Region X Human Services Redesign

Kelly Harder – Steele County

VISION FOR THE FUTURE:

In southeastern Minnesota, counties will collaborate in the delivery of social services through multi-county arrangements that provide quality, cost-effective social services and improved outcomes for our clients and our communities.

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:

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

Our redesigned services systems should:

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

GUIDING PRINCIPLES FOR SERVICE REDESIGN:

Consumer-centered services will be 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.

History to date:

The following five areas where initially identified as the first operations redesign projects:

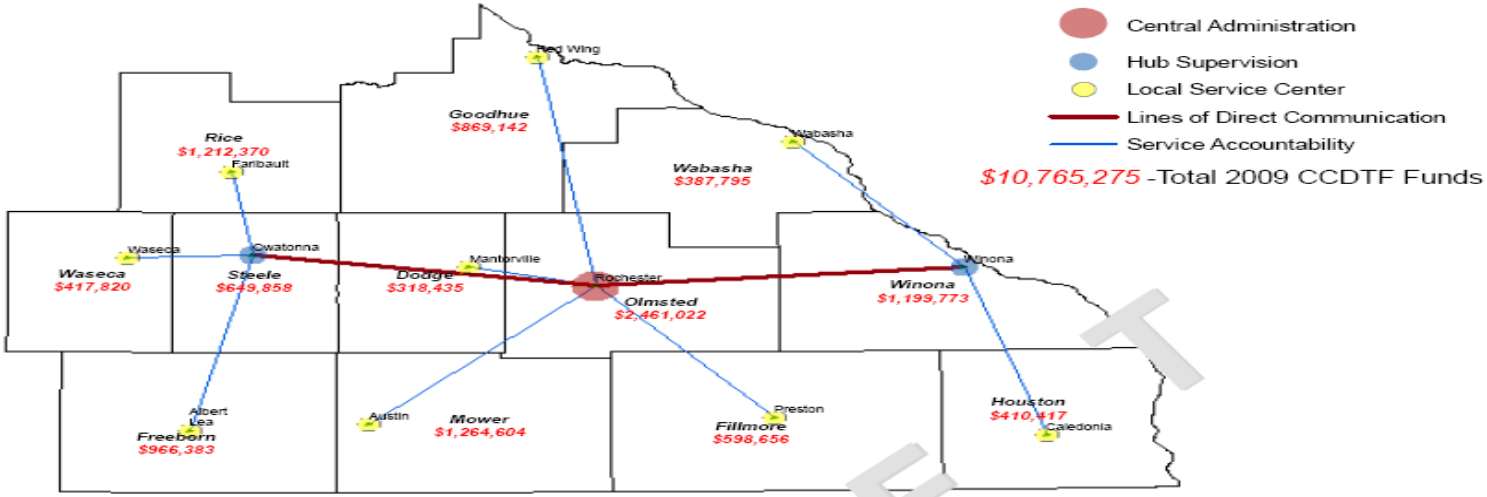
1. Child Care Licensing
2. Child Support Services
3. Chemical Dependency Services
4. Long-term Care / Estate Planning
5. Mental Health Centers

Emerging Ideas from Regional Collaboration (Parking Lot Issues) to be addressed in near future:

1. Guardianships/Conservatorships
2. Children's Mental Health Service Delivery System
3. Regional Performance Management
4. Regional Training
5. Regional Foster Care Licensing
6. Regional Human Services Administration
7. Regional Information & Technology
8. Regional Refinance – Human Services

South East Minnesota Chemical Health / Dual Recovery Results Accountability Initiative. "County Charter"

* This model has not been processed or approved by any county represented.



Outcomes:
- Increased sobriety.
- Decreased detox bed days for each county.
- Decrease in overall costs for inpatient treatment services.
- Full integration of chemical and mental health services across the region.
- Programming that is unique and yet specific to adults and youth.
- Safer communities.
- Greater return on tax dollar invested.
- Increased employment
- Increased funding flexibility for community-based services.

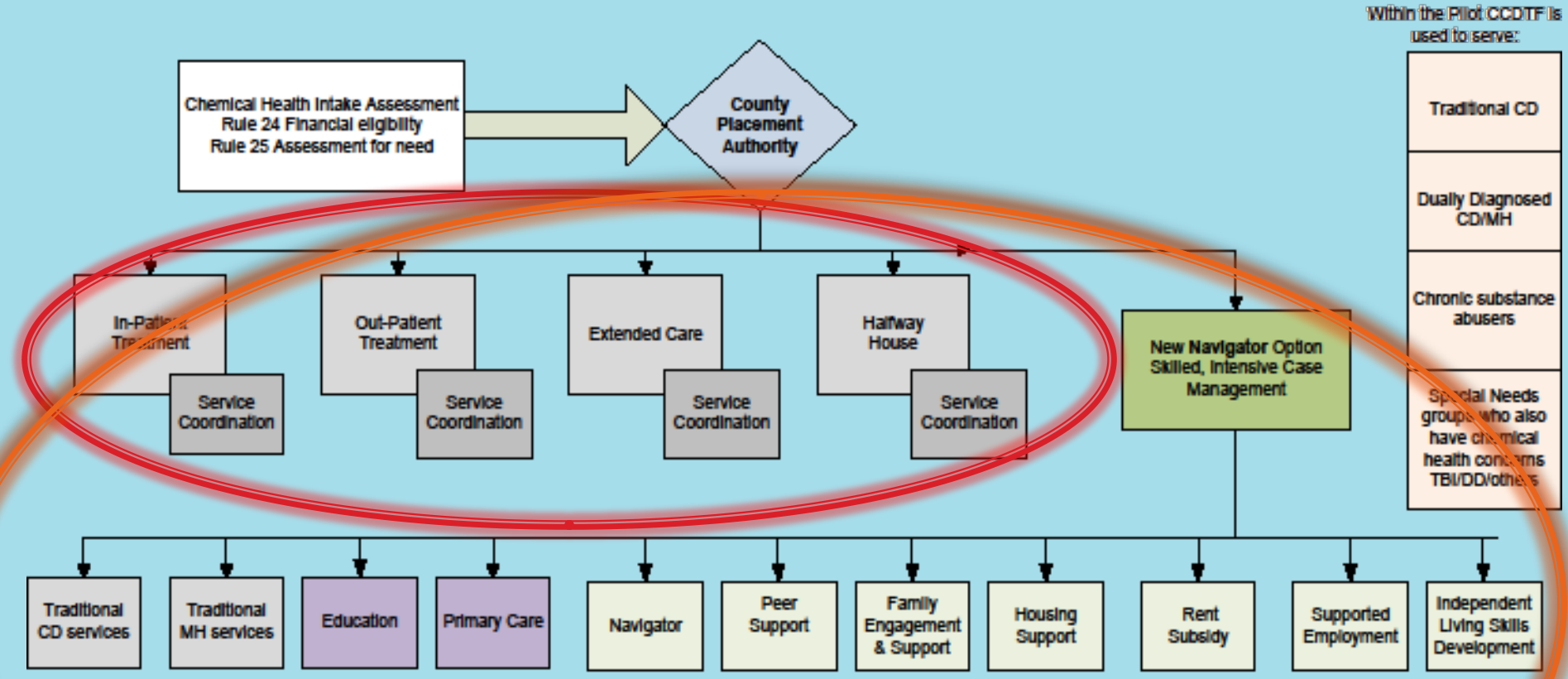
Opportunities:
- Aligns with Governor Pawlenty's philosophy around 15 Human Service Delivery Centers Statewide.
- Aligns with AMC's County Redesign Project.
- Aligns with MACSSA's Voluntary Human Services Multi-County Collaboration.
- Aligns with MACSSA's legislative position of The State-County Results Accountability Initiative.
- Helps address the State's inability or unwillingness to rebase a 23 year old antiquated Chemical Health Maintenance Of Effort funding methodology.
- Builds upon an already successful infrastructure and integrated service delivery model within the CREST AMHI in SE Minnesota.
- Operates on evidence-based "best practices".
- Leveraging regional chemical and mental health professional resources.
- Video conference/telemedicine.
- Regional negotiation for rates/contracts with providers.
- Establish measurable and meaningful outcomes.
- Better integrate existing local chemical health centers and service across the region.
- Creates a capacity to leverage other local and regional resources through the integration of services.

Issues yet to be resolved:
- Currently do not have chemical health/dual recovery services established regionally.
- Is there adequate funding to do this, i.e. no additional state $.
- Many unknowns around the role managed care companies will play.
- Agreed upon outcomes.
- Chemical health/dual recovery services are unique and may not follow the Crest AMHI HUB model easily.
- Variation of practice difference across region.
- Can we get adequate waivers through CCDTF (state/feds) to be successful?
- We will need legislation?
- How do we best integrate comprehensively with the existing mental health delivery system (i.e. fully integrate mental health and chemical health case management duties, etc.)?

DRAFT

Overview of Options for Behavioral Health Care Home Pilot

Revised February 3, 2010



Within the Pilot CCDTF is used to serve:

- Traditional CD
- Dually Diagnosed CD/MH
- Chronic substance abusers
- Special Needs groups who also have chemical health concerns TBI/DD/others

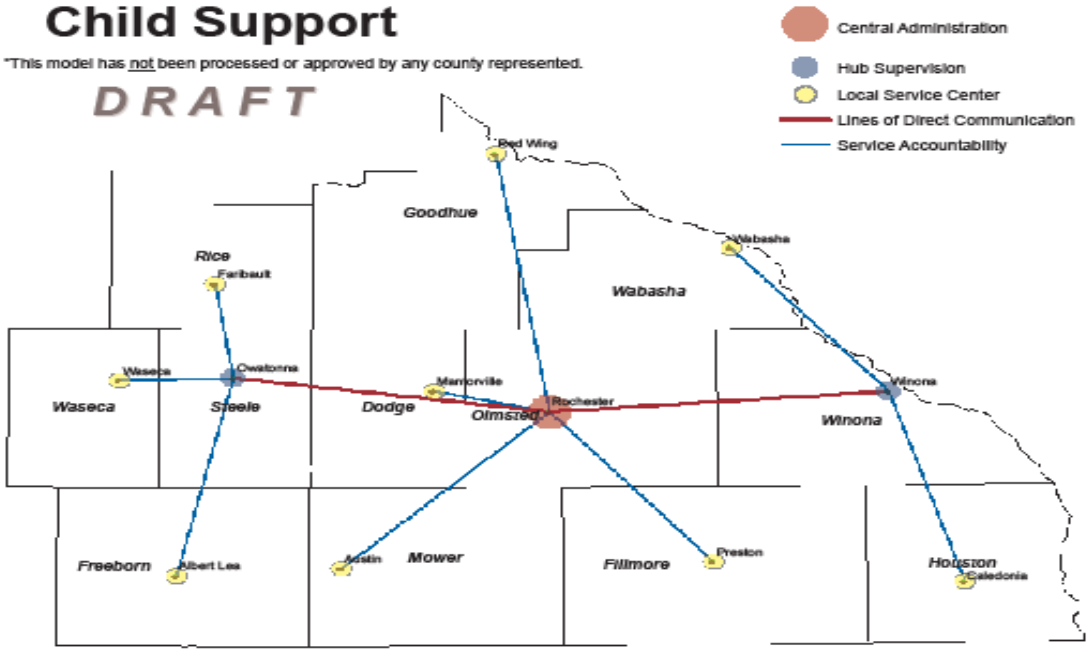
Pilot Outcomes:

- Cost Effectiveness
- Timeliness of service delivery
- Reduced contact with Law Enforcement
- Reduced Hospitalization
- Reduced use of Detox
- Increased Housing and Employment Stability
- Reduced out of home placement [adolescents]
- Improved school performance [adolescents]
- Reduced Substance use and Symptoms of MI and Increased Functional Capacity
- Improved Ability to Direct Own Services

Child Support

*This model has not been processed or approved by any county represented.

DRAFT



Outcomes
- Federal Performance measurements
- Increased ROI per case

Opportunities:
- Telecommuting (increased efficiency)
- Centralization
- Standardize process
- Establish regional best-practices
- 1:1 Regional to state relationship vs. 12 counties
- Better integration into jails across region

Issues yet to be resolved:
- Interfacing regional model with courts
- Funding- impact on individual counties
- County attorney roles
- Court jurisdiction issues

Redesign Options:

Programmatic/Operational redesign and eventually the system will adjust.

OR

Redesign the overarching systems and the programmatic/operational restructure will follow.

OR

Both – allowing each region to do what they see is best for the consumers they serve.

What other possibilities might exist?

South East Minnesota "Transformation Contract"

The End