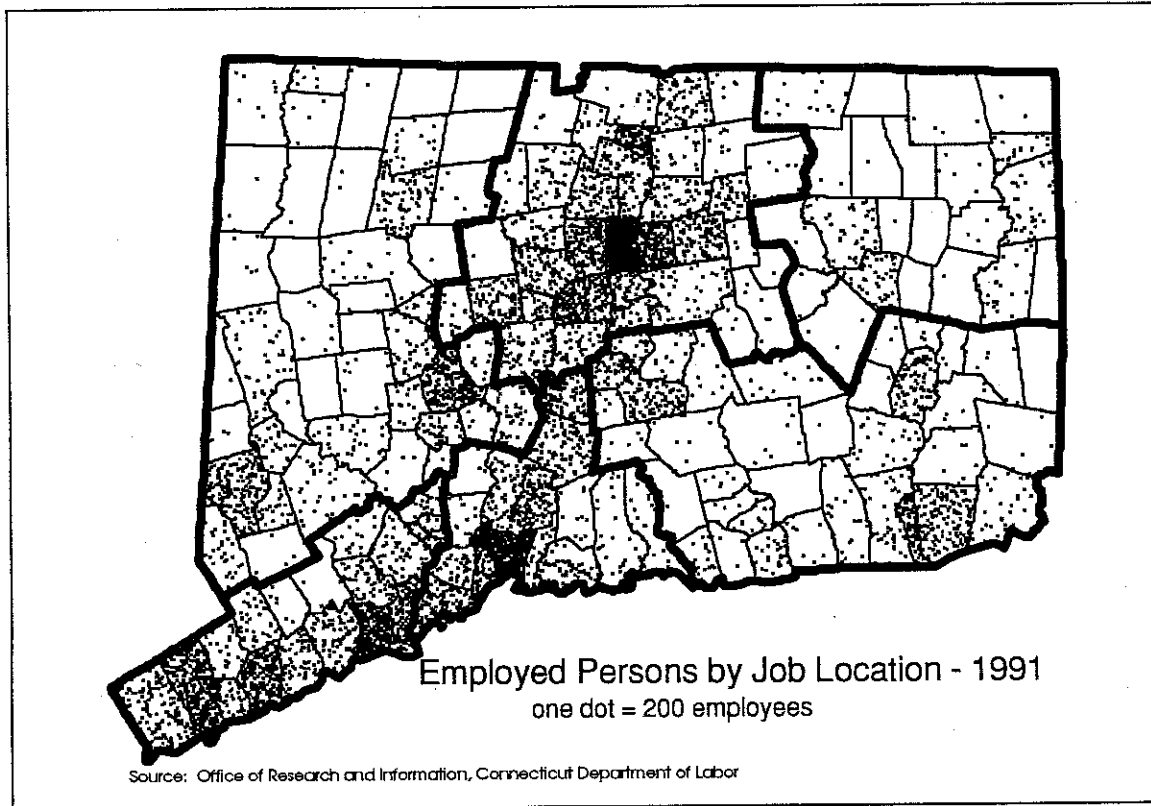


Regional Planning Organization (RPO) boundaries: The RPO boundaries, which have been developed over a number of years, represent formal agreements among various municipalities to establish in Connecticut regional planning agencies, councils of elected officials and councils of government. (See map on following page.) Thus, the boundaries show the natural affiliations of communities and suburbs to cities as well as reflect the ongoing work of communities to plan and work together to meet the needs of their residents. RPO boundaries in aggregate are also reflected in regions currently used by the Department of Economic Development for service delivery.

Proposed Regional Service Delivery Areas

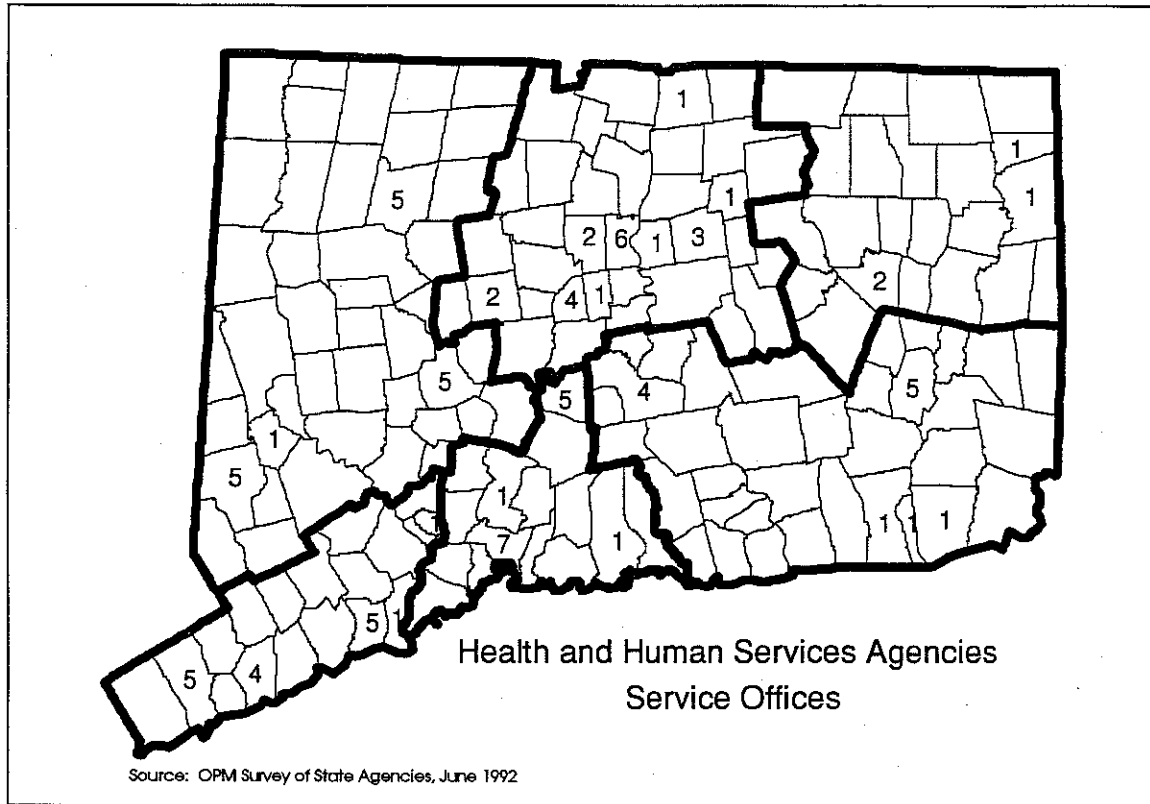


Proposed Regional Service Delivery Areas



Facilities: Based on information provided by each agency, an assessment of the location of state facilities operated by state health and human services agencies was made. This assessment included a review of the location of service delivery areas, as well as the location of major institutions operated by the Connecticut Alcohol and Drug Commission (CADAC) and the Departments of Mental Health, Mental Retardation and Children and Youth Services (See maps on the following pages.)

Proposed Regional Service Delivery Areas



Health and Human Services Agency Service Offices

Department on Aging - 4 Ombudsman Offices: in New Haven (for 2 regions), Norwich, Hartford, and Waterbury.

Board of Education and Services for the Blind - Industries Program in West Hartford.

Department of Children and Youth Services - 13 Regional Offices and Sub-Offices: in Bridgeport, Stamford, Hamden, Meriden, Norwich, Middletown, Hartford, New Britain, Waterbury, Danbury, Torrington, Windham and Vernon.

Department of Human Resources - 13 District Offices and Satellite Offices: in Hartford, Manchester, New Haven, Bridgeport, Danbury, Norwalk (South Norwalk), Stamford, Norwich, Waterbury, Torrington, Middletown, Meriden, and New Britain.

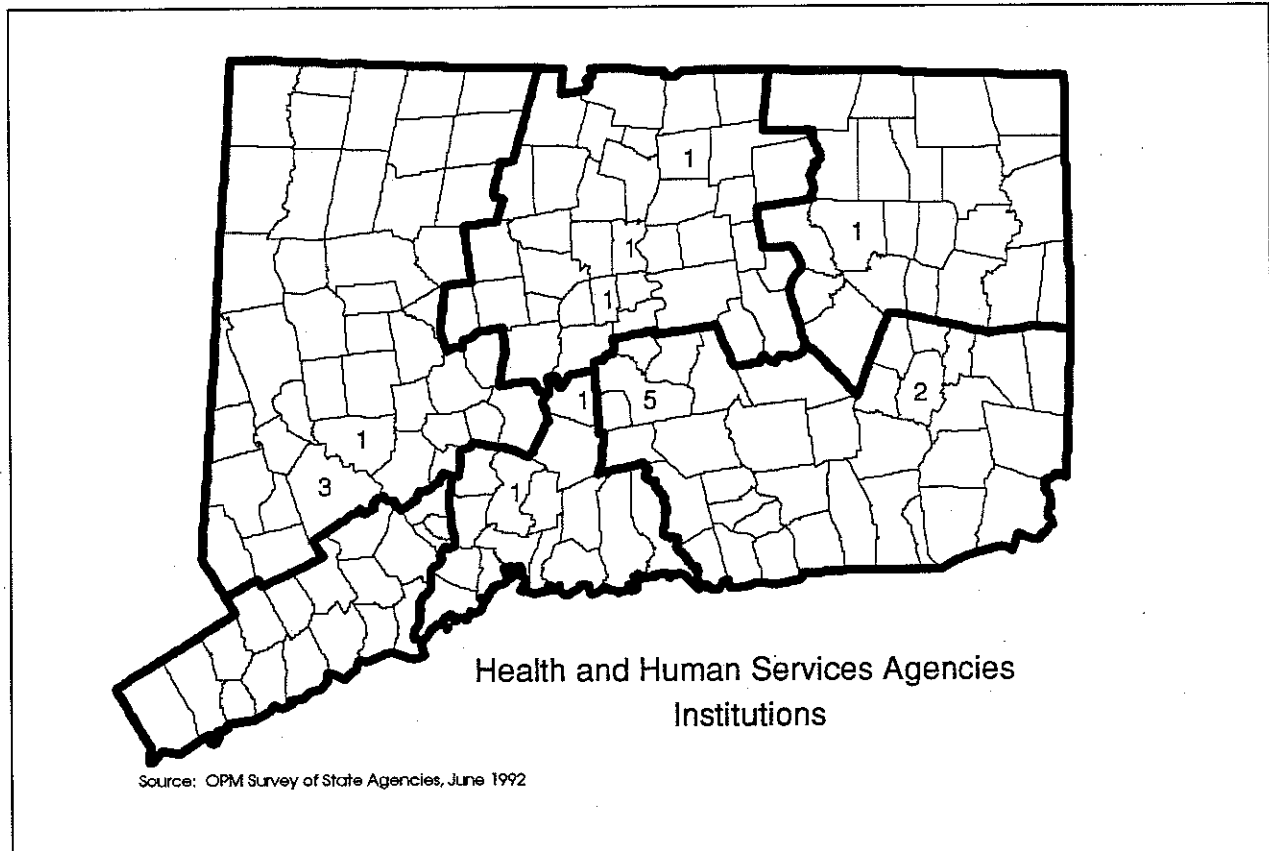
Bureau of Rehabilitation Services - 25 District Offices and Local Offices: in Bridgeport, Norwalk (South Norwalk), Stamford, Hartford, East Hartford, Enfield, Manchester, New Britain, West Hartford, New Haven (2), Ansonia, Guilford, Meriden, Middletown, Norwich, Killingly (Dayville), New London, Windham (Willimantic), Waterbury, Bristol, Brookfield, Danbury (2), and Torrington.

Department of Income Maintenance - 14 District Offices and Sub-Offices: in Hartford, Manchester, New Haven, Bridgeport, Danbury, Stamford, Norwalk, Norwich, Middletown, Meriden, New Britain, Waterbury, Bristol, and Torrington.

Department of Mental Health - 4 Community Mental Health Centers: in Bridgeport, Hartford, New Haven; and Stamford.

Department of Mental Retardation - 9 DMR Centers: in Groton (Mystic), Meriden, New Haven, Newington, Norwalk, Putnam, Stratford, Torrington, and Waterford.

Proposed Regional Service Delivery Areas



Health and Human Services Agency Institutions

- Connecticut Alcohol and Drug Abuse Commission** - 4 Institutions: Blue Hills Hospital, Hartford; Dutcher Chemical Dependence Treatment Center, Middletown; Berkshire Woods Chemical Dependence Treatment Center, Newtown; and Eugene T. Boneski Chemical Dependence Treatment Center, Norwich.
- Department of Children and Youth Services** - 6 Institutions: Altobello Children & Youth Center, Meriden; RiverView Hospital for Children, Middletown; Housatonic Adolescent Hospital, Newtown; High Meadows, Hamden; Long Lane School, Middletown; and State Receiving Home, East Windsor.
- Department of Mental Health** - 5 Institutions: Cedarcrest Regional Hospital, Newington; Connecticut Valley Hospital, Middletown; Fairfield Hills Hospital, Newtown; Norwich Hospital, Norwich; and Whiting Forensic Institute, Middletown.
- Department of Mental Retardation** - 2 Institutions: Mansfield Training School, Mansfield; and Southbury Training School, Southbury.

Federal Requirements -- Two agencies' regions are limited by federal requirements:

Department of Labor. The service delivery areas currently used by the Connecticut Department of Labor were designated in 1983 and are subject to federal law. According to the federal Job Training Partnership Act (JTPA) of 1982, new service delivery areas for job training and employment assistance may be designated by the Governor no more frequently than every two years. However, once the process of redesignation has begun, the Governor must approve any request to become a service delivery area from any group of contiguous towns with an aggregate population of more than 200,000 which serves a "substantial part" of a labor market area. Because of this federal requirement, the implications of redesignating labor service delivery areas will need to be further considered.

Specifically, Title 29 Section 1511 of the U.S. Code establishes these service delivery areas for job training and employment assistance systems. In part, this section states that:

The Governor shall, after receiving the proposal of the State job training coordinating council, publish a proposed designation of service delivery areas for the State each of which--

- A. is comprised of the State or one or more units of general local government;
- B. will promote effective delivery of job training services; and
- C. is consistent with:
 - labor market areas or standard metropolitan statistical areas, or
 - is consistent with areas in which related services are provided under other State or Federal programs.

Units of general local government (and combinations thereof), business organizations, and other affected persons or organizations shall be given an opportunity to comment on the proposed designation of service delivery areas and to request revisions thereof.

The Governor shall approve any request to be a service delivery areas from:

- any unit of general local government with a population of 200,000 or more;
- any consortium of contiguous units of general local government with an aggregate population of 200,000 or more which serves a substantial part of a labor market area; and
- any concentrated employment program grantee for a rural area which served as a prime sponsor under the Comprehensive Employment and Training Act.

The Governor may redesignate service delivery areas no more frequently than every two years. Such designation shall be made not later than 4 months before the beginning of a program year.

Department of Transportation. The Intermodal Surface Transportation Efficiency Act of 1991 addresses the designation of metropolitan planning organizations which are used by the Department of Transportation for transportation planning purposes. According to this Act:

To carry out the transportation planning process required by this section, a metropolitan planning organization shall be designated for each urbanized area of more than 50,000 population by agreement among the Governor and units of general purpose local government.

V. Strategy for Establishment of Uniform Regions

The Office of Policy and Management is proposing a **three-phase strategy** for the establishment of six uniform service delivery areas in all state agencies:

Phase I - Designate six uniform regional service delivery areas for **state agencies involved in the reorganization of health and human services agencies** and determine the impacts and cost implications of modifying currently used regions.

Phase II - Designate six uniform regional service delivery areas for **state agencies that provide services that are closely linked to health and human services** and determine the feasibility, impacts, and cost implications of modifying currently used regions of some programs.

Phase III - Determine if these six uniform regional service delivery areas are appropriate for **other state agencies that currently use regions for service delivery** and determine the impacts and cost implications of modifying currently used regions.

A. Phase I - Health and Human Services Agencies

The first phase involves the transition to the use of uniform regions by the agencies involved in the health and human services reorganization. Of these agencies, nine currently use regions for service delivery. These are:

The Departments of Aging, Children and Youth Services, Health Services, Human Resources, Income Maintenance, Mental Health, Mental Retardation, the Connecticut Alcohol and Drug Abuse Commission, and the Board of Education and Services for the Blind.

The programs of these agencies, plus programs from the Commission on the Deaf and Hearing Impaired, the Commission on Hospitals and Health Care, and the Department of Housing, will be consolidated into four new health and human services agencies: the Departments of Social Services, Public Health and Addiction Services, Developmental and Rehabilitative Services, and Children and Families.

Because these agencies are in the process of redesigning their structure to improve the coordination, accountability and cost-effectiveness of the state service delivery system, it is an appropriate time to institute the new service delivery regions.

The use of the new uniform service delivery areas will be phased in at the four new health and human services agencies over the next two years. Full implementation of the regions by these agencies will be completed by July 1, 1995.

Implications of Uniform Regions for Health and Human Services Agencies

Currently, no state agencies use the proposed six regions for service delivery. In other words, no agency's regions exactly match the proposed uniform regions and, therefore, each agency will need to modify its regional administration and service delivery to conform to the new regions.

Because these six new regions mean that each agency will be relating to new geographic areas in each region and new caseload distributions, this change in regions may require, depending on how each agency currently uses regions or may use them in the future, modification and redesign of:

- **management structures and staffing patterns in both central office and regional offices,**
- **regional office locations and layouts, and**
- **structure and composition of relationships with private service providers.**

In the first phase, several agencies will be moving from five to six regions with this plan. These agencies include the Department of Mental Health, Department on Aging, Department of Health Services, and the Connecticut Alcohol and Drug Abuse Commission. The Bureau of Rehabilitation Services in the Department of Human Resources also currently uses five regions.

The impacts on the health and human services agencies being merged in the reorganization is discussed below. The impact on the "closely-linked" and other agencies of moving to a uniform regional system is not available at this time.

Department of Social Services

The use of the proposed uniform regions by the new Department of Social Services will necessitate a relocation of staff between various offices to accommodate the shifting of client caseloads. This will require shifting personnel and equipment and some limited office renovations. Some of these changes are feasible within six months of the regions being established. The only notable exception is in the Northeast region which currently has no local offices for any of the merging agencies. Both the Department of Income Maintenance and the Department of Human Resources will be working with the Department of Public Works on locating an office in this proposed region.

Procurement of additional offices will be necessary in the various regions to:

- Accommodate administrative staff for the regions. (Some of this square footage will be offset in the various central offices.)
- Permit both the additional program staff and the additional interviewing and meeting space to support the new service delivery model.
- Bring the services to the client via satellite offices.

The timetable and locations of these moves will vary depending on the specifics of the regions, especially vis-a-vis the availability of space in community agencies and existing state facilities.

Department of Children and Families

The impact of the uniform regions upon the Department of Children and Families (DCF) will be such that the existing DCF Regions IV (Capitol) and II (Southcentral) become larger in terms of caseloads and Region III (Southeast) and IV (Northeast) become smaller.

As a consequence, the new boundaries will require a significant redesign of DCF regional management structures, staffing patterns, regional office locations/layouts, the distribution and programmatic content of the DCF community-based network of contracted projects, the structure and composition of the DCF Regional Advisory Councils, and the currently existing private provider referral relationships with DCF due to local and/or municipal catchment area responsibilities.

Department of Developmental and Rehabilitative Services

Three of the four agencies -- the Departments of Mental Health and Mental Retardation and the Board of Education and Services to the Blind -- that will become part of the new Department of Developmental and Rehabilitative Services - currently use regional configurations that do not match the proposed uniform regions.

In particular, the proposal would significantly affect regional mental health administration, since DMH currently uses five regions and would have to add a region. In eastern Connecticut, the DMH Region III as currently configured would become two regions -- Southeast and Northeast. In addition, the fourth agency, the Commission on the Deaf and Hearing Impaired, which does not currently use a regional service delivery, will need to address issues around regionalization.

Department of Public Health and Addiction Services

Neither agencies which will be merged into the Department of Public Health and Addiction Services (DPHAS) -- the Department of Health Services (DHS) and Connecticut Alcohol and Drug Commission (CADAC) -- currently maintains a regional service delivery system or regional offices to which permanent staff are assigned. A number of programs assign central office staff to several specific areas of the state but these assignments do not constitute a comprehensive decentralization of service delivery. Both DHS and CADAC interact with regional advisory bodies, including the Regional Action Councils (RAC), the Regional Interagency Meetings, and the Emergency Medical Services Councils.

The new agency will maintain program specific and agency-wide data collection systems consistent with the six new regions. All agencies and organizations receiving funds from the DPHAS will be required to report service delivery-related data and information in conformance with the six regions. Similarly, the DPHAS will construct, analyze and report all population and service data and information according to six regions.

Between January and June, 1993, the DPHAS will convene a task force representative of a diverse local and regional entities to discuss issues and opportunities related to the possibility of transitioning over time from a state/local public health and addiction services delivery system to a regional service delivery system. Such a shift would require significant reconfiguration of primary roles and responsibilities throughout the public health and addiction services system.

B. Phase II - Closely Linked Services of Agencies

Along with calling for the development of uniform service delivery areas for the newly reorganized health and human services agencies, Special Act 92-20 also requires that the uniform regions developed for these agencies be coordinated with those of other state agencies which provide services closely linked with the agencies that are being reorganized. Based on the information gathered through this study, the Office of Policy and Management proposes that the following seven agencies provide services that are closely linked to health and human services:

**Departments of Labor, Correction, Education, Higher Education,
Economic Development, Veterans' Affairs, and Transportation.**

The Office of Policy and Management has begun discussions with these agencies regarding the use of uniform regional boundaries in their agencies. For example, the Department of Education is using the proposed health and human services regions as educational planning regions in their efforts to enhance educational diversity in the state.

Other agencies, such as the Department of Transportation, provide certain services that can be considered closely linked to health and human services -- for example, transportation services for elderly, handicapped or Medicaid clients. However, some of the responsibilities of the Department of Transportation are not closely linked to human services, e.g. construction, road maintenance, snow and ice removal. Further analysis will be undertaken by OPM and DOT staff to determine which DOT services should be included with uniform regions. In addition, under Public Act 92-68, "An Act Concerning the Brokerage and Funding of Special Transportation Services," the Department of Transportation must divide the state into transportation service regions in order to establish a regional framework for the planning and coordination of such services.

Over the coming months, the Office of Policy and Management intends to continue discussions with each of these agencies to:

- clarify how the agency currently uses regions (specifically regarding planning, budgeting, service delivery, and advisory activities);
- analyze the feasibility of modifying existing regions, given federal laws and other restrictions; and
- identify the benefits, impacts, and implications of changing the agency's boundaries to match those of the state health and human services agencies.

C. Phase III - Other Agencies

The third phase of the strategy to establish uniform service delivery areas for all state agencies involves those agencies that currently provide services using regions, but are not "closely-linked" to the health and human services arena. These seven agencies are:

**Department of Liquor Control, Department of Public Safety,
Department of Environmental Protection, Department of Public
Works, Commission on Human Rights and Opportunities, Workers'
Compensation Commission, and Commission on Victims' Services.**

Over the next year, the Office of Policy and Management will begin discussions with these agencies regarding the use of uniform regional boundaries in their agencies. Specifically to:

- clarify how the agency currently uses regions (specifically regarding planning, budgeting, service delivery, and advisory activities), and
- determine the benefits, impacts, and cost implications of changing the agency's boundaries to match those of the state health and human services agencies that are being merged into the four newly reorganized agencies.

Attachment A

Substitute House Bill No. 5661

SPECIAL ACT NO. 92-22

AN ACT CONCERNING UNIFORM REGIONS FOR STATE AGENCIES

Be it enacted by the Senate and House of Representatives in General Assembly convened:

(a) The secretary of the office of policy and management shall prepare a report outlining a strategy to establish, to the extent possible on or before July 1, 1994, six uniform service regions for all state agencies, departments and institutions. In establishing the boundaries of such regions, the secretary shall take into consideration the boundaries of the existing regional planning agencies and shall consider the following factors: (1) Geographic size; (2) general population distribution; (3) target population and caseload, if appropriate; (4) location of facilities maintained by agencies, departments and institutions; (5) the accessibility of transportation for clients to service delivery offices and for employees to clients, and (6) any federal requirements. Such report may include recommendations for legislation.

(b) The report required under subsection (a) shall be submitted to the joint standing committees of the general assembly having cognizance of matters relating to planning and development and human services on or before January 6, 1993.

Attachment B

**SPECIAL ACT NO. 92-20
(SENATE BILL NO. 473)**

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE COMMISSION TO EFFECT GOVERNMENT REORGANIZATION CONCERNING HUMAN SERVICES.

Section 1.(a) The general assembly adopts the recommendations of the commission to effect government reorganization to improve the coordination, accountability and cost-effectiveness of health and social services delivery system in the state by establishing four state agencies: A department of social services, which shall be the designated state agency for the purposes of the Older Americans Act of 1965, as amended; a department of public health and addiction services; a department of developmental and rehabilitative services and a department of children and families. The four agencies shall be responsible for carrying out the mission of the Connecticut health and human services system to promote the well-being of the state's citizens and shall cooperate with other state agencies in carrying out said mission.

(b) The secretary of the office of policy and management shall direct the implementation of the reorganization of health and human services agencies and programs as set forth in sections 1, 2 and 3 of this act in consultation with the chairpersons and ranking members of the joint standing committees of the general assembly having cognizance of matters relating to appropriations, human services and public health. The secretary shall ensure the goals set forth in subsection (d) of section 3 of this act are met and shall ensure the cooperation and collaboration of other state agencies as may be required to implement the reorganization. The secretary shall develop an implementation plan involving commissioners, agency staff or other individuals as he may deem necessary. The plan shall set forth the means to fully accomplish the reorganization while allowing flexibility in creating the new departments to ensure they become operational with minimal disruption to the health and human services delivery system.

Sec. 2. The implementation plan shall provide for the following: (1) The department of social services to which shall be transferred: (A) All programs of the department on aging; (B) all programs of the department of income maintenance; (C) all programs of the department of human resources, except (i) the bureau of rehabilitation services and other programs which provide specific services to persons with disabilities, and (ii) the head start program which shall be transferred to the department of education; (D) the state rental assistance program and the federal section 8 certificate and voucher program in the department of housing; (E) the licensure and regulation of child day care in the department of health services, and (F) the powers and duties of the commission on

hospitals and health care; (2) the department of public health and addiction services to which shall be transferred: (A) All programs of the department of health services, except the licensure and regulation of child day care and (B) all programs of the Connecticut alcohol and drug abuse commission; (3) the department of development and rehabilitative services to which shall be transferred: (A) All programs of the department of mental health; (B) all programs of the department of mental retardation; (C) all programs in the department of human resources which provide specific services to persons with disabilities, including the bureau of rehabilitation services; (D) all programs of the commission on the deaf and hearing impaired, and (E) all programs of the board of education and services for the blind; (4) the change in name of the department of children and youth services to the department of children and families; (5) the transfer of the developmental disabilities council to the office of policy and management for administrative purposes only pursuant to 42 U.S.C. 6022; and (6) the establishment of a commission on aging, the duties of which shall include, but not be limited to, (A) conducting studies, holding public hearings and issuing reports and recommendations on matters of interest to the elderly, (B) meeting monthly with the commissioner and the head of the division of elderly services of the department of social services to review and comment on the policies and procedures of said department concerning the elderly, (C) reviewing and commenting on the budget of the division of elderly services of the department of social services; and (D) advising the governor, general assembly, local government leaders and the public on matters concerning the elderly.

Sec. 3(a) The department of social services shall have three units: Administration, operations and programs. Programs delivering similar services shall be grouped in the same division. The divisions shall be: (1) Economic support; (2) elderly services; (3) employment services; (4) community-based services, and (5) health care financing. The division of health care financing shall combine the Medicaid policy function of the department of income maintenance with the powers and duties of the commission on hospitals and health care.

(b) The department of public health and addiction services shall have three units: Administration, operations and programs. The department shall have the following divisions: (1) Public health, and (2) addiction services. The division of addiction services shall include a coordinating function with other state agencies and other branches of state government as provided in sections 17a-635 and 17a-636 of the general statutes.

(c) The department of developmental and rehabilitative services shall have three units: Administration, operations and programs. The department shall have the following divisions: (1) Mental health; (2) developmental services, including services for persons with mental retardation; (3) vocational rehabilitation, and (4) physical and other disabilities, including services for persons with visual impairment, hearing impairment, autism, traumatic brain injury and learning disabilities. The division of vocational rehabilitation, which shall include the bureau of rehabilitation services, shall carry out the duties required by federal law and regulation that pertain to the bureau's program.

(d) The commissioners of the department of social services, the department of

public health and addiction services and the department of developmental and rehabilitative services shall ensure that the following intragency and interagency goals are addressed and met: (1) The establishment of not more than six uniform regional service delivery areas to be developed in consideration of (A) geographical size; (B) general population distribution; (C) agency target population and caseload; (D) location of department facilities; (E) the accessibility of transportation for clients to service delivery offices and for workers to clients and (F) any federal requirements; (2) the coordination of the regional service delivery areas of other state agencies which provide services closely linked with health and human services programs with the regional service delivery areas developed pursuant to subdivision (1) of this subsection; (3) the decentralization of the service delivery operations of each agency to provide as much autonomy as possible to each regional office enabling the office to respond effectively to the particular service needs of the region; (4) coordinated control and direction for programs to ensure consistency and uniformity among the regions in the development and provision of services; (5) the development of a strategic planning unit in the office of each commissioner to centralize policy development and planning within the agency and promote the interagency coordination of health and human services planning and policy development; (6) development of a common intake process for entry into the health and human services system for information and referral, screening, eligibility determinations and service delivery; (7) the creation of a single application form for client intake and eligibility determinations with a common client identifier; (8) development of a commonly-linked computerized management information system with the capacity to track clients and determine eligibility across programs; (9) the coordination of current advisory boards and councils to provide input and expertise from consumers, advocates and other interested parties to the commissioners; and (10) the encouragement of collaborations that will foster the development and maintain the client-focused structure of the health and human services system, as well as involve partnerships between clients and their service providers.

Sec. 4. There shall be a reorganization of the child support enforcement responsibilities of state agencies to promote better coordination of such responsibilities and to improve accountability and service to the public. Such reorganization shall (1) consolidate all court-based enforcement functions for all child support cases in the support enforcement division of the judicial department and (2) consolidate all preobligation and establishment of support functions for all child support cases in the department of social services. The department of social services shall be responsible for administrative enforcement functions. The office of policy and management, the judicial department and the department of human resources shall develop a transition plan to accomplish the implementation of such reorganization on or before July 1, 1993 and shall report such plan to the general assembly on or before February 1, 1993.

Sec. 5. (a) The secretary of the office of policy and management shall report the following to the joint standing committees of the general assembly having cognizance of matters relating to appropriations, human services and public health: (1) On or before

January 1, 1993, a plan for the transfer of programs to the department of social services and the department of public health and addiction services, including suggested legislation to be effective July 1, 1993; (2) on or before January 1, 1994, a plan for the transfer of programs to the department of developmental and rehabilitative services, including suggested legislation to be effective July 1, 1994; (3) on or before January 1, 1994, a progress report detailing the operations of the departments of social services and public health and addiction services with a schedule for full implementation to be completed by July 1, 1995; (4) on or before January 1, 1995, a progress report detailing the operations of the department of developmental and rehabilitative services with a schedule for implementation to be completed by July 1, 1995, and (5) on or before July 1, 1995, a final report on the full implementation of the reorganization.

(b) The plans and reports required pursuant to subsection (a) of this section shall include, as appropriate, (1) an analysis of cost savings, costs incurred and projected costs; (2) the impact of the reorganization on current collective bargaining agreements; (3) consideration of the impact of the reorganization on the physical space, facilities and institutions of the agencies; and (4) schedules to fully implement the reorganization as soon as reasonably possible but no later than July 1, 1995.