

MINNESOTA MODEL FOR INTEGRATED DELIVERY OF HUMAN SERVICES



Minnesota’s Department of Human Services has been charged by the legislature to simplify policy and to modernize human services delivery systems to better meet the needs of clients, servicing agencies and to increase accountability to all Minnesotans. To do this, it is necessary to align automated systems development efforts to a business service delivery model. In order to guide the automation efforts, MN DHS, in partnership with servicing agencies, most notably Minnesota counties and Tribal entities, will benefit from a model for the delivery of services.

A new service delivery model is needed in response to evolving demographics, technology, and economy. The model has been developed by servicing agencies and the State and should be modified collaboratively and continuously with clients and communities.

The current iteration of the model has called heavily upon two documents in particular:

- American Public Human Services Association (APHSA) - [Business Model for horizontal integration of health and human services](http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/2013-09-Business-Model-Guidance-for-21st-Century-HHS-Organizations.pdf)
- MINNESOTA ASSOCIATION OF COUNTY SOCIAL SERVICE ADMINISTRATORS (MACSSA) - [The Minnesota Health & Human Services Integrated Service Delivery System Framework](http://www.macssa.org/MACSSA%20Technology%20Vision%20Final%20Edits%2003%202012.pdf)

Thanks go to the creators of those useful documents. This document is best elaborated by those and thus they are suggested reading.

This model has been endorsed by MACSSA, the Integrated Service Delivery System Steering Team, and the DHS Enterprise Architecture Board.

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Purpose

As we collectively move forward in development of a new service delivery model, this document will be used to maintain our focus on vision, core elements and accountability structures.

Context

Minnesota's Human Services delivery community is broad and varied, with many contributors from multiple sectors at the state and local levels. They offer a wide range of services for a wide range of Minnesota

residents. The people who engage with this network come into it with diverse and individual needs and abilities.

Players

- Individuals, Families, Government & Community organizations, Caseworkers, Health & Human Service providers, Schools, Employers, Courts and Corrections agencies

We live in a rapidly evolving environment. Changes to demographics, economies, and technologies are creating a demand and an opportunity for a new model of human services. Old constraints and assumptions are giving way to new capabilities. At the same time there is ever-increasing pressure to address the rising costs of health care and government programs.

Populations

- Children, Families, Adults, People with needs related to Age or Disability, Immigrant communities, At Risk Youth, and more

Younger generations assume and expect to interact with community institutions in an online, mobile environment, as do many older individuals. While the technologies that have enabled this transformation are more accessible than ever, they still present a barrier to some. Educational, socio-economic, cultural, and situational realities also present greater challenges for some as they strive for health, stability and opportunity.

Needs

- Food, Housing, Health Care, Stable Income, Child Care, Child Support, Crisis Management, Home-based Care, Safety & Protection, Opportunity

The Human Services community and the MN Legislature recognize that MN needs to modernize its approach to service delivery in response to the things that have changed and the things we have learned. We also need to preserve our strengths, stay true to mission, and optimize the limited funds available to meet the needs of our communities.

There is an imperative and an opportunity to move forward with a new model, a model that strives for integrated delivery of human services, one based around people and their strengths and needs, rather than isolated programs.

Vision, Values and Principles

Through its relationships, systems, and methods, Minnesota will form a human services environment where contributing organizations and people are able to work together with a common purpose: to improve the health, safety, economic and social stability of Minnesota communities, families and individuals. Human services will be delivered in a manner that is:

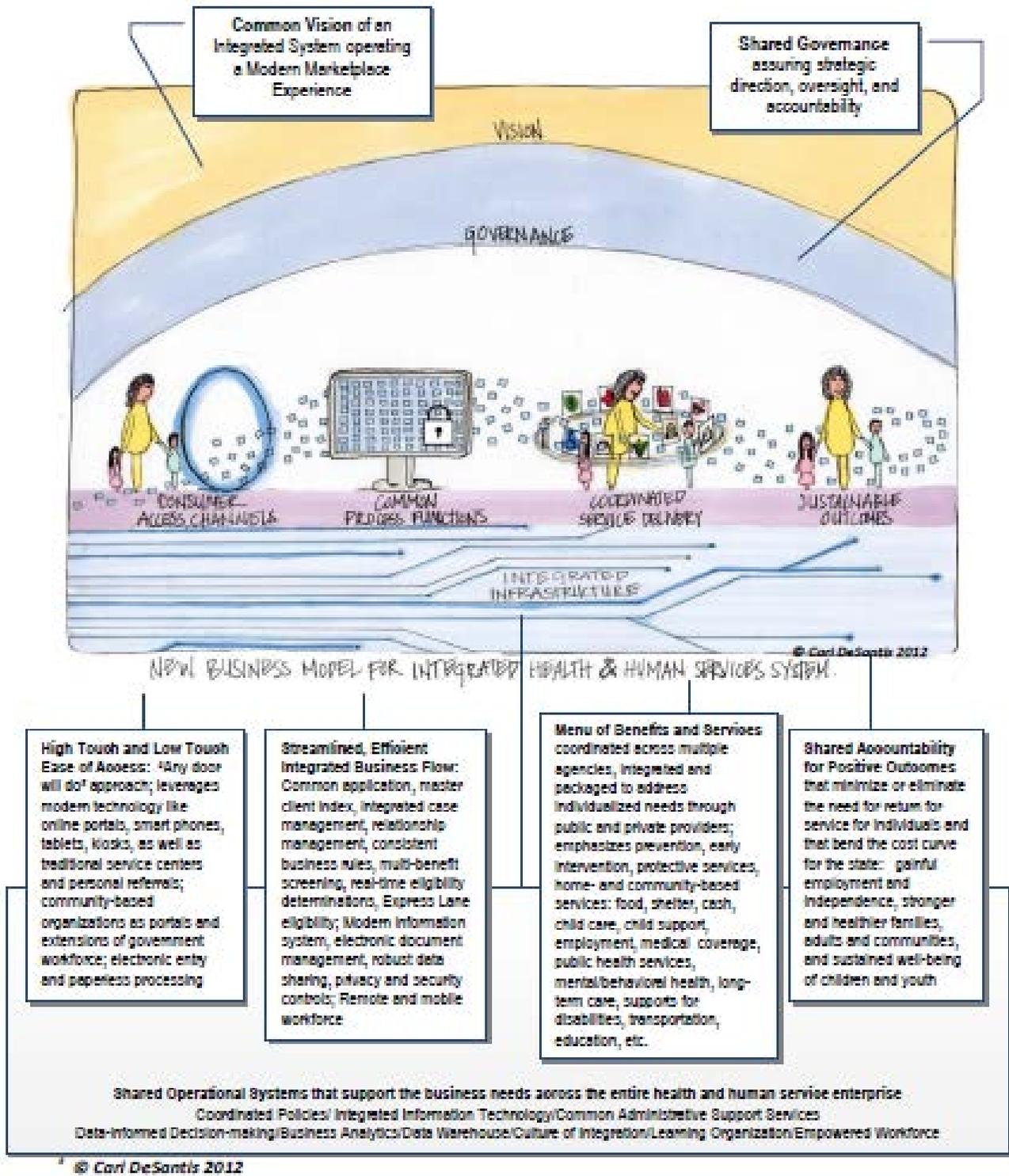
- People-centered, empowering to the receivers and givers of human services
- Integrated across program and service domains
- Inclusive of all who participate: government agencies, educational and health care systems, employers, community organizations and service providers, individuals, and families
- Aligned with the particular needs and capabilities of individuals and families
- Respectful of the rights, choices and dignity of the people served by the human services enterprise

Systems, structures and methods that are developed to support delivery of human services in Minnesota will adhere to a set of principles that support this vision.

Principle	Description
Integrated Services	Recognize the interdependencies between health, economics, social situation and individual circumstance and end the practice of program-based isolation of services
Extended Enterprise (leverage the ecosystem)	Enable collaboration and coordination among the governmental and non-governmental organizations that share responsibility for helping the people in their communities
Differential Response	Tailor services according to the needs and abilities of the individual; leverage the strengths of individuals and communities, provide a range of service levels from self-help to coordinated care provided by multi-disciplinary teams
Timely intervention	Help people before they become high need/high cost; watch for signs of need and prevent problems from escalating; provide the right services at the right time
Equity	Strive for a world where no one is disadvantaged from achieving their potential because of social position or circumstance
Individual Choice	Provide a range of engagement levels and access methods for the people who seek human services – value their judgment as the owners of their information and their destiny and provide information to support informed choices
Collective Responsibility	At the same time, communities and public entities have a responsibility to protect the vulnerable among us: insure that people working with individuals and families have the information they need, no more and no less, to enable the provision of services
Empowered Workforce	Provide efficient tools in a positive work environment that encourages the providers and facilitators of human service delivery to make a meaningful contribution to the lives of the people they serve
Continuous Learning and Improvement	Measure results and use those measurements to refine the service delivery model; train people and use information and worker experience to improve training

Elements

Minnesota will embrace what the American Public Human Services Association (APHSA) calls a “21st Century Business Model for Health and Human Services” that emphasizes the elements illustrated below:



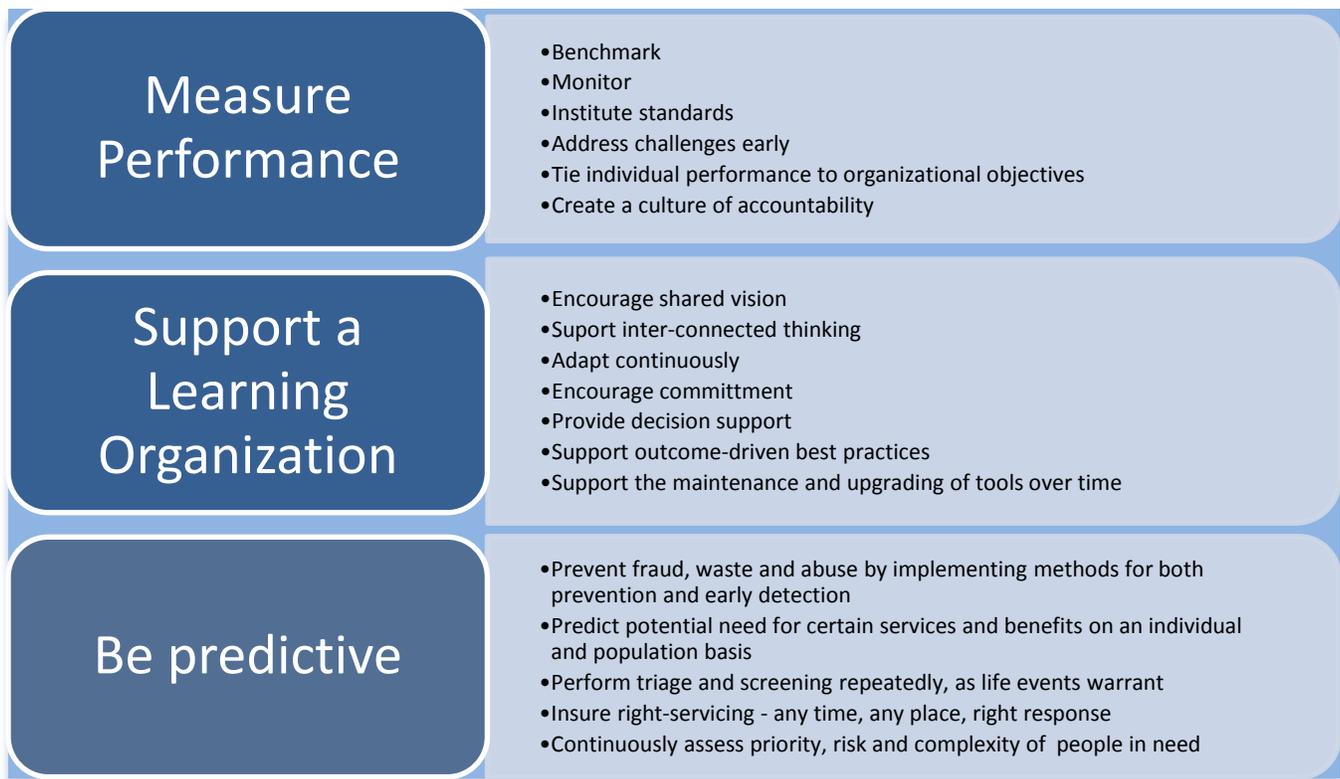
Minnesota's State-supervised structure recognizes the differences that exist among different local communities. The new service model will allow for local flexibility within a statewide structural and policy framework, balancing need for flexibility in process with the need for simplicity and uniformity of policy and tools. Among the features of the model environment:

- **Choice of methods for accessing services.** People can connect with services in a way that works for them. They are not limited by agency office hours. They can interact with the human services eco-system using their phone, mobile apps, computers, in-person visits with government agencies and community organizations in their neighborhood, and even through the mail. Communications will be available through any of these methods.
- **Continuum of engagement.** People have the means to define and self-manage their service involvement to the extent they are able and allowed by law. Some services are mandated. Self-service is enabled and encouraged, and a range of assisted service and intensive case management options are available for those who need them. Tools are available to community members seeking to refer others or participate in helping.
- **Triage & screening.** Tools are available to broadly assess health and human service needs in the context of geography and individual circumstance. People are informed of the services available to them and are able to determine and pursue an appropriate service set. Opportunities for early or preventative intervention are identified. Methods exist to reach out in a non-intrusive way to people with potential service needs.
- **Common processes, functions, and tools.** People are not forced to contact multiple program areas to repeatedly provide the same information about their situation. People in need of multiple services experience a fluid process, not a series of disjointed events. Caseworkers and partners across the human services enterprise are operating within a framework where information and workflow is coordinated. They are consistently aware of the service activities beyond their own program area that affect the decisions and actions they need to take, without time lags or gaps.
- **Business Intelligence.** Service outcomes are measurable and measured. Reporting and data analytics are used to set and refine service practices. Service plans are holistic and evidence-based. The intersection between social context and health is analyzed and used to inform human service and health care decisions at the individual client/patient level.
- **Shared governance and distributed administration.** State, Servicing Agency and Community partners all have a voice in implementation of the service model. Local and statewide needs are understood and supported. Regions and communities can leverage the statewide service infrastructure and are empowered to tailor it to their local environments.
- **An integrated/coordinated/interdependent eco-system.** No more isolated islands of information. Case content is in a shared environment that is managed, protected, and leveraged in a way that enables all community participants to work together toward shared service goals. Collaborative workspaces exist to allow multi-disciplinary teams (possibly involving contributors from governmental and community organizations as well as the families and individuals themselves) to share just the right information and work as active partners in planning and managing services and care.

Outcomes and Accountability

Minnesota's new service model and automated system will recognize and support the importance of measuring performance, predicting needs and seeking and measuring outcomes, recognizing a collective accountability for sustainable positive outcomes for the people served throughout the health and human services system.

An integrated health and human service system in the 21st century dreams big, envisioning sustainable positive outcomes for the people served and turning the cost curve for the state. To do so, the redesigned systems must:



The public increasingly demands cost-effective use of taxpayer and philanthropic dollars, so publicly released reports of organizational performance toward the desired outcomes should occur on a regular basis. These tools are essential to delivering on the promise of the vision statement, and creating stronger, healthier populations for the future. Toward this end, the systems will offer automated tools to create and manage outcome plans for individuals and families and will track progress, supporting collaboration and resource coordination.