

DHHS Restructure Proposal

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In May 2004 the Department of Human Services and the Department of Behavioral and Developmental Services merged to create the Department of Health and Human Services. The intention of that process was to integrate the work of the Programs to better serve the consumers of DHHS services. While that intention was and is appropriate, much of the merger was in name only and the siloed approach to the actual work of the Department continued. The restructuring proposal before you is the completion of the work begun in 2004.

In the current structure, the Offices operate within their specific service areas and programs with informal communications among the different areas. Given that not every person in need of services fits neatly into a limited definition, there are individuals with complex needs that are not addressed in a coordinated manner. By completing the merger of the Offices, the Department will have the ability to provide services in an integrated fashion, work with individuals as a whole and coordinate services in an efficient, effective way that will lead to improved access to services, elimination of duplicated work and improvement in individual outcomes.

In developing this proposal, the needs of consumers and the services provided within each Office were evaluated and aligned. For consumers of substance abuse services data shows that rarely does substance abuse exist without mental health issues and the services that do exist are similar in that they are designed to assist the consumer through therapy to reach their highest level of independence possible. Similarly, the consumers of services through the Office of Elder Services and the Office of Adults with Cognitive and Physical Disabilities are most often in need of assistance with daily living supports over an extended period of time.

After careful and thoughtful evaluation, this proposal merges the Office of Substance Abuse and the Office of Adult Mental Health Services into the Office of Substance Abuse and Mental Health Services. This not only aligns appropriate services but brings the Maine structure in line with the National Association, SAMHS.

The Office of Elder Services and the Office of Adults with Cognitive and Physical Disabilities will become the Office of Aging and Disability Services, which allows a comprehensive structure that will best meet the needs of these populations.

By merging Offices that serve similar populations and provide similar services, the Department has the opportunity to develop consistencies across the state that make the system easier to navigate for consumers and providers. This model also allows for consolidation of contracts, as many providers have multiple contracts for their services.

While it may appear that the Office of Child and Family Services is not in need of integration, much of the work of this Office remains in silos with little or no integration

of the Divisions within the Office. This restructure allows for integration of the work across Divisions, which will result in more effective and efficient utilization of resources to better meet the needs of the children and families served.

The proposal has its basis in a continuum of care that provides the foundation on which the Services will be constructed to be certain they address individual and family needs over the lifespan. The stages along the continuum are Prevention, Intervention, Treatment and Recovery, with the focus on where the consumer is at a given point in time and what services are necessary to assist and support the consumer's path to recovery with the understanding that recovery, and the steps toward it, are as individual as each person served. Through the utilization of the continuum, consumers will move with fluidity through the stages in an efficient manner with established processes of communication between all areas of need.

This continuum of services will be supported by Data, Research, Quality Management, Education and Training, and Resource Development Teams. The Service teams will work in conjunction with Purchased Services and Financial Services to ensure effective and efficient implementation and utilization of contracted funds as well as oversight and assurance of quality metrics with a basis in research and best practices.

In the current DHHS structure there is no provision for the transition of children to adult services and it is not uncommon for the Offices to learn of a child only days prior to their 18th or 21st birthday. This lack of communication and development of a transition plan results in confusion and frustration for the child, family, providers and the Department as services are quickly pulled together. In the proposed model a formal process will be developed so children who will require services as adults will have a transition plan in place that reduces confusion and anxiety and results in as smooth a transfer as possible. The process will begin by the time the child is 15 years old, a timeframe that not only allows the child and family to prepare but also allows the Department to be proactive in financial planning through budget preparation.

Other benefits of the restructure are a reduction in the number of mid-management positions, the development of more front line direct service specialists, alignment of the Offices in one managerial pattern and the move of certain services currently provided by the Department to the private sector through contracting.

The focus of this proposal is not on savings. It is a proposal to develop a structure that allows true integration of care, eliminates duplication of work, reduces administrative costs and, most importantly, focuses on the consumer by implementing a continuum of care based in research, data, quality and best practices.

The costs for this restructure are self-funded utilizing vacant positions that exist within the current offices. There is significant capacity and energy within the Department to make this shift occur with minimal disruption to current services.

This move to a more comprehensive integrated structure strengthens the Department's overall capacity to manage data, focus on quality assurance and improvement and better meet the needs of our consumers wherever they are on the continuum.