

**TASK FORCE ON
STATE AND COUNTY SERVICE DELIVERY
AUGUST 29-30 MEETING
SUMMARY MINUTES**

These minutes identify by topic the decisions the task force made, major issues yet to be resolved, and assignments or next steps, as appropriate.

Ground Rules: The Task Force approved the following ground rules for its deliberations over the next 12-18 months. The ground rules may also be useful should the Task Force continue in some form as an on-going mechanism for addressing state and county service delivery issues more routinely.

- ***Composition:*** The current composition is considered sufficient. The group agreed that there should be no substitutions for members unable to attend. This will reduce the need to revisit issues and decisions. DHS will fill any vacancies by title to ensure that the perspective and expertise of the position is maintained. Counties will fill vacancies such that they maintain the perspective and expertise represented by the vacating person.
- ***Meeting Protocols:*** Meetings will be closed in accordance with state open meeting laws. The Task Force may invite stakeholders and technical experts as the Task Force deems appropriate to share information and/or provide critical input and perspectives.
- ***Communication:*** The task force agreed that its work should be as transparent as possible within the following parameters.
 - The group will decide at each phase of work (e.g. “Getting started,”) what the nature (message) of the communication should be; the stakeholders with whom to communicate and the nature and level of feedback, if any, desired
 - Communication will be about the decisions made and their rationale, but not about actual deliberations.
 - Every attempt will be made to prevent miscommunication by setting issues and decisions within the appropriate context (e.g. part of a package) and proactively managing the expectations of various stakeholders
- ***Decision Making:*** All participants must be able to support, explain, and advocate for recommendations going forward. The goal is to develop recommendations that have solid rationales based on compelling data and logic; that is, are face valid. The counties cautioned that they cannot “guarantee” acceptance by all counties, but that they are prepared to represent the work of the task force unambiguously.
- ***Accountability:*** The task force discussed “trust” as a key factor. Both the state and localities provided assurances that each would operate from a presumption of good will and had each other’s best interest at heart. The group identified the basic tools for accountability such minutes, identification of point people, etc.

Purpose and Objectives: Members agreed on the programs or functions that could come under consideration; possible candidates for consideration in the near term (6-18 months); criteria for setting priorities and the top three priorities to be staffed immediately. The group recognizes that in working on any particular program area that they are simultaneously building a model or framework that could be used in other and future analysis.

- Universe of Programs: Given changing demographics, requirements and obligations, the service categories, populations, programs and processes that may require examination and redefinition of state and county roles and responsibilities include: Health Care; Income or Financial Stability Programs; Protection of Children and Adults; Mental Health and Child Welfare Permanency.
- Criteria for Choosing Priorities: The group identified the following non-weighted criteria to use in determining which service areas or programs would be considered first.
 1. Immediate Concern/timely: The issue is of current concern to other parties, e.g. legislature, governor, etc. The task force needs to provide input or be “done to.”
 2. Positive Impact on Clients: Changes in systems, strategies and structures (roles) can materially improve customer service; e.g. easier access, etc.
 3. Positive Impact on Costs: Changes seen as improving Return on Investment (ROI); e.g. possible use of technology.
 4. Improvement in Outcomes: Changes may provide better alignment with stated vision and values and improve outcomes for clients.
- Priority Programs: The Task Force may wish to reprioritize the second and third tiers after working through several of the first tier issues. Some may also be grouped.

First Tier:

- Managed Care (included issues around case management)
- Mental Health
- MN Care Eligibility Process

Second Tier

- Children Services
- Meth Issues/response
- Child Support

Third Tier

- Child Care Subsidy
- Alternative Care for Elderly
- Public Safety Placements
- County Based Purchasing
- Fee-For-Service for Persons with Disabilities

Charter: The group developed the “conditions of success” for the first three priorities. The group discussed that in determining the roles and responsibilities they will need to identify the level at which they wish to examine roles of both the state and counties. That

is, they will need to determine whether they want to make recommendations about respective roles in developing strategy, systems, and key processes or in the direct delivery of services only (operations).

Managed Care: Conditions of Success: Recommendations coming from the sponsor group on managed care should take into account or address at minimum the following conditions.

- Allow for appropriate and variable levels of care; i.e. not “one size fits all.”
- Provide a continuum of care; e.g. early intervention or after care
- Balance cost containment with access and quality of care
- Review and build on current models, as appropriate
- Rationalize financing; e.g. Medicare, Fee-for-service; ratio of admin to service
- Order of service to vulnerable populations
- Quality assurance mechanisms

Mental Health: Conditions of Success: Recommendations from the sponsor group staffing a review of Mental Health service delivery should take into account or address at a minimum the following factors.

- Integration with physical health and related human services
- Access and availability to all populations of all ages
- Provide a continuum of care; e.g. early intervention or after care
- Relationship with private sector health providers/stakeholders
- Data availability and utilization
- Gaps in resources by location, types, costs

MN Care Eligibility Process: Conditions of Success: Recommendations from the sponsor group staffing this issue should take into account or address at least the following.

- Simplify process for clients; e.g. improve access
- Responsive to cultural diversity; e.g. access to “language lines.”
- Compliance with and/or establishment of accuracy and timeliness standards
- Comprehensive; e.g. energy, Minnesota Care, etc.
- Accountability and quality assurance mechanisms
- Balance cost containment with access and flexibility
- Maximize the use of both workers and technology (high tech/high touch)

Assignments: The Task Force created its first “sponsored” work assignment for managed care or “care management”. It provided the following guidance.

- Populations include: DD, Mental Health, Physical Disabilities; and Elderly
- Questions to be answered with one or more recommendations
 - What is covered under “managed care?”
 - What has already been decided or in progress?
 - What are the vision, values and outcomes underlying recommendations?
 - What are the structure, process and criteria?
 - What are the major roles and how should they be assigned?
 - How should accountability and risk be apportioned?

- Who are the critical stakeholders and how should they be involved?
- What should/could be measured?
- Executive Sponsors (ES): Commissioner Margaret Langfeld, Commissioner Amy Wilde, Tom Henderson, Dave Rooney, Medicaid Director Christine Bronson, Assistant Commissioner Brian Osberg, Assistant Commissioner Loren Colman.
- Role of Executive Sponsors:
 - Ownership of parameters, criteria for decision-making, etc.
 - Review and approve work plan or approach; e.g. identify threshold questions
 - Monitor progress and/or make adjustments as needed
 - Keep task force informed and/or request resources as needed
 - Develop final recommendations

Next Steps

- Brian Osberg is responsible to provide basic information to the Managed Care Executive Sponsors by mid-September. Information is the basis for work plan development.
- ES is to meet to set out a work plan with timelines based on the threshold questions listed above and including how and when to involve appropriate stakeholders. The ES is to present its work plan for review and approval by the Task Force at its next meeting
- ES will determine in particular how to involve MACSSA in its deliberations.
- AMC and State representatives are to communicate with their respective constituencies about the purpose of the Task Force, how it will proceed, the nature of the issues coming before it, and that it will seek input from a variety of stakeholders as it moves forward.
- The Task Force needs to decide at its next meeting if it wants to be called the “Task Force on Managing Change in Human Service Delivery.”
- DHS will designate a point person to work with Pat Coldwell to assist in meeting logistics and to ensure agreed upon work/decisions are moving forward.

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