

STEERING COMMITTEE ON PERFORMANCE AND OUTCOME REFORMS

*A Report to the
Governor and the
Health and Human
Services Legislative
Committees*

Submitted by the Committee: January 15, 2011
Contact: Lynne Singelmann
MN Department of Human Services
651-431-2918

Table of Contents

INTRODUCTION.....	1
BACKGROUND.....	1
STATUTORY CHARGE.....	3
PERFORMANCE STEERING COMMITTEE WORK: JULY 2009 – DECEMBER 2010	3
Committee Process	3
Essential services	4
Steering Committee charter	4
Work plan.....	4
Remedies framework.....	4
Performance measures and outcomes	4
Work group member selection	5
Communications	5
Outcome Standards Development	6
Focus areas.....	6
Work group operations.....	6
Public input	6
Update: Children’s Services Work Group	7
NEXT STEPS	7
COMMITTEE RECOMMENDATIONS	7
Appendix A: Steering Committee Membership.....	8
Appendix B: Essential Services List	9
Appendix C: Remedies Framework.....	13
Appendix D: Links to other Steering Committee documents	16

Introduction

The 2009 legislature authorized the formation of the Steering Committee on Performance and Outcome Reforms (performance steering committee) as part of the [State-County Results, Accountability, and Service Delivery Reform Act](#) (SDA Act). The 10-member performance steering committee, which includes client advocates and representatives from the Minnesota Department of Human Services (DHS) and counties, was directed to develop a list of essential human services (mandated by federal or state government), to establish minimum outcome standards for those services, and to develop a uniform data collection and review process. The outcome standards recommended by the performance steering committee and adopted by the legislature are applicable to all counties and service delivery authorities (SDAs).

The performance steering committee (see Appendix A) prepared this report, as directed by [Minnesota Statutes 402A.15, Subd. \(1\)\(b\)\(3\)](#). The report is required to be submitted annually by January 15 of each year, beginning in 2011, to the governor and legislative committees with jurisdiction over health and human services. It will include any recommendations developed by the committee, including any recommendations for statutory provisions, rules and requirements, and reports that should be repealed or eliminated.

This first annual report contains information on the steering committee's progress in completing the requirements of its duties. It includes background information on the statutory work accomplished by the committee to date, including deliverables produced, timeline and next steps. It also includes information on the committee process, including development of foundational work including a committee charter, standard glossary, communications plan, and a project charter/scope of work.

As of January 15, 2011, no recommendations have been made.

Background

Minnesota has a long tradition of being at the forefront of innovative human services. The state-supervised, county administered system of service delivery provides citizens with local provision of services and decision making. However, this type of system can also lend itself to redundancies and inefficient use of resources. Both the state and the counties agree that the current service delivery model has not kept pace with the increasing complexity of human services programs. While programs have increased in number, size and complexity in the past eighty-six years, the service delivery structure has remained the same.

In addition to the effects of budget pressures and demographic changes, a 2007 report on human services administration by the Minnesota Office of the Legislative Auditor (OLA) concluded that the current delivery system has resulted in varied access, cost and outcomes across the state, including gaps in service provision. A major finding noted that complexity in federal and state laws and administrative requirements is a significant contributing factor. It

also noted that “some of the most burdensome program provisions arise from state laws”¹, with numerous statutory provisions applicable to certain subpopulations. This complexity also limits the ability and effectiveness of automating the state’s human services information systems in order to improve consistency and accuracy. Sixty-nine of 87 Minnesota counties have populations below 50,000, with 18 having populations less than 10,000. Smaller counties have struggled to meet these requirements; however, the OLA report noted that variance in outcomes is not limited to smaller counties, with the largest counties experiencing similar outcomes in certain programs. The report also noted State issues including inadequate supervision with limited performance measurement, uneven technical assistance and a general lack of authority and/or consequences to compel county adherence to program rules and regulations.

In response to these challenges, the 2009 legislature enacted the SDA Act. The SDA Act is comprised of key components focused on performance and outcome reforms, as well as service delivery reform through the creation of human service delivery authorities. The SDA Act also authorized the State-County Results, Accountability and Service Delivery Redesign Council (redesign council), which provides oversight to the process of Service Delivery Authority (SDA) certification and reviews the memorandum of understanding (MOU) between the county(ies) in an SDA and the commissioner of human services. The redesign council also provides review of the program improvement process (developed by the performance steering committee) if a county or SDA fails to meet performance and outcome standards outlined in the MOU. These standards must at a minimum meet the standards recommended by the performance steering committee and adopted by the legislature. Because of this requirement, SDAs cannot be certified until the legislature adopts those standards.

The focus of the performance steering committee (and this report) is on the statutory charge to develop minimum performance and outcome standards, and a uniform accountability process for responding to a county or service delivery authority’s failure to make adequate progress on achieving these standards.

¹ Minnesota Office of the Legislative Auditor, *Evaluation Report: Human Services Administration* (2007), 22-24.

Statutory Charge

The SDA Act lays out the following charge, and timelines for completion, to the performance steering committee. The performance steering committee has met the timelines for completion of the required deliverables to date.

11/01/09	Establish a list of essential human services mandated by state and federal law to be provided in all counties of the state (see Appendix B).
12/15/09	Develop a three-year work plan
02/15/10	Develop a uniform review and graduated accountability process for responding to a county/SDAs failure to make progress on achieving performance measures (see Appendix C).
01/15/11 and annually	Report its recommendations, including any statutory provisions, rules and requirements, and reports that should be repealed or eliminated.
12/15/12	Develop and recommend minimum outcome standards for each essential service.

Performance Steering Committee Work: July 2009 – December 2010

As required by statute, the performance steering committee convened its first meeting before July 15, 2009. Meetings have been conducted almost monthly. Because no additional resources were allocated to support this work, the committee has accomplished the foundational work and deliverables due to date through the use of committee member subgroups. The committee has also leveraged resources where available, including additional county and state staff, as well as county, state and non-profit interns. Committee members, DHS, counties, AMC, MACSSA and outside volunteers have contributed hundreds of hours to this work.

Committee Process

In addition to the committee subgroup work outlined below, the foundational work also included compiling and reviewing information on existing county, state and federal performance measures and systems. Because there are several models in use, the model adopted by the committee will likely be a flexible “hybrid” that can be incorporated into existing systems. The committee also adopted a glossary of standard definitions to avoid confusion in terminology with multiple interpretations.

Essential services

The committee compiled a high level list of services that are mandated, in state or federal law, to be provided statewide. Outcome standards will be developed for each of the essential services. The essential services list (see Appendix B) was adopted September 30, 2009.

Steering Committee charter

The committee developed a charter to maintain focus on its purpose and to serve as a guide for how its work would be conducted. The charter outlines the responsibilities and expectations of the committee members. It also provides decision-making guidelines, establishes a meeting format and schedule, and identifies how materials will be distributed. The charter was adopted November 4, 2009.

Work plan

Statute requires the committee to establish a three-year work plan schedule. The work plan identifies the statutory requirements, the activities necessary to deliver the requirements, and a timeline for completing these activities. It also includes the status of each identified activity. The work plan schedule is a flexible working document that is updated as needed. It was approved on December 3, 2009 and submitted to the human services legislative committee chairs on December 15, 2009.

Remedies framework

Statute requires the committee to develop a uniform and graduated accountability process for responding to a county or SDAs failure to make progress in achieving performance outcomes. The committee determined that development of a continuous improvement process is interconnected with the development of the outcome standards. The committee adopted a framework for the remedies process on January 28, 2010, and will develop additional details as work groups are convened to establish outcome standards, reporting measures and a review process. The remedies framework (see Appendix C) was submitted to human services legislative committee chairs on February 8, 2010.

Performance measures and outcomes

Statute requires the committee to form work groups to assist in developing the outcome standards and data collection and review process. The committee

developed a project charter/scoping document that will guide the work of the performance measurement work groups. It provides an overview of the work scope, tasks, and process associated with identifying key performance measures for the essential human services. It also highlights the roles and responsibilities of those involved in the effort, expected deliverables, how the groups will operate, and the timeline for accomplishing the work. The project charter/scoping document was approved March 25, 2010.

Work group member selection

Statute requires the work groups to include persons who provide or receive essential services and representatives of organizations who advocate on behalf of those persons. The committee established a process that will be utilized to recruit and select the work group members for all work groups established. The county associations and DHS will appoint their respective members, and a process was developed to recruit service provider and recipient representatives. An application was developed as well as processes for recruitment and review. A plan was developed to distribute statewide notification of the opportunity to participate to state, county and MN Council of Nonprofits stakeholders through websites, newsletters and e-mail. The committee approved the work group selection process on April 22, 2010.

Communications

Statute requires quarterly updates on the performance steering committee's progress to be posted on the DHS website. The DHS website is also the location of all official committee documentation including agendas, minutes, and statutory deliverables (see Appendix D).

The committee also determined the need for a communication plan to guide its outreach efforts to the variety of stakeholders that may be interested and affected by the establishment of minimum outcome standards and the related review and accountability process. The plan also includes a focus on the submission of the steering committee's recommendations to the legislature. It identifies target and stakeholder audiences, key messages, as well as tools and strategies that can be utilized within the resources available. The plan addresses a key committee objective – to conduct a high quality and transparent process. The plan also addresses the committee's need for consistent messaging, which is often a challenge when multiple jurisdictions coordinate on initiatives. The performance steering committee approved the communications plan December 2, 2010.

Outcome Standards Development

The performance steering committee will utilize work groups to assist in developing suggested results statements and performance standards, identifying preferred performance measures, and suggesting statutory provisions, rules and requirements to be repealed or modified. The nature of the groups' work is advisory. The suggestions of the work groups will be reviewed and considered by the steering committee, which will finalize recommendations and report to the legislature.

Focus areas

The steering committee identified three focus areas that cover the list of essential services – children's services, adult services and income supports. Work groups will be formed in these three areas. The work groups will each focus on a subset of the services identified in the essential services list:

- | Children | Adults | Income Supports |
|--|--|--|
| <ul style="list-style-type: none">▪ Child Protection - Investigation▪ Child Protection – Family Assessment▪ Child Protection – Services▪ Child Welfare – Truancy▪ Child Welfare – Minor Parent▪ Child Foster Care Licensing▪ Child Care Licensing▪ Guardianship▪ Adoption▪ Children's Mental Health▪ Disability Services | <ul style="list-style-type: none">▪ Adult Foster Care Licensing▪ Adult Mental Health▪ Chemical Dependency▪ Disability Services▪ Adult Services/Long Term Care▪ Adult Protection | <ul style="list-style-type: none">▪ Public Assistance – Cash▪ Public Assistance – Food Support▪ Public Assistance – Child Care▪ Public Assistance – Health Care▪ Child Support Enforcement |

Work group operations

Each work group will include up to nine members appointed by the steering committee, with up to three each representing the counties, DHS and representatives from the provider, recipient, and advocacy community, including nonprofit groups. Meetings will be held twice monthly for approximately nine months and will be chaired by a member of the steering committee.

Public input

The steering committee developed a communications plan that will provide opportunities for public input and feedback on the work groups' recommendations. Public "listening sessions" are one tool that will be utilized to gather community input.

Other opportunities may be added, guided by the communication plan and available resources.

Update: Children's Services Work Group

The children's services work group convened its first meeting in September 2010 and the first public listening session was held on September 24. Interest in the public listening session was strong with over 100 individuals responding. At this first session, the work group sought input on what results the community expected for children served by county social services. A second public listening session will ask for responses to the proposed measures and how well they measure those results. The children's services work group is on schedule to deliver recommended result statements and performance measures to the steering committee in January. During the first quarter of 2011 the work group will develop standards for the recommended performance measures.

Next Steps

In the next year, the committee will focus on the activities of the three work groups. Lessons learned from the process of the first work group – children's services – will inform the remaining two groups – adult services and income supports. The approximate timeline for completion of the work for each work group is 9-10 months. It is anticipated that the final two work groups will be convened in January and April of 2011. Upon completion of each work group, the steering committee will allocate time to review the work.

Additional public input opportunities will be convened throughout the process, as described in the Project Charter/Scoping Document. Time will also be spent on implementing the communications plan.

Committee Recommendations

The performance steering committee is required to submit recommendations to the legislature for consideration by December 15, 2012 on outcome standards for all essential human services, and a uniform review and accountability process. The steering committee must also make recommendations, as appropriate, for statutory provisions, rules and requirements, and reports that it determines should be repealed or eliminated.

As detailed in the body of this report, the majority of the committee's efforts during this reporting period have been directed to the foundational and operational work necessary prior to convening the work groups. The first work group has only recently convened; therefore the committee has no recommendations to submit at this time.

It is possible that there may be statutory provisions, rules, requirements or reports that may be recommended to be repealed or eliminated in the next report. However, due to the interaction between services across the three focus areas, it is not likely that the committee will submit recommendations on outcome standards prior to December 15, 2012.

Appendix A: Steering Committee Membership

STEERING COMMITTEE ON PERFORMANCE AND OUTCOME REFORMS

Steering committee membership requirements can be found in [Minnesota Statutes 402A.15, Subd. 2](#).

Association of Minnesota Counties representatives

*Toni Carter, Ramsey County commissioner
William Montague, Polk County commissioner

Department of Human Services representatives

*Chuck Johnson, chief financial officer
Lynne Singelmann, county relations officer
Matt Hughes, performance measurement director

Minnesota Association of County Social Service Administrators representatives

Judith Brumfield, deputy director, Scott County community services
Kathy Johnson, director, Kittson County social services

Advocate representatives

Colleen Wieck, director, Governor's Council on Developmental Disabilities
Heidi Holste, associate state director – advocacy, AARP
Michelle Basham, executive director, Genesis II for Families

*co-chairs

Appendix B: Essential Services List

For additional information on state and county roles and responsibilities in the provision of each of these services, please see the official committee document posted on the DHS website at http://www.dhs.state.mn.us/dhs16_147247.pdf.

Minnesota State and Local Government Roles and Responsibilities in Human Services

Introduction: The Minnesota Legislature and state agencies set state policy and oversee the human services system. The Department of Human Services' (DHS) administrative and supervisory authority has a number of different elements. These include:

- policy development and leadership (e.g., leverage federal resources)
- policy implementation and standard-setting (e.g., issue rules and policy guidelines or establish performance standards)
- administer and direct Statutory grant appropriations for human services
- training and technical assistance (e.g., develop and deliver training)
- information systems (e.g., develop and maintain statewide information systems)
- oversight, evaluation and monitoring (e.g., quality assurance, implement fraud detection programs)

Source: MS2006.256.01 and OLA analysis of DHS activities

MANDATED HUMAN SERVICES PROGRAMS	Brief Description	Statute/Rule²
Economic Assistance Programs		
Public Assistance Programs	Assure timely and accurate distribution of benefits, completeness of service, and quality program management.	MS256
Public Assistance <ul style="list-style-type: none"> • Cash benefits 	Provides time limited cash assistance to families with children and pregnant women in federal/state programs including Minnesota Family Investment Program, Diversionary Work Program, Family Stabilization Service, Refugee Assistance, and Emergency Assistance. State cash benefit programs for individuals include General Assistance and Minnesota Supplemental Aid as well as some Emergency Assistance programs.	MS 256J MS 256L MS 256D

² Does not include Criminal, Civil, or Family Court Rules

MANDATED HUMAN SERVICES PROGRAMS	Brief Description	Statute/Rule²
Public Assistance <ul style="list-style-type: none"> • Food Support 	Provide food support assistance for low income individuals and families.	MS256J.28
Public Assistance <ul style="list-style-type: none"> • Child Care Assistance 	Provide child care services to enable eligible families to participate in employment, training, or education programs.	MS119B
Public Assistance <ul style="list-style-type: none"> • Health Care Programs 	Provide medical care access for needy persons whose resources are not adequate to meet the cost of care. Health care programs include Medical Assistance, Minnesota Care, General Assistance Medical Care, MN Breast and Cervical Cancer Control Program, Transitional Minnesota Care, Medical Assistance-Employed Persons with Disabilities, Minnesota Family Planning Program, Qualified Working Disability Program, and Medicare Savings Programs.	MS256B (MA) MS256D (GAMC) MS 256L (MnCare)
Child support enforcement	Provide basis for financial support of children by responsible parents.	Federal Laws: PL98-378 PL100-485 (Title IV-D of the Social Security Act) State Laws: MS518A MS256.741 MS257
Social Services Programs		
Child Protection	Protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse.	MS 626 MS 260 MS 260C MS256F MR 9560 MR 9550

MANDATED HUMAN SERVICES PROGRAMS	Brief Description	Statute/Rule²
Child Protection <ul style="list-style-type: none"> Investigation 	Fact gathering related to the current safety of a child and the risk of subsequent maltreatment that determines whether child maltreatment occurred and whether child protective services are needed. Required investigations in addition to families include correctional facilities, licensed foster homes, day care homes and personal care attendants.	(MS393) (MS256)
Child Protection <ul style="list-style-type: none"> Family Assessment 	Comprehensive assessment of child safety, risk of subsequent child maltreatment and family strengths and needs applied to a child maltreatment report that does not allege substantial child endangerment	
Child Protection <ul style="list-style-type: none"> Services 	Case management interventions that engage families protective capacities and address immediate safety concerns and ongoing risks of maltreatment thru family support and family preservation services	
Child Welfare <ul style="list-style-type: none"> Truancy 	Programs designed to provide a continuum of intervention and services to support families and children in keeping children in school and combating truancy.	MS 260A MS 260C
Child Welfare <ul style="list-style-type: none"> Minor Parent 	Provide appropriate social services to minor parents and their child/children to address personal or family problems or to facilitate the personal growth and development and economic self-sufficiency of the minor parent and child.	MS 256J.54 MS 257.33 MR 9555.9200 MR9555.9300
Child and Adult Foster Care Licensing	Assure safe homes to provide substitute family or group care for children while intensive efforts are made to provide permanency. Assure availability of adult foster homes and assistance to providers.	MS 245A MS 245C MR 2960 MR 9543 MR 9555 MR 9560
Child Care Licensing	Ensure minimum level of care and service are given and the protection, proper care, health, safety, and development of children are assured.	MS 245A MS 245C MS 119B.125 MR 9502
Guardianship	Carry out the responsibility to act and care for children in need of protection or services committed to the guardianship of the commissioner.	MS 260C.325 MR 9560.0410 thru .0485

MANDATED HUMAN SERVICES PROGRAMS	Brief Description	Statute/Rule²
Adoption	Ensure for each child, who is free to be legally adopted, a suitable adoptive home and agency services supportive of his/her integration into the new family.	MS 259 MR 9560
Children's Mental Health	Ensure a unified, accountable, comprehensive children's mental health service system that is consistent with the provision of public social services for children.	MS 245 MS 260D MR 9520 MR 9535
Adult Mental Health	Ensure a unified, accountable, comprehensive mental health service system.	MS 245 MS 253B MR 9520 MR 9535
Chemical Dependency	Assure access to appropriate chemical dependency services thru assessment and administration of the consolidated chemical dependency fund.	MS 253B MS 254B MS 256G MS254A MR 9530 CFR95.125
Disability Services	Ensure case management to persons with developmental or physical disabilities to access needed services and coordinate supports delivered in a consistent manner.	MS 256B MS 253B MR 9525.0004 thru .0036 MR 9525.3010 thru .3100
Adult Services/Long Term Care	Assist persons with long-term or chronic care needs make decisions and select options to meet their needs and reflect their preferences. Provide access to long-term care for needy persons whose resources are not adequate to meet the cost of care.	CFR42-483 SSA1915C MS 256 MS 256B
Adult Protection	Governs the investigation and reporting of maltreatment of vulnerable adults and the emergency and protective social services required.	MS 626.557 thru .5573 MS 524.5 MR 9555.7100 thru .7700
State Operated Services	Requires the commissioner to develop and maintain state-operated services.	MS 246
Background Studies		MS 245C
Facility Licensing		MS 245A

Appendix C: Remedies Framework

Steering Committee on Performance and Outcome Reforms

Framework for the Remedies Process

February 8, 2010

Legislative Directive

Minnesota Statutes, section 402A.15, subd. 1, paragraph (b)(2), states that the Committee must:
By February 15, 2010, develop and recommend to the legislature a uniform, graduated process, in addition to the remedies identified in section 402A.18, for responding to a county's failure to make adequate progress on achieving performance measures.

Preface

This document represents the recommendations of the Steering Committee on Performance and Outcome Reforms for a process of remedies that would be applied when a county or Service Delivery Authority (SDA) does not meet performance standards. It is intended to be a framework for the remedies process. The Committee recognizes that we may need to revisit this framework as we go through the next phase of our work, examining performance measures for specific programs and services.

Goal

The purpose of the remedy process is to hold the human services system accountable for improving outcomes for the people we serve by driving continuous improvement in performance. Continuous improvement is not the sole responsibility of one party, but is jointly owned by the state, the counties and non-profit partners.

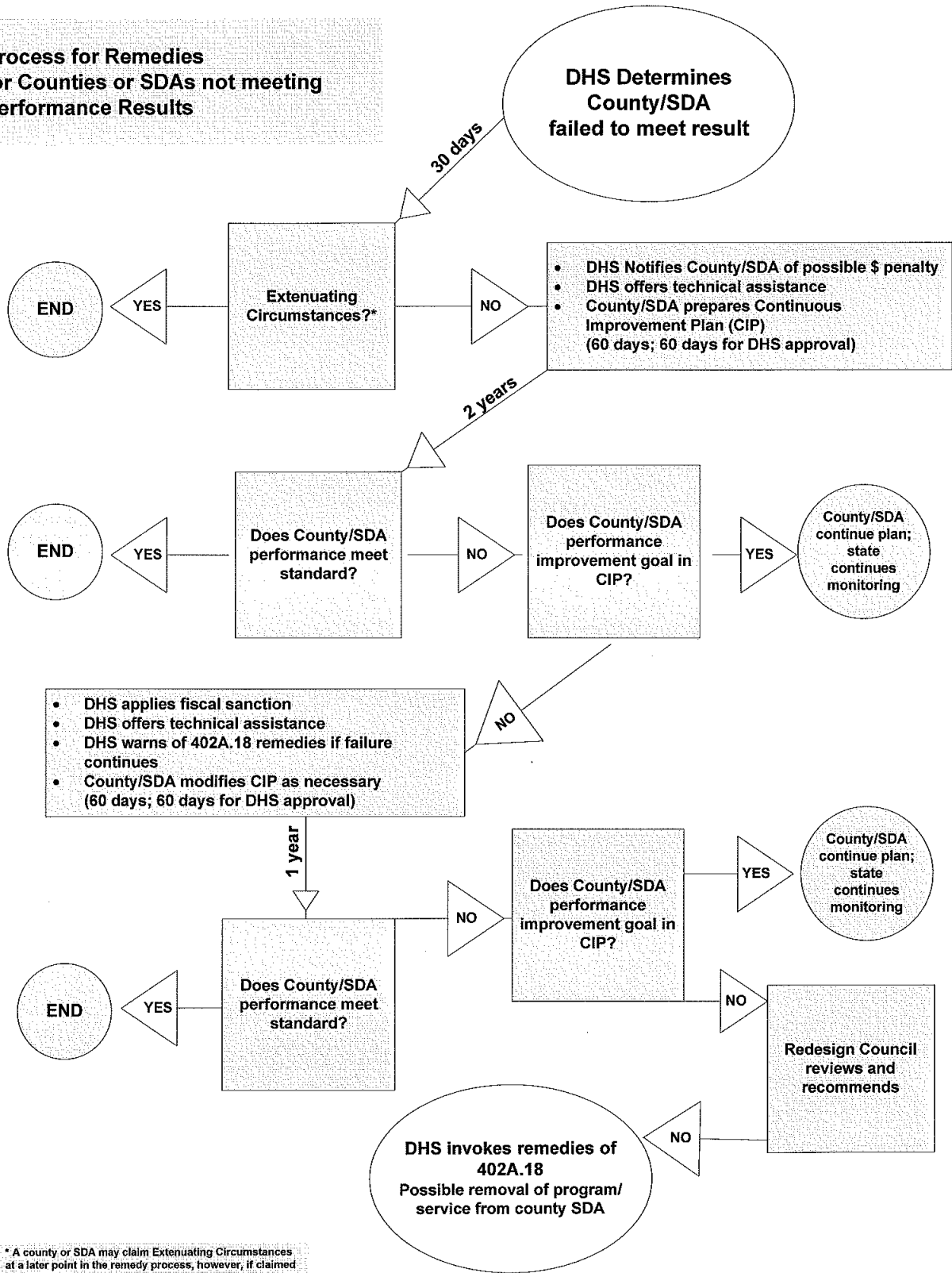
Principles of a graduated process to improve results

1. The remedies of M.S., Section 402A.18 (which can ultimately lead to a service or program being taken away from a county or SDA) are the "end" of the remedy process for counties or service delivery authorities that are failing to meet outcomes.
2. Fiscal penalties should be part of the remedy process, with three conditions:
 - Fiscal penalties must be preceded by a warning and a period of time for corrective action.
 - Fiscal penalties must result in a real loss of funding, but that loss should not be so large as to significantly impact the ability of the county or SDA to deliver services.
 - Fiscal penalties should be scaled to degree of non-performance.
3. There must be an allowance for extenuating or exceptional circumstances. "Extenuating circumstances" mean a specific force or event that is outside of the county or SDA's control, including natural disasters or unusual circumstances specific to an individual program or service.
4. State technical assistance should be offered as part of the remedies process.

The principles result in a graduated remedy process with the following steps (also represented in the attached flow chart):

1. DHS determines that a county/SDA fails to meet result standard(s) for a given program
2. Within 30 days, county/SDA may claim, and DHS approve, an extenuating circumstance that relieves the county/SDA of any further remedy
3. If no extenuating circumstance:
 - 3.1. DHS warns the county/SDA that fiscal penalties may result if performance does not improve
 - 3.2. DHS offers technical assistance to the county/SDA
 - 3.3. Within 60 days, the county/SDA executes a Continuous Improvement Plan (CIP) that includes a target level for improvement for each measure that did not meet the result standard. DHS has 60 days to approve the plan.
4. CIP is monitored over the next two years. After two years, at next performance review:
 - 4.1. If the county/SDA meets result standard(s), there is no further remedy
 - 4.2. If the county/SDA fails to meet the result standard(s) for the program, but meets the improvement target(s) in the CIP, the county/SDA modifies the CIP for continued improvement and DHS monitoring continues
 - 4.3. If the county/SDA fails to meet the result standard(s) for the program and also fails to meet the improvement target(s) in the CIP, the next step of the remedy process is invoked, and:
 - 4.3.1. Fiscal penalties are applied
 - 4.3.2. DHS warns the county/SDA that 402A.18 penalties may result if performance does not improve
 - 4.3.3. DHS offers technical assistance to the county/SDA
 - 4.3.4. Within 60 days, the county/SDA modifies the CIP, including a target level for improvement for each measure that did not meet the result standard. DHS has 60 days to review the plan.
5. CIP is monitored for a year. After a year, at the next performance review:
 - 5.1. If the county/SDA meets result standard(s), there is no further remedy
 - 5.2. If the county/SDA fails to meet the result standard(s) for the program, but meets the improvement target(s) in the CIP, the county/SDA modifies the CIP for continued improvement and DHS monitoring continues
 - 5.3. If the county/SDA fails to meet the result standard(s) for the program and also fails to meet the improvement target(s) in the CIP, the State-County Results, Accountability and Service Delivery Redesign Council (“Redesign Council”) reviews the county/SDA performance and CIP and recommends a course of action to the commissioner.
 - 5.4. The commissioner determines remedies under 402A.18, which include possible voluntary or mandatory reassignment of the program to another county/SDA, or transfer of the program to the state.

**Process for Remedies
for Counties or SDAs not meeting
Performance Results**



* A county or SDA may claim Extenuating Circumstances at a later point in the remedy process, however, if claimed at a later point it does not end the remedy process, but rather a renegotiation of the CIP and possible time extension

Appendix D: Links to other Steering Committee documents

WEB LINKS

Statute requires certain committee documents to be posted on the DHS website (link provided below). The page can also be found by selecting the “Partners and Providers” tab at the top of the DHS Home page, then selecting “County redesign” on the left hand navigation list.

Steering committee page on the DHS website (quarterly reports, minutes and agendas):

http://www.dhs.state.mn.us/main/idcplg?IdcService=dhs16_147237

Steering committee charter:

http://www.dhs.state.mn.us/dhs16_147250.pdf

Project Charter/Scoping Document for work groups:

http://www.dhs.state.mn.us/dhs16_149261.pdf