

Report to the Minnesota Legislature

White Earth Health and Human Services Transfer Project:

Transferring Health and Human Services Responsibilities from Mahnomen County to the White Earth Band of Ojibwe

January 2012



Minnesota Department of **Human Services**

The Estimated cost to the department for preparing this report is \$1,937.00.

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249.27Sec. 18. WHITE EARTH BAND OF OJIBWE HUMAN SERVICES PROJECT.

249.28(a) The commissioner of human services, in consultation with the White Earth Band
249.29of Ojibwe, shall transfer legal responsibility to the tribe for providing human services to
249.30tribal members and their families who reside on or off the reservation in Mahnomen
249.31County. The transfer shall include:

249.32(1) financing, including federal and state funds, grants, and foundation funds; and
249.33(2) services to eligible tribal members and families defined as it applies to state
249.34programs being transferred to the tribe.

250.1(b) The determination as to which programs will be transferred to the tribe and
250.2the timing of the transfer of the programs shall be made by a consensus decision of the
250.3governing body of the tribe and the commissioner. The commissioner shall waive existing
250.4rules and seek all federal approvals and waivers as needed to carry out the transfer.

250.5(c) When the commissioner approves transfer of programs and the tribe assumes
250.6responsibility under this section, Mahnomen County is relieved of responsibility for
250.7providing program services to tribal members and their families who live on or off the
250.8reservation while the tribal project is in effect and funded, except that a family member
250.9who is not a White Earth member may choose to receive services through the tribe or the
250.10county. The commissioner shall have authority to redirect funds provided to Mahnomen
250.11County for these services, including administrative expenses, to the White Earth Band
250.12of Ojibwe Indians.

250.13(d) Upon the successful transfer of legal responsibility for providing human services
250.14for tribal members and their families who reside on and off the reservation in Mahnomen
250.15County, the commissioner and the White Earth Band of Ojibwe shall develop a plan to
250.16transfer legal responsibility for providing human services for tribal members and their
250.17families who reside on or off reservation in Clearwater and Becker Counties.

250.18(e) No later than January 15, 2012, the commissioner shall submit a written
250.19report detailing the transfer progress to the chairs and ranking minority members of the
250.20legislative committees with jurisdiction over health and human services. If legislation is
250.21needed to fully complete the transfer of legal responsibility for providing human services,
250.22the commissioner shall submit proposed legislation along with the written report.

Introduction

Last session, the Minnesota State Legislature authorized the transfer of human service responsibilities currently provided by Mahnomen County to the White Earth Nation (WEN). Once the transfer is complete, the Minnesota Department of Human Services (DHS) will work with WEN to assume similar responsibilities from both Becker and Clearwater counties.

While a great deal of progress has already been made determining how to transfer human services programs from Mahnomen to WEN, there are still issues that need to be researched and addressed before full implementation. All parties, including the county, are aware the transfer will not happen until all outstanding issues are resolved.

The intent of this report is to:

- Inform the Legislature of the status of consultation leading to the transfer
- Provide a description of infrastructure in place to assume the responsibilities
- Identify outstanding issues that need to be resolved prior to the transfer
- Begin a discussion of next steps

Current status

WEN originally proposed implementing the transfer using a phased-in approach, but after review, determined it would be better to transfer all services at one time. As a result, WEN recently presented both DHS and Mahnomen County with four implementation proposals. WEN indicated it desired to assume health and human service responsibilities from Mahnomen County for all residents of the county. This scope of this proposal is broader than the authorizing legislation allows and would require new legislation.

WEN was aware of the need for new legislation and also recognizes Mahnomen County needs to determine its support for the concept. While Mahnomen County Commission Chairperson Karen Ahmann attended an initial meeting about the proposal, she did not feel she could respond without it first being presented to the entire board.

Plans are being made for representatives from DHS and WEN to attend a Mahnomen County Commission Board meeting. WEN believes providing services to all county residents is the most equitable option and will help Mahnomen County continue to address health and human service needs of a significantly reduced client base.

History and process

Representatives of DHS and WEN met to determine steps and information necessary to begin the transfer process. They agreed on four initial issues to be addressed:

- Determination of the array of services provided by the county
- Assessment of tribal readiness to assume the responsibility
- Determination of clientele
- Determination of the timing of the transfer

DHS began by providing WEN with an inventory of programs administered by counties. The inventory included:

- Identification of programs that will be transferred
- Identification of state statutory language for programs to be transferred
- Identification of federal authorizing language (either federal statute or state plans)
- Identification of information systems necessary to administer DHS programs
- Identification of financing tied to each of the program areas

WEN began by completing a comprehensive organizational assessment that:

- Identified program areas the tribe currently operates
- Gave a description of the target population currently served by these programs
- Identified the number of staff and their qualifications

The information provided by DHS and the tribal organizational assessment offered a good overview of services currently provided by the tribe. In addition, it provided DHS and the tribe an indication of existing gaps in service areas WEN would assume.

As the scope of county responsibility and WEN infrastructure needs became clearer, DHS and the tribe decided on a phased-in approach for the transfer.

Initial phased-in approach

Initially, WEN and DHS looked for services that could easily be transferred, namely programs in which WEN had significant capacity in place, which would also meet WEN's initial goal. Contingent on fiscal review as well as final review of WEN organizational capacity (including necessary information systems) WEN proposed transfer of the following programs in Phase 1:

- Chemical dependency
- Mental health services provided by Mahnommen
- Group Residential Housing
- General Assistance
- Adult services
- Child welfare services not currently included in the American Indian Child Welfare Initiative (this does not include current review of child welfare options in Hennepin County)

When Phase 1 is complete, major income maintenance programs will be transferred as part of Phase 2. These include:

- Minnesota Family Investment Program
- Food Support
- Minnesota Supplemental Aid
- Child Support Enforcement Division
- Child care
- Developmental disabilities

Once this course was agreed upon, WEN and DHS invited Mahnomens County into the discussions. To formalize both the structure and representation of the meeting, it was agreed that each governmental entity would appoint representatives to a WEN health and human services transfer project. The responsibilities of the project's core team were as follows:

- To oversee implementation of the legislation
- To participate in planning and coordination of the transfer of health and human services from Mahnomens County to WEN
- To engage appropriate staff representing priority areas in strategic planning meetings for the transfer
- To identify and discuss business area specific issues, such as legislation, financing, management information systems, and legal issues
- To make recommendations to appropriate leadership

The core team determined it was necessary to form work groups around each of the program areas identified in Phase 1 of the transfer. The work groups were charged with determining steps necessary to transfer the programs. Initial considerations included:

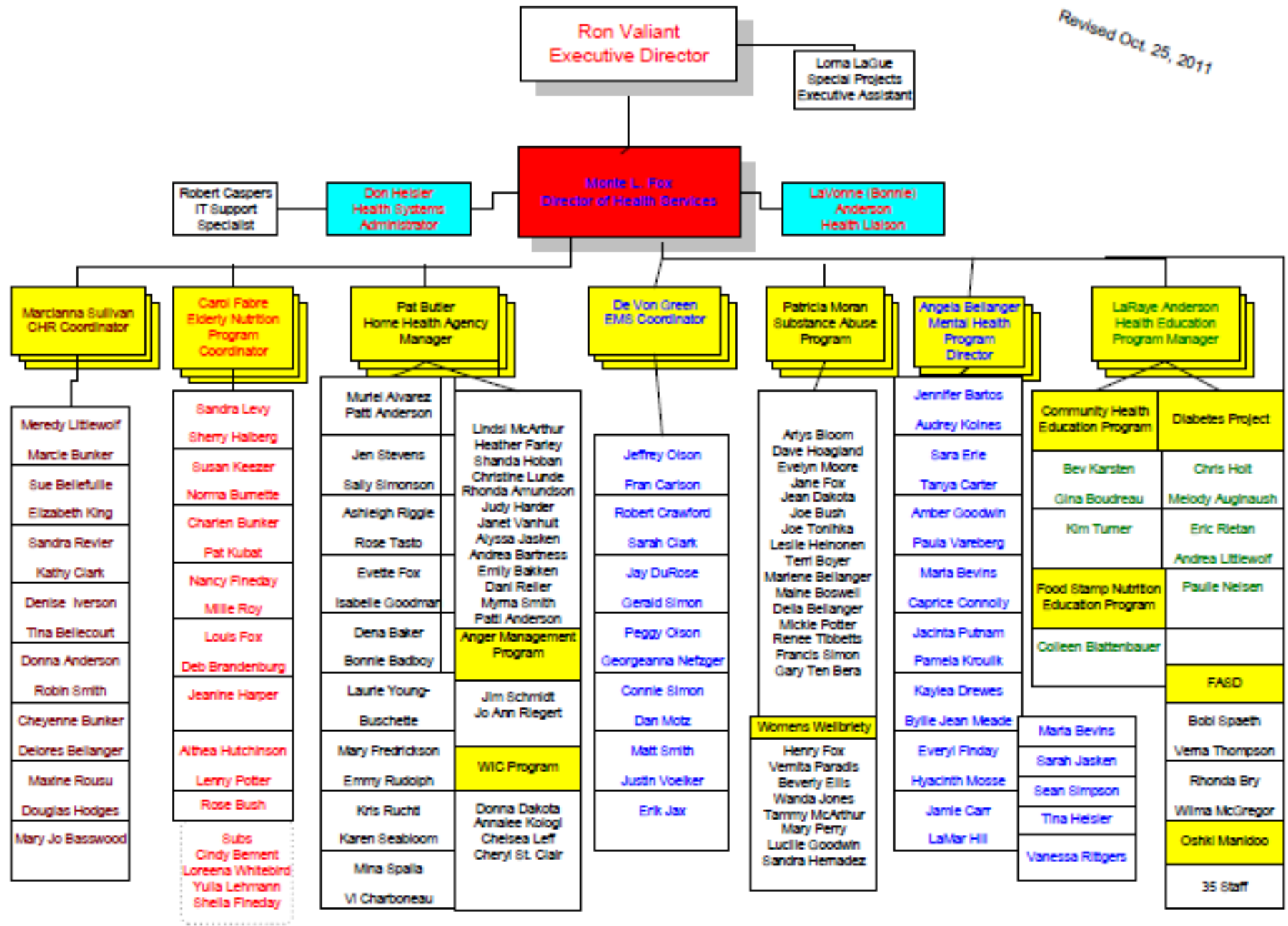
- Does current statutory or state plan authority allow for the transfer?
- Does the tribe have the necessary infrastructure to fulfill program responsibilities?
- What roles will DHS, the county and tribe play in the transfer?
- Can finances be identified and transferred?
- Does the tribe have information systems in place to administer programs?
- Are there legal issues or questions?
- What are the opportunities and challenges?

White Earth infrastructure inventory

- WEN organizational chart (see pages 7 and 8)
- Programs operated by WEN
 - Health care: DHS enrolled provider in many services
 - Home health care (25 RNs and LPNs)
 - Long term care consultation (see also chart of services)
 - Elderly nutrition (congregate, home-delivered, nutrition counseling)
 - Community health representatives (blood pressure, diabetes monitoring, physical and speech therapy, health education)
 - Chemical dependency
 - Mental health (crisis intervention, individual and family counseling, targeted case management, Children's Therapeutic Services and Supports, Adult Rehabilitation Mental Health Services, suicide prevention)
 - Transportation (ambulance, medical access transportation)
 - Indian Health Service
 - Minnesota Family Investment Program-Employment Services
 - Food Support
 - Child support
 - Child care
 - Child welfare

White Earth Reservation Tribal Council

Revised Oct. 25, 2011



Dream Catcher Homes
Supportive Housing

**White Earth Reservation
Human Service Division
Director
Ben Bement**

Administrative
Assistant
Front Desk Receptionist

DOVE
Tanya Vold

Employment & Training
Robert Goodwin

Food Distribution
Gloria Goodwin

Resource and
Supportive Services
Mary Riegert

Vocational
Rehabilitation
Gloria LaFriniere

Domestic
Violence
Sexual Assault
General
CrimeElder
Abuse

MFIP

Nutrition
Education

Geriatric
Social
Services

Vocational
Rehabilitation

Safe
Havens/Safe
Exchange

477-Work
Force
Employment

Commodity
Foods

**Constituents
Services**
White Earth
Cass Lake
Minneapolis
Medical Assistance
Travel
Death Benefits
Emergency Shelter
Natural Disaster
Assistance

Women's
Domestic
Violence
Shelter

TERO

Pathways Out
of Poverty

Homeless
Emergency
Shelter
Long Term
Homeless

Shooting Star
Casino
Employment

Summary of work group findings

Chemical dependency:With the exception of detox services, WEN is currently providing all chemical dependency services to American Indians in Mahnomen County per M.S. 254B

Mental health:To a large degree, WEN currently contracts with DHS and provides many mental health services for both adults and children.A scope of work provided by the mental health serviceswork group will be incorporated into a transfer work plandelineating both the process of transfer and associated timeline. The planwas not completed at the time of this report.

Group Residential Housing:Due to linkage of this program to income maintenance programs within DHS, it was agreed it would best be transferred in Phase 2 when the rest of the income maintenance programs would be transferred.

General Assistance: Due to linkage of this program to income maintenance programs within DHS, it was agreed it would best be transferred in Phase 2 when the rest of the income maintenance programs would be transferred.

Adult services:To a large degree, WEN currently contracts with DHS and provides many of the program services in continuing care.A scope of work provided by the continuing carework group will be incorporated into a transfer work plandelineating both the process of transfer and associated timeline. The planwas not completed at the time of this report.

Child welfare:A few services related to child welfare are not currently included in the American Indian Child Welfare Initiative, which was implemented as the result of legislation a few years ago.This project does not include the transfer of child welfare programming from Hennepin County to WEN.The remainder of child welfare activities retained by Mahnomen County will be incorporated into work plandelineating both the process of transfer and associated timeline. The planwas not completed at the time of this report.

Turning point

While discussing the Phase 1 transfer, it became more evident to WEN that the phased-in approach was not the best way to achieve the legislative goal to transfer all human services to WEN.After completing the initial review, WEN determined it was not in the best interest of WEN, nor was it in the best interest of WEN members and their families, to assume transfer of health and human services on a phased-in approach.It determined the most effective and expeditious means of transferring health and humanservices currently administered by Mahnomen Countyis a full-scale transfer.

With this decision, the WEN transfer core team reached a turning point that shifted the discussion and planning in a new direction.A few factors identified led to this conclusion. Key findings to date:

- As the review progressed, it became more apparent that the role of the financial worker or eligibility specialist was of key importance.WEN determined these staff members

are necessary for the administration of programs and full implementation of WEN health and human services.

- In addition, WEN decided that access to DHS information systems is essential for administration of programs and full implementation of WEN health and human services systems.
- Finally, secure data for both DHS and county clients disallowed the identification of WEN members and their families – the very clientele identified in the statute. The core team determined more work was necessary to obtain this critical information.

Different approach

With this in mind, WEN requested a meeting with DHS to advise that a different implementation approach was necessary. WEN prepared four implementation proposals that it feels the three governmental entities should explore. They include:

1. That DHS work with WEN to transfer 100 percent of Mahnomen County health and human services responsibilities for all county residents to WEN.
2. That DHS work with WEN to transfer 100 percent of Mahnomen County health and human services responsibilities for only WEN members and their families to WEN. In this option, WEN would contract with Mahnomen County to provide staff with expertise in eligibility determination and experience with DHS information systems.
Note: Both options above, including the intent to assume 100 percent of health and human services responsibilities, are dependent upon the WEN having trained staff to administer the programs. The primary staff they need at this time are financial workers or eligibility specialists. WEN has requested that DHS assist in determining how to gain these staff, and to approach Mahnomen with the offer and request.
3. That the implementation is suspended until WEN can assume all responsibilities, namely 100 percent of Mahnomen County health and human services responsibilities to members of WEN and their families. This option would be implemented if Mahnomen County was not willing to contract with WEN for necessary staff time and expertise.
4. Continuation of the initial plan for a phased-in approach.

Overview of four implementation proposals

WEN leadership decided that Option 1, to transfer 100 percent of Mahnomen County health and human services responsibilities to WEN for all residents of Mahnomen County, is its desired approach. It felt that this would be most expeditious and effective. Tribal Chairwoman Erma Vizenor is advancing a system within WEN boundaries that addresses the needs of all residents of the reservation, which includes the entire county of Mahnomen, and not just members of WEN. She made it clear that WEN is colorblind when it comes to providing quality and equitable services to all people within the boundaries of the reservation.

Option 1:

WEN decided that it would make an offer to transfer all health and human service responsibilities from Mahnomen County to WEN, including for non-Indian residents. In this option, all funding that currently goes to the county would go to WEN, which would use it in a manner similar to that how it is used in now. If the tribe and county can agree that WEN would

assume administration of all health and human services programming, the tribe would receive all health and human services funding that comes from either federal or state appropriations or contracts with Mahnomen County.

In addition, WEN would contract for all time of current county staff. All county staff would retain their jobs as Mahnomen employees, at least for a time limited period, until WEN found trained staff ready to assume these positions. During the contracted time period, the county would continue to pay the salaries and benefits for the staff, and the county would be reimbursed by funds transferred to WEN.

WEN would assume all health and human service responsibilities with the contracted staff, as it would thus have the expertise necessary to administer the programs and have access to DHS information systems.

WEN believes that its administration of services to all residents of Mahnomen County will offer a full array of comprehensive and quality services. It is also of the opinion that this will provide Mahnomen County a way to address its reduced caseload. Finally, it is proposed as a model for implementing M.S. 402A.35, Service Delivery Authority, in a manner that demonstrates tribal-county partnership.

Option 2:

If this option is selected, WEN would accept transfer of all health and human service responsibilities from Mahnomen County for the provision of services to only WEN Band members and their families. In addition, WEN would still contract with Mahnomen County for a percentage of staff time equal to the percentage of health and human services activity assumed. This would allow WEN access to the expertise necessary to administer the programs and have access to information systems.

In this option, the total funding that would transfer to WEN would equal the percentage of health and human service activity anticipated to be assumed. The tribe would also request that funds equal to the current Mahnomen County fiscal responsibility for this percentage of health and human service activity be made available. This would either require the Legislature to request new funds for this purpose or approve legislation that requires a continued fiscal responsibility from Mahnomen County.

In this option, WEN would contract for the time of current staff from the county (as in Option 1). The difference would be that the percentage of time contracted would be relative to the assumed responsibility. For example, if 50 percent of the current caseload of Mahnomen is transferred, 50 percent of time would be contracted. All county staff would retain their jobs as Mahnomen employees, at least for a time limited period, until WEN found trained staff ready to assume these positions. During the contracted time period, the county would continue to pay the salaries and benefits for the staff, and be reimbursed by funds transferred to WEN. While these staff would maintain employment by the county, they would likely be co-located or housed in client-centered locations.

WEN would assume all health and human service responsibilities with the contracted staff, as it would have the expertise necessary to administer the programs and have access to the DHS information systems.

Option 3:

This option will be chosen if contracting with the county is not possible. Under this option, WEN would accept transfer of all health and human service responsibilities from Mahnomen County for the provision of services to only WEN Band members and their families (as in Option 2). This option will require the suspension of the initial phased-in plan. In addition, it will allow WEN time to obtain or reassign staff with management information system experience to maximize their expertise. *(Note: See WEN Experience on DHS Information Systems, which documents WEN staff with experience utilizing DHS information systems, on page 14.)*

In this option, the total funding that would transfer to WEN would equal the percentage of health and human service activity anticipated to be assumed. The tribe would also request that funds equal to the current Mahnomen County fiscal responsibility for this percentage of health and human service activity be made available. This would either require the Legislature to request new funds for this purpose or approve legislation that would require a continued fiscal responsibility from Mahnomen County.

In this option, WEN would either engage in recruiting, hiring and training of necessary staff, or if feasible, allow DHS to hire experienced staff and contract for the time of the staff similar as it would with the county under Option 2. The concept being explored with the state is that the state could enter into arrangements with various counties to have staff dedicated to this project. In this manner, all state and county staff would retain their jobs, at least for a time limited period, until WEN found trained staff ready to assume these positions. During the contracted time period, the state and county would continue to pay the salaries and benefits for the staff, and the county would be reimbursed by funds transferred to WEN. While the staff members would maintain employment by the county, they would likely be co-located or housed in client-centered locations.

WEN would assume all health and human service responsibilities with the contracted staff, as it would have the expertise necessary to administer the programs and have access to the information systems.

Option 4:

This is WEN's original proposal. It would accept transfer of health and human services on a phased-in approach, likely in two or three phases. As noted above, WEN realized this option was not the approach as it was explored. In addition to the length of time it would take for full implementation, WEN determined it would likely create navigation issues for clients – they would go to the tribe for one set of services and to the county for another set. In addition, the ability for either the county or the tribe to determine which client should go to which would pose a problem into the future.

Findings

Legislation:

At this stage, because the team has not determined the best course of action, no legislative proposals have been identified. The existing statute provides broad authority to the Commissioner of Human Services to:

- Waive existing rules and seek all federal approvals and waivers as needed to carry out the transfer
- Redirect funds provided to Mahnomen County for these services, including administrative expenses, to the White Earth Band of Ojibwe Indians

Finances:

While a full fiscal review has not been completed, the Minnesota County Human Service Cost Report documents that Mahnomen County contributed \$722,690 to CY2010 Health and Human Services costs.

Because the legislation does not address the issue of current county fiscal contribution, the following questions still need to be answered by the Legislature. However, there is understanding on the part of DHS, WEN and Mahnomen County that it will be difficult for the Legislature to provide a specific answer until the team is able to present an actual dollar amount needed for the implementation.

The team knows that the total cost of services reported by Mahnomen County include funds that went to both administrative services and directly to clients or providers. Until the number of clients that will transfer to WEN is clear, it is difficult to project the actual cost that will be assumed by WEN. The team will need to do more work to determine what this figure will be.

Total Human Service Costs and Revenues Mahnomen County

Total Costs	Support	Health	Social Services	Total	
	\$4,117,309	\$17,176,265	\$3,786,675	\$25,080,249	
Total Revenue	Federal	State	County	Misc	Total
	\$15,291,350	\$8,949,276	\$722,690	\$116,933	\$25,080,249

At a minimum, however, we do know that the Legislature will have to provide some guidance on the following questions:

- Will there be a legislative requirement for funds to be forthcoming from Mahnomen?
- Will there be a legislative appropriation that secures these funds?
- Will WEN be expected to provide these funds?

Potential savings:

Because the fiscal analysis has not been concluded, the team cannot commit to any dollar amount. However, there is optimism that the state will realize savings as services, including Medical Assistance, are transferred to WEN. For example, all Medical Assistance services provided to eligible American Indians through Indian Health Service facilities or tribal health facilities receive 100 percent federal participation.

The Minnesota County Human Service Cost Report documents costs associated to Mahnomen County for the provision of Medical Assistance to eligible clients:

<u>Federal</u>	<u>State</u>	<u>County</u>
\$10,194,059	\$6,295,285	\$122,082

While the team is not certain as to services specifically associated with a WEN Band member, the potential exists for at least a percentage of these services to be reimbursed at 100 percent federal participation. As the team is better able to identify the clientele that will transfer to WEN, the state will have a better indication as to any potential savings.

NOTE: Data pulled by DHS Reports and Forecast find that 71 percent of clients in Mahnomen County receiving Medical Assistance services are American Indian. At this stage, WEN and DHS have not arrived at a definition of a WEN tribal member or their families. This has bearing on the total funds that will be transferred, unless WEN can provide services to all residents of Mahnomen County.

Next steps

WEN and DHS will meet with Mahnomen County commissioners in the near future to determine how to proceed. WEN intends to present its four implementation proposals to the board for consideration. Depending on Mahnomen County's decision, WEN will then continue to meet with DHS and Mahnomen County to develop the action steps necessary to implement the transfer.

Simultaneous to this, the parties will continue to gather necessary information to move forward with implementation. Priority issues at this time include the collection of data on clients that could be transferred, steps that must be taken to provide WEN connection to DHS information systems, and identification of finances necessary to implement the transfer.

If decisions are made in a timely fashion, it is possible WEN will approach the Legislature with new information.

White Earth Nation Staff Experience with DHS Info Systems

DHS Info Systems	MMI	MAX IS	MN-ITS	INFOPAC	WAIVER MANGM NT SYSTEM	MIC C	SSI S	TITLE VI-E SYSTEM	YEARS OF EXP	DEED	HMS	WORK FORCE ONE
Staff 1	X	X	X	X	X				10			
Staff 2	X								4			
Staff 3	X					X			4			
Staff 4	X								1			
Staff 5			X						9			
Staff 6			X						6			
Staff 7			X			X			5			
Staff 8			X			X			4			
Staff 9			X			X			5			
Staff 10			X			X			2			
Staff 11			X						1			
Staff 12			X			X			4			
Staff 13			X						1			
Staff 14			X			X			1			
Staff 15			X						3			
Staff 16	X	X					X	X	11			
Staff 17	X	X					X	X	1.5			
Staff 18	X	X							1			
Staff 19	X	X							1			
Staff 20									7			X
Staff 21									7			X
Staff 22									7			X
Staff 23									7			X
Staff 24									7			X
Staff 25									5		X	
Staff 26									1		X	
Staff 27									2		X	
Staff 28									7	X		
Staff 29	X	X					X		4.5			
Total Experience	9	6	12	1	1	7	3	2	129	1	3	5