

SE Minnesota Voluntary Multi-County Service Delivery Partnership

CONSUMER
DRIVEN
SERVICES

VISION

Flexible partnerships providing
quality services with great results!

This planning group includes
the following counties:

- ... Dodge
- ... Fillmore
- ... Freeborn
- ... Goodhue
- ... Houston
- ... Mower
- ... Olmsted
- ... Rice
- ... Steele
- ... Wabasha
- ... Waseca
- ... Winona



Table of Contents

- Opportunities.....2
- Starting The Redesign Discussions.....4
- Vision/Mission.....5
- Planning.....6
- Issues.....7
- Benefits.....8
- Building On Our Experience.....8-9
- Guiding Principles.....10
- Standards for Government & Service Delivery Systems.....11
- Service Delivery Redesign Framework.....12
- Conclusions15
- Appendix16



CHALLENGES AND CRISIS CREATE OPPORTUNITIES:

"The Thinking that led to past success will not lead to future success."

Ken Blanchard, Management Consultant

It is obvious to everyone that the United States is in a very turbulent period. We are in a time of contraction, uncertainty and anxiety. The economic turmoil and demographic shifts as the state ages increase the demand for services, including from middle class families, while public funding for services plummets.

The state-local government partnership for service delivery is strained to the point of breaking. Financial and service risk has and is being transferred from the state and from health plans to counties. Mandate and maintenance of effort changes are needed, but will be hard to secure.

At the same time, pressure increases to merge social services delivery with managed health care services. Increased racial and ethnic diversity require culturally competent service delivery. Community inclusion, independent living, and client mobility create expectations for more flexible and community based service delivery.

OPPORTUNITY KNOCKS :

AMC and MACCSA have developed reform and re-design proposals that are getting attention from the Governor, the Administration, and from legislators. There is agreement that change is needed. In fact, Minnesota is ripe for change.

This awareness and the current complexity create an opportunity to redesign our social service system in Minnesota. Because of the severe state budget shortfall, the state is eager to find alternatives. The Governor has already put one reform proposal on the table. Minnesota has a window to create and rebuild new pathways to success for social services. Success will not come from a top-down, one-size fits all reform. We need to do the redesign at the county level.

The Social Services Directors from 12 counties in our region met recently and agreed, an opportunity for system redesign is in our hands. The directors agreed unanimously that our region should seize this opportunity and move into action.

The counties in Southeastern Minnesota are ready. We have the ability to lead in developing innovative strategies. The experience that we have developed in inter-county collaborations over the past several years give us a solid platform to build on. We have built relationships, had the opportunity to learn together, and are committed to creating service delivery systems that maximize resources, are accountable, and have the flexibility to meet local client and community needs.



EVERYTHING ON THE TABLE FOR HUMAN SERVICE REDESIGN :

The Social Services Directors made a list of the social services systems could be considered for redesign. The conclusion was that all of the county social services responsibilities could be and should be candidates for redesign and consideration of regional partnerships. Some would be more effectively delivered through a statewide contract or delivery mechanism.

STARTING THE REDESIGN DISCUSSIONS PLANNING TEAMS:

County Social Services Directors will appoint a separate planning team for each service system redesign and outline expectations. While the size and responsibilities of each team will vary, each will have a team coordinator and will be expected to develop a proposal for review and approval by the regional directors.

Regular reports and updates are expected of each team. The first four teams are expected to give status report to the directors by July 1, 2009. The work groups are accountable to the directors and expected to have questions about their assignment from external stakeholders directed to the social services director assigned to their project.

Four service systems have been identified as the first redesign projects:

- 1- Chemical Dependency Services
- 2- Child Support Services
- 3- Day Care Licensing Services
- 4- Long-term Care Applications/Estate Recovery Services.

Five service systems were selected by the regional social service directors for immediate consideration and analysis:

- 1- chemical dependency services,
- 2- child support, and
- 3- day care licensing
- 4- long-term care applications/estate recovery
- 5- mental health center

A detailed work plan for analysis and development of alternatives for each service area is being developed.



VISION/MISSION:

This document summarizes agreements reached by twelve social services directors in southeast Minnesota for proceeding with a multi-county planning process for service systems redesign. It is intended to provide guidance for planning teams by outlining the planning parameters current work plans and assignments for the redesign initiative.

VISION FOR THE FUTURE:

Flexible partnerships providing quality services with great results!

MISSION TO ACHIEVE THE VISION:

Counties will work together to transform the delivery of social service in southeastern Minnesota by assessing and redesigning each service system to determine how counties can partner to provide optimal client service, maximize use of resources, and increase the efficiency and effectiveness of service delivery.

Social service systems will be redesigned to:

- Build stronger individuals, families and communities
- Maximize resources.
- Provide appropriate services that meet our clients' needs.
- Retain local control and identity.
- Be more flexible.

Our redesigned services systems should:

- Be mission and results directed
- Focus on what is best for clients and citizens
- De-centralize and empower at the client services level
- Be team and network driven
- Have accountability for results not rules.

PLANNING ASSUMPTIONS:

The redesigned system can and must save money in a fair, equitable way.

Counties partnerships and collaborations are voluntary: counties can choose whether or not to be part of each system redesign.

Counties can benefit from sharing specialized staff resources.

Centralization of some administrative functions will not affect service and will be more .cost-effective.

No one county will have the charge for providing centralized functions or leading the system redesign.

Clients should be able to get services where it is most convenient for them, which may not be their county of residence.

The fiscal impact of the service system redesign is a key factor. The redesign should aim to assure that the aggregate county levy is not greater than cost if inflation.

PLANNING TEAMS:

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- 1- Chemical Dependency Services
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- 5- Mental Health Centers



Issues To Be Addressed:

During the redesign process there are many issues that will need to be addressed:

- How do we reassure staff and involve them in the redesign process?
- How will counties share power, authority and responsibilities?
- How can we partner and retain each county's identity and authority?
- How do we access and make best use of the expertise that we need?
- How do we develop shared indicators of success?
- How do we maintain accountability to each County Board and each county's constituencies?
- How do we do joint reporting of finances, outcomes, and program evaluations?
- What processes will we use for decision-making regarding:
 - ... Allocation of funding
 - ... Staffing, human resources, labor negotiations
 - ... Administrative and support functions
 - ... Resolving problems and conflicts.



BENEFITS OF COLLABORATION AND SERVICE REDESIGN:

County social service directors believe that there are likely to be many benefits from multi-county service collaboration and redesign.

Foremost, we believe our clients and the citizens of our counties will have access to better services. We believe there will be:

- Financial benefits to counties through improve efficiencies and administrative simplification
- Opportunities for service improvements through service specialization
- Improved service consistency
- Better use of staff time by consolidating “back office” functions
- Opportunities for risk mitigation and economies of scale.
- Opportunities to demonstrate to the state the value of giving counties flexibility and authority to innovate
- The potential to convince the state that some services should be delivered on a statewide basis rather than having the responsibility delegated to the counties.



BUILDING ON OUR EXPERIENCE.

Southeastern Minnesota counties have experience and success in creating coordinated, cooperative or collaborative human service delivery systems. While not all projects have succeeded, the experiences from working together to design and develop, the South Country Alliance, StedFast, the housing initiative, and the creation of a regional contract manager built trust, relationships, and capacity for collaboration between us.

FOR EXAMPLE, CREST, THE ADULT MENTAL HEALTH SERVICES COLLABORATION, DEMONSTRATED THAT COUNTIES CAN PROVIDE SERVICES IN A DECENTRALIZED MANNER THAT ALLOWS LOCAL CONTROL AND FLEXIBILITY. KEY LEARNING FROM THIS PROJECT:

- Focusing on “back office functions” such as billing, accounting, contracting and human resources allowed greater efficiencies while preserving local service delivery flexibility.

- The “hub and spoke” structure for service delivery was built on the strengths and natural geographic divisions within Southeastern Minnesota.
 - A very flexible structure is used that still offers stability and has a clear identity.
 - This structure continues to evolve: client mobility will likely force more flexibility in the future.
- It helped to create a continuum of care and to work with other providers.
 - Relationships with the community mental health centers in the region are key and intrinsic to mental health service delivery.
 - It is important to clarify the roles and seek consistency: what do counties do, what do mental health centers do? Who does what?
- It was important to develop a plan for regular, frequent communications with all participating counties, staff, providers.
 - It is very helpful if the communications plan includes ways to get regular client input without expecting clients to serve on the coordinating or governing body.
 - A central point for communication and coordination is essential for success.
- It took time to develop the relationships and agreements that were the base for reaching mutual benefit and satisfaction.
- To be successful and obtain optimal results, counties had to take some risks and had some “failures”.
 - When “failures” were used as learning opportunities, changes were made to structure.
 - More importantly the process of learning from those events built the inter-county relationships and trust that are the foundation for service improvements.

Southeastern Minnesota County Boards and county social service agencies, at the both the administrative and staff levels, know we can make create viable collaborative efforts. We developed improved service delivery and efficiencies through inter-county strategies. This provides a solid base for taking it to the next level of innovation in inter-county initiatives for service system redesign.



REDESIGN GUIDING PRINCIPLES:

- Consumer-centered services are at the CORE of all redesign.
- Services will be geographically accessible to all clients and will allow client choice if there is more than one service site or delivery method.
- Service system redesign should align activities to deliver results that benefit taxpayers, communities and clients.

REDESIGNED SERVICES MUST:

- ... Maintain or improve the quality of services to residents.
- ... Whenever possible, be founded in evidenced-based or research- based best practices.
- ... Give priority to having service centers in each existing county for face-to-face services. (The “Hub and Spoke” design of the adult mental health services is an example of one design.)
- ... Meet the needs of different cultures.
- ... Continue to encourage, seek, and use consumer and citizen involvement and input.

ADMINISTRATIVELY, REDESIGNED SERVICES SHOULD:

- ... Make services as simple as possible from a client and administrative perspective.
- ... Assure that services are available, accessible and affordable. Facilitate client choice of delivery site or method.
- ... Seek opportunities for efficiencies thru centralization of administrative and support functions.
- ... Develop measurable outcomes that can drive decisions and demonstrate effective and efficient consumer services.
- ... Include recommendation for necessary changes in rules and laws.
- ... Resolve issues related to county of financial responsibility.



Standards For Government And Services Delivery Systems:

The Association of Minnesota Counties identified three fundamental standards for governments and their service delivery systems. These governance, transparency, and flexibility standards are an appropriate point of reference for a human services system redesign.

GOVERNANCE:

Success in governance means clear responsibilities and outcomes for state and local government; holding state and local officials accountable to their respective constituencies; delivering services at the level of government that can be most effective; and focusing on outcomes rather than inputs.

TRANSPARENCY:

The foundations for successful transparency must be trust; implementation of open decision-making processes with guaranteed public participation; and use of clear and convincing evidence as the basis for policy decisions.

FLEXIBILITY:

Success in flexibility means that service delivery is tailored to meet local needs; focus on outcomes not solely the management of inputs; and the creation of incentives for innovations and efficiencies. Local government officials are in the best position to understand the unique local communities and to make decisions that are in the best interest of these communities, constituents and the people being served.



Service Delivery Redesign Framework:

The simple solution currently being proposed in the Governor's budget, to create 15 human service delivery regions, does not recognize the complex reality of the human services delivery system. Redesign of the human services system is complex because there are multiple systems rather than a single system, coordination with a variety of stakeholders and providers is required, and there are very different functions required for each service system.

MULTIPLE SYSTEMS

The human services delivery system is not a single service system. Counties are charged with serving a wide variety of clients to meet many different kinds of needs.

Counties have responsibility to manage or coordinate with many different types of service delivery systems:

- ... The mental health system, the child support system, the long-term care system, and the child protection system.
- ... Each of these systems have different functions, requirements and responsibilities for counties.

COORDINATION BETWEEN SYSTEMS

Clients are often working with many different service providers and organizations in a community. As a result, county staff must work and coordinate with other community resources.

DIRECT CONTACT VERSES ADMINISTRATIVE SERVICES

Some client services require a high level of interaction between the client and the county staff. Some are one-time or short-term services. Others, such as those for persons with disabilities, may require service provision or coordination for many years. However, a number of services, such as child support enforcement, require only limited direct contact with clients and once services are established, are administrative in nature.

These characteristics of human services mean that multiple redesign efforts will be necessary. The functions of each service delivery system selected for

redesign will need to be assessed. Clearly, some functions must continue to be delivered locally. However, there some functions would be best delivered centrally either on a statewide basis or through a multi-county arrangement.

One analysis completed by a state work group suggested using the following criteria to determine if a function must be delivered locally or could be centrally administered:

FUNCTIONS FOR LOCAL SERVICE DELIVERY	FUNCTIONS FOR CENTRAL DELIVERY
Requires face-to-face contact with financial or social worker (high touch)	Can be administered from one (or a few) central locations (e.g. tracking, monitoring)
Requires organizing community resources "on the ground"	Requires a high degree of specialization
Requires extensive work in the client's home environment	So infrequent it is inefficient to have expertise in every county.
Are funded primarily with local taxes	Requires high level of consistency across the state
	Serves clients across multiple counties or states
	Has limited flexibility in delivery: highly prescribed by state or federal law.



Effective Redesign of Human Services:

Rather than a top-down creation of service delivery areas, an effective redesign of the human services system will involve work at the regional level among collaborators who will design according after considering a number of factors, including:

- A detailed analysis of each service system and the opportunities for system redesign
- Current geographic, economic and service delivery patterns
- The resources, expertise, and capabilities available in the region
- Current partnerships, organizational structures, and collaborations.

By working together counties can identify which functions are best delivered at the local level, which functions and services can be delivered regionally, and, if the redesign is complete, which services counties believe should be delivered at the state level. There is also the option of providing the services directly by the counties or state or contracting for the services with a private entity.

The multiple options for service and function delivery are outlined in the table below. (A few examples are provided for illustration purposes only.)

Service Delivery Options:

Who Provides:	Service Delivery Area:		
	County Delivery	Regional Delivery	Statewide Delivery
County Operates/ Provides Directly:	Financial services intake		Participation in state purchasing contracts for goods and services
County Contracts for function:		Recent Example: Regional contract manager	
Multi-County/ Region Provides:		Recent Example: CREST adult mental health services	
Multi-County Contracts with a private entity:		Potential Example: Region wide joint purchasing of goods and services	Potential Example: Region wide participation in state contracts
State operates or provides:			Potential example; Day Care licensing
State contracts with private entity:	Potential example: Adoption Services		Potential example: Adoption Services



Conclusions:

- Urgency to Develop an Overall Framework for Planning

We know from past experience that redesigning services and increasing inter-county collaboration requires time and many opportunities for involvement and communication. We must make that time available and involve our Boards and staff.

At the same time, we must seek to demonstrate to the Legislature and the Governor during this legislative session that we are ready to take on the challenge of human service redesign. We must work quickly to develop the overall framework to avoid having the state create one that will not serve the needs and experience of counties.

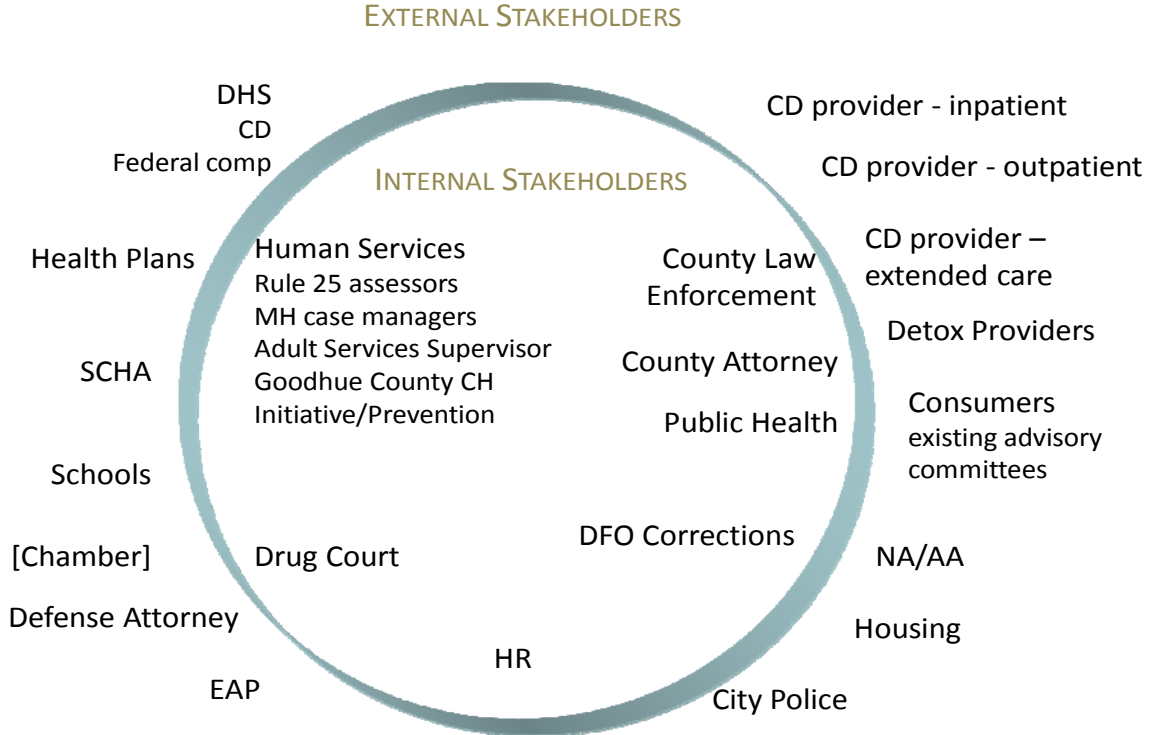
State legislation that limits our choices is a real risk. We must seize the moment and be proactive as a region.

<i>SERVICE SYSTEM: CD Services</i>	
<i>WORK GROUP ASSIGNMENT OUTLINE:</i>	
STATEMENT OF DIRECTORS' REDESIGN VISION:	
<i>PRELIMINARY PREFERENCES</i> <i>(to use as a guide, not a limit):</i> Level of service delivery, county – regional – statewide Provided by County: provides directly County, contracts for the service Multi-county/region: provides service Multi-county/region: contracts for service	
PARAMETERS/LIMITATIONS TO THE REDESIGN:	Voluntary for individual counties
CHARGE TO THE WORK GROUP:	SWOT analysis Outline design Implications wheel Process analysis
WORK GROUP MEMBERSHIP:	Coordinator: Kelly Harder Team Members: 2 – 3 directors: Janewh, Greg Schoener, Paul Fleissner MH Centers: Pat Carlson, Carolyn Wheeler, Bob Glasenapp, Julie Hanson 2-3 Public health: 2 vendors 2-3 corrections: DFO 2-3 Adult Services Supervisors /Rule 25: Jim Behrends, Sharon Larham, Judy Lucas
Resources/expertise available:	CCDTF Forecast other budget background CCDTF fiscal reports Other states with best practices
Stakeholders to confer with/involve: (others can be added)	See attached
Consumer involvement, suggested approaches:	ID existing groups NA/AA recovery community

Director(s) to advise/confer with:	Kelly, Jane, Greg, Paul Other counties in statewide initiative SCHA directors Prime West Directors in other regions of state, work on this		
Spokesman for work group: (to boards, media, stakeholders, others)			
ISSUES TO BE ADDRESSED:	See below		
OUTLINE OF DELIVERABLES EXPECTED:			
<i>Milestone:</i>	<i>Who Is Involved:</i>	<i>What Accountability:</i>	<i>When:</i>
Legislation	MACSSA		July 1, 2009

STEP 3: IDENTIFY STAKEHOLDERS; DEVELOP MISSION

Worksheet 9 Stakeholder Identification – CD SERVICES

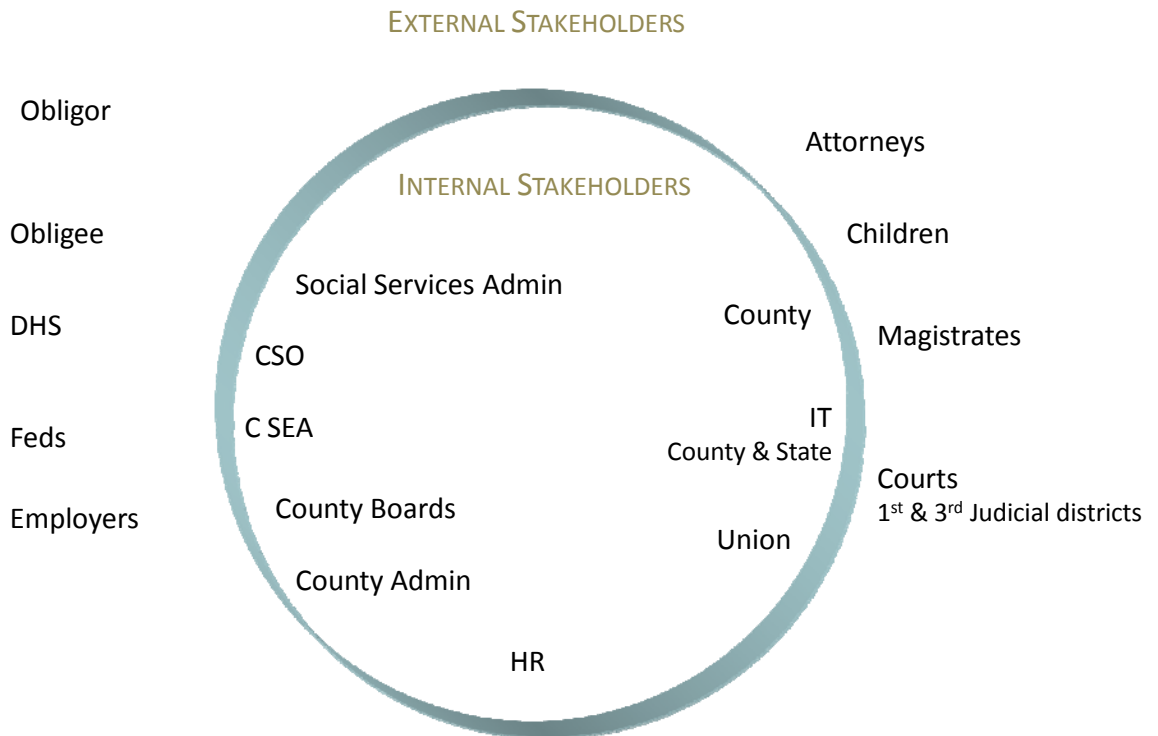


<i>SERVICE SYSTEM:</i> Child Support	
<i>WORK GROUP ASSIGNMENT OUTLINE:</i>	
STATEMENT OF DIRECTORS' REDESIGN VISION:	
<p><i>PRELIMINARY PREFERENCES</i> <i>(to use as a guide, not a limit):</i> Level of service delivery, county – regional – statewide Provided by County: provides directly County, contracts for the service Multi-county/region: provides service Multi-county/region: contracts for service</p>	
PARAMETERS/ LIMITATIONS TO THE REDESIGN:	
CHARGE TO THE WORK GROUP:	What child support functions lend themselves to regionalization
WORK GROUP MEMBERSHIP:	Coordinator: Brian Buhmann Team Members: Mark Shaw Craig Brooks Brian talking to Wayland Campbell about DHS rep Sup group recommend county attorney CSO Supervisors CSOs – recommend 2 County Attorney County Directors
Resources/expertise available:	
Stakeholders to confer with/involve: (others can be added)	

Consumer involvement, suggested approaches:	Not in initial phase		
Director(s) to advise/confer with:	Mark Shaw Craig Brooks Brian Buhmann		
Spokesman for work group: (to boards, media, stakeholders, others)			
ISSUES TO BE ADDRESSED:	July 1 check point		
OUTLINE OF DELIVERABLES EXPECTED:			
<i>Milestone:</i>	<i>Who Is Involved:</i>	<i>What Accountability:</i>	<i>When:</i>

STEP 3: IDENTIFY STAKEHOLDERS; DEVELOP MISSION

Worksheet **9 Stakeholder Identification – CHILD SUPPORT**

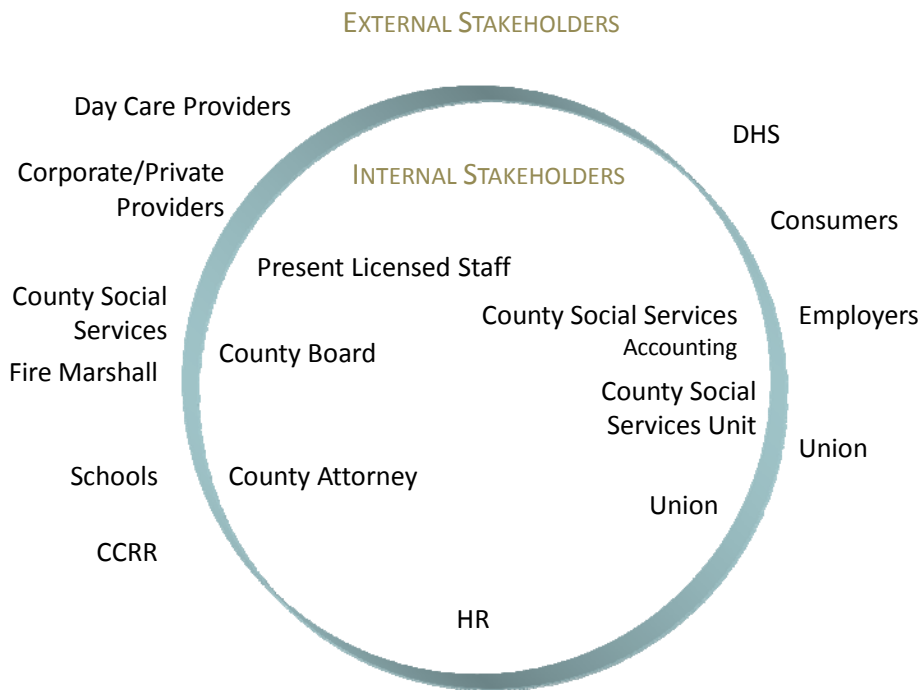


<i>SERVICE SYSTEM:</i> Day Care Licensing	
<i>WORK GROUP ASSIGNMENT OUTLINE:</i>	
STATEMENT OF DIRECTORS' REDESIGN VISION:	Paul Fleissner will see if his staff can be team leader or will call other director for possible staff. Patty Erickson – Winona Heather Johnson - Olmsted
<i>PRELIMINARY PREFERENCES</i> <i>(to use as a guide, not a limit):</i> Level of service delivery, county – regional – statewide Provided by County: provides directly County, contracts for the service Multi-county/region: provides service Multi-county/region: contracts for service	Regional Multi-county/region: provides service
PARAMETERS/ LIMITATIONS TO THE REDESIGN:	Cannot add any additional funds or staff Design this with a regional view
CHARGE TO THE WORK GROUP:	Design a regional licensing program taking into account: ID Mission Vision Incorporate technology to the maximum extent possible Take advantage geographical opportunities Address cultural changes between cities
WORK GROUP MEMBERSHIP:	Coordinator: County Supervisor who has the most expertise Team Members: Cross section of county supervisors who provide supervision to this staff
Resources/expertise available:	Staff & DHS regulatory staff
Stakeholders to confer with/involve: (others can be added)	See chart
Consumer involvement, suggested approaches:	Send out notification about the change and what if anything they will need to do.

Director(s) to advise/confer with:	Coordinator and DHS		
Spokesman for work group: (to boards, media, stakeholders, others)	Coordinator Human Services Directors		
ISSUES TO BE ADDRESSED:	Present county standards DHS regulations Staff buy-in Board approval		
OUTLINE OF DELIVERABLES EXPECTED:			
<i>Milestone:</i>	<i>Who Is Involved:</i>	<i>What Accountability:</i>	<i>When:</i>
Design Team To Do Work Plan with Timelines and Milestones			

STEP 3: IDENTIFY STAKEHOLDERS; DEVELOP MISSION

Worksheet 9 Stakeholder Identification – CHILD CARE LICENSING



SERVICE SYSTEM: Long Term Care / Estates	
WORK GROUP ASSIGNMENT OUTLINE:	
STATEMENT OF DIRECTORS' REDESIGN VISION:	Create a simplified/centralized LTC application process and estate recovery system in SE MN. Flexible partnerships to provide equal services with great results in SE MN.
PRELIMINARY PREFERENCES <i>(to use as a guide, not a limit):</i> Level of service delivery, county – regional – statewide Provided by County: provides directly County, contracts for the service Multi-county/region: provides service Multi-county/region: contracts for service	Regional (Believe it should evolve to statewide) Multi-county/region: provides service Multi-county/region: contracts for service (attorney services)
PARAMETERS/ LIMITATIONS TO THE REDESIGN:	Initial process to deal with complex applications related to LTC will be funneled to the centralized service entity/county.
CHARGE TO THE WORK GROUP:	Align with state process Conceptualize the ideal process from applications to recovery Review regional data Initial report by 7/1/09
WORK GROUP MEMBERSHIP:	Coordinator: Beth Arendt Team Members: Hub set up to participate 1 East 1 Central 2 West (Freeborn & Rice) At Large – Program Manager DHS - invite
Resources/expertise available:	Staff & DHS
Stakeholders to confer with/involve: (others can be added)	DHS Matt Opat – Fillmore (made recommendation for somebody else)
Consumer involvement, suggested approaches:	

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Minnesota

Director(s) to advise/confer with:	Tom Boyd		
Spokesman for work group: (to boards, media, stakeholders, others)	Beth Arendt Tom Boyd		
ISSUES TO BE ADDRESSED:	Caseloads in this area size what goes to specialist estimate how many cases to specialist Role of Attorney (private) Develop flowchart for applications, reviews, final disposition Define protocols for referrals		
OUTLINE OF DELIVERABLES EXPECTED:			
<i>Milestone:</i>	<i>Who Is Involved:</i>	<i>What Accountability:</i>	<i>When:</i>
Narrative Description			
<i>Flowchart</i>			
<i>Midpoint Consult w/ Tom, Paul, Terry</i>			<i>May 10, 2009</i>
<i>Report</i>			<i>July 1, 2009</i>

STEP 3: IDENTIFY STAKEHOLDERS; DEVELOP MISSION

Worksheet 9 Stakeholder Identification

