State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

May 6, 2013

Representative Tim Larson
Chair, M.O.R.E. Commission

Representative Mae Flexer
Vice-Chair, M.O.R.E. Commission

Senator Steve Cassano
Vice-Chair, M.O.R.E. Commission

Representative Chris Davis
Ranking Member, M.O.R.E. Commission

Senator Len Fasano
Ranking Member, M.O.R.E. Commission

Representative Tim Bowles
Chair, Regional Entities Sub-Committee

Re: M.O.R.E. Regional Entities Sub-Committee Human Services Working Group Recommendations

The Bi-Partisan M.O.R.E. Regional Entities Sub-Committee Human Services Working Group has held four meetings over the past several weeks with legislators, municipal leaders, the Department of Social Services, the Department of Children and Families, the Department of Developmental Services, the Department of Mental Health and Addiction Services, and directors of regional planning organizations. During this time the working group formulated recommendations based on testimony and presentations before the larger Regional Entities Sub-Committee and the working group itself. The mission of the Human Services working group was to find efficiencies in regional service delivery while enhancing services to clients.

The Human Services proposals are considered extensions of HB 5267 and its included amendment provided in this packet.

The Human Services Working Group proposals consist of the following:

1) Re-align DSS, DDS, DCF, and DMHAS service boundaries to create six service delivery areas that align with the six Regional Education Services Centers boundaries.

2) Establish Pilot Regional Human Service Coordination Councils consisting of elected officials, representatives from DSS, DDS, DCF, DMHAS, DOC, ED, PH, Workforce Development Boards, Non-Profits, and Family Advocacy Groups to coordinate regional efforts and continue studying and implementing more efficient service delivery.

House of Representatives

General Assembly

File No. 525

January Session, 2013

Substitute House Bill No. 5267

House of Representatives, April 16, 2013

The Committee on Human Services reported through REP. ABERCROMBIE of the 83rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING THE REGIONAL DELIVERY OF HUMAN SERVICES.

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

Section 1. Section 17b-6 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) There shall be a regional administrator who shall be in unclassified service for each of the regions established pursuant to subsection (b) of this section, to oversee and coordinate programs and services within the region.

(b) The Commissioners of Social Services, [and Public Health,] Children and Families, Developmental Services and Mental Health and Addiction Services and the Secretary of the Office of Policy and Management, on behalf of other state agencies, shall ensure that the following intra-agency and interagency goals are addressed and met: (1) The establishment by the Office of Policy and Management

pursuant to section 16a-4a of not more than [six] eight uniform regional service delivery areas to be developed in consideration of (A) county geographical [size] borders; (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 by the Office of Policy and Management pursuant to section 16a-4a 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 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; (11) the establishment of a regional funding allocation formula based on factors including, but not limited to, percentage of overall

departmental caseload in each region; and (12) the coordination of staff, resources, office space and technology to allow access at any one regional office to programs and services administered by the Departments of Social Services, Children and Families, Developmental Services and Mental Health and Addiction Services.

(c) Notwithstanding any provision of the general statutes, any agency participating in the commonly-linked computerized management information system developed pursuant to subdivision (8) of subsection (b) of this section shall provide the name, address, date of birth and Social Security account numbers of the agency's clients to any agency using said system. Such information shall only be utilized by agencies participating in the system for accomplishing the goals set forth in subdivisions (6), [and] (8) and (12) of subsection (b) of this section. The information supplied by the agencies under this subsection shall not be subject to disclosure under sections 1-200 and 1-210 to 1-212, inclusive.

(d) Not later than January 1, 2014, the Commissioners of Social Services, Children and Families, Developmental Services and Mental Health and Addiction Services, in consultation with the Secretary of the Office of Policy and Management, shall submit a joint report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and public health detailing a plan to offer one-stop services or referrals to services offered by the Departments of Social Services, Children and Families, Developmental Services and Mental Health and Addiction Services at any one regional office of said departments. The plan shall include, but not be limited to, provisions concerning: (1) The consolidation of office space and relocation of staff, where necessary, to offer such one-stop services or referrals to services at (A) fifty per cent of office locations of said departments not later than December 31, 2015, and (B) one hundred per cent of such office locations not later than December 31, 2016; (2) the development of a commonly-linked computerized management information system not later than January 1, 2016, with the capacity for (A) clients to complete

a single application for services offered by said departments, and (B) departments to track clients and determine eligibility for all programs administered by said departments; and (3) a fiscal analysis of the savings projected from the coordinated delivery of such services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2013*	17b-6

HS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 14 $	FY 15 $
Various State Agencies	GF - See Below	See Below	See Below

Municipal Impact: None

Explanation

The bill changes which state agencies must meet certain interagency service regionalization goals, adds two more such goals to the current requirements, and requires up to eight, rather than six, service delivery areas. These requirements impact the Departments of Social Services, Children and Families, Developmental Services, and Mental Health and Addiction Services.

The bill requires the departments to submit a report to the General Assembly detailing a plan to offer one-stop service or referrals at regional offices. The plan must include provisions concerning office consolidation, staff relocation, common information technology (IT) development, and a fiscal impact of the service coordination.

The fiscal impact of the bill will be dependent upon the plan developed by the departments, which cannot be known at this time. Potential areas of cost could include IT procurement to establish a linked computer system, additional staffing and leasing for the expansion to eight regional offices, and personnel costs related to coordination and planning efforts among the departments. These costs could be offset by consolidation of office space and duplicative staffing.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 5267

AN ACT CONCERNING THE REGIONAL DELIVERY OF HUMAN SERVICES.

SUMMARY:

This bill changes which state officials are required to ensure that several intra-agency and interagency service regionalization goals are met. Current law places this responsibility on the commissioners of Social Services (DSS) and Public Health (DPH) and the Office of Policy and Management (OPM) secretary. The bill removes the DPH commissioner from this list and adds the commissioners of Children and Families (DCF), Developmental Services (DDS), and Mental Health and Addiction Services (DMHAS). The bill also modifies one such goal and adds two more.

By January 1, 2014, the bill requires the DSS, DCF, DDS, and DMHAS commissioners, in consultation with the OPM secretary, to submit a joint report to the Human Services and Public Health committees that details a plan for the departments to offer one-stop services or service referrals at any of their regional offices.

EFFECTIVE DATE: July 1, 2013

REGIONAL SERVICE DELIVERY GOALS

The current intra-agency and interagency service regionalization goals include the following, among others:

1. establishment by OPM of up to six uniform regional service delivery areas to be developed in consideration of geographical size and other specified factors,

2. decentralization of each agency's service delivery operations,

3. development of a common intake process for entry into the health and human services system, and

4. development of a commonly-linked computerized management information system able to track clients and determine eligibility across programs.

The bill adds the following two goals:

1. establishment of a regional funding allocation formula based on factors including the percentage of overall departmental caseload in each region, and

2. coordination of staff, resources, office space, and technology to allow access at any one regional office to DSS, DCF, DDS, and DMHAS programs and services. The bill allows the agencies to use client personal information in the commonly-linked computerized management information system to accomplish this goal.

The bill also requires OPM to establish up to eight uniform regional service delivery areas instead of six and, in doing so, consider county borders instead of geographical size.

REPORT REQUIREMENT

The bill requires, by January 1, 2014, the DSS, DCF, DDS, and DMHAS commissioners, in consultation with the OPM secretary, to submit a joint report to the Human Services and Public Health committees. The report must detail a plan for the departments to offer one-stop services or service referrals at any of their regional offices. The plan must include provisions include:

1. office space consolidation and staff relocation, where necessary, to offer such one-stop service or service referrals at (a) 50% of department office locations by December 31, 2015 and (b) 100% of such office locations by December 31, 2016;

2. development of a commonly-linked computerized management

information system by January 1, 2016 with the capacity for (a) clients to complete a single application for services offered by the departments and (b) the departments to track clients and determine eligibility for all department programs; and

3. a fiscal analysis of the projected savings from the service delivery coordination.

BACKGROUND

Human Service Regions

DCF has six regions covering the state, with service areas in each. DDS and DSS each have three regions covering the northern, southern, and western parts of the state, but DSS maintains either a large regional office or a sub-office within the larger regions. DMHAS has five service regions throughout the state.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute
Yea 18 Nay 0 (04/03/2013)

WORKING DRAFT

General Assembly

Amendment

January Session, 2013

LCO No. **6385**

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Offered by:
REP. ABERCROMBIE, 83rd Dist.
REP. BOWLES, 42nd Dist.

To: Subst. House Bill No. **5267** File No. 525 Cal. No. 335

"AN ACT CONCERNING THE REGIONAL DELIVERY OF HUMAN SERVICES."

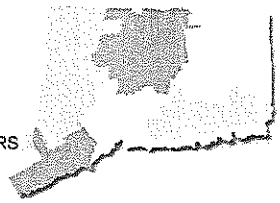
In line 13, strike the brackets around "six" and strike "eight"

In line 14, after "regional" insert "human"

In line 15, strike "county", insert an opening bracket before "geographical", strike the opening bracket before "size" and insert "regional education service center" before "borders"

the RESC Alliance

CONNECTICUT ALLIANCE OF REGIONAL EDUCATIONAL SERVICE CENTERS



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About the RESC Alliance

Regional Educational Service Centers (RESCs) were created more than 30 years ago by legislative mandate to help districts communicate and collaborate. Some years later, a formal Alliance of Connecticut's six RESCs was established. RESCs are public education agencies whose main purpose is to "furnish programs and services" to Connecticut's public school districts. RESCs' cost efficient, cooperative efforts have saved money for Connecticut school districts and have enabled schools to expand services beyond what they could have accomplished alone. Each RESC is:

- Locally governed by member boards of education
- Cost effective in delivering programs and services to school districts
- Committed to helping local school districts improve teaching and learning
- Responsive to local needs and interdistrict opportunities
- Flexible in creating, adapting, or eliminating programs

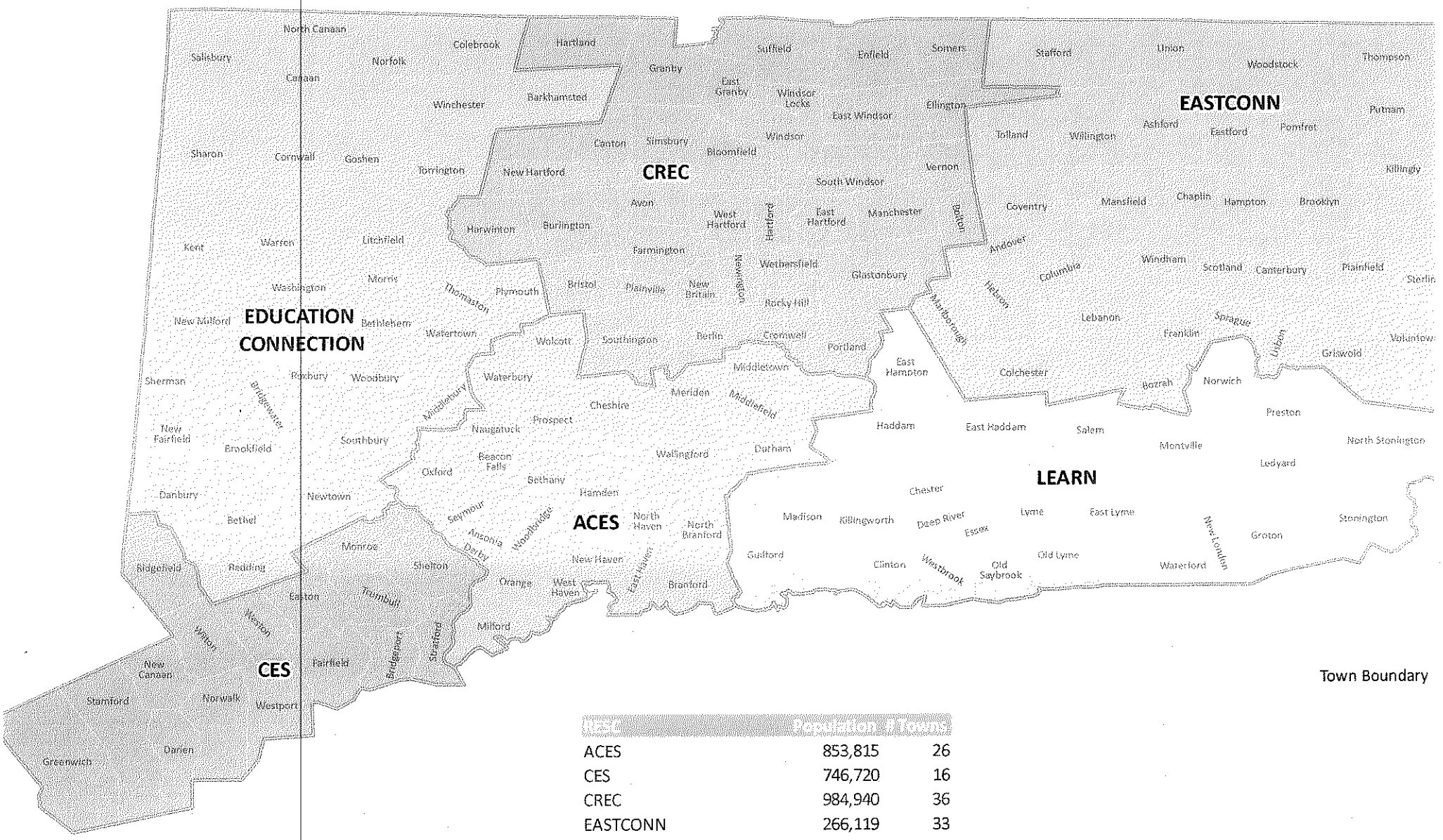
The RESC Alliance works with the Departments of Children & Families, Corrections, Education, Mental Health & Addiction Services, Mental Retardation, Public Health, Social Services and Board of Education & Services for the Blind (BESB) and Workforce Investment Act (WIA) on statewide issues and projects such as Technology Training, Beginning Educator Support Training, and Early Reading Success. RESCs are also instrumental in obtaining federal grants and funding. As Connecticut's "First Stop" in education, RESCs keep districts abreast of new mandates and best practices through:

- Cost effective and competent management in a public context
- High value programs for a reasonable public expenditure
- Dependable delivery system
- Strong communication network with local school systems and communities
- Successful implementation of legislatively assigned tasks

For assistance in your district, contact your local RESC.

Connecticut's Alliance of Regional Educational Service Centers

Regional Education Service Centers



Town Boundary

Area	Population	# Towns
ACES	853,815	26
CES	746,720	16
CREC	984,940	36
EASTCONN	266,119	33
EDUCATION CONNECTION	374,903	33
LEARN	347,600	25