Southeast Minnesota Human Services Operating Model

May 2012
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Background and Context
Building on an history of collaboration, the twelve counties of southeastern Minnesota are seizing the opportunity for redesign by addressing current trends with innovative ideas, new partnership models, and a vision for human services delivery and administration.

- History of collaboration
  - Service delivery and administrative coordination across numerous areas
  - Cross-county commitment to consumer outcomes

- A “perfect storm” of challenging trends:
  - Recession-driven increase in service demand
  - Reduced state revenues/increased cost-shifting to Counties
  - Reduced County resources/staff due to recession-impacted tax and other revenues

- Current human services approach is unsustainable:
  - Increasing workloads, declining staff, service delays to consumers
  - No relief envisioned for foreseeable future

- Growing human service outcome expectations and interest in shared services and regionally-based services:
  - MN Legislature enactment of Service Delivery Redesign Authority and Essential Human Service Delivery standards (Chapter 402A)
  - Bush Foundation interest in promoting/supporting public endeavors that result in increased positive outcome, effectiveness, and efficiency
Background and Context
From Blueprint to Implementation

The redesign project has three phases -- following the initial redesign project blueprint phase, this operating model document represents a second phase of SDA design and development.

**Blueprint**
- 1. Establish strategic intent and scope of SDA
  - What is the strategic intent of establishing the SDA? Cut costs? Deliver better service?
  - What is the right scope of the SDA? Which processes? Which operating organizations?

**Design**
- 2. Define operating model and business case
  - How do we regionalize the administration and delivery of human services?
  - How should we redesign our service delivery?

**Implementation**
- 3. Develop implementation plan and change approach
  - What is the portfolio of initiatives required to implement SDA? How should they be prioritized? How should we organize the program?
  - How should the change be managed to ensure that goals are achieved - securing buy-in and creating a new high performing operating model?
Background and Context
Operating Model Development

- County Experience and Expertise
- Blueprint Concepts
- Information-Gathering Template
- Industry Leading Practices

12-County Review, Discussion, and Revision of Draft Model

SE MN SDA Operating Model
Background and Context
Operating Model Development

This operating model was developed through analysis and discussions with the twelve counties regarding the current state and the desired future state.

<table>
<thead>
<tr>
<th>Week of</th>
<th>Key Visits / Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 12</td>
<td>• Olmsted County initial visit</td>
</tr>
</tbody>
</table>
| Jan 2   | • Rice County initial visit  
         | • Waseca County initial visit |
| Jan 16  | • Waseca County final visit  |
| Jan 23  | • Rice County final visit    |
| Jan 30  | • Olmsted County final visit  
         | • Regional County Director workshop to review initial operating model |
| Feb 6   | • Dodge County visit        
         | • Mower County visit        
         | • Wabasha County visit      |
| Feb 13  | • Freeborn County visit     
         | • Houston County visit      |
| Feb 20  | • Winona County visit       |
| Feb 27  | • Fillmore County visit     
         | • Goodhue County visit      
         | • Steele County visit       |
| Mar 1   | • Regional County Directors, Administrators, and Steering Committee meeting to review near-final Operating Model and Business Case |
| Mar 15  | • Final presentation of Operating Model and Business Case |
Key Design Principles
### Key Design Principles

#### Overview

Two key design principles informed the two principle questions of the operating model design phase.

<table>
<thead>
<tr>
<th>Key Design Question</th>
<th>Design Principle</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>How do we regionalize the administration and delivery of human services?</em></td>
<td>MN Service Delivery Authority (SDA) statute</td>
<td>Outlines how a Human Services Delivery Authority can be organized under Minnesota law, and the obligations of such an organization. We recommend this SDA be organized under this legislation</td>
</tr>
<tr>
<td><em>How should we redesign our service delivery?</em></td>
<td>Systems of Care practices</td>
<td>An emerging leading practice in Human Services delivery that emphasizes a consumer-focused means of service delivery, rather than a program-focused approach</td>
</tr>
</tbody>
</table>
**Enabling Legal Framework**

**SDA Legislation**

*Minnesota Statutes Chapter 402A, Essential Human Services; County Delivery provides enabling legislation for the formation of a Service Delivery Authority (SDA) – this mechanism provides the region with a strong option for a legal framework for redesign.*

**Overview**

- Voluntary county governance/management structure certified by Redesign Council (approved by DHS Commissioner)
- Passed in 2009 HHS omnibus budget bill (Chapter 402A)
- SDAs utilize already existing models of community partnerships, build on innovations, and streamline the human services system to best meet the needs of communities, clients, and taxpayers

**How It Works**

- Must meet minimum population thresholds (55,000 minimum) via single or multicounty structure (with certain exceptions)
- Can serve as single county SDA if minimum population threshold is met
- Can combine with other counties in ‘reasonable geographic proximity‘ as an SDA to deliver a service, some services, or all services
- Must designate a single administrative agent to communicate with DHS
- May be granted waivers from state regulations to achieve better results
- No structure specified in law
Key Design Principles
How should we redesign our service delivery?

Systems of Care Principles:

1. **Comprehensive array** of services and supports
2. **Individualized** services and supports / individualized plan
3. **Community-based** - Least restrictive, most appropriate environment, utilize natural supports
4. **Person-centered** – Consumers participate in all aspects of the planning and delivery of services and supports
5. **Integrated** services and supports across systems and providers
6. **Collaboration/coordination** across multiple systems
7. **Strengths-based** – not deficit driven
8. **Culturally and linguistically responsive**
Key Design Principles
How should we redesign our service delivery?

Attributes of Population-Based Practice:

1. The strengths and needs of the target population drive the types of services, supports and strategies in the system of care

2. Agencies maximize the categorical financing streams and further blend/braid with non-specific funding

3. Care managers connect the dots across service lines and agencies

4. Holistic approach addresses the “whole person”

5. Services are provided in the community as much as possible, appropriate and effective

6. Natural supports enrich the service array and minimize dependence on government for service and care

7. Service is individualized and consumer-focused
Operating Model Overview
Operating Model Overview
Future Service Delivery Model

Consumers

County Residents (12 counties)

Access Centers
- Access Center
- Navigator
- Referral
- Internet/Self Service
- Walk-in
- Mail

Regional Board of Directors (includes representation from county boards)

Service Delivery
- Social Services
  - Protective Services
  - Behavioural Health
  - Disability Services
  - Waiver Management
  - Specialized services
- Support Services
  - Income, Food, and Medical Assistance
  - Child Support
  - Licensing

Planning and Evaluation
- QA & Program Eval.
- Revenue Max

Provider Mgmt
- Training

Grant Writing
- Reporting

Administrative Support

Information Technology
Operating Model Overview
Future Service Delivery Model

1. Regional board of directors with shared accountability for results
2. Consumer-centric access channels including single point of contact and navigators
3. New services available to all counties
4. Rigorous metrics and program monitoring, cohesive mgt, consumer-centric focus
5. Common processes and IT simplify the consumer and employee experiences

Consumers

County Residents (12 counties)

Access Channels

Access Center
Navigator
Referral
Internet/Self Service
Walk-in
Mail

Service Delivery

Social Services
- Protective Services
- Behavioural Health
- Disability Services
- Waiver Management
- Specialized services

Support Services
- Income, Food, and Medical Assistance
- Child Support
- Licensing

Administration

Planning and Evaluation
- Provider Mgmt
- Training
- Grant Mgmt
- Reporting

4. OA & Program Eval., Revenue Max.

Administrative Support

Information Technology

1. Regional Board of Directors (includes representation from county boards)
Operating Model Overview
Moving from Issue to Outcome

**From Issue**
- **Increased Demand for Services** – Economic challenges and changing demographics creating increased demand for human services
- **Reduced Capacity to Pay** – County levy limits and budget reductions reducing available resources for Human Services departments

**Pace**
- **Service Delivery Authority Legislation** provides an existing vehicle for the counties to come together without working through a drawn-out legislative process
- **Proactive change management and education campaign** will help employees and the public understand the benefits of the SDA, and help foster adoption of the new system

**Certainty**
- **Performance Metrics** provided by DHS Steering Committee on Performance and Outcome Reforms will hold the SDA accountable for delivering outcomes to the residents of the participating counties
- **Detailed implementation plan** will proactively identify risks and barriers to implementation so that they can be addressed before they derail the effort

**Agility**
- **Flexible governance model** allows counties to maintain control over human services while also creating potential for the SDA to add additional counties or services in the future
- **‘Hub and Field’ model for service delivery** allows for flexibility regarding how and where services are delivered, and will be customized based on the unique needs of a specific population

**To Outcome**
*For Consumers and Residents of Southeast Minnesota:* Access to a greater array of human services and a more consistent quality of care creates a more stable and successful community

*For the County governments:* A more sustainable organization with reduced cost to serve ensures counties are able to provide residents with the services they need
Vision
Vision

A flexible partnership providing quality human services with great results!

Mission

The Southeast Minnesota Regional Human Services Delivery Authority is a visionary collection of counties united in delivering human services to all its citizens by:

1. Offering a full continuum of care with consistent high quality
2. Emphasizing prevention and early intervention
3. Emphasizing innovative, region-wide use of a network of people and resources
4. Partnering with consumers and community providers
5. Being accountable to citizens for effectiveness in care delivery and efficiency in the costs to serve
Vision

Guiding Principles

• Strive for the best possible short-term and long-term outcomes for each available taxpayer dollar

• Develop an engaged-consumer-centered system that is focused on meeting individual consumer needs, including accessibility, by offering choices that meet personal and community outcomes rather than providing a one size fits all approach

• Ensure opportunities for consumers to grow accountability and bear personal responsibility in achieving personal goals and outcomes

• Implement a system-wide commitment to measurement, learning, and continuous improvement

• Provide transparency, equity in outcomes and access, and consistency of opportunity

• Create a win-win-win deal for consumers, the counties, and Minnesota
Practices and Processes
Redesigned human services practices and processes will be supported through a combination of local and remote capabilities, depending on several criteria.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Higher</th>
<th>Lower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td>Expertise</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>Rules-Based</td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td>Consumer Contact</td>
<td>Lower</td>
<td>Higher</td>
</tr>
</tbody>
</table>
## Practices and Processes

**Local and Remote**

*Each activity and function was analyzed to assess the degree to which it’s delivery is dependent on location – those dependent on location are considered “local” while the rest are considered “remote.”*

<table>
<thead>
<tr>
<th><strong>Local</strong></th>
<th><strong>Remote</strong></th>
<th><strong>Operations</strong></th>
<th><strong>Service Delivery</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>• Processing collateral (incl. document scanning) that come into local office</strong></td>
<td><strong>• Most business functions</strong></td>
<td><strong>• Case management</strong></td>
<td><strong>• Management and dispatch of local workforce</strong></td>
</tr>
<tr>
<td><strong>• Employee workspace</strong></td>
<td><strong>• Training</strong></td>
<td><strong>• Assessment / investigation</strong></td>
<td><strong>• Specialized, low-volume clinical expertise</strong></td>
</tr>
<tr>
<td><strong>• Meeting space for public</strong></td>
<td><strong>• IT (including helpdesk)</strong></td>
<td><strong>• Treatment services</strong></td>
<td><strong>• Information and referral (hotline, 2-1-1, etc.)</strong></td>
</tr>
<tr>
<td><strong>• Maintenance of local relationships (police, fire, courts, providers, schools, hospitals, public health, etc.)</strong></td>
<td><strong>• HR</strong></td>
<td><strong>• Care coordination, including interfaces with other entities (e.g., courts, DPH, etc)</strong></td>
<td><strong>• Outreach and education</strong></td>
</tr>
<tr>
<td><strong>• Contracting/procurement</strong></td>
<td><strong>• Program evaluation</strong></td>
<td><strong>• Information and referral (front door)</strong></td>
<td><strong>• Quality assurance</strong></td>
</tr>
<tr>
<td><strong>• Communications</strong></td>
<td><strong>• Communications</strong></td>
<td><strong>• Grants</strong></td>
<td><strong>• Provider relationship management</strong></td>
</tr>
<tr>
<td><strong>• Grants</strong></td>
<td><strong>• Waiver management</strong></td>
<td><strong>• Waiver management</strong></td>
<td><strong>Illustrative</strong></td>
</tr>
</tbody>
</table>

**High Touch**

**Low Touch**
The assessments of local and remote activities are organized by program area (Level 1) and then by process step (Level 2).
Each assessment is shown as illustrated below – with the activities that have a location-specific requirement and those that can take place anywhere.

<table>
<thead>
<tr>
<th>Process</th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Information and Referral  | 80%    | 20%   | • Remotely handles I&R via calls and/or website, hosts centralized information repository  
|                           |        |       | • Local offices receive walk-ins requests for information and connects with centralized I&R |

Activities that must be performed in a specific location, in the field

Activities that can be performed in any location

High-level description of how activities would be split into ‘central’ and ‘field’ components

All activities, both remote and local, are housed within the SDA
Practices and Processes

Key Considerations

• Wherever possible, services will be moved into the SDA

• Service providers will be leveraged increasingly for treatment services

• The region will drive to maximize self-service opportunities as appropriate

• Navigators would exist in the community to assist consumers as needed – they would be paid or unpaid and focused on connecting consumers with the appropriate services

• Field level work is focused on delivering services directly to consumers

• Field workforce is deployed through a mix of service centers and remote telecommuters

• Telecommuting will be enabled through appropriate accountability and technology measures

• The service delivery system will work to leverage state systems and utilize new technology
Practices and Processes: Social Services
Practices and Processes
Social Services Program Areas

**Protective Services**
- Child Protective Services (Safety, Permanency, and Well-Being)
- Adult Protective Services (Safety, Permanency, and Well-Being, and Financial Exploitation)

**Behavioral Health**
- Mental Health
- Chemical Dependency

**Disability Services**
- Developmental Delays
- Disabilities

**Waiver Management**
- Community Alternative Care, Community Alternatives for Disabled Individuals, Developmental Disabilities, Traumatic Brain Injury
- Alternative Care, Elderly Waiver

**Specialized Services**
- Volunteer Coordination
- Counseling
- Vulnerable Population Support
## Practices and Processes
### Social Services Overview

<table>
<thead>
<tr>
<th>Service</th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| **Protective Services**  | ![Remote Icon] | ![Local Icon] | • Locally delivered  
                             • I&R and reporting support provided centrally  
                             • Clinical expertise for complex conditions leveraged centrally |
| **Behavioral Health**    | ![Remote Icon] | ![Local Icon] | • For both children and adults, majority of activities involve community outreach and treatment, which are done in the field  
                             • Clinical expertise for complex conditions leveraged centrally |
| **Disability Services**  | ![Remote Icon] | ![Local Icon] | • Treatment and support provided in the field, including residential  
                             • Clinical expertise for complex conditions leveraged centrally |
| **Waiver Management**    | ![Remote Icon] | ![Local Icon] | • Interface with consumers and service delivery provided in the community  
                             • Slots, authorizations, and financial management provided centrally |
| **Specialized Services** | ![Remote Icon] | ![Local Icon] | • Management and dispatch of specialized services handled regionally  
                             • Services delivered in the field to consumers and counties |
## Practices and Processes
### Protective Services

### Level 2 Processes

<table>
<thead>
<tr>
<th>Process</th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Education</td>
<td>![Remote]</td>
<td>![Local]</td>
<td>• Field offices provide limited walk in support and referral, location for parent support groups, etc.</td>
</tr>
</tbody>
</table>
| Information / Referral        | ![Remote] | ![Local] | • I&R handled via 2-1-1 and website, with automatic referral to hotline. Field office would distribute materials, send consumers to hotline, and be responsible for maintaining accuracy of database for local programs  
• Field also handles walk-ins |
| Intake / Screening            | ![Remote] | ![Local] | • Hotline handles all calls that come in and conducts initial screen, refers to field when there arises a level of concern (“second screen”)  
• Field also handles walk-ins and immediate screenings |
| Investigation                 | ![Remote] | ![Local] | • SDA would serve as hub for region-wide visibility of investigative staff  
• Investigations and follow ups occur in the field |
| Assessment                    | ![Remote] | ![Local] | • SDA would serve as hub for region-wide visibility of assessment staff  
• Assessments and follow ups occur in the field |
| Case Planning and Management  | ![Remote] | ![Local] | • Case workers from SDA work in counties with families to plan cases, provide support/treatment, and transition to case closure.  
• Reporting and quality assurance is supported by the SDA |
| Case Closure                  | ![Remote] | ![Local] | • Administrative closure activities occur centrally, with some field action required |
| Evaluation                    | ![Remote] | ![Local] | • Continuous evaluation occurs in the field, with audits being supported by the SDA |
Practices and Processes
Protective Services Considerations

Level 2 Processes

Key Assumptions:
• The SDA must maintain an ability for some volume of consumer walk-in to local offices
• There will be a central hotline for reporting abuse/neglect, initial screening of reports, and referrals for action (covers crisis related to CPS, APS, guardianship, mental health, etc.)
• The high touch services of investigations and treatment will work in field with families
• The SDA will have an individual or central team focused on investigating the growing number of financial exploitation cases in the region
• For safety/crisis responses that require urgent, 24/7 response, the SDA must have the capability to dispatch someone quickly (although response could come from law enforcement)
• The SDA should assist with the central resourcing of clinical expertise for complex cases
• By “blurring” county lines, the SDA enable cross-county cases and services, when necessary
• SDA staff in local communities will be charged with maintaining relationships with key community stakeholders
• A key component of SDA community education will be a focus on Prevention programs
• The SDA will provide a “pre-petition screening team” to avoid extensive travel by local staff for short interviews

Important Implementation Considerations:
• The SDA must develop an approach for working with county courts (e.g., mandated assessments, custody rights, etc.)
• SDA methods/processes to effectively maintain relationships with schools across the region will be needed
• A SDA approach to effectively handle Quality Assurance (QA) and provider /contracting oversight and management will be needed, especially with various health plans
### Practices and Processes

#### Behavioral Health

#### Level 2 Processes

<table>
<thead>
<tr>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| ![Diagram](remote.png) | ![Diagram](local.png) | • Centralized 2-1-1 system to provide I&R  
• Some contact available in field offices for walk ins, calls, outreach, etc.  
• Triage function at front desk and internal referrals from schools and social workers |
| ![Diagram](remote.png) | ![Diagram](local.png) | • Development and distribution of communications and materials managed centrally  
• Actual outreach and education in local communities |
| ![Diagram](remote.png) | ![Diagram](local.png) | • Screening expertise in the field as needed, but support functions and higher level expertise could be provided centrally |
| ![Diagram](remote.png) | ![Diagram](local.png) | • Case management provided in the field, but coordinated centrally with clinical staff and other social services |
| ![Diagram](remote.png) | ![Diagram](local.png) | • Management, reporting, and some higher level expertise provided centrally, but all treatment delivered in the field (through providers, in most cases) |
| ![Diagram](remote.png) | ![Diagram](local.png) | • Clinical assessment in the field, administration and formal case closure processed centrally |
| ![Diagram](remote.png) | ![Diagram](local.png) | • Evaluation is managed and executed centrally, but some data will be collected and entered in the field |
Practices and Processes
Behavioral Health Considerations

Level 2 Processes

Key Assumptions:
• A SDA priority will be more direct treatment provided in the communities (e.g., group care)
• The SDA will leverage existing collaborative initiatives that have proven successful
• The SDA will enable clinical expertise being available in a central location to provide consultation to case workers in local communities across the region (e.g., child psychiatry)
• It is assumed that crisis intervention services and 72-hour holds will be handled locally
• The SDA will provide a central I&R phone service. However, this phone service must not result in multiple “handoffs” as that practice would not work for this population (especially CD)
• It is understood there are not mandated case management requirements for chemical dependency cases (except for civil commitments)

Important Implementation Considerations:
• Attention must be devoted to understanding how relationships with local hospitals will be effectively managed, maintained, and enhanced
• A service delivery approach/policy will need to provide guidance on the extent to which treatment is directly delivered by SDA staff vs. outsourced to providers
# Practices and Processes
## Disability Services
### Level 2 Processes

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information/Referral</td>
<td></td>
<td></td>
<td>• As much I&amp;R as possible pushed to access center, however will still need to provide limited support in local offices for walk ins</td>
</tr>
<tr>
<td>Community Education</td>
<td></td>
<td></td>
<td>• All communications and education are managed and executed centrally</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Focus would be on funding ARC and other community-based education initiatives</td>
</tr>
<tr>
<td>Intake/Assessment</td>
<td></td>
<td></td>
<td>• Referral reviewed and sent out for assessment/tests which are conducted by providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Gather financial information and liaise with eligibility team to confirm client is qualified to receive funded services</td>
</tr>
<tr>
<td>Case Planning and</td>
<td></td>
<td></td>
<td>• Case worker in field working one-on-one with family on person-centered planning</td>
</tr>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td>• SDA supports processing of paperwork</td>
</tr>
<tr>
<td>Support Services</td>
<td></td>
<td></td>
<td>• Group homes, attended care, independent living, etc. delivered in the field</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Management, supervision, and clinical expertise in central office</td>
</tr>
<tr>
<td>Case Review and</td>
<td></td>
<td></td>
<td>• Clinical expertise needed in the field, but management and administration conducted centrally</td>
</tr>
<tr>
<td>Closure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
<td>• Evaluation is managed and executed centrally, but some data would be collected and entered in the field</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Could be centralized across all programs</td>
</tr>
</tbody>
</table>
Practices and Processes
Disability Services

Level 2 Processes

**Key Assumptions:**
- The majority of treatment and supports will take place in residential facilities or in homes
- SDA case workers required to have face-to-face consumer contact at twice per year
- The Counties would fund ARC and other community-based education initiatives
- A SDA assessment will include cognitive testing, functional skills testing, and mental health testing

**Important Implementation Considerations:**
- The SDA will need to assess and remain attentive to the accessibility of state hospitals services in the region and any potential changes or reduction of their availability
- A SDA priority should be to secure expanded support from DHS for DD case management
- It will be important for the SDA to carefully follow and understand DHS plans regarding the number of Group Residential Homes. If DHS reduces GRH availability this will have a potential adverse impact on other programs such as disability services, adult protective services, and adult chemical services.
## Practices and Processes
### Waiver Management

### Level 2 Processes

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake/Assessment</strong></td>
<td></td>
<td></td>
<td>• Initial assessment call conducted centrally</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td></td>
<td></td>
<td>• Eligibility determination is coordinated by central SDA</td>
</tr>
<tr>
<td><strong>Determination</strong></td>
<td></td>
<td></td>
<td>• LTCC is performed in the field</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Coordinates with income maintenance team for financial eligibility (if not</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>already eligible)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• For disability waivers, coordinates with SSA or other entity for disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>determination</td>
</tr>
<tr>
<td><strong>Waiting List</strong></td>
<td></td>
<td></td>
<td>• Once approved, waiting list management is handled centrally to</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td></td>
<td></td>
<td>optimize utilization of slots</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Note: there is no waiting list for EW or AC waivers</td>
</tr>
<tr>
<td><strong>Case Planning and</strong></td>
<td></td>
<td></td>
<td>• Once slot is identified for individual, case is handed off to case worker</td>
</tr>
<tr>
<td><strong>Management</strong></td>
<td></td>
<td></td>
<td>for management of service plan, as appropriate</td>
</tr>
<tr>
<td><strong>Case Review and</strong></td>
<td></td>
<td></td>
<td>• Clinical expertise needed in the field, but management and</td>
</tr>
<tr>
<td><strong>Closure</strong></td>
<td></td>
<td></td>
<td>administration conducted centrally</td>
</tr>
</tbody>
</table>
Practices and Processes
Waiver Management

Level 2 Processes

**Key Assumptions:**
- Since currently many counties manage waiver slots differently, the SDA will establish a more uniform process to manage the slots/dollars available to waiver services across the region.
- The SDA will utilize an automated Waiver Management System that will effectively manage, track, and report on waiver applicants, slot availability, costs, etc. to better match waiver slot availability with client service needs across the region (this will not be necessary for EW or AC waivers as there is no waiting list).

**Important Implementation Considerations:**
- It will be important for the SDA to take advantage of the scale of the SDA to enhance waiver application and processing capabilities.
- The SDA must explore and understand the DHS implementation plan for Minnesota Choices and whether it includes a unified assessment for all types of waivers.
## Practices and Processes
### Specialized Services

#### Level 2 Processes

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volunteer Coordination</strong></td>
<td>![Remote]</td>
<td>![Local]</td>
<td>• Coordination of volunteers, donations, and development of navigator program handled regionally</td>
</tr>
</tbody>
</table>
| **Counseling**        | ![Remote] | ![Local] | • Management and dispatch of child psychiatry, in-home family therapy, and fathers support program coordinated centrally  
                      |        |       | • Services delivered in the field to consumers and counties (typically through providers) |
| **Vulnerable Population Support** | ![Remote] | ![Local] | • Management and dispatch of housing needs, court social work, and interpreters handled regionally  
                      |        |       | • Guardianship program coordinated centrally (delivered through providers)  
                      |        |       | • Services delivered in the field to consumers and counties |
Practices and Processes
Specialized Services

A regional model presents the opportunity to offer specialized, low-volume, high-expertise social services to all counties.

Volunteer Coordination
- Volunteer driver coordination
- Donation coordination
- Navigator development program

Counseling
- Child psychiatry
- In-home family therapy / counseling
- Fathers support program

Vulnerable Population Support
- Housing needs coordination
- Court social worker
- Interpreters
- Homelessness program
- Guardianship program
Practices and Processes

Specialized Services

Level 2 Processes

**Key Assumptions:**

- These specialized services were identified by the counties as areas of high demand for which special attention should be paid in a regional model.
- These services will be delivered through a mix of county and provider staff, depending on the service.
Practices and Processes: Support Services
Practices and Processes
Support Services Programs

Income, Food, and Medical Assistance
• Financial Support Programs
• Food Support
• Medical Assistance

Licensing
• Child Care Licensing
• Child Foster Care Licensing (in cooperation with child services)
• Adult Foster Care Licensing (in cooperation with adult services)

Child Support
• Public Assistance
• Non Public Assistance
# Level 1 Processes

<table>
<thead>
<tr>
<th>Service</th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| Income, Food, and Medical Asst. | ![Remote](#) ![Local](#) | ![Remote](#) ![Local](#) | - Remote: Hosts I&R and conducts interviews, processing and maintenance on applications and cases  
- Local: Receives walk-ins, documents |
| Child Support               | ![Remote](#) ![Local](#) | ![Remote](#) ![Local](#) | - Remote: Conducts processing and maintenance on cases  
- Local: Receives walk-ins and documents |
| Licensing                   | ![Remote](#) ![Local](#) | ![Remote](#) ![Local](#) | - Remote: Conducts processing and maintenance on applications and cases  
- Local: Receives walk-ins and documents, performs licensure decisions |
# Practices and Processes
## Income, Food, and Medical Asst.

### Level 2 Processes

<table>
<thead>
<tr>
<th>Services</th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Remote</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Information/Referral</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Intake / Screening</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Eligibility Decision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Redetermination of Eligibility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation / Quality Control / Audits</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Case Closure</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Practices and Processes
IA/F/MA Considerations

Level 2 Processes

Key Assumptions:
• For SDA operations, it is assumed there is no requirement for in-person intake interviews with the following exceptions:
  • There is a Minnesota requirement for MFIP/DWP in-person interview requirement - in most cases, the first interview could be face-to-face, with subsequent interviews to be remote; A waiver would need to be requested to allow for remote interviews
  • Some clients prefer in-person interviews, especially in the LTC program. Clients should be provided options for in-person intake interviews
• Medical assessments will be performed in person by certified medical professionals, not by county/state income or medical assistance staff
• DWP services will be delivered by a contracted workforce provider, not by SDA staff
• The only SDA county to provide Energy Assistance Program (EAP) and Community Assistance Program (CAP) eligibility determination will be Olmsted (other counties do not operate these programs)

Important Implementation Considerations:
• The SDA should explore the feasibility of enabling self service for individual, community organizations, and navigators through technology in order to provide greater access while also minimizing the need for a physical visit to a local SDA office to secure information and/or seek assistance
• The SDA should consider assigning the MFIP requirement for a face-to-face contact before a MFIP sanction to the employment service provider
• The SDA will need to develop a uniform policy and process for paying for indigent burials
## Level 2 Processes

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| **Information/Referral** |        |       | • Remote: Handles I&R via calls and/or website, hosts centralized information repository  
• Local: Receives walk-ins requests for information and connects with centralized I&R |
| **Intake / Screening**  |        |       | • Remote: Processes paper-based and web-based applications for services  
• Local: Receives in-person applications/documents, fees and payments, scans and/or routes to central office for processing. Handles all applications and intake for non-public assistance cases |
| **Open, Locate, Establish, Enforce** |        |       | • Remote: Execute case processing steps of open, locate, establish, enforce, interfacing with county, DHS (e.g., for interstate), or other attorneys as needed; Assess good cause and divert case if appropriate. Includes processing of Contempt Motions by County Attorney.  
• Local: Some Establish and Enforce actions may require face-to-face with client and/or notarized documents |
| **Modify (if necessary), and some Paternity Actions** |        |       | • Remote: Modify court orders as appropriate  
• Local: Some modification, paternity, and establish court orders may require face-to-face contact |
| **Case Closure**        |        |       | • Remote: Process non-PA case requests for case closure; close all cases on cause  
• Local: None |
| **Evaluation / Quality Control** |        |       | • Remote: Regularly assess quality and timeliness of case processing  
• Local: None |
Key Assumptions:

- The SDA will be a public entity, and therefore meet the criteria for access to the current ‘locate’ tools and data sources to which County staff currently have access (e.g., IRS tax information, state employment records, etc.)
- An effective process will be developed between the SDA, County Attorneys, and others for paternity determinations, establishment of court orders, and enforcement of child support orders
- Although much of the collection and disbursement of Child support payment are handled at the State level, the SDA will need a process to receive fees and payments, and then forward the same to the state for processing
- Since the Central Interstate Registry process is operated by DHS, DHS will refers interstate cases to the SDA rather than to Counties. In reverse, the SDA will send interstate requests directly to another state’s Interstate Registry for assistance with a SDA child support case

Important Implementation Considerations:

- The SDA will need to determine and establish:
  - Agreements/authorization for access to appropriate data (e.g. IRS information, employment records, etc)
  - Arrangements for legal support for child support activities
  - Agreements regarding the role of county attorneys in child support matters
# Practices and Processes

## Licensing

### Level 2 Process

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| **Information / Referral** |        |       | ▪ Remote: Handles I&R via calls and/or website; works with potential applicants to determine the most in-demand type of service/home  
▪ Local: Receives walk-ins requests for information and connects with centralized I&R |
| **Intake**             |        |       | ▪ Remote: Upon request, sends application to interested party; Receive paper-based and web-based applications for services; Manages common forms  
▪ Local: Receives walk-ins applications/documents, and scans/routes to central for processing |
| **Assessment / Investigation** |        |       | ▪ Remote: Conduct initial screening, orientation training for interested applicants; receive fees (as appropriate), background checks, validate completion of required training, facility visit/safety inspections .and work with fire marshal/building inspector for inspections  
▪ Local: Conduct home study |
| **Licensure Decision**  |        |       | ▪ Remote: Provide application information to licensed social worker to assess candidacy for license  
▪ Local: Taking into account all application information, make determination on issuance of license; for foster care, work with home to prepare |
| **Case Management**     |        |       | ▪ Remote: Process periodic re-licensure activities (e.g., training, fees, etc.); Work with child or adult protection on any complaints  
▪ Local: For foster care, work with home on placement decision and ongoing case management and support |
| **Evaluation**          |        |       | ▪ Remote: Regularly assess quality and efficiency of licensure process  
▪ Local: None |
Level 2 Processes

Key Assumptions:

• Basic orientation, training and education of licensees will be provided by SDA staff (as is currently performed by County staff), with recurring required training provided by community organizations (as is currently the case)
• SDA social workers will perform the home studies that are required for the child and adult foster care licensure process
• The SDA will develop a standard, consistent licensure process and forms across the region
• The SDA will develop a process for the assessment, collection, handling, and accounting of licensure fees

Important Implementation Considerations:

• The SDA will need to understand the timeline and implications of the DHS pilot for child care licensing
• The SDA will need to develop a point of view related to the question of whether child care licensing should become a DHS function, and if so, the consideration that the SDA should seek in exchange
Practices and Processes: Administrative
Practices and Processes

Administrative Functions

Human Resources
- Time and Attendance
- Process and Distribute Payroll
- Recruiting, Hiring, and On-boarding
- Personnel Performance Management
- Classification and Compensation
- Benefits Administration
- Employee Relations
- Administration and General Trainings

Information Technology
- State systems
- SDA management systems
- SDA infrastructure

Finance / Accounting
- Budgeting
- Accounts Payable
- Accounts Receivable / Billing
- Collections
- General Ledger
- Reporting
- Procurement
- Additional Financial Services

Legal
- Child support enforcement
- Commitments
- Specialized legal counsel (e.g., bargaining unit)

Planning and Evaluation
- Quality Assurance and Programs Evaluation (incl. data analysis and data privacy)
- Revenue Maximization and Fraud Prevention
- Risk Management
- Provider Management
- Training and Knowledge Management
- Grant Writing

Operations Support Services
- Building/Maintenance
- Equipment (non-IT)
- Vehicles

Communications
### Practices and Processes

#### Administrative Functions

#### Level 1 Processes

<table>
<thead>
<tr>
<th></th>
<th>Remote</th>
<th>Local</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| **Human Resources**            |        |                                                                      | • HR will be largely centralized  
• A few field protocols will remain feeding back to the central office |
| **Information Technology**     |        |                                                                      | • IT will be largely centralized  
• A few field protocols will remain feeding back to the central office |
| **Finance / Accounting**       |        |                                                                      | • Finance / Accounting will be largely centralized  
• A few field protocols will remain feeding back to the central office |
| **Legal**                      |        |                                                                      | • Legal will be largely centralized  
• A few field protocols will remain feeding back to the central office |
| **Planning and Evaluation**    |        |                                                                      | • Management of service delivery support services will be largely centralized  
• Services will include quality assurance, data analysis, and revenue maximization, etc |
| **Operations Support Services**|        |                                                                      | • Management of operations support services will be evenly split between central and field offices  
• Services include building maintenance, equipment, etc |

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Key Assumptions:
- The MN Merit System is primarily focused on delivering services related to the hiring process, the remaining services are typically provided by the county currently
- A SDA HR model would need to be certified by the MN Merit System
- The SDA would develop internal policies as appropriate
- Line staff, despite geographic diversity, would report to one supervisor
- Leading practice for HR staff loading, per Saratoga Institute study, 1:120, HR : Total Employees
- Most counties manage IT at the county-level (rather than the human services level) – we will need to supplement the SDA with dedicated personnel
- SDA IT employees and systems would be sourced from a third party, who would provide management of IT systems and Infrastructure for the SDA-specific needs, IT help desk support, etc.

Important Implementation Considerations:
- The SDA will need to work with the bargaining units during transition to redesigned model
- The SDA should consider how to leverage the MN Merit System
- The SDA should continue to advocate jointly for update and improvements to state systems, in coordination with SDA IT plans
- The SDA should develop a regional data privacy and protection approach
- Most finance/accounting activities are handled at the county-level (i.e., not at the human services level)
- Changes in reporting requirements would be needed to submit reports at a SDA rather than a county level
Organizational Model
Organizational Model
Organizational Chart

The organization chart is designed to formalize population-based practice, deliver excellent customer service, and provide the service and administrative infrastructure to support the regional delivery system.

*FTE numbers for supervisors, managers, and staff will be based on program-specific span of control and caseloads
Organizational Model
Consumer Contact

Description
The consumer contact organization serves as the “front door” for consumers, providing virtual and physical methods to access information and services.

Key Functions
- Information and Referral (both web and phone)
- 24 hour emergency hotline
- Referral to appropriate intake worker
- Reception in field service centers
- Community education and outreach

Key Interactions
- Connects with consumers to ensure each person is connected with the appropriate services
- Works with programs and community organizations to understand full range of services available to consumers

Expected Benefits
- Simplified access for consumers
- Reduced traffic in front lobbies
- Increased productivity/reduced distractions for program workers
- Increased consumer satisfaction through better responsiveness and faster handle times
Organizational Model
Adult Services

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The adult services organization coordinates person-centered and consumer-directed care for vulnerable adults, those with disabilities, and those with behavioral health needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Intake</td>
</tr>
<tr>
<td>- Investigation / Assessment</td>
</tr>
<tr>
<td>- Case Management</td>
</tr>
<tr>
<td>- Case Closure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Works with consumer contact organization to address needs with appropriate services</td>
</tr>
<tr>
<td>- Works with other programs to ensure appropriate System of Care is provided to each consumer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expected Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Increased focus on common risks and effective supports and services for the adult population</td>
</tr>
<tr>
<td>- Increased consumer satisfaction through better coordination of cases and services</td>
</tr>
<tr>
<td>- More consistent quality of care through regional accountability for results</td>
</tr>
<tr>
<td>- Better use of resources through regional deployment of workforce</td>
</tr>
</tbody>
</table>
Organizational Model
Support Services

Description
The support services organization provides economic supports needed for healthy living, including income, food, health care, and child support. It also works with the program areas to coordinate licensing processes.

Key Functions
- Intake and Screening
- Assessment and Investigation (for licensing)
- Decision and Case Management (for income, food, and health care supports, and for licensing)
- Open, Locate, Establish, Enforce (for Child Support)
- Modify (for Child Support)
- Case Closure

Key Interactions
- Works with consumer contact organization to address needs with appropriate services
- Works with other programs to ensure appropriate System of Care is provided to each consumer

Expected Benefits
- Better use of regional capacity through normalization of caseloads
- Increased consumer satisfaction through better coordination of cases and services
- More consistent quality of care through regional accountability for results
- Increased opportunities for lessons learned and collaboration across and within like programs
## Organizational Model
### Children, Youth, and Family Services

### Description

The children, youth, and family services organization coordinates early intervention and person-centered care for abused and neglected children, those with disabilities or developmental delays, those with behavioral health needs, as well as their families.

### Key Functions

- Intake
- Investigation / Assessment
- Case Management
- Case Closure

### Key Interactions

- Works with consumer contact organization to address needs with appropriate services
- Works with other programs to ensure appropriate System of Care is provided to each consumer

### Expected Benefits

- Increased focus on common risks and effective supports and services for the child population
- Stronger results through family-centered, strengths-based, and coordinated care
- Reduced reentry of children into the system
- More consistent quality of care through regional accountability for results
- Better use of resources through regional deployment of workforce
## Organizational Model
### Administrative Services

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The administrative services organization supports and enables the programs through a regional strategic and operational infrastructure</td>
</tr>
</tbody>
</table>

### Key Functions

<table>
<thead>
<tr>
<th>- Human Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Legal</td>
</tr>
<tr>
<td>- Finance</td>
</tr>
<tr>
<td>- Information Technology (coordination)</td>
</tr>
<tr>
<td>- Planning and Evaluation</td>
</tr>
<tr>
<td>- Operations Support</td>
</tr>
<tr>
<td>- Communications</td>
</tr>
</tbody>
</table>

### Key Interactions

- Works with each part of the organization

### Expected Benefits

- Stronger program results through planning and evaluation support
- More consistent level of support throughout the region
- Better use of resources through regional deployment of workforce
Technology
Modern technology tools will be needed at the state-, the SDA-, and the field-level to equip a regional workforce.

Role of Technology in a SDA Environment

- Improve overall human services consumer access, experience, and outcomes
- Provide a more effective and efficient service delivery process across the region
- Equip caseworkers, support staff, and managers with modern technology features and capabilities

Key Technology Tools

<table>
<thead>
<tr>
<th>State Systems</th>
<th>SDA Management Systems</th>
<th>SDA Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- MAXIS</td>
<td>- Finance</td>
<td>- Network</td>
</tr>
<tr>
<td>- PRISM</td>
<td>- Analytics/Reporting</td>
<td>- Laptop/PC, Printers</td>
</tr>
<tr>
<td>- MMIS</td>
<td>- Access Center Management</td>
<td>- Servers</td>
</tr>
<tr>
<td>- SSIS</td>
<td>- SharePoint (e.g., Olmnet)</td>
<td>- Security/Data-Security</td>
</tr>
<tr>
<td>- MEC2</td>
<td>- Information and Referral</td>
<td>- Integrated Communications</td>
</tr>
<tr>
<td>- MN-ITS</td>
<td>- Human Resources</td>
<td>- Electronic Data Storage</td>
</tr>
<tr>
<td>- Odyssey</td>
<td>- Electronic Document Management</td>
<td>- Remote Support</td>
</tr>
<tr>
<td>- WMS</td>
<td></td>
<td>- Video Conferencing</td>
</tr>
</tbody>
</table>
Technology
Recommended State System Improvements

Through discussions with the counties, the following potential improvements were noted to state systems and interfaces.

- More interoperability to share information efficiently and effectively among and across systems, as authorized/approved by policy and security guidelines
- Self service (or options thereof)
- Better reports/management tools
- More automated workflow
- Interoperability with electronic document management system (EDMS)
- Connectivity for telecommuters (state system access)
- More flexibility to incorporate policy or program changes
**Technology State Systems: Key Components**

- **Technology Platform**
  The Technology Platform should be flexible and service-based to help manage a wide array of citizen services in an integrated manner to reduce technology and management costs and improve service delivery.

- **Citizen Self-Service Portal**
  The Citizen Self-Service Portal should be a secure, public-facing portal that collects the data needed to assess the citizen's eligibility for benefits. The portal promotes self sufficiency, enhances outreach, and provides a new channel for clients to interact with their case worker in a secure environment.

- **Integrated Eligibility and Case Management System**
  The Integrated Eligibility and Case Management System should be an integrated, flexible, client-focused solution for the full range of social services and support services. The system’s business services, rules, portlets and other components should be integrated though the Technology Platform using Service Oriented Architecture (SOA ) standards and principles.
Technology
Overview of Proposed Architecture

Stakeholders
- Citizens / Consumers
- SDA Workers
- Providers
- Community Partners

Access Channels
- Internet / Website
- Phone
- Postal Mail and Email
- Office Walk-in

Portal Services
- Citizens/Consumers
- SDA Staff
- Providers
- Community Partners

Business Services
- Support Services
- Social Services
- Administration
- Consumer Contact
- Client Index
- Forms Processing
- Printing & Mailing
- Calendar Mgt.
- Fiscal Services
- Data Exchange

Technical Services
- Integration and Workflow Services
- Application and Rules Engine Services
- Document Management and Reporting Services
- Archival
- Reporting
- MFIP, DWP, Food Support, MA, GA, MSA, etc. data

Data Services
- Access Management
- Identity Management
- Data & Message Security Auditing/Logging

Security Services
- Client Index
- Forms Processing
- Printing & Mailing
- Calendar Mgt.
- Fiscal Services
- Data Exchange
Technology
How The SDA Could Move Forward

Considerations and Potential Approach

- **There is a recognized need for a more modern human services technology system**
  - Counties should continue to emphasize the inadequacy of the current systems (MAXIS, PRISM, SSIS, etc.) for enabling an efficient or effective regionally-based human service delivery system as envisioned by DHS and by the Bush Foundation Blueprint
  - DHS should proactively help Counties identify the automation/technology support needed to deliver to DHS a more regionally-based human services delivery system as envisioned in the SDA legislation

- **Time-limited enhanced federal funding opportunities are currently available**
  - Prompt and decisive action is required by the MN legislature and DHS to secure the enhanced federal funding opportunity now available as part of the federal health care reform law
  - The federal government has determined that systems developed in compliance with health care reform must be interoperable with Human Service systems

- **The counties should continue to work with DHS and the MN legislature**
  - Act now to ensure appropriate support and funding is available for the implementation of more efficient and effective regionally-based redesigned human service delivery systems as envisioned by the SDA legislation and by the Bush Foundation Blueprint
## Technology
### SDA IT Systems and Infrastructure

Based on county input and leading practices, **initial options** for provision of IT systems and infrastructure are identified below. This analysis will be used in developing the business case and will be refined and revised during implementation to reflect more detailed analysis of all options.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Potential Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buy/build exclusive for the SDA</td>
<td>• EDMS</td>
</tr>
<tr>
<td></td>
<td>• Access Center management</td>
</tr>
<tr>
<td></td>
<td>• Analytics and reporting</td>
</tr>
<tr>
<td>Contract with a member county</td>
<td>• Finance</td>
</tr>
<tr>
<td></td>
<td>• Human Resources</td>
</tr>
<tr>
<td></td>
<td>• Procurement</td>
</tr>
<tr>
<td>Contract with third party provider</td>
<td>• All SDA infrastructure</td>
</tr>
</tbody>
</table>
Infrastructure and Facilities
Infrastructure and Facilities
Hub and Field Model

The SDA will consist of a region-wide network of people, resources, and services, delivered through a mix of service delivery centers and remote workforce, to optimize capacity and bring service delivery closer to the consumer.
Designing facility and supporting infrastructure depends on assessing key factors related to population, existing staff and locations, and collaboration efforts.

Key Factors for Facility Design

- Process splits
- Prevalence of virtual workforce
- Geography
- Population density and needs/complexion
- Existing collaborations and waivers for administrative/programmatic flexibility
- Existing staff and expertise
- Existing facilities
- Private providers (formal and informal supports)
People
The SDA will be empowered through its people - developing the right people for the SDA means developing your human capital and equipping them to serve your consumers.

<table>
<thead>
<tr>
<th>People</th>
<th>Key Principles</th>
</tr>
</thead>
</table>
| **Internal** | • Regional career path for SDA employees  
• Dedicated personnel development  
• Emphasis on specialization |
| **External** | • Circles of support provide informal network for consumers  
• Navigators connect consumers with the combination of community and government resources that will best meet their needs |
People
Integrated Support

Consumers should be surrounded by an integrated team of internal and external support and care coordination.

<table>
<thead>
<tr>
<th>Short-term services or supports</th>
<th>Intermediate level of services or supports</th>
<th>Intensive and extended level of services and supports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle of Support</td>
<td>Service Coordinators</td>
<td>Care Managers</td>
</tr>
<tr>
<td>Navigators</td>
<td>Larger ratio of consumers to staff</td>
<td>Very small ratio of consumers to staff</td>
</tr>
<tr>
<td>Informal Coordination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Consumers should be surrounded by an integrated team of internal and external support and care coordination.
People
Implementation Considerations

• **Staff Strengths and Job Assignment**
  • Attention should be paid to matching (as best as possible) an employee’s strengths and preferences with their program assignment and job duties
  • This can result in not only greater efficiency/effectiveness/quality of service, but also improved morale, employee engagement, and job satisfaction

• **Quality Consumer Interaction at Point of Contact**
  • First impressions/interactions by SDA staff with the consumer can be critical to consumer satisfaction and community support
  • Since there will be a Access Center / Centralized Intake process, consideration should be given to 1) the ability/qualifications/training of Access Center / Intake staff to readily resolve/handle usual contacts without a need to regularly “hand-off/transfer” the contact to a more skilled person; and 2) adequate staffing to avoid delays, queue overloads, degraded quality of consumer/staff interaction, etc.

• **Workforce Training**
  • Intake workers for low touch / low intensity cases should be cross-trained across all programs to promote better recognition of client needs and connection with essential programs/services
  • Training will require a balance of deep specialized skills with cross-program knowledge
  • Consideration should be given to establishing a “rotational development program” to help support cross-functional training, and also to promote manager development and career advancement/succession planning

• **Program Linkages and Cross-Functional Deployment**
  • Where feasible, financial support and social services workers should be co-located to promote program/service linkages via informal networks
Metrics
**Measuring outcomes and the return on taxpayer investment is an important part of the SE Minnesota Counties Human Services Redesign project.**

<table>
<thead>
<tr>
<th>Type of Metric</th>
<th>Examples</th>
<th>Source</th>
</tr>
</thead>
</table>
| Human services outcomes        | • Children’s Services  
• Income Supports  
• Adults’ Services          | SDA Steering Committee on Performance and Outcomes Reforms              |
| Stakeholder                    | • Consumer satisfaction levels  
• Workforce satisfaction levels  
• Community engagement       | SDA-specific                                                           |
| Return on taxpayer investment  | • Impact to HS and to county budget of programs and services             | SDA-specific (pulling analysis from counties and other sources)        |
| Operational                    | • Service levels for internal HR, IT, Finance, and other functions      | SDA-specific                                                           |
|                                | • Service levels for external-facing functions, including access centers, customer services |                                                                       |
The Steering Committee on Performance and Outcomes Reforms is working to align result areas and metrics across workgroups.
To date, the Children’s Services Work Group has developed results statements and performance measures for all children’s services.

- Results Statement #1: Children are safe from abuse and neglect
  - Repeat accepted maltreatment reports
  - Repeat determination of maltreatment
- Results Statement #2: Children are safe from self-harm
  - Functioning as measured by the CASII and SDQ scores
- Results Statement #3: Children are stable in their living situation
  - # of out-of-home placement settings
  - Repeat out-of-home placements
- Results Statement #4: Children have permanent families
  - Timely establishment of permanency
- Results Statement #5: Children’s needs are met (individual, emotional, and developmental)
  - % receiving mental health screening
  - Frequency of social worker visits
  - % of children placed out-of-home receiving physical exams
- Results Statement #6: Children’s important relationships are strengthened and maintained
  - Aging out of foster care
  - Children placed due to child’s disabilities
  - Changes in school placements
  - % of children placed with relatives
  - Foster parent cultural and ethnic capacity is reflective of the child population
The Income Supports workgroup has also released draft results statements and metrics for cash programs, subsidies, and child support.

People are economically secure

- Result 1: People have the opportunity to attain and maintain employment
  - Percentage of MFIP/DWP adults working 30 hours or more per week or are able to move off assistance three years after a baseline
- Result 2: The way people access and enroll in income support services is timely, respectful and non-discriminatory
  - Percentage of public assistance applicants who received benefits within mandated timelines
  - Customer satisfaction survey used for assistance programs (encouraged, not required at this time)
- Result 3: Both parents contribute to children’s financial security
  - Percentage of current child support owed that is paid
  - Percentage of open child support cases with a child support order established
- Result 4: People unable to meet their basic needs receive safety net services
  - Percentage of persons potentially eligible that receive Food Support
  - Percentage of expedited Food Support applications where support was issued within 24 hours of application
  - Percentage of children in poverty that receive MFIP or DWP
People have access to health care coverage

- Result 5: Low income people have health care coverage
  - Percentage of people in poverty (and therefore potentially eligible) that are enrolled in Medical Assistance
- Result 6: The way people access, enroll and maintain health care coverage is timely, respectful and non-discriminatory
  - Percentage of health care assistance applicants who received approval within mandated timelines
  - Customer satisfaction survey used for health care coverage (encouraged, counties not required at this time)
- Result 7: People with specialized health care needs are connected to resources or services
  - No measure at this time

Children develop to their fullest potential

- Result 8: Children’s individual, emotional and developmental needs are met
  - Percentage of Medicaid enrolled children due for one or more well child visits during the report year who received at least one visit
- Result 9: Children are in quality, stable child care
  - Child Care Assistance application processing timelines met (measure under development)
  - Child Care Assistance Program continuity of care (under study)
- Result 10: Children’s important relationships are strengthened and maintained
  - Percentage of open child support cases for which paternity is established
The Adult Services workgroup is in the process of developing draft results statements and metrics.

**Adults are safe and secure**
- Result 1: Adults are safe from abuse and neglect
- Result 2: Adults experience safety based on individual needs

**Adults experience a quality life**
- Result 1: Adults achieve maximum independence
- Result 2: Adults have the opportunity to attain and maintain employment
- Result 3: Adults are connected and supported
- Result 4: Adults are empowered to make choices

**Adults receive coordinated and effective services**
- Result 1: Adults have access to person-centered care
- Result 2: Adults have access to health care
- Result 3: Adults receive coordinated services
Metrics

Stakeholder

Stakeholder involvement and satisfaction will be measured at the SDA level.

- Consumer satisfaction levels with services delivered and experience in system of care
- Engagement and representation of communities and stakeholder groups
- Staff satisfaction levels with workplace and ability to effect positive outcomes for consumers
Metrics
Return on Taxpayer Investment

*With each human service delivered, the SDA will work to identify the impacts on taxpayer investment and county participation.*

- Impact on other components of county operations, including law enforcement, courts, corrections, etc.
- Impact on human services expenditures
- Impact on health care system expenditures
The SDA is committed to maximizing the resources dedicated to human services by ensuring efficient operations and administrative support.

- Service levels for administrative support, including HR, IT, Finance, etc.
- Quality and efficiency metrics for customer service functions (including access center, website, etc.)
Enabling Legal Framework
Enabling Legal Framework
SDA Legislation

**Overview**

- Voluntary county governance/management structure certified by Redesign Council (approved by DHS Commissioner)
- Passed in 2009 HHS omnibus budget bill (Chapter 402A)
- SDAs utilize already existing models of community partnerships, build on innovations, and streamline the human services system to best meet the needs of communities, clients, and taxpayers

**How It Works**

- Must meet minimum population thresholds (55,000 minimum) via single or multicounty structure (with certain exceptions)
- Can serve as single county SDA if minimum population threshold is met
- Can combine with other counties in ‘reasonable geographic proximity’ as an SDA to deliver a service, some services, or all services
- Must designate a single administrative agent to communicate with DHS
- May be granted waivers from state regulations to achieve better results
- No structure specified in law

*Minnesota Statutes Chapter 402A, Essential Human Services; County Delivery provides enabling legislation for the formation of a Service Delivery Authority (SDA) – this mechanism provides the region with a strong option for a legal framework for redesign.*
Enabling Legal Framework

Potential Waivers

*Through discussions with the counties, the following potential waivers were noted as essential to more effective regional service delivery.*

- Option (not a mandate) to waive the face-to-face interview requirement for Income Support programs (e.g., MFIP, Food Support, DWP, etc.)
- Clarification of county court jurisdiction in a regional environment (e.g., Child Support, Commitments, Mental Health, Child Protection, Adult Protection)
- Clarification of the concept of County of Fiscal Responsibility in a regional environment (e.g., Rule 185 DD Case Mgmt, Waivers, etc)
- Authority for “local” rather than county responsibility for activities such as assessment, investigation, court commitments (ability to deploy across county lines)
- Support from DHS for administrative flexibility to change things dynamically in the SDA without seeking constant approval from the state
- Ability to use IV-E money for prevention/intervention waiver
- County maintenance of effort (MOE) requirements
- County-based advisory committee requirements
# Enabling Legal Framework

## SDA Phases of Development

<table>
<thead>
<tr>
<th>PHASE</th>
<th>DESCRIPTION</th>
<th>QUESTIONS FOR COUNTIES TO CONSIDER</th>
</tr>
</thead>
</table>
| **I. Identification** | A county or group of counties identifies a potential need for and considers the formation of a Service Delivery Authority (SDA) by conducting related internal work. | • What outcomes are the counties trying to achieve? What problem are the counties trying to resolve?  
• What Redesign path would most effectively achieve desired outcomes? SDA? JPA? Other?  
• What programs are being considered – all; some?  
• Which populations will be served? |
| **II. Exploration**   | The county(ies) begin a more formal process of preliminary information gathering and discussion with key stakeholders, including DHS, about the proposed SDA model.                          | • What will be the proposed governance structure of the SDA?  
• What structural or programmatic changes are intended?  
• Are there funding implications related to the administration of programs or services that must be addressed?  
• Are information systems changes required?  
• How will the county workforce be impacted?  
• How will formation of an SDA improve services to clients? |

*We are in the exploration phase of SDA development*
Enabling Legal Framework
SDA Phases of Development

<table>
<thead>
<tr>
<th>PHASE</th>
<th>DESCRIPTION</th>
<th>QUESTIONS FOR COUNTIES TO CONSIDER (Intended as a guide for reference only)</th>
</tr>
</thead>
</table>
| III. Notification | The county(ies) notify the Redesign Council about their intentions to pursue certification as an SDA. A preliminary draft of the SDA model being developed is provided to the Council for feedback. | • Provide a brief description:  
  o Proposed governance and administrative structure (including board approval)  
  o Counties participating and total county population base  
  o Scope of services for SDA jurisdiction and how SDA will assist in achieving improved outcomes  
  o Any similarities or differences in this proposed SDA with existing SDAs?  
• What are potential waivers from statute, rules or regulations identified at this point and why needed?  
• Have any barriers been identified that will need to be addressed as proposal is developed?  
• What stakeholders have been involved to date and/or who will be involved going forward (e.g., community organizations, contracted vendors, collective bargaining units)?  
• If there are tribal lands in the proposed SDA area, have they been engaged in discussions?  
• What are proposed next steps in developing the proposal/MOU?  
• Public input process? |
| IV. Negotiation | The county(ies) negotiate specific terms of the MOU with the Department of Human Services. | • More detail on the above items  
• What is the proposed exit strategy for counties no longer wishing to be involved in the SDA?  
• What are proposed performance and outcome goals?  
  o Key operational areas where performance measures will be identified  
  o Expected outcome improvements  
• Are changes needed to funding allocations/mechanisms?  
• Are information systems changes required?  
• What state and county resources are required to implement changes?  
• Public input process?  
• Finalize any changes to proposed MOU based on public input?  
  *Courtesy AMC* |
## Enabling Legal Framework

### SDA Phases of Development

<table>
<thead>
<tr>
<th>PHASE</th>
<th>DESCRIPTION</th>
<th>QUESTIONS FOR COUNTIES TO CONSIDER (Intended as a guide for reference only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. Certification</td>
<td>The county(ies) present a final proposal to the Redesign Council for recommendation to the Commissioner to become certified as an SDA</td>
<td>• Is this proposal consistent with other MOUs/performance requirements adopted by legislature?</td>
</tr>
<tr>
<td>VI. Implementation</td>
<td>The terms of the MOU are implemented.</td>
<td>• Commissioner sign MOU or not?</td>
</tr>
<tr>
<td>VII. Evaluation</td>
<td>The SDA is evaluated according to terms specified in MOU</td>
<td>• Did the SDA achieve the intended outcomes?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Did the SDA produce cost savings – administrative or otherwise?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Are there any changes to be considered?</td>
</tr>
</tbody>
</table>
Funding Model
The funding model should be easy to maintain and administer. Based on leading practice research, several factors are critical to the success of a SDA funding model.

**SIMPLE**
Avoid very complex formulas for collecting county contributions

**VISIBLE**
Sufficiently detailed metrics and formula so future contributions can be factored into county budgeting

**STABLE**
Minimize fluctuations in year-to-year contributions required from each county

**FOSTERS CONTINUOUS IMPROVEMENT**
Encourage better business practice by enabling the SDA to reinvest some savings
Two funding categories will be built into the business case as part of the total investment cost of transitioning to a SDA model.

<table>
<thead>
<tr>
<th>Funding Category</th>
<th>Timing</th>
<th>Components</th>
<th>Potential Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition Funding</td>
<td>One-time costs</td>
<td>– The cost to migrate work from the counties to the SDA including training,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>knowledge transfer, travel expenses and additional staff loading to</td>
<td>– Non-profit/foundation contributions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>minimize service disruption</td>
<td>– State innovation funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– Funding to cover key activities inherent in the design of the SDA model,</td>
<td>– Federal innovation funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>such as recruiting new staff, setting up the facilities and technology</td>
<td>– County funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>infrastructure as well as the process redesign required to prepare for the</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>transition</td>
<td></td>
</tr>
<tr>
<td>Operational Funding</td>
<td>On-going costs</td>
<td>– Funding to cover the labor (people) and non-labor costs (facilitates and</td>
<td>– County levy/funding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>technology) of running the SDA on an annual basis</td>
<td>– State/Federal funding</td>
</tr>
</tbody>
</table>

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Counties will pay in to the SDA, combining with State and Federal grants, to make up the revenue base the SDA will utilize to deliver services.
County contribution toward operational funding is determined using 2010 human services spending percentage as distributing factor.

<table>
<thead>
<tr>
<th>County</th>
<th>HS Spend (2010)</th>
<th>% of Region / SDA Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dodge</td>
<td>$1,733,257</td>
<td>3.45%</td>
</tr>
<tr>
<td>Fillmore</td>
<td>$1,285,746</td>
<td>2.56%</td>
</tr>
<tr>
<td>Freeborn</td>
<td>$4,575,572</td>
<td>9.12%</td>
</tr>
<tr>
<td>Goodhue</td>
<td>$3,204,755</td>
<td>6.38%</td>
</tr>
<tr>
<td>Houston</td>
<td>$986,632</td>
<td>1.97%</td>
</tr>
<tr>
<td>Mower</td>
<td>$3,559,948</td>
<td>7.09%</td>
</tr>
<tr>
<td>Olmsted</td>
<td>$23,867,351</td>
<td>47.55%</td>
</tr>
<tr>
<td>Rice</td>
<td>$3,170,781</td>
<td>6.32%</td>
</tr>
<tr>
<td>Steele</td>
<td>$1,872,710</td>
<td>3.73%</td>
</tr>
<tr>
<td>Wabasha</td>
<td>$1,330,918</td>
<td>2.65%</td>
</tr>
<tr>
<td>Waseca</td>
<td>$1,467,579</td>
<td>2.92%</td>
</tr>
<tr>
<td>Winona</td>
<td>$3,139,838</td>
<td>6.26%</td>
</tr>
<tr>
<td>Region</td>
<td>$50,195,087</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

*Transitions Costs were not included in the modeling*
Governance
A well defined governance structure aims to keep key stakeholders engaged, giving appropriate opportunities for all to be heard and involved in setting organizational priorities and direction.

Key Components of a SDA Governance Structure

- An accountable Board with elected officials from all participating counties to monitor service delivery and voice operational concerns
- A Board focused on ‘policy’ issues (e.g., budget, rates, funding formula, services made available, et al) rather than administrative tasks
- A leadership team accountable to the Board for performance standards
- A leadership and communications structure able to make decisions quickly when necessary
- A forum for other community stakeholders to communicate needs, best practices and standardized policies and processes across counties
- Opportunities for discussion of needs and appropriate support for broad population groups as well as individuals
Governance
High-Level Structure

Governing Board

Executive Board

Executive Director

Advisory Boards
Governance
Governing Board

Size:
• 14 members

Members:
• Olmsted County: 3 representatives
• Non-Olmsted Counties: 1 representative each (11 total)

Leadership:
• Chair and Vice Chair – elected annually; automatically serve as Chair / Vice Chair of Executive Committee

Voting Methodology:
• Weighted Voting based on Funding Percentage (see table)
  • Passing vote will require majority vote and more than one county to vote affirmative
• Olmsted County votes split equally between representatives (48/3 = 16 each)

Other Considerations:
• Governing Board to develop Bylaws once counties move to Implementation phase

<table>
<thead>
<tr>
<th>County</th>
<th>Funding Percentage</th>
<th>Votes (out of 100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dodge</td>
<td>3.45%</td>
<td>3</td>
</tr>
<tr>
<td>Fillmore</td>
<td>2.56%</td>
<td>3</td>
</tr>
<tr>
<td>Freeborn</td>
<td>9.12%</td>
<td>9</td>
</tr>
<tr>
<td>Goodhue</td>
<td>6.38%</td>
<td>6</td>
</tr>
<tr>
<td>Houston</td>
<td>1.97%</td>
<td>2</td>
</tr>
<tr>
<td>Mower</td>
<td>7.09%</td>
<td>7</td>
</tr>
<tr>
<td>Olmsted</td>
<td>47.55%</td>
<td>48</td>
</tr>
<tr>
<td>Rice</td>
<td>6.32%</td>
<td>6</td>
</tr>
<tr>
<td>Steele</td>
<td>3.73%</td>
<td>4</td>
</tr>
<tr>
<td>Wabasha</td>
<td>2.65%</td>
<td>3</td>
</tr>
<tr>
<td>Waseca</td>
<td>2.92%</td>
<td>3</td>
</tr>
<tr>
<td>Winona</td>
<td>6.26%</td>
<td>6</td>
</tr>
<tr>
<td>Region / Total</td>
<td>100%</td>
<td>100</td>
</tr>
</tbody>
</table>
Governance
Executive Board

Size:
- 7 members – all elected annually

Members:
- 3 automatic positions:
  - Governing Board Chair (automatically Executive Board Chair)
  - Governing Board Vice Chair (automatically Executive Board Vice Chair)
  - Previous Governing / Executive Board Chair
- 4 at-large members:
  - Elected through open nominations; approved by Governing Board (by weighted voting methodology)

Leadership:
- Chair and Vice Chair – elected annually; no term limits
- Other members serve on specific functional committees (Finance, HR, etc.)

Voting Methodology:
- One seat = One vote; no weighting

Other Considerations:
- Diversity (geography, funding, population, etc.) encouraged
- First year would require voting in of all 7 members – no automatic positions
Governance
Defining Boards’ Responsibilities

Steering Committee has agreed to design of responsibilities between both boards. Once SDA moves into implementation / detailed design the Governing Board will be responsible for formalizing the specific bylaws. This will include determining which issues require majority, super-majority, and unanimity in voting to pass.

<table>
<thead>
<tr>
<th>Issues</th>
<th>Governing Board</th>
<th>Executive Board</th>
<th>Advisory Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiring/Firing Exec. Director</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Approval of Union Contracts</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Approval of Pay Plan</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting Annual Budget</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>One Time Changes in Allocation of Annual Budget</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Changes to Funding Formula</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Changes to Mission/Vision</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Counties Joining/Leaving SDA</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Changes in Infrastructure/Facilities Locations</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Changes in Administrative Operations</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Changes in Service Menu (using approved budget)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Legal Considerations</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in Waiver Management</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Exploring:
- Operational efficiencies
- Metrics management
- Facilities utilization
- Legal risks
- Federal / State policy decisions
- Talent search (new Exec. Director, etc.)
### Governance Overview – Advisory Committees

<table>
<thead>
<tr>
<th>Regional Forum</th>
<th>Role/Focus</th>
<th>Membership</th>
<th>Additional Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Board</td>
<td>• Advise on SDA direction and operations</td>
<td>• Consumers • Employees • Advocates • General citizens</td>
<td>• The Committee will designate a certain percentage of seats to each stakeholder group</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Interested individuals may apply to the Executive Director of the SDA, who then presents a recommended slate to the Board of Directors for approval</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide advice and perspective on impact of policies and practices to target community – no decision-making authority or role in approval processes</td>
</tr>
<tr>
<td>Sub-Advisory Committees</td>
<td>• Advise on SDA direction and operations on specific topics and/or populations</td>
<td>• Consumers • Employees • Advocates • General Citizens</td>
<td>• Sub-advisory committees may be established around types of service (e.g., mental health) and/or around populations (e.g., children) as appropriate by statute and demand</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• These groups provide more specific forums to inform overall Advisory Committee positions</td>
</tr>
</tbody>
</table>
Implementation Considerations
Implementation Considerations

Key Points

• Implement in phases rather than all services at the same time
• Plan transition of existing staff into new positions as appropriate
• Coordinate with DHS and legislature on necessary regulatory and technology changes
• Member counties should be completely ‘in’ or ‘out’ - this model and business case does not contemplate giving counties the capability to pick and choose some services and not others
• Engage all key internal and external stakeholders in detailed planning and implementation
• Emphasize communications and change management throughout the transformation