STEERING COMMITTEE ON PERFORMANCE AND OUTCOME REFORMS

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

Submitted by the Committee: 12-18-12

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As required by Minnesota Statute 3.197, the cost for writing this report was $16,125. This figure does not include the considerable time that Steering Committee and workgroup members spent developing the report's content.

Contents

Section 1: Executive Summary

The Steering Committee on Performance and Outcome Reforms (Steering Committee) was mandated in Minnesota Statute 402A.15 to "develop a uniform process to establish and review performance and outcome standards for all essential human services based on the current level of resources available, and to develop appropriate reporting measures and a uniform accountability process for responding to a county's or service delivery authority's failure to make adequate progress on achieving performance measures." The Steering Committee has worked since July of 2009 to meet this charge; this is the Steering Committee's final report to the legislature.

The Steering Committee included members from the Association of Minnesota Counties (AMC), the Minnesota Association of County Social Service Administrators (MACSSA), the Minnesota Department of Human Services (DHS), and client advocate organizations.

The primary responsibilities of the Steering Committee were to:

- Create an inventory of essential human services by 11/01/2009;
- Establish a three-year schedule for completion of its work by 12/15/2009;
- Develop and recommend to the legislature a uniform, graduated process for responding to a county's failure to make adequate progress on achieving performance measures by 02/15/2010;
- Report any recommendations to the governor and human service legislative committees by January 15 each year starting 01/15/2011, including any recommendations to repeal statutory provisions, rules, requirements and reports;
- Develop and recommend to the legislature performance outcomes, measures and standards for each essential service, a system for reporting them and the resources needed to achieve them by 12/15/2012; and
- Recommend any statute, administrative rule, requirements and reports that could be repealed or eliminated by 12/15/2012.

To accomplish its task, the Steering Committee relied heavily on assistance and input from many stakeholders from counties, tribes, DHS, and provider and advocate organizations. The group created a plan for stakeholder engagement and communication that continued throughout the course of its work; a high level summary of those activities is at the end of this report. The Steering Committee also convened stakeholder workgroups to develop the system's performance outcomes, measures and standards. In addition, a draft version of this report was made available for public review and comment during the month of November 2012 and many suggestions from that process have been incorporated into the final version of the report.

Recommendations on appropriate performance outcomes, measures and standards, and an associated performance management system are the Steering Committee's primary deliverable for this project. The system described in this report would regularly collect data on identified performance outcomes from counties and service delivery authorities. Performance data would

be reviewed jointly with DHS staff and any performance problems would be addressed in a Performance Improvement Plan and monitored jointly. Per Minnesota Statute 402A.18, serious and ongoing underperformance would be addressed through financial penalty or potential reassignment of the program.

The Steering Committee established the following goals for the performance management system:

- To establish shared outcomes and performance measures across jurisdictions;
- To establish a more effective mechanism to hold the human service system accountable for improving outcomes for the people it serves;
- To drive continuous improvements in performance against key measures of success; and
- To provide transparency to the public.

More information on the rationale for these goals can be found on pages nine and ten of this report.

The Steering Committee also developed system requirements and values that describe the overarching expectations regarding the nature of the performance management system. These requirements and values were informed by Steering Committee members, input from key stakeholders, and a survey of the Minnesota Association of County Social Service Administrators (MACSSA) and Minnesota Social Service Association (MSSA) members that was conducted in early 2012.

System requirements that stakeholders identified as essential to a successful performance management system include:

- Fully engaged leaders;
- Understanding of client needs;
- Relevant measures and analysis;
- Collaborative action and governance; and
- Aligned resources.

In addition to the system goals and requirements described above, the following values describe the Steering Committee's performance expectations for the system:

1. The system should keep outcomes for people and communities at its core.
2. The system should include and consider the voice of the client.
3. The system should address racial and ethnic disparities in outcomes.
4. The system should reflect the needs and priorities of Minnesota's stakeholders.
5. The system should be flexible and adaptable over time.
6. The system should support local service delivery solutions that lead to the best outcomes per dollar invested.
7. The system should encourage learning, foster dialogue and improve performance.

8. The system should include a common set of outcomes, metrics and standards.
9. The system should enable fact-based decision-making.
10. The system should be based on evidence-based practices, at both the system and individual program levels.
11. The system should recognize that continuous improvement is not the sole responsibility of one party, but is jointly owned by the state, the counties and their service delivery partners.

More information on system requirements and values can be found on pages 47-49 of this report.

Priority Recommendations for Adoption, Implementation Phase

The Steering Committee recommends a phased system implementation approach. The initial Implementation Phase is designed to quickly establish a new system for managing human services and the state-county relationship while laying the foundation for development and maturity. Initial implementation includes actions to launch the system, along with the structures (e.g. the Performance Council) and resources needed to provide the basic groundwork for a successful system.

The priorities for the Implementation Phase are outlined below:

1. Establish a permanent Performance Council to advise the Commissioner of Human Services on the implementation and operation of the performance management system. Council membership would include representatives from the Association of Minnesota Counties, the Minnesota Association of County Social Service Administrators, the Minnesota Department of Human Services, representatives of tribes and communities of color and client advocate or provider organizations. The Council would act in an advisory capacity to the Commissioner and would submit an annual report to the legislature on the function of the performance management system.

2. Adopt the recommended target outcomes, performance measures and associated standards for the Implementation Phase that are outlined in Table 14. Initially, the Steering Committee recommends annual reporting of performance data by counties and service delivery authorities.

   A description of how the standards were set and what they mean is provided in Section 4. In addition, Section 5 describes those circumstances under which discretion in applying the standards is felt to be necessary and how it can be accomplished.

Table 14. Implementation Phase Outcomes, Measures and Standards

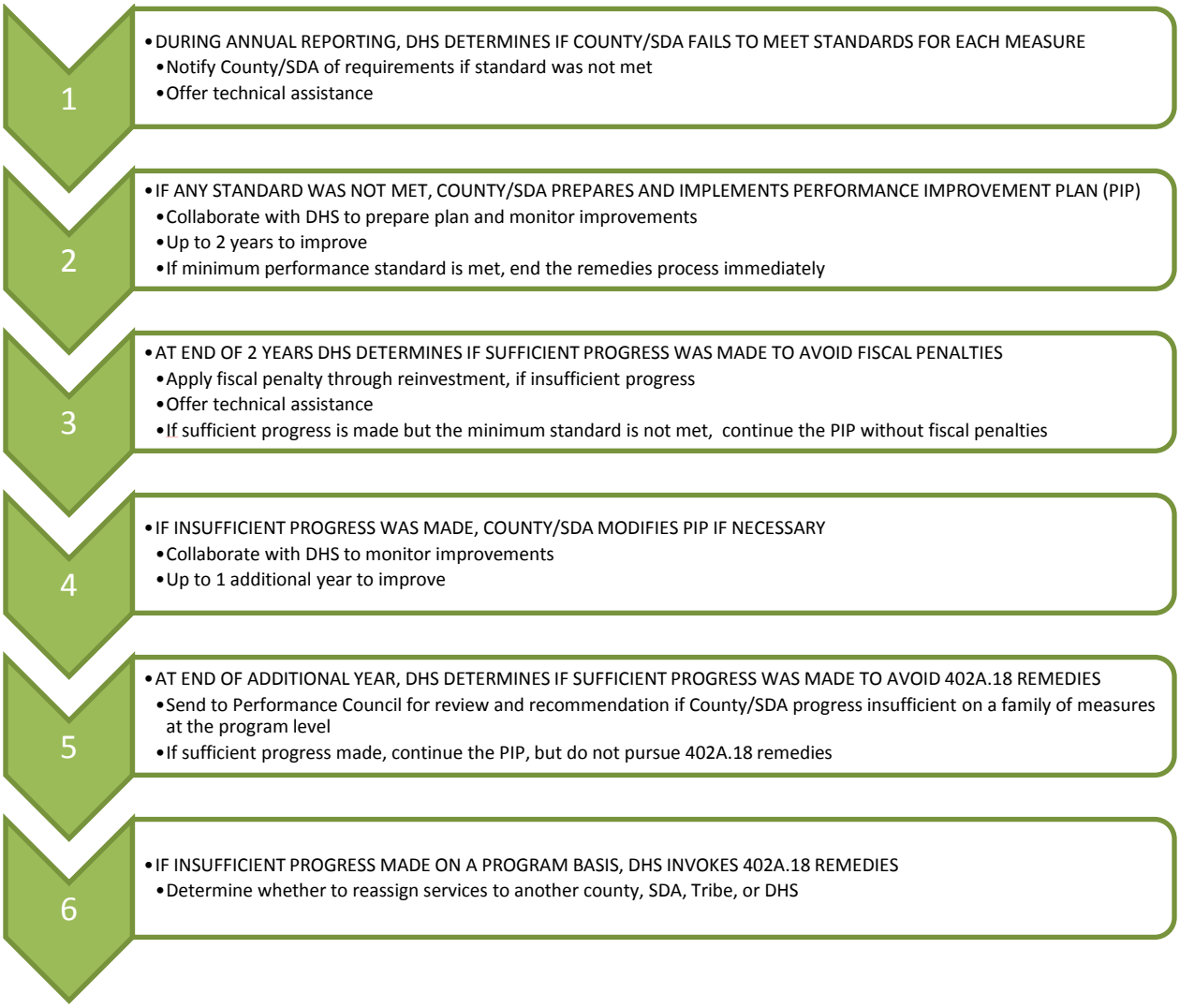
Outcome	Measure	Program Category	Measure Group	Remedies Standard (Minimum)	High Standard (Policy Goal)
Adults and children are safe and secure	Percent of repeat maltreatment reports	Adult Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of responses within mandated timelines	Adult Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Repeat determination of maltreatment	Children's Services	Implementation Phase	Below the 10th percentile	Greater than 94.6%
Children have stability in their living situation	Timely establishment of permanency	Children's Services	Implementation Phase	Below the 10th percentile	Greater than 75.2%
	Percent of current child support that is paid	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
Children have the opportunity to develop to their fullest potential	Aging out of foster care without a plan	Children's Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of children placed with relatives	Children's Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of open child support cases for which paternity is established	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
People are economically secure	Percent of MFIP/DWP adults working 30 or more hours per week or off cash assistance three years after baseline	Income Support	Implementation Phase	Below the 10th percentile	Meets expected performance for that county
	Percent of expedited SNAP applications where support was issued within 24 hours of application	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of public assistance applicants who received benefits within mandated timeframes	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of open child support cases with a child support order established	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
People have access to health care and receive effective services.	Percent of adults referred for Rule 25 assessments who receive them within mandated timelines	Adult Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of health care assistance applicants who received approval within mandated timelines	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile

While these actions provide the foundation for a successful implementation, the Steering Committee recognizes that a mature system will develop over time and will itself be a process of continuous improvement. The Development and Maturity Phase includes the Steering Committee's recommendations for additional actions to be considered by a permanent Performance Council because they are felt to be important to the long-term improvement and sustainability of the system.

3. Adopt the remedies process outlined in Appendix 9.
   The Steering Committee has designed the remedies process with a focus on problem-solving rather than penalty. The process provides counties with time to review and understand the sources of performance problems, select the best approaches to address those problems, adjust practices and monitor the success of their efforts. It recognizes the roles of the state and local governments in improving performance, creating a partnership that provides guidance and technical assistance from the state. Figure 18 outlines the basic steps in the remedies process. A more detailed diagram is available in Appendix 9.

4. Provide the resources needed to sustain the system.
   It will require resources for the performance management system to be sustainable. For example, resources will be needed for the system to gather, analyze and distribute performance measurement information; to provide training and technical support to the counties; to further assess how best to set reasonable and effective standards; and to establish mechanisms to identify, share and expand the deployment of best practices.

Figure 18. Basic Steps in the Remedies Process



Addressing Racial and Ethnic Disparities

It is important that the performance management system identify and help reduce racial and ethnic disparities in outcomes. Recognition of this priority is proposed in several ways:

- The values on pages two and three explicitly call for racial and ethnic disparities to be addressed.
- The system requirements on pages 47-49, which describe those elements that practitioners and members of the Steering Committee felt were most important for the performance management system to include, emphasize the need to understand stakeholder priorities and expectations by important subcategories, such as race or income, and to reduce those disparities.
- The remedies process, described briefly in Section 5 and in detail in Appendix 9, calls for performance measures to be reported by racial and ethnic groups.
- The remedies process requires that a county develop a Performance Improvement Plan even in those cases where overall standards are met, if three or more measurement standards are not met for one or more racial or ethnic group.

It should be noted that, in some cases, breakouts of racial and ethnic data are not currently available. In addition, counties vary dramatically in the number and proportion of cases that involve non-white service recipients. Despite these challenges, the Steering Committee is committed to using the best available information to help identify and reduce disparities in outcomes.

Section 2: Introduction

The Steering Committee on Performance and Outcome Reforms (Steering Committee) was legislatively mandated in Minnesota Statute 402A.15 to "develop a uniform process to establish and review performance and outcome standards for all essential human services based on the current level of resources available, and to develop appropriate reporting measures and a uniform accountability process for responding to a county's or services delivery authority's failure to make adequate progress on achieving performance measures." The Steering Committee has worked since July of 2009 to meet this charge; this is the Steering Committee's final report to the legislature.

Steering Committee Members:
Association of Minnesota Counties (AMC) representatives:

- Toni Carter, Ramsey County Commissioner
- William Montague, Polk County Commissioner

Minnesota Association of County Social Service Administrators (MACSSA) representatives:

- Judith Brumfield, Scott County Director of Human Services
- Kathy Johnson, Kittson County Director of Human Services

Department of Human Services representatives:

- Chuck Johnson, Chief Financial and Operating Officer
- Kate Lerner, County Relations Director
- Marisa Hinnenkamp, Performance Measurement Coordinator

Client advocate representatives:

- Colleen Wieck, Director, Governor's Council on Developmental Disabilities
- Heidi Holste, Government Affairs Director, Care Providers of Minnesota (formerly of AARP Minnesota)
- Michelle Basham, Executive Director, FamilyWise

The Steering Committee was chaired by Toni Carter and Chuck Johnson.

The primary responsibilities of the Steering Committee were to:

- Create an inventory of essential human services by 11/01/2009;
- Establish a three-year schedule for completion of its work by 12/15/2009;
- Develop and recommend to the legislature a uniform, graduated process for responding to a county's failure to make adequate progress on achieving performance measures by 02/15/2010;
- Report any recommendations to the governor and human service legislative committees by January 15 each year starting 01/15/2011, including any recommendations to repeal statutory provisions, rules, requirements and reports;
- Develop and recommend to the legislature performance outcomes, measures and standards for each essential service, a system for reporting them and the resources needed to achieve them by 12/15/2012; and
- Recommend any statute, administrative rule, requirements and reports that could be repealed or eliminated by 12/15/2012.

One impetus for this legislation was a 2007 Minnesota Office of the Legislative Auditor program evaluation on Human Services Administration in Minnesota that found that human services outcomes vary significantly around the state and that performance problems are not adequately addressed by the state or counties.

The work of the Steering Committee is one component of a larger effort in Minnesota to reform the delivery of public services in a manner that elevates accountability and focuses more strongly on key outcomes. A few examples of such complementary efforts include:

1. The statewide performance measurement program for cities and counties, established by legislation, guided in its development by the Council on Local Results and Innovation, and administered by the Minnesota State Auditor's Office; and
2. The efforts of the Minnesota Commission on Service Innovation, which is empowered to provide the legislature with a plan to re-engineer state and local government service delivery.

The Steering Committee plans to coordinate its work with the State-County Results, Accountability, and Service Delivery Redesign Council and with other Minnesota Redesign efforts to insure maximum alignment and impact.

Goals of the Performance Management System

The ultimate deliverable of the Steering Committee is the design of a performance management system for key human services outcomes. At a minimum under the legislation, the system must provide for uniform reporting of measures and remedies for situations where performance does not meet established standards.

However, the Steering Committee recognizes that effective performance management and performance improvement require more than periodic reporting of outcomes and remedies for underperformance. It requires an environment that: has strong leadership involvement; supports the use of the data for decision-making; seeks input from stakeholders to maintain relevant focus; provides training and support for employees seeking to change the way work is done; encourages sharing and collaboration; and evaluates results and the factors contributing to those outcomes. Because of this, the Steering Committee is proposing a comprehensive performance management system that is based on continuous performance improvement.

With this vision in mind, the Steering Committee established the following fundamental goals for the performance management system:

- To establish shared outcomes and performance measures across jurisdictions;
- To establish a more effective mechanism to hold the human service system accountable for improving outcomes for the people we serve;
- To drive continuous improvements in performance against key measures of success; and
- To provide transparency to the public.

The Steering Committee understands that its actions take place within a broader context. The recommended performance management system will need to be responsive to a complex set of existing federal and state requirements, while encouraging reforms that take the state, counties, and their service delivery partners beyond the status quo.

Values for the Performance Management System

The Steering Committee also developed the following values that describe the overarching expectations regarding the nature of the performance management system. These values were informed by Steering Committee members, input from key stakeholders, and a survey of the Minnesota Association of County Social Service Administrators (MACSSA) and Minnesota Social Service Association (MSSA) members that was conducted in early 2012. Specific practices used to implement the system will incorporate and support these values.

1. The system should keep outcomes for people and communities at its core.
2. The system should include and consider the voice of the client.

3. The system should address racial and ethnic disparities in outcomes.
4. The system should reflect the needs and priorities of Minnesota's stakeholders.
5. The system should be flexible and adaptable over time.
6. The system should support local service delivery solutions that lead to the best outcomes per dollar invested.
7. The system should encourage learning, foster dialogue and improve performance.
8. The system should include a common set of outcomes, metrics and standards.
9. The system should enable fact-based decision-making.
10. The system should be based on evidence-based practices, at both the system and individual program levels.
11. The system should recognize that continuous improvement is not the sole responsibility of one party, but is jointly owned by the state, the counties and their service delivery partners.

Report Approach

This report is comprised of six sections. Section 1 is the report's executive summary and Section 2 contains an introduction and background on the work of the Steering Committee.

Section 3 contains an overview of current performance management practices in human services. This high-level summary describes the baseline from which we aspire to build.

Included in Section 3:

- An inventory of Essential Human Services (those managed by state or federal statute);
- A summary of existing legal requirements associated with performance measurement; and
- An overview of the current status of performance management practices in human services.

This information sets the stage for the rest of the report by identifying the scope of services considered; the legal environment affecting performance approaches today; and the strengths and opportunities that exist in performance management today.

Section 4 describes the Steering Committee's recommendations for the components of a proposed performance management system. These components include:

- Well-defined performance outcomes, measures and standards;
- Stakeholder values, expectations and priorities; and
- Alignment with best practices in performance management.

The report describes the implementation proposal in Section 5. This includes the reporting process, the remedies process and recommendations to help assure that the system can report and improve performance. This section is organized into two parts: priority recommendations and

additional strategies for future consideration. The additional strategies are organized around five broad system requirements that stakeholders identified as essential to a successful performance management system:

- Fully engaged leaders;
- Understanding of client needs;
- Relevant measures and analysis;
- Collaborative action and governance; and
- Aligned resources.

Section 6 contains the Steering Committee's recommendations for the repeal or elimination of statute, administrative rule, requirements or reports.

Section 3: Current Performance Management System

This section provides a snapshot of performance measurement and management for the programs considered in this effort. It lists and describes the programs, summarizes their purposes and measurement obligations as specified in statute, and provides a sense of the current status of performance management as perceived by the staff and managers who are involved in program implementation.

For purposes of this report, the terms "performance management" and "performance management system" are synonymous. Performance management is an "on-going, systematic approach to improving results through evidence-based decision making, continuous organizational learning and a focus on accountability for performance. Performance management is integrated into all aspects of an organization's practices so it is focused on achieving improved results for the public."

*(From **A Performance Management Framework for State and Local Government: From Measurement and Reporting to Managing and Improving.** National Performance Management Advisory Commission. 2010)*

Inventory of Essential Human Services

The Steering Committee was directed by the Legislature to establish an agreed-upon list of essential human services by November 1, 2009. This list does not include all human services programs, only those that are mandated by state or federal law. The list of essential services defines the service area "scope" of the Committee's work.

Minnesota has a state-supervised county-delivered human services system. In general, the Minnesota Legislature and state agencies set state policy and oversee the state human services system. The Department of Human Services' (DHS) administrative and supervisory authority includes the following functions:

- 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);
- Training and technical assistance (e.g., develop and deliver training);
- Information systems (e.g., develop statewide information systems);
- Oversight and monitoring (e.g., implement fraud detection programs); and
- Licensing facilities that are not licensed by counties.

Although functions differ by program area, county responsibilities in human services delivery typically include:

- Program development and delivery;
- With DHS, determining initial and continued eligibility and coordinating access to programs;
- Conducting screenings and assessments;
- Developing case plans and case management;
- Licensing for foster care and family child care;
- Presenting petitions for guardianship and conservatorship; and
- Supplementing state and federal funding, when necessary.

Table 1, below, lists and describes essential human services in Minnesota and summarizes state and county responsibilities in their delivery.

(Source: MS2006.256.01 and OLA analysis of DHS activities)

Table 1. Minnesota State and Local Government Roles and Responsibilities in Human Services (as of November 2009)

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393)* *(MS256)*
Income Supports Programs				
Public Assistance Programs	Assure timely and accurate distribution of benefits, completeness of service and quality program management	Policy creation and oversight	Determine initial and continued eligibility	MS256
Public Assistance-Minnesota Family Investment Program (MFIP)	Provides time-limited cash assistance to families with children and pregnant women	Policy creation and oversight	Determine initial and continued eligibility, develop and provide an employment and training services program, provide a diversionary work program	MS 256J
Public Assistance-Supplemental Assistance Nutrition Program (SNAP)	Provide food support assistance for low income individuals and families	Policy creation and oversight	Determine eligibility for and administer the food support program	MS256J.28
Public Assistance-Child Care Assistance	Provide child care services to enable eligible families to participate in employment, training or education programs	Policy creation and oversight	Determine eligibility for all child care assistance programs Manage expenditures of basic sliding fee child care assistance	MS119B

[1] Does not include Criminal, Civil, or Family Court Rules

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393) (MS256)*
Public Assistance-Health Care Programs	Provide medical care access for needy persons whose resources are not adequate to meet the cost of care	Policy creation and oversight DHS contracts with health plans and county-based purchasing organizations for many programs funded through Medical Assistance and pays counties on a fee-for service basis for other services	Administer public health care programs through determination of initial and continuing eligibility Provide funding (reimbursed by state) for cost effective health insurance	MS256B (MA) MS256D (GAMC)
Child Support Enforcement	Provide basis for financial support of children by responsible parents	Policy creation and oversight	Conduct all aspects of program for all income levels per federal law Establish and modify support orders; collecting support; and promoting the means to do so	Federal Laws: PL98-378 PL100-485 (Title IV-D of the Social Security Act) State Laws: MS518A MS256.741 MS257
Children's Services Programs				
Child Protection	Protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse	Policy creation and oversight Conduct periodic on-site review of county performance	Investigate or provide family assessment for reports of child maltreatment, provide services as needed including foster care and court intervention when warranted. Counties create a case plan for all service provision	MS 626 MS 260 MS 260C MS256F MR 9560 MR 9550

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393) (MS256)*
Child Protection-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	Policy creation and oversight	Coordinate investigation with law enforcement Initiate investigation within statutory time frames Conduct face to face interview with child, caretaker and alleged perpetrator Make determination regarding maltreatment and need for services	
Child Protection-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	Policy creation and oversight	Initiate assessment within statutory time frame Conduct face to face interview with child, caretaker and alleged perpetrator	
Child Protection-Services	Case management interventions that engage families' protective capacities and address immediate safety concerns and ongoing risks of maltreatment through family support and family preservation services	Policy creation and oversight	Develop safety plan for each child Develop individualized case plan for parents and children Provide services (reasonable efforts) to prevent placement or to reunify family	

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393) (MS256)*
Child Welfare-Truancy	Programs designed to provide a continuum of intervention and services to support families and children in keeping children in school and combating truancy	Policy creation and oversight	Provide appropriate services to both the parent and the child Provide foster care when ordered by the Court Assume all legal responsibility assigned through a finding of child in need of protection or services	MS 260A MS 260C
Child Welfare-Minor Parent	Provide appropriate social services to minor parents and their 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	Policy creation and oversight	Contact all minor parents after notification of birth Determine the need for a plan; develop a plan; provide case management services as needed	MS 256J.54 MS 257.33 MR 9555.9200 MR9555.9300
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	Policy creation and oversight	Accept and process all applications for foster care licenses for residents of the county Complete licensing study and recommend approval or denial of license to DHS For all licensed foster homes: monitor, relicense, investigate reports of violations, and recommend negative licensing action for substantial violations	MS 245A MS 245C MR 2960 MR 9543 MR 9555 MR 9560

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393) (MS256)*
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	Policy creation and oversight	Accept and process all application for family child care licenses Complete licensing study and recommend approval or denial of license to DHS For all licensed family day care homes, monitor, relicense, investigate reports of violations, and recommend negative licensing action for substantial violations	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	Policy creation and oversight	Develop a plan within 90 days of the child becoming a ward that addresses the emotional, health, educational, vocational and spiritual needs, preserves the racial and familial identity of the child Provide all “parental” consents for the child. Retain all records on a permanent basis using a record system that ensures privacy and lasting preservation	MS 260C.325 MR 9560.0410 thru .0485
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	Policy creation and oversight, also works with counties to find permanent home	Seek adoptive home to meet the child’s special needs including sibling ties, minority racial or ethnic heritage, religious background, and health, social and educational needs	MS 259 MR 9560

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393)* *(MS256)*
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	Policy creation and oversight State-Operated Facilities Provides grants to community mental health organizations Contracts with managed care organizations or health plans for some services	Local mental health authority: Make available case management, community support services and day treatment to children with severe emotional disturbance Arrange for mental health screening to children receiving child protection services, out-of-home placement, delinquents, and juvenile petty offenders	MS 245 MS 260D MR 9520 MR 9535
Adult Services Programs				
Adult Mental Health	Ensure a unified, accountable, comprehensive mental health service system	Policy creation and oversight Operates Regional Treatment Centers Contracts with managed care organizations for some services	Local mental health authority: Develop and coordinate a system of affordable and locally available mental health services including case management services and crisis services to adults with serious and persistent mental illness, screening upon admission to residential treatment facilities or acute care hospitals, and community support including day treatment services Complete prepetition screening and recommendation regarding the need for civil commitment	MS 245 MS 253B MR 9520 MR 9535

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393) (MS256)*
Chemical Dependency	Assure access to appropriate chemical dependency services thru assessment and administration of the consolidated chemical dependency fund	Policy creation and oversight State-Operated Facilities	Provide chemical use assessments and determine appropriate services for all clients who do not have other assessment resources Provide chemical dependency treatment and placement services to eligible clients according to assessed needs Ensure availability of and payment for detoxification Administration of the chemical dependency treatment fund	MS 253B MS 254B MS 256G MR 9530
Developmental Disability	Ensure case management to persons with developmental disabilities to access needed services and coordinate supports delivered in a consistent manner	Policy creation and oversight Administers state plan and waivered services Contracts with managed care organizations for some services Pays for nursing home care for MA eligible. (MDH regulates nursing homes)	Determine service eligibility and assess service needs Provide case management for all eligible individuals Develop and assure quality of community based services Provide guardianship services when required	MS 256B MS 253B MR 9525.0004 thru .0036 MR 9525.3010 thru .3100

Mandated Human Services Programs	Description	State Roles and Responsibilities	County Roles and Responsibilities	Statute/Rule[1] *(MS393) (MS256)*
Adult Services	Assist persons with long-term or chronic care needs to make decisions and select options to meet their needs and reflect their preferences	Policy creation and oversight State Board on Aging and funds/oversees Area Agencies on Aging Funds nursing home care for MA eligible Contracts with managed care organizations and county based purchasing organizations for elderly waiver services	Provide assessment and planning services to anyone who requests the service Coordinate access to public health care programs for those eligible Provide case management to persons receiving medical assistance waiver programs and the Alternative Care Program	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	Policy creation and oversight	Assess and offer emergency and continuing protective services Present petitions for guardianship or conservator when required to protect a vulnerable adult from serious harm	MS 626.557 thru .5573 MS 524.5 MR 9555.7100 thru .7700

Description of the Existing Performance Management System and Current Legal Requirements for Measuring Performance

A primary challenge in describing performance measurement and management in human services is that there is no "one" performance measurement and management system or approach. The approaches and measurements in each program area are relatively independent of one another and have evolved in response to largely separate federal, state or local requirements. A single program area may have multiple reporting mandates and provide different reporting information to several different entities or jurisdictions.

State and federal reporting requirements cover a broad spectrum of intent and may be focused on a combination of compliance, accountability and program improvement information. In some cases, full program funding may depend on satisfactory reporting. In addition, report data may come from one of several county, state or federal information systems, which may or may not be interoperable. The result is a patchwork quilt of reporting requirements, entities, intentions, data and systems.

This, in and of itself, is not necessarily a problem to the extent that the measures and associated activities successfully achieve the outcomes they are intended to achieve efficiently. However, even in the best scenario, challenges arise when the same client may be served in multiple programs with interdependent outcomes. Further, completely separate performance measurement efforts can result in barriers to cross-program sharing and best practice deployment, as well as significant duplication of effort for staff at all levels.

The task of the Steering Committee was to take a higher-level view of the current state of performance management and to create a uniform, integrated performance management system. Therefore, this section focuses on characterizing the state of the system primarily from a high level perspective.

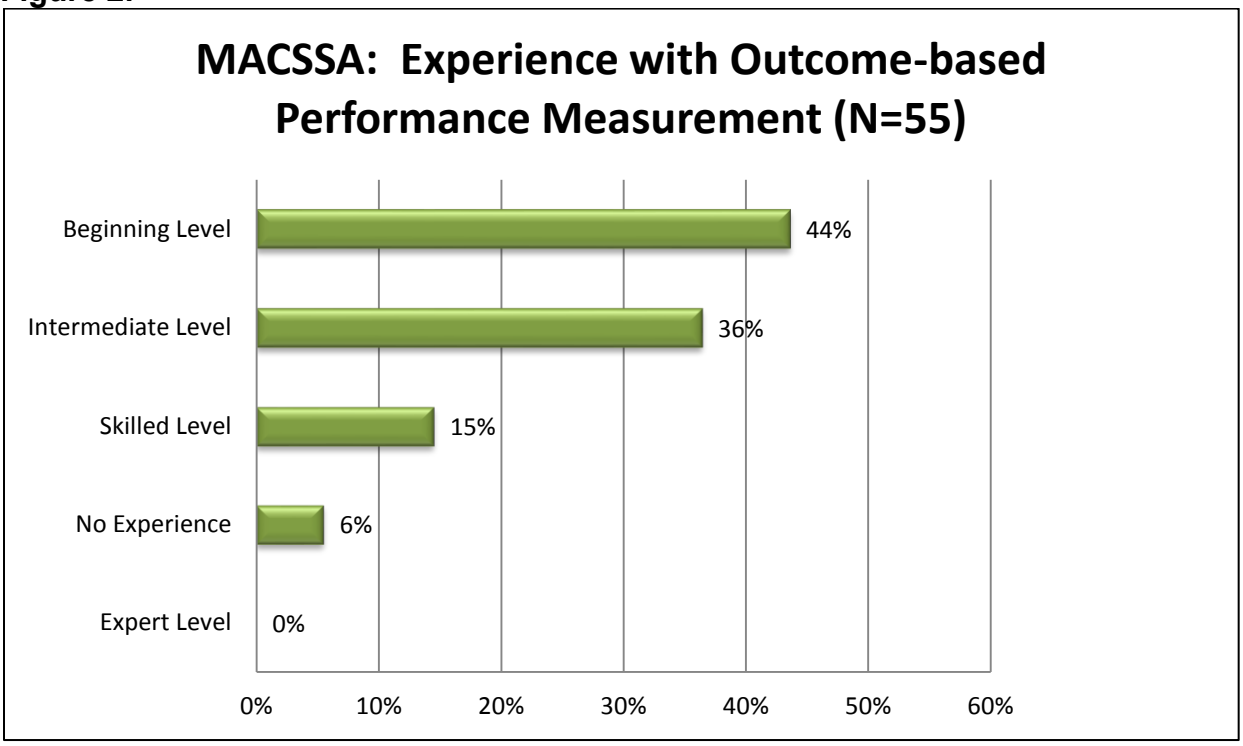
Current Level of Understanding of Performance Measurement and Management

In the first quarter of 2012, the Steering Committee surveyed MACSSA and MSSA members on a variety of topics associated with performance measurement and management. While the primary focus of the survey was to ascertain opinions regarding the importance of key best practices in managing for outcomes, the survey also asked questions regarding the level of understanding of performance measurement. The full results of the survey are available in Appendix 7.

Respondents to the survey were asked to characterize their level of experience with outcome-based performance measurement. Within MACSSA, half of the respondent indicated their counties had "no experience" or were at a "beginning level" (Figure 2). Within MSSA the most frequent response was "intermediate level" (31 percent) (Figure 3). No MACSSA respondents considered their counties as "expert level" in terms of experience, but 10 percent of the MSSA respondents indicated their organizations had an expert level of experience.

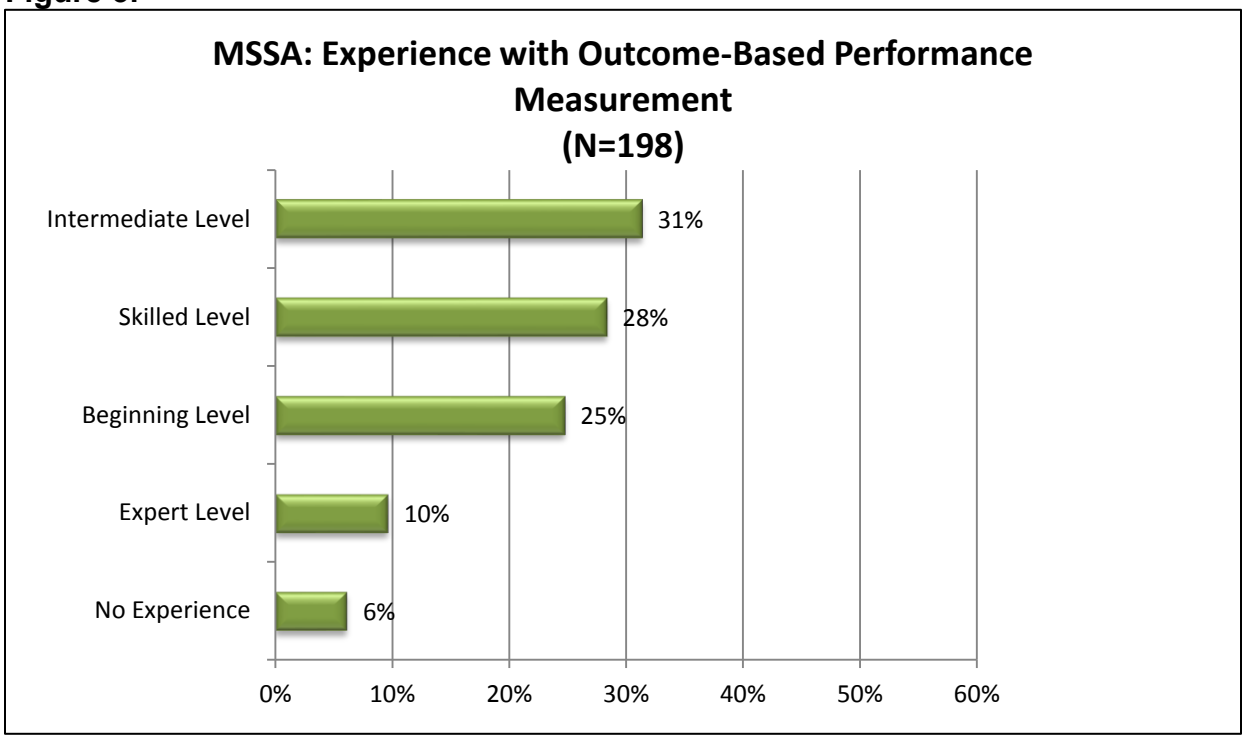
Assuming that level of experience, with outcome-based performance measurement, can serve as a proxy for the level of understanding of performance management more broadly, the survey indicates the need for additional training and technical assistance. It is important to note that the lack of knowledge about how to measure performance and manage for outcomes may be a causal factor hindering current efforts to improve human services outcomes.

Figure 2.



(Source: 2012 Steering Committee Survey of MACSSA members)

Figure 3.



(Source: 2012 Steering Committee Survey of MSSA members)

Current Performance Measurement and Management Activities

Although the surveyed organizations did not consistently count themselves as expert or skilled in performance measurement, performance measurement and management activities are currently occurring. Most typically, these activities focus on compliance with state or federal regulations and tend to be focused on process, rather than the actual outcome (result) for persons served. While compliance with rules and regulations is important, unless those rules and regulations include a focus on outcomes, the counties and others who deliver human services may not be provided with the right incentives to focus on results.

State and Federally Required Performance Measurement and Management

Tables 4 through 6 provide a summary of the programs for which performance measurement activities currently occur at the county level. It is based on information compiled by DHS staff in 2011 and includes performance measurement activities that are required by state or federal statute.

Although a variety of performance measurement efforts exist within the human services system, there are significant challenges involved with implementing a systemwide approach that is focused on outcomes. A lack of existing measures is particularly problematic within the Adult Services programs. Even though a variety of measures are currently collected in the other two program groupings (Children's and Income Supports), the Steering Committee is concerned

about the relatively high proportion of process-based measures in comparison with client-focused outcomes measures. While process measures can be an important source of information about specific program activities, they do not inform the overall outcomes for persons served. Equally problematic is a lack of existing standards for many of the currently collected metrics.

One of the better examples of an existing state program with relatively well developed performance measures and performance management practices is child welfare. Even within this program, however, the focus tends to be on measures that are felt to set the stage for good outcomes, rather than measures of the outcomes themselves. This includes measures such as the number of repeat out of home placements, timeliness of establishment of permanency and frequency of social worker visits. On the positive side, these measures are often backed by evidence-based research and are correlated with positive results. In addition, they tend to be measures for which counties and other service providers have some direct control. On the downside, a gap in the collection of data on the outcomes for children prevents improved understanding of the actual relationship between the leading measures and the outcome measures; impairs the ability of service providers to demonstrate actual impact; and can result in a sense among staff, that the program is "compliance focused" rather than focused on improving the lives of children.

Table 4. Summary of Current Performance Measurement Activities for Children's Programs

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
Child Welfare	• Timely response to reports of child maltreatment • Absence of repeat child maltreatment • Children reunited with family within 12 months • Child placement with relatives • Child foster care entry • Child foster care placement stability • Child foster care re-entry • Timeliness to adoption • Monthly caseworker visits	Compliance, accountability, program improvement
Child Welfare - Federal Reports (Includes National Child Abuse and Neglect Data System (NCANDS), Adoption and Foster Care Analysis and Reporting System (AFCARS); Community Based Child Abuse Prevention Report (CBCAP); Elementary and Secondary Education Act Report (ESEA); Child and Family Service Plan (CFSP); Program Improvement Plan (PIP); Social Service Block Grant (SSBG) Title XX Pre-Expenditure and the Annual Progress Services Report (APSR) which includes reporting on Title IV-B 1, Title IV-B 2, Chaffee, Educational Training Vouchers (ETV) Program, Child Abuse and Prevention Treatment Act (CAPTA))	Primary data collected includes fiscal and/or numerical/demographic data related to children/youth served within prevention and early intervention programs, adolescent services programs, child maltreatment screening, assessment and conclusions; out-of-home care, adoption, and federal performance measures. Child maltreatment data includes: • Child demographics • Screened out reports • Alleged/accepted reports • Determined reports of child abuse • Counts of assessments and investigations • Sources of reports • Prevalence of maltreatment by age, race and ethnicity • Offender relationships • Use of Family Assessment and Family Investigative responses. Data on children in out-of-home care includes: • Child demographics • Placement frequency, settings, duration, discharge, re-entry and permanency. State guardianship and adoption data includes: • Child demographics • Duration • Pre-adoptive and post adoptive settings and finalizations.	Compliance, accountability, program improvement

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
	Federal performance data includes: ● Child safety ● Timeliness and permanency of reunification ● Timeliness of adoptions of children discharged from foster care ● Achieving permanency for children in care for extended periods of time ● Placement stability	
Child Welfare - Federal Reviews (Children and Family Services Reviews (CFSR Reviews)	Specifically, the CFSRs measure 23 performance items to track outcomes and examine 7 systemic factors. The 23 performance items can be viewed at: http://www.dhs.state.mn.us/main/groups/couty_access/documents/pub/dhs_id_048651.pdf The outcomes measured include: ● Whether children under the care of the State are protected from abuse and neglect ● Whether children have permanency and stability in their living conditions ● Whether the continuity of family relationships and connections is preserved for children ● Whether families have enhanced capacity to provide for their children's needs ● Whether children receive adequate services to meet their physical and mental health needs. The systemic factors measured by the CFSRs include: ● The effectiveness of the State's systems for child welfare information, case review, and quality assurance ● Training of child welfare staff, parents, and other stakeholders ● The array of services that support children and families ● The agency's responsiveness to the community ● Foster and adoptive parent licensing, recruitment, and retention. Significant financial penalties may be assessed for failure to make the improvements needed to achieve substantial conformity	Compliance, accountability, program improvement To help states improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system.
Children's Mental Health Screening	● The percentage of eligible children in child protective services or out-of-home placement during the reporting period who received a mental health screen.	Compliance in meeting state statute.
Children's Mental Health Outcome Measures	● The percentage of children receiving Children's Mental Health Case Management during the reporting period who have shown improved functioning based upon scores on the Child and Adolescent Service Intensity Instrument (CASII).	Compliance

(Source: Minnesota Department of Human Services)

Table 5. Summary of Current Performance Measurement Activities for Income Support Programs

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
Child Support	● Children born outside of a marriage who have had paternity established ● Open cases that have an order for child support ● Current child support due that is paid ● Child support case measures that meet or exceed the Health and Human Services federal benchmarks	Compliance, accountability, program improvement Assure that children are receiving parental support to meet their needs.
MFIP/TANF (Minnesota Family Investment Program/Temporary Assistance for Needy Families)	● MFIP/DWP adults working 30 hours or more per week or are able to move off assistance three years after a baseline ● Counties within or above the range of expected performance on the MFIP/DWP Self-Support Index ● Timely processing of food and cash program applications ● Work Participation Rate	Compliance, accountability, program improvement People who are unable to meet their basic needs are receiving safety net services
SNAP (Supplemental Nutrition Assistance Program	● Persons potentially eligible that receive Food Support ● Expedited Food Support applications where support was issued within required timeframes ● Errors in payment accuracy and negative actions in Food Support	Increase access, improve program administration, timeliness, accuracy, ensure appropriate case denial, or closing actions, improve accountability, efficiency and customer service People who are unable to meet their basic needs are receiving safety net services
Medical Programs (Payment Error Rate Measurement/Medicaid Eligibility Quality Control (PERM/MEQC))	PERM: ● Payment error rate MEQC: ● Error rate of eligibility determinations	Comply with state and federal law. Manage payment error; fraud prevention. Respond to PERM, MEQC, MinnesotaCare and other audit findings through corrective action plans.
Applications for MHCP (Minnesota Health Care Programs)	● Monthly total numbers of recipients applying for MHCP ● Length of processing time for applications ● Percent of applications processed within standards	To meet application processing time requirements.

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
Child and Teen Checkups (Early and Periodic Screening, Diagnosis and Treatment (EPSDT))	Well-child visits received, by county	Compliance with federal requirements, contract accountability, improving the rate of well-child care services received by Medicaid enrolled children To break down state-level federally required report looking for geographic, racial/ethnic and health plan variation.

(Source: Minnesota Department of Human Services)

Table 6. Summary of Current Performance Measurement Activities for Adult Services Programs

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
Lead agency Wavier Reviews and Follow-up	• Percent of Waiver Review (WR) follow up cases corrected after issuance of corrective action • Percent of WR follow up recommendations implemented. • Percent of cases compliant with required forms: o Brain Injury (BI) Waiver Eligibility o Alternative Care (AC)Financial Eligibility o OBRA Level One Forms in all long-term care (LTC) cases o Intermediate Care Facility for people with developmental disabilities (ICF/DD) Level of Care documentation in DD case files o Related Conditions Checklist (DD cases- if applicable) • Percent of cases with documentation that the participant has been provided information on their right to appeal • Percent of cases with documentation that the participant has been provided information on their privacy rights • Percent of cases with documentation that the participant has provided informed consent to share information with other agencies • Percent of cases with case notes for the past 18 months as evidence of timely case manager visits • Percent of long-term care(LTC) spending on home- and community-based services (HCBS) • Percent of waiver participants who receive HCBS • Percent of waiver participants receiving home and community-based waiver services at home • Percent of waiver participants served in residential settings • Percent of waiver participants with high needs • Percent of waiver participants with high needs who receive services at home • Percent of working-age waiver participants with monthly earnings over $250+ • Percentage of program need met (wait list) • Percent of waiver participants admitted to nursing facilities for greater than 90 days • Average cost of long-term care participants • Average Community Alternatives for Disabled Individuals (CADI) and Developmental Disability (DD) waiver costs/day	Program Compliance; program accountability; program improvement Verify that requirements are met, including content requirements, timing requirements, and other process requirements. Demonstrate compliance with federal waiver assurances. Determine how well the local agency is performing relating to its peers.

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
Long-term care consultation	• Percent of assessments done on time • Percent of care plans done on time • Percent of care plans that are current • Percent of care plans/Community Support Plans/Individual Service Plans with case manager and participant/legal representative signatures and dates • Percent of care plans that contain required elements of: needs, health and safety issues, services to be received, and goals and outcomes • Percent of CADI, CAC, and BI (CCB) case files with back up plans and emergency contact information Percent of care plans with documentation of participant choice (Standards will be updated with the implementation of MNCHOICES)	Program compliance Program improvement
HCBS Quality Assurance Plans	• Percent of counties reporting full compliance with HCBS Quality Assurance plan • Percent of counties reporting non-compliance, by item (Standards will be updated with the implementation of MNCHOICES)	Program compliance Program improvement
Long-Term Care Gaps Analysis	• Biannual assessment of the availability and demand for home and community-based services and housing options for persons age 65 and older. Metrics include: • Percent of counties reporting limited or no availability, by service. • Percent change in availability of major service gaps**.**	Program improvement
Adult Protection	• Percent of vulnerable adult cases of self-neglect that have a new report within 6 months** • Percent of vulnerable adult cases of abuse, caregiver neglect or financial exploitation that have another report of the same maltreatment type within 6 months of initial finding** • Percent of vulnerable adult maltreatment reports forwarded within two working days • Percent of reports assigned for investigation within 5 working days • Percent of investigations completed within 60 days (by type) • Percent of reports of suspected vulnerable adult maltreatment where, when applicable, the county agency is notified *immediately that protective services are needed • Percent of reports where protective services were provided in a timely manner** *"Immediately" means as soon as possible, but no longer than 24 hours from the time initial*	Program Compliance Program Improvement Program Accountability

Program or Service	Primary Performance Measures Gathered	Purpose of Effort
	knowledge that the incident occurred has been received. *** Data under development for these measures*	
Home Care Assessments	● Percent of assessments completed within 30 days of request for services. (Standards will be updated with the implementation of MNCHOICES)	Program accountability Program compliance
DD Screenings	● Percent of new screenings within 90 days of request ● Percent of reassessments that occur on time ● Percent of DD Full Team Screening Documents with evidence of case manager, Qualified Developmental Disability Professional (QDDP) and participant/ legal representative signatures and dates	Program accountability Program compliance
Chemical Health Access to Treatment (CHATS)	● Timeline data - request for assessment and placement decision related to substance use services	Persons are entitled to a substance use assessment within 20 days of request; placement decision within 10 days after
Adult Mental Health Rehabilitative Services (ARMHS)		Compliance with Medicaid standards
Adult Mental Health Initiative Grants		Accountability.
Need Determination for Foster Care for People with Disabilities	● Percent of waiver participants moving from licensed settings to their own home during SFY ● Percent of all waiver participants over 18 living in their own home ● Percent of waiver participants with higher needs living in their own home ● Percent of licensed beds reduced	Program accountability Program alignment

(*Source: MN Department of Human Services)*

County Initiated Performance Measurement and Management

In addition to collecting performance measurement data that is required by statute, some counties and other organizations have instituted formal performance and measurement systems, as defined by the National Performance Management Advisory Commission at the beginning of this section. In 2012, MACSSA surveyed counties to ask whether they had a performance measurement system in place for human services. Twenty-three of the 71 counties that responded to this survey indicated that they had some type of performance measurement system in place.

Another way for counties to engage in performance measurement is by using either the individual performance measures or the entire performance measurement system created by the Council on Local Results and Innovation. Participation in the standard measures program by a county is voluntary; the website of the Minnesota State Auditor indicates that 25 of Minnesota's counties participate in this program on some level.

Across Minnesota's 87 counties, performance measurement practices fall along a continuum from beginner to expert and are primarily influenced by budget and staff size. Performance measurement is a staff-intensive and expensive function for small counties. Nonetheless, most counties practice some level of performance management even if it is constrained to using state-generated reports to assess and improve performance.

While this information provides a sense of whether and where counties are going beyond mandates with respect to performance measurement and management, no assessment was made of these efforts and how they complement or supplement the state and federally mandated measures and activities in the area of human services.

Maturity of Current Performance Measurement and Management Activities

Varying federal and state requirements, performance measurement and management activities that are focused on individual programs and the lack of an overarching human services performance management system made it difficult to characterize the status and impact of current performance management efforts. To begin to resolve this difficulty, the Steering Committee developed and piloted a human services performance management maturity tool. The tool was used with four different program areas: child welfare, child protection, the Minnesota Family Investment Program (MFIP), and adult mental health. The maturity tool is a self-assessment survey that programs can use to gauge whether and to what extent they have certain best performance management practices in place.

The purpose of the tool was to identify the level of development, or maturity, of performance measurement and management at both the overall system level and at the individual program level. It provided a mechanism, across multiple criteria and multiple programs, for participants in the pilot to rate performance measurement and management at a beginning, intermediate, or advanced level. To advance from one level to the next requires ALL of the practices of the less advanced level to be present in a program. In general, the three levels were differentiated as follows:

- **Beginning level:** Few or no actions expected to lead to improved results are present. Processes tend to be ad hoc and may not be well understood. Deployment and buy-in is limited. Measures are typically limited to those related to program revenues and expenditures. Effective data collection systems may not be present.

- **Intermediate level:** In some parts of the system or program, actions that are expected to lead to improved outcomes are present, and some evaluation of how effective those actions are in achieving their intended purpose is present. Communication about outcomes and some stakeholder involvement occurs.

- **Advanced level:** Actions expected to lead to improved outcomes are widely embedded in the system or program, the system is client oriented, and stakeholder involvement is high. The actions align well with overall objectives and with other related processes. Processes are clearly understood and managed according to expectation. Evaluation is effective and repeatable. Improvements in action steps and outcomes have occurred, and can be documented with data. There is a bias toward fact-based decision making and actions that lead to improving outcomes over time, as opposed to simply reporting outcomes and stopping there. Use of technology to assist with data-driven decision-making is extensive.

The tool was grounded most deeply in the Baldrige Criteria for Performance Excellence, a well-established and tested assessment framework used by organizations that want to improve their management practices and results. This initial framework was modified and supplemented with information and approaches from other cross-functional assessment and maturity frameworks, such as that developed for the STRIVE educational initiative. The focus of the tool was narrowed by concentrating on performance management system requirements that MACSSA and MSSA members identified as high priorities in the 2012 survey. Those priorities included:

- Fully engaged leaders;
- Understanding of client needs;
- Relevant measures and analysis;
- Collaborative action; and
- Aligned resources.

Because this initiative was a pilot that involved a limited number of programs and program experts, caution should be taken when interpreting the results, shown in Figures 8 to 12. Nevertheless, the pilot was successful in illustrating that such a tool can be used across and between program areas to:

- Characterize the level of maturity of current performance management efforts and outcomes at both the individual and overall system level;
- Find strengths and identify opportunities for future improvement; and
- Engender discussion of how and where to make improvements first.

The maturity model can be found in Appendix 8.

The ratings by the participants in the MFIP group offer an interesting case study. As shown in Figures 8 through 12, MFIP was generally rated lower than the other three service areas tested. This may seem counterintuitive since the state and counties have worked on developing and using measures to manage MFIP performance for over a decade. However, in conversations with the participants in the MFIP group, it became clear that despite this history, they felt the program's maturity in performance management has been held back by the strong federal focus on the Work Participation Rate as the primary program measure. The Work Participation Rate is fundamentally a process measure – a tracking of how many people are participating in certain work-related activities. Meeting the standard set for the measure requires county staff to focus on tracking activity and enforcing compliance. As a result, the culture of the program is focused on process and not on the desired outcome: economic security for families.

Figure 8.

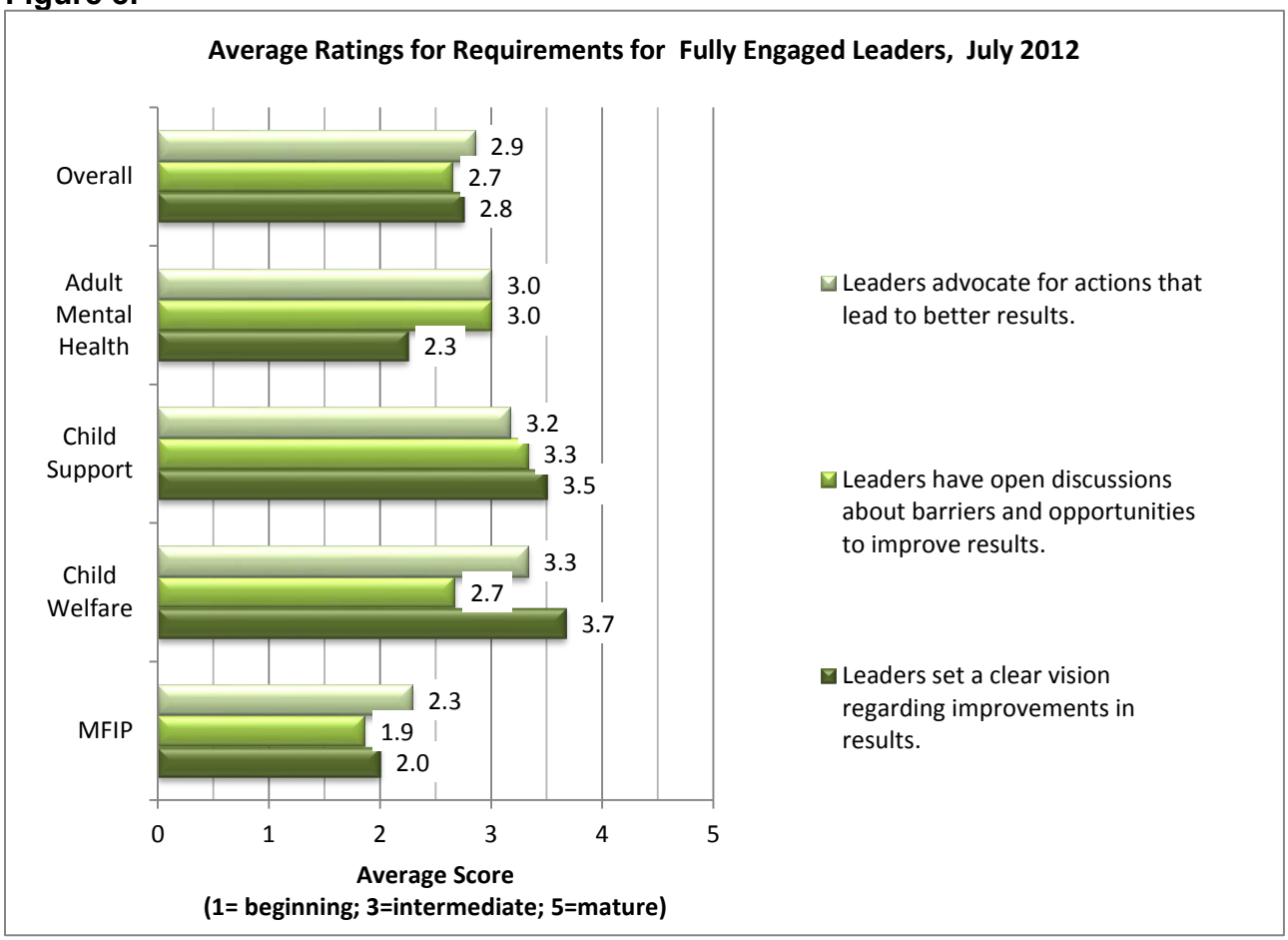


Figure 9.

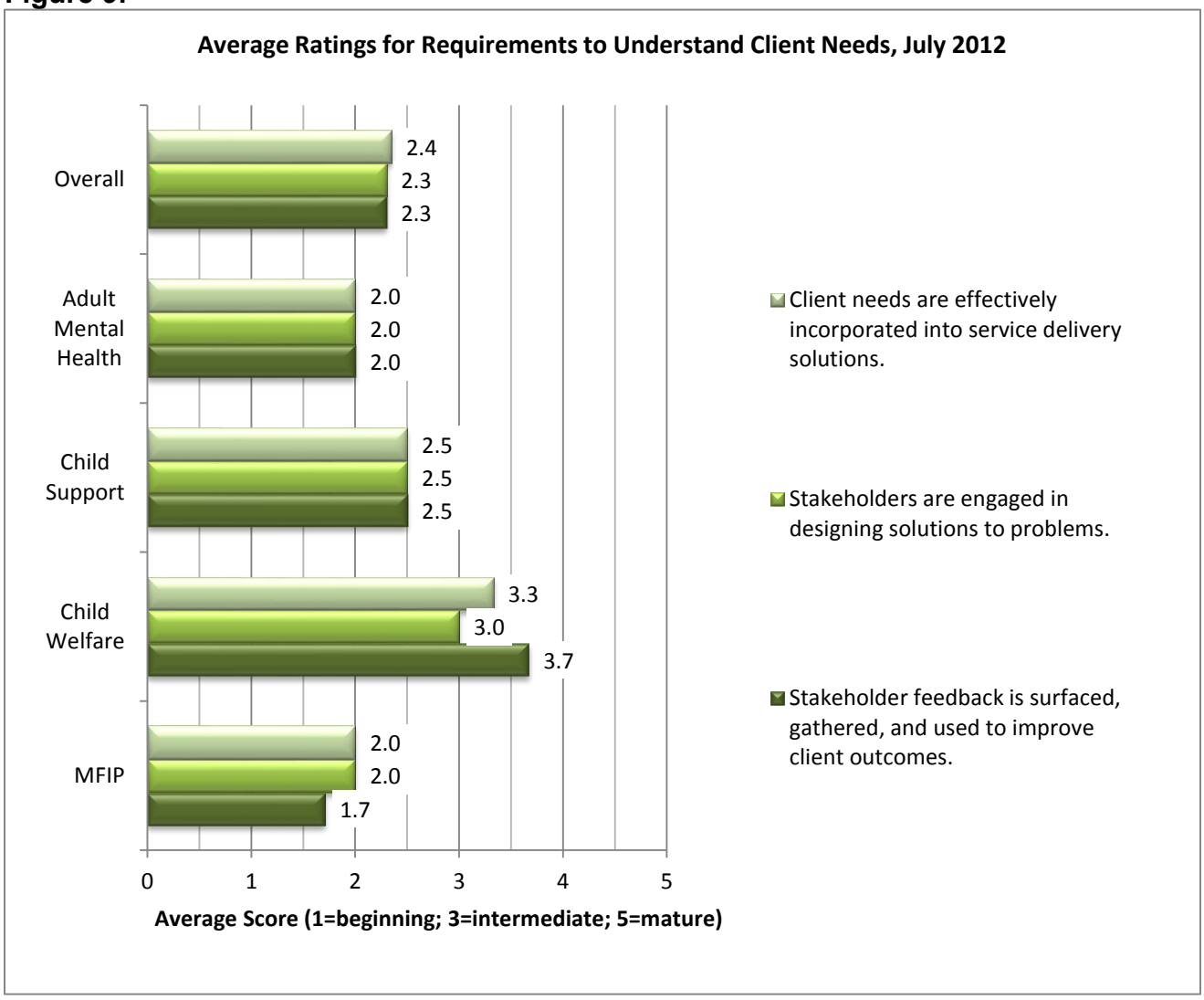

Average Ratings for Requirements to Understand Client Needs, July 2012
Overall
2.4
2.3
2.3
Adult Mental Health
2.0
2.0
2.0
Child Support
2.5
2.5
2.5
Child Welfare
3.3
3.0
3.7
MFIP
2.0
2.0
1.7
0
1
2
3
4
5
Average Score (1=beginning; 3=intermediate; 5=mature)
Client needs are effectively incorporated into service delivery solutions.
Stakeholders are engaged in designing solutions to problems.
Stakeholder feedback is surfaced, gathered, and used to improve client outcomes.

Figure 10.

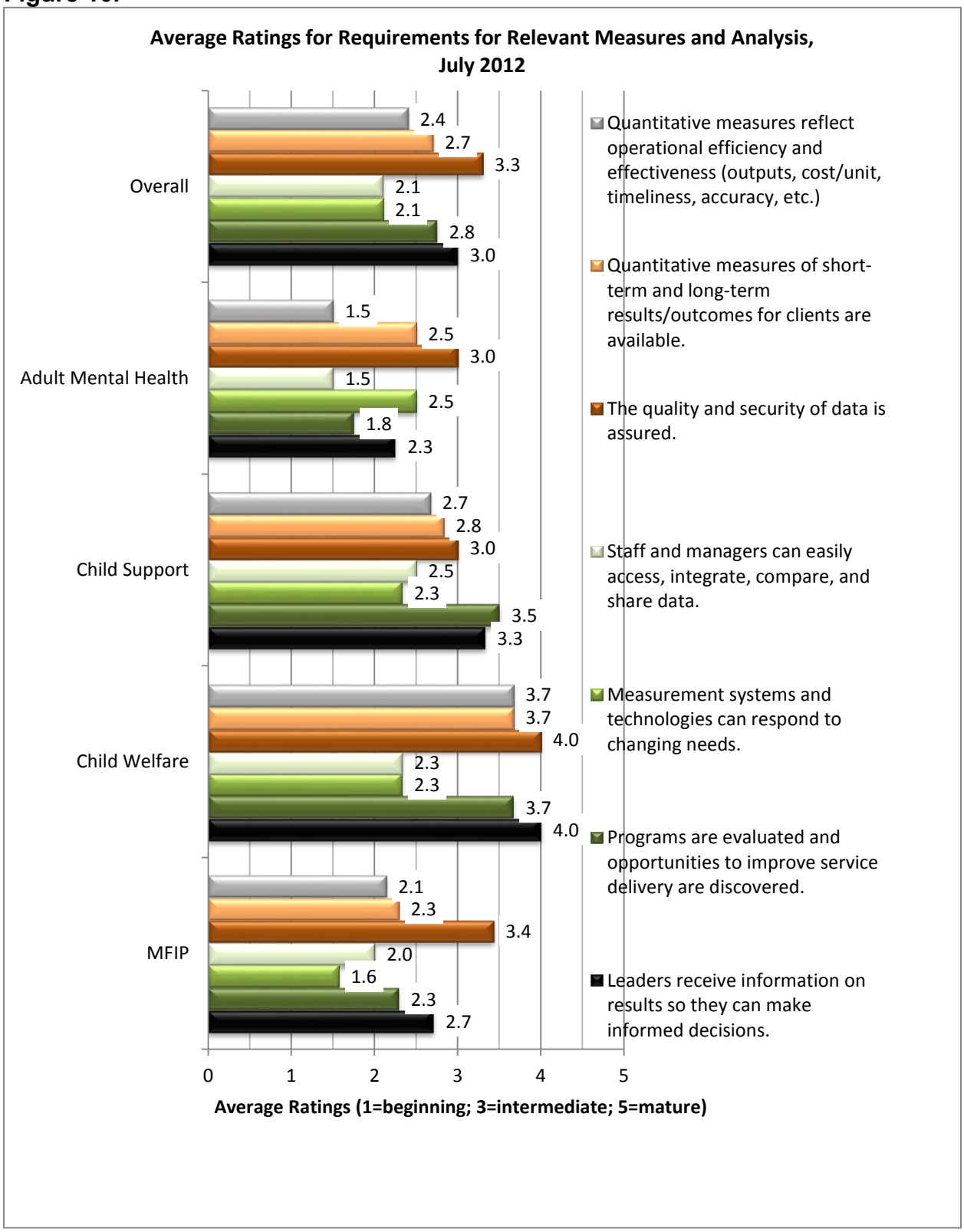

Average Ratings for Requirements for Relevant Measures and Analysis, July 2012
Overall
2.4
2.7
3.3
Adult Mental Health
2.1
2.1
2.8
3.0
Child Support
1.5
2.5
3.0
Child Welfare
1.5
2.5
1.8
2.3
MFIP
2.7
2.8
3.0
2.5
2.3
3.5
3.3
3.7
3.7
4.0
2.3
2.3
3.7
4.0
2.1
2.3
3.4
2.0
1.6
2.3
2.7
Quantitative measures reflect operational efficiency and effectiveness (outputs, cost/unit, timeliness, accuracy, etc.)
Quantitative measures of short-term and long-term results/outcomes for clients are available.
The quality and security of data is assured.
Staff and managers can easily access, integrate, compare, and share data.
Measurement systems and technologies can respond to changing needs.
Programs are evaluated and opportunities to improve service delivery are discovered.
Leaders receive information on results so they can make informed decisions.
0
1
2
3
4
5
Average Ratings (1=beginning; 3=intermediate; 5=mature)

Figure 11.

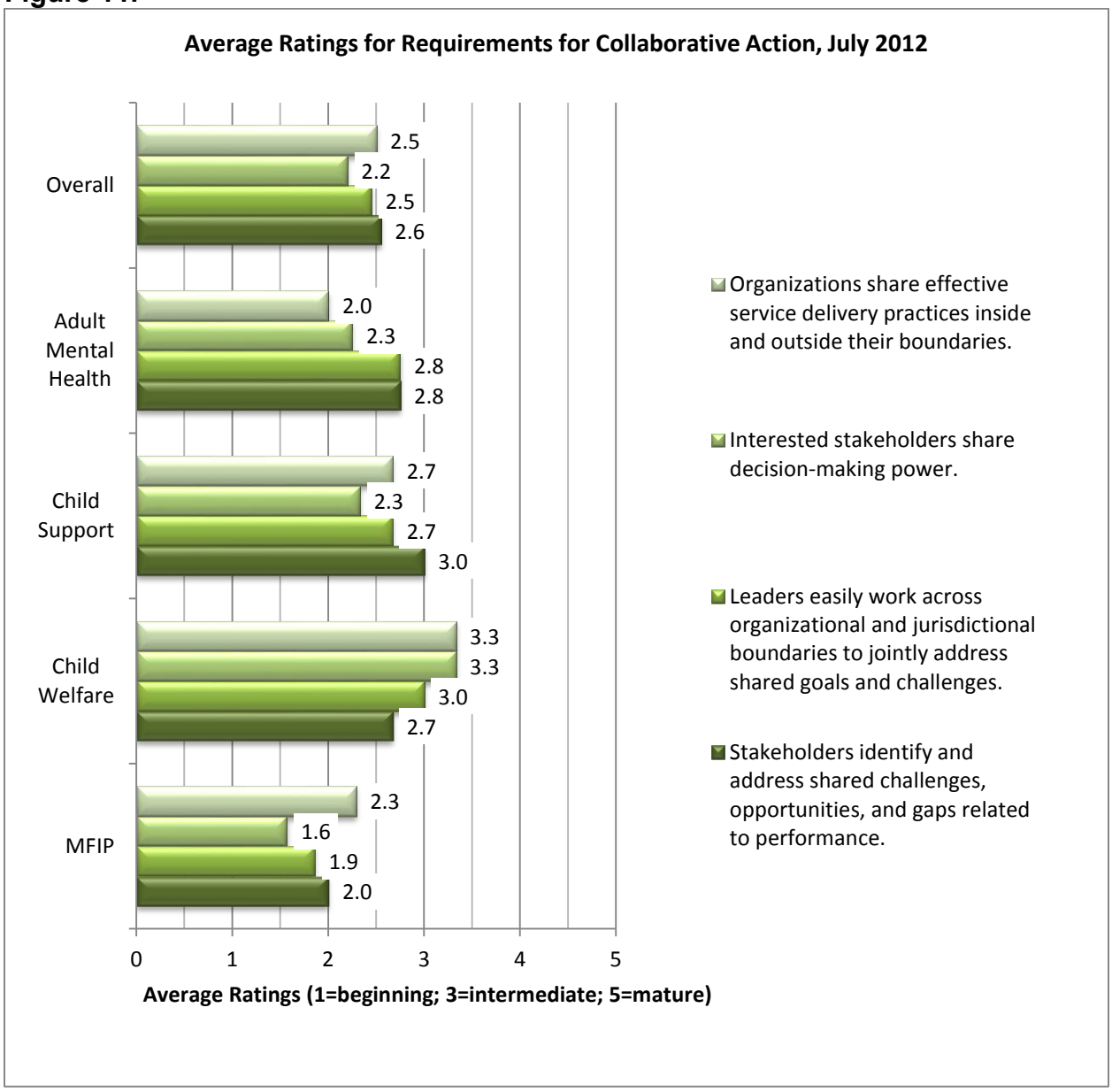
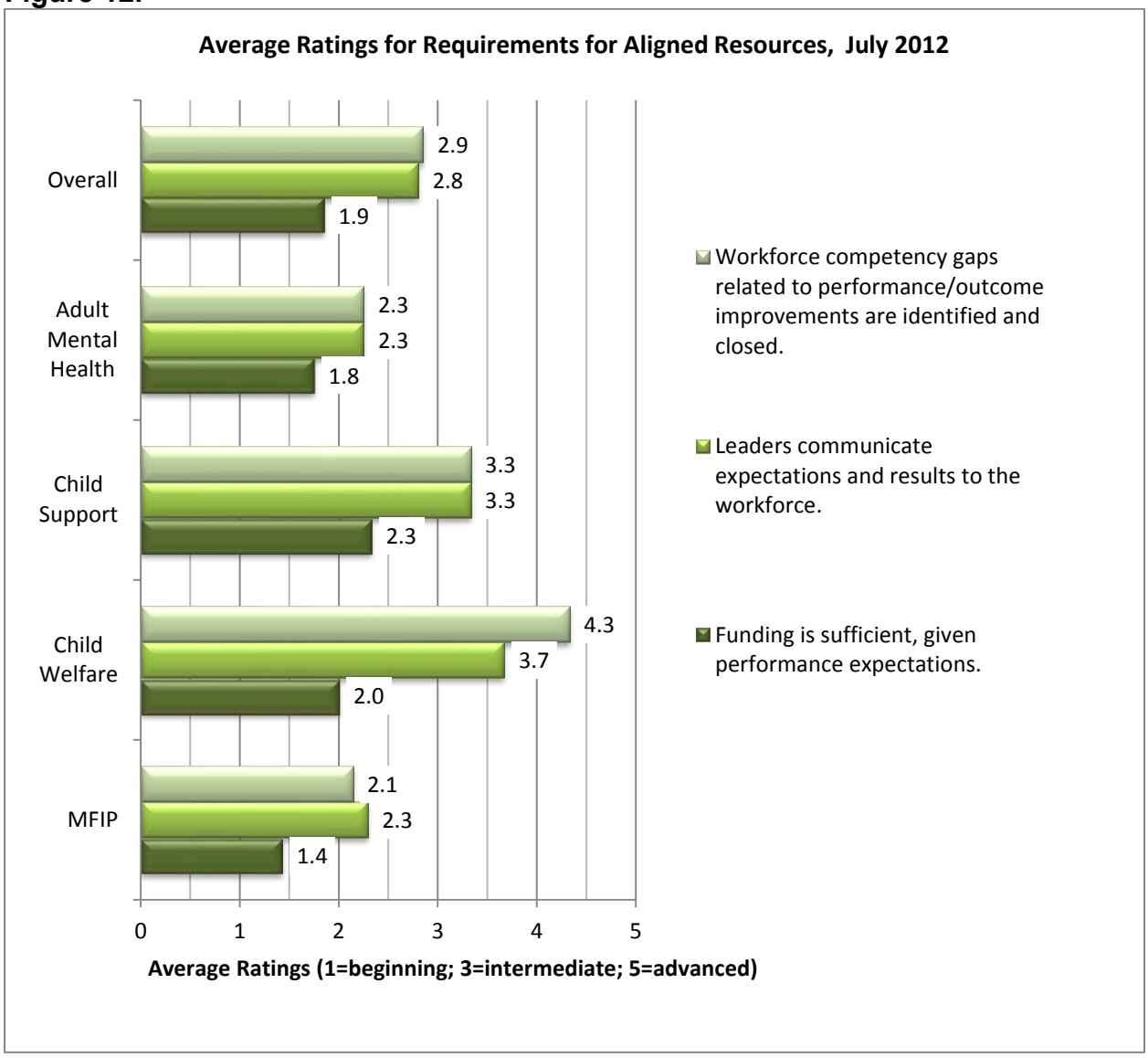

Average Ratings for Requirements for Collaborative Action, July 2012
Overall
2.5
2.2
2.5
2.6
Adult Mental Health
2.0
2.3
2.8
2.8
Child Support
2.7
2.3
2.7
3.0
Child Welfare
3.3
3.3
3.0
2.7
MFIP
2.3
1.6
1.9
2.0
0
1
2
3
4
5
Average Ratings (1=beginning; 3=intermediate; 5=mature)
Organizations share effective service delivery practices inside and outside their boundaries.
Interested stakeholders share decision-making power.
Leaders easily work across organizational and jurisdictional boundaries to jointly address shared goals and challenges.
Stakeholders identify and address shared challenges, opportunities, and gaps related to performance.

Figure 12.


Average Ratings for Requirements for Aligned Resources, July 2012
Overall
2.9
2.8
1.9
Adult Mental Health
2.3
2.3
1.8
Child Support
3.3
3.3
2.3
Child Welfare
4.3
3.7
2.0
MFIP
2.1
2.3
1.4
0
1
2
3
4
5
Average Ratings (1=beginning; 3=intermediate; 5=advanced)
Workforce competency gaps related to performance/outcome improvements are identified and closed.
Leaders communicate expectations and results to the workforce.
Funding is sufficient, given performance expectations.

Section 4: Foundations for a Future Performance Management System

The Steering Committee believes a successful performance management system must be built upon a sound foundation that includes:

- A clear understanding of target outcomes;
- Valid metrics of outcome achievement;
- The stakeholder values and priorities to guide the system; and
- Alignment with best practices in performance management.

This section highlights the steps the Steering Committee took and the decisions it made to construct a solid foundation for the proposed performance management system.

A Focus on Well-Defined Outcomes

Key Performance Management Definitions

Outcome – What the service or program is intended to change, the end result

Measure – Quantitative indicator of the change

Standard – The threshold of performance that is considered to be adequate

The legislature charged the Steering Committee with developing performance outcomes and measures for each essential service. To do this, the Steering Committee formed three workgroups to focus on Adult Services, Children's Services and Income Supports programs. Each workgroup was asked to recommend outcomes, performance measures and standards for the following program areas:

- Adult Services Workgroup – adult mental health, chemical dependency, developmental disability, adult services and adult protection programs.
- Children's Services Workgroup – child protection, child welfare, licensing, guardianship, adoption, children's mental health and children's disability services.
- Income Support Workgroup – cash support, food support, child care assistance, health care and child support enforcement programs.

Workgroups were comprised of representatives from counties, DHS, and providers and advocate groups; their work was conducted between 2010 and 2012. The groups' task involved both detailed and technical data analysis and interpretation and stakeholder engagement. The Steering Committee is grateful to workgroup members for their sizeable contribution to this project.

The workgroups approached their work in two parts and reported back to the Steering Committee after each one. First, the groups identified broad outcomes statements for each program area, recommended performance measures for those outcomes, and identified existing data sources (if possible) for the measures. Next, the workgroups identified performance standards for each

performance measure. In some cases, both measures and accompanying standards were already in existence. In some cases, the measure existed, but there was no clear performance standard for the measure. And in some instances, the workgroup developed both the measure and the accompanying standard.

Due to the current variability in reporting practices and requirements among service areas, the workgroups encountered significant challenges developing standards that they believed were valid and defensible. To more fully address this issue, the Steering Committee formed a fourth workgroup, the Technical Advisory Panel, to advise the Steering Committee on standards and standard-setting processes. This workgroup assessed several different methods of standards definition and came to the conclusion that there is not one universally valid rationale for or approach to standard setting. The group advised that establishing performance thresholds for human services programs cannot be a purely mechanical process and advised the Steering Committee to:

- Adopt standards for the measures that have standards that are already mandated by the state or federal government;
- Absent any existing mandates, adopt any standards that were recommended by the service area workgroups as provisional; and
- Create a permanent body to establish, assess and modify standards across the performance system over time.

A Phased Implementation Approach

These considerations, along with challenges related to the availability of data that would inform all of the measures identified by the workgroups led the Steering Committee to recommend a two-phased system implementation approach.

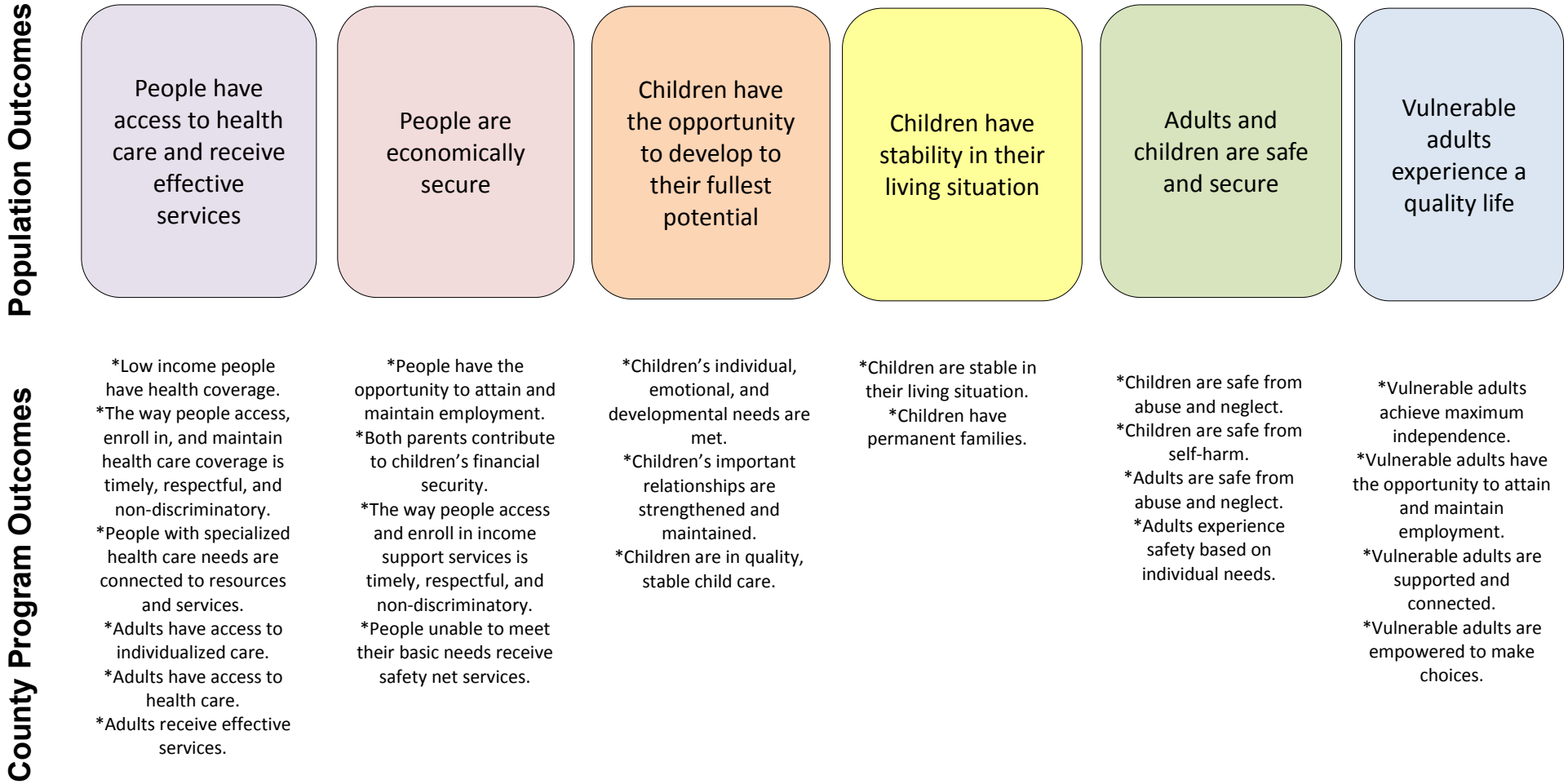
The Implementation Phase would include measures of acceptable quality for which there is currently available data. Where possible, these measures would be used as a part of the set that would trigger the remedies process described in Section 5 of this report, should they not be met.

The Development and Maturity Phase would include additional measures felt to have value for determining outcomes, but for which baseline data is missing, where concerns about data access or quality exist or which need further discussion to determine reasonable standards. These measures require additional development or analysis before they can be included in the remedies process.

Supplemental measures are additional measures of management value, typically leading measures or measures of service attributes, which are more focused on process management and not necessarily directly indicative of outcomes. Because these measures tend to be input or process oriented, they are not recommended for inclusion in the remedies process.

Figure 13, below, presents the outcomes and measures for the overall system and shows how the measures in the three program areas relate to and reinforce each other.

Outcomes Across Service Areas



Tables 14 to 16 outline the recommended outcome measures for inclusion in the performance management system for the Implementation and Development and Maturity Phases, as well as additional supplemental measures. Two standards are set for each measure. The remedies (or minimum) standard denotes the level of performance that triggers the first step in the remedies process. The high standard (or policy goal) identifies a stretch target. Through their continuous improvement efforts, counties are encouraged to strive for the high standard. However, no penalty or remedies process is associated with failing to achieve it. The proposed remedies process is described in more detail in Section 5 and in Appendix 9.

Most of the standards for initial implementation are set on a relative basis. That is, they are based on the distribution of measures for the counties as a whole. Using this approach, the eight counties with the lowest values for any given measure (in comparison with the rest of the counties) constitute those below the 10th percentile. This set of counties would enter the remedies process to improve their performance against those particular measures. The relative method of standard setting provided the Steering Committee with the most reasonable basis at this time for differentiating between acceptable performance and performance that would trigger the remedies process. It targets the lowest performing counties for improvement, while recognizing that a strong basis for an absolute standard does not exist at this time.

The Steering Committee recommends that discretion be built into the system, allowing the standards to be modified under certain circumstances. For instance, the Steering Committee recommends that a three-year running average be used in place of a single year of data in the case of small counties and small population sizes. In addition, the Committee recommends that discretion be provided to the Commissioner of DHS in implementing these standards, so that they can be adjusted for extenuating circumstances. For instance, if performance is deemed acceptable, even if a county was in the lowest percentile, the Commissioner could elect to forego the requirement to develop a Performance Improvement Plan for that measure. These situations are described in more detail in Section 5 under the remedies process and in Appendix 9.

The Steering Committee views this approach to setting and implementing standards as a bridge to a more permanent set of standards, which would be developed after more experience analyzing and using the measures for performance improvement. However, any changes to the standards setting approach or metrics assumes that the resources needed to gather better data or revisit the basis of the existing standards are available.

Table 14. Implementation Phase Outcomes, Measures and Standards

Outcome	Measure	Program Category	Measure Group	Remedies Standard (Minimum)	High Standard (Policy Goal)
Adults and children are safe and secure	Percent of repeat maltreatment reports	Adult Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of responses within mandated timelines	Adult Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Repeat determination of maltreatment	Children's Services	Implementation Phase	Below the 10th percentile	Greater than 94.6%
Children have stability in their living situation	Timely establishment of permanency	Children's Services	Implementation Phase	Below the 10th percentile	Greater than 75.2%
	Percent of current child support that is paid	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
Children have the opportunity to develop to their fullest potential	Aging out of foster care without a plan	Children's Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of children placed with relatives	Children's Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of open child support cases for which paternity is established	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
People are economically secure	Percent of MFIP/DWP adults working 30 or more hours per week or off cash assistance three years after baseline	Income Support	Implementation Phase	Below the 10th percentile	Meets expected performance for that county
	Percent of expedited SNAP applications where support was issued within 24 hours of application	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of public assistance applicants who received benefits within mandated timeframes	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of open child support cases with a child support order established	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile
People have access to health care and receive effective services.	Percent of adults referred for Rule 25 assessments who receive them within mandated timelines	Adult Services	Implementation Phase	Below the 10th percentile	Above the 90th percentile
	Percent of health care assistance applicants who received approval within mandated timelines	Income Support	Implementation Phase	Below the 10th percentile	Above the 90th percentile

Table 15. Development and Maturity Phase Outcomes, Measures and Standards

Outcome	Measure	Program Category	Measure Group	Remedies Standard Minimum	High Standard Policy Goal
Adults and children are safe and secure	Percent of re-entries/readmissions to a more restrictive environment	Adult Services	Development and Maturity Phase	To be created	To be created
	Percent of adults reporting feeling secure/safe (survey)	Adult Services	Development and Maturity Phase	To be created	To be created
	Repeat accepted maltreatment reports	Children's Services	Development and Maturity Phase	To be created	To be created
	Functioning as measured by the CASII and SDQ scores	Children's Services	Development and Maturity Phase	To be created	To be created
Vulnerable adults experience a quality life	Percent of adults reporting feeling independent (culturally sensitive survey)	Adult Services	Development and Maturity Phase	To be created	To be created
	Percent of adults reporting feeling supported and connected (culturally sensitive survey)	Adult Services	Development and Maturity Phase	To be created	To be created
	Percent of adults who report feeling included in on the decision-making process (culturally sensitive survey)	Adult Services	Development and Maturity Phase	To be created	To be created
Children have the opportunity to develop to their fullest potential	Children placed due to child's disabilities	Children's Services	Development and Maturity Phase	To be created	To be created
	Child Care Assistance application processing timelines met	Children's Services and Income Support	Development and Maturity Phase	To be created	To be created
	Changes in school placements	Children's Services	Development and Maturity Phase	To be created	To be created
	Foster parent cultural and ethnic capacity is reflective of the child population	Children's Services	Development and Maturity Phase	To be created	To be created
	Child Care Assistance Program Continuity of Care (under study)	Children's Services and Income Supports	Development and Maturity Phase	To be created	To be created
People have access to health care and receive coordinated services.	Percent of adults who feel respected in their life situations (survey)	Adult Services	Development and Maturity Phase	To be created	To be created

Table 16. Supplementary Outcomes, Measures and Standards

Outcome	Measure	Program Category	Measure Group	Remedies Standard Minimum*	High Standard Policy Goal
Children have stability in their living situation	Number of out of home placement settings	Children's Services	Supplementary Measure	NA	Greater than 86%
	Repeat out of home placements	Children's Services	Supplementary Measure	NA	Less than 9.9%
Children have the opportunity to develop to their fullest potential	Percent of children receiving mental health screening	Children's Services	Supplementary Measure	NA	62.60%
	Frequency of social worker visits	Children's Services	Supplementary Measure	NA	90%
	Percent of children placed out-of-home who receive physical exams	Children's Services	Supplementary Measure	NA	63.50%
	Percent of Medicaid-enrolled children due for one or more well-child visits during the report year, who received at least one visit	Income Support	Supplementary Measure	NA	80% of enrolled children receive at least one visit
People are economically secure	Percent of persons potentially eligible that receive SNAP	Income Support	Supplementary Measure	NA	Above the 90th percentile
	Percent of children in poverty that receive MFIP or DWP	Income Support	Supplementary Measure	NA	To be created

There will be no minimum remedies standards created for supplementary outcomes since they will not be used in the remedies process. The technical definitions of system measures can be found in Appendix 10.

Understanding of Stakeholder Values and Priorities

The literature suggests many best practices that are considered important to the cultivation of a successful performance management system. Through the MACSSA and MSSA surveys in the first quarter of 2012, the Steering Committee sought to identify and understand those best practices that human services professionals felt were particularly important. The goal was to ascertain members' preferences and priorities for the design and focus of the system, including their values (those principles and behaviors that should guide system implementation) and priority system requirements (those practices or elements that must be present for the system to work well).

The survey asked questions about the importance of five to six best practices drawn from the Baldrige Criteria for Performance Excellence and other sources for each of these categories of interest:

- Leadership
- Funding
- Stakeholders
- Workforce
- Service Delivery
- Measurement, Analysis, and Understanding of Information
- Quantitative Data
- Governance
- Strategic Planning

The governance and strategic planning elements were only asked of MACSSA members.

For each category, respondents indicated how important they felt the item was. Then, they selected which single item they felt was most important 1) when implementation of the performance management system first begins and 2) for long-term sustainability of the system.

In addition to questions about items in the above categories, respondents were also asked who, if anyone, should be involved in collaboration. For each of the categories, respondents had the option of choosing none, one, or more potential collaborating stakeholders.

Finally, the survey asked respondents three open-ended questions:

1. What specific actions do you recommend to develop an effective statewide performance management system?
2. What is the most significant barrier to an effective statewide performance management system likely to be? What steps should be undertaken to overcome that barrier?
3. Is there anything else you would share regarding needs and priorities for the statewide performance management system?

The values and priority requirements listed below are drawn from the results of the survey and a subsequent analysis of the results by the Steering Committee. The system implementation proposal in Section 5 uses the requirements as the framework for the selection of implementation recommendations while also seeking to remain consistent with the values.

A full copy of the survey results can be found in Appendix 7.

System Values

These values represent overarching expectations regarding the nature of the performance management system:

- The system should keep outcomes for people and communities at its core.
- The system should include and consider the voice of the client.
- The system should effectively address racial and ethnic disparities in outcomes.
- The system should reflect the needs and priorities of Minnesota's stakeholders.
- The system should be flexible and adaptable over time.
- The system should support local service delivery solutions that lead to the best outcomes per dollar invested.
- The system should encourage learning, foster dialogue, and improve performance.
- The system should include a common set of outcomes, metrics and standards.
- The system should enable fact-based decision-making.
- The system should be based on evidence-based practices, at both the system and individual program levels.
- The system should recognize that continuous improvement is not the sole responsibility of one party, but is jointly owned by the state, the counties and their service delivery partners.

System Requirements

These requirements represent the priorities and associated high-level practices that respondents deemed most essential to a successful statewide performance management system. They go beyond measurement, recognizing that improvements in performance occur most readily in an environment that supports change and continuous improvement.

At the highest level, respondents indicated the system should have:

- Fully engaged leaders;
- A clear understanding of client needs;
- Relevant measures and analysis;
- Collaborative action; and
- Aligned resources.

Within each category, respondents felt it is a priority for the system to incorporate the items listed below.

Fully Engaged Leaders

- Ways for leaders to set a clear vision regarding improvements in outcomes.
- Ways for leaders to have open discussions about barriers and opportunities to improve outcomes.
- Ways for leaders to advocate for actions that lead to better outcomes.
- Ways to involve leaders from a broad range of levels within organizations, including political and operational leaders.

Understanding of Client Needs

- Ways to effectively incorporate client needs into service delivery solutions.
- Ways to surface, gather and use stakeholder feedback to improve client outcomes.
- Ways to engage stakeholders in designing solutions to problems.
- Ways to understand stakeholder needs and expectations by important subcategories (such as race or income).
- Ways to understand and reduce racial and other disparities.

Relevant Measures and Analysis

- Ways to communicate outcomes to leaders to help them make informed decisions.
- Ways to evaluate programs and discover opportunities to improve service delivery.
- Ways to assure that measurement systems and technologies can respond to changing needs.
- Ways to assure that the data collected reflects priorities.
- Ways to easily collect, access, integrate, disaggregate, compare and share data for priorities so that data-driven decision-making is possible.
- Ways to assure the quality and security of data.
- Data on short-term and long-term outcomes for clients.
- Data on operational efficiency and effectiveness.
- Ways to identify and address gaps in data availability, quality and access.

Collaborative Action and Governance

- Ways to provide continuing, collaborative guidance for the statewide system.
- Ways to identify, balance, communicate and consistently use clear roles and responsibilities within collaborations.
- Ways to identify and address shared challenges, opportunities and gaps related to performance.
- Ways for leaders to easily work across organizational and jurisdictional boundaries.
- Ways to share decision-making power among interested stakeholders.
- Ways to share effective service delivery practices within and between organizations.

Aligned Resources

- Ways to demonstrate fiscal accountability and value.
- Ways to support the infrastructure needed for effective collaboration.
- Ways to assure funding is sufficient, given performance expectations.
- Ways to communicate expectations regarding performance and outcomes to the workforce.
- Ways to identify and close gaps in workforce competencies.

Alignment with Best Practices for Performance Management

The Steering Committee took several steps to learn from existing best practices as it developed its recommendations. The first has already been mentioned above, which was to rely on established performance management guidance such as the Baldrige Criteria for Performance Excellence. While adapted for use here, the Baldrige Criteria and similar frameworks used by others provided a solid starting point from which to identify preferences and priorities (in the survey) and to begin to characterize the current state of performance management within individual programs and human services as a whole (using a development model, the pilot maturity tool). A full copy of the Baldrige Criteria for Performance Excellence, which is a set of evidence-based best performance management practices, can be obtained at http://www.nist.gov/baldrige/index.cfm. A copy of the pilot version of the Maturity Model used by the Steering Committee, which draws in part on Baldrige, can be found in Appendix 8.

A second step the Steering Committee took was to explore successful approaches employed by other jurisdictions. In 2010, a group of graduate students from the Humphrey Institute prepared a set of case studies for the Steering Committee, outlining such practices for entities considered to be leaders in the field of performance management. The Steering Committee also considered the work of the groups such as the National Performance Management Advisory Committee and investigated the practices of several jurisdictions in more detail in 2012.

Finally, focus groups for each of the programs that piloted the maturity tool included discussions of best or good practices each felt could potentially have value if replicated in other program areas.

Table 17 summarizes some of the practices suggested in the literature reviewed by the Steering Committee; organized using the overarching requirements identified by the MACSSA and MSSA survey respondents.

The Steering Committee listened carefully to the suggestions of human services providers in Minnesota. Since its inception, the Steering Committee has sought stakeholder input through meetings with stakeholder groups, surveys and focus groups.

Table 17. Examples of Techniques and Best Practices Used By Other Entities

Ways to Engage Leaders
• Establish guiding councils to select outcomes and set priorities
• Hold periodic performance improvement meetings with leaders
• Focus deeply on a limited number of issues
• Have leaders personally report on outcomes in meetings with high-level executives or politicians
• Have leaders create a shared vision with clear accountabilities
Ways to Understand Clients' Needs
• Host public forums to share and receive feedback on outcomes
• Create websites to share and receive feedback on outcomes
• Convene small groups of clients and stakeholders to delve deeply into specific topics
Relevant Measures and Analysis for Continuous Improvement
• Hold annual internal reviews of measures at the community, agency, and operational levels
• Hold quarterly (or more frequent) meetings that focus on steps to move metrics closer to targets("performance-stat" meetings)
• Establish targets for improvement
• Conduct periodic external assessments of performance management practices and outcomes using Baldrige or other similar frameworks
• Conduct periodic performance audits, focused on reducing waste, inefficiencies, and duplication of effort
• Use topic-specific self-assessment guides to performance assessment and improvement
• Use lean or other process improvement techniques to improve specific operations and outcomes
• Create reports that: ○ Group entities by important characteristics (groups of similar counties, etc.) ○ Segment outcomes by customer groups or other important categories ○ Include comparative data ○ Include both community and program outcomes ○ Includes estimates of relative level of influence of the organization on each measure
• Establish outcomes teams that use multiple sources of data and information to improve outcomes against specific metrics.
• Regularly re-assess which measures are most appropriate to use
• Use a comprehensive data management system that synthesizes data across systems and that can disaggregate data

Collaborative Action
• Establish and financially support a “backbone” organization to staff collaborative efforts
• Establish cross-jurisdictional guiding councils
• Share goals and outcomes across multiple entities and understand how each contributes
• Use a partnership agreement to spell out individual as well as collective responsibilities
• Use multiple mechanisms of communication with partners and stakeholders
• Establish workgroups focused on improving specific outcomes
• Develop shared definitions of terms
Aligned Resources
• Create budget processes that maximize outcomes within financial and other constraints
• Create grant and loan programs to assist with improvements
• Use internal or external improvement specialists to build staff competencies
• Use external experts to support and collaborate with staff in improvement projects

Section 5: Performance Management System Recommendations

This section highlights strategies for the successful implementation of the performance management system. These strategies are grounded in the research and input provided to the Steering Committee over the past three years. The implementation proposal assumes the following:

- The selection of service delivery techniques, local performance management approaches, and therefore accountability for results, will continue to largely rest with the counties.
- Prevention of situations that result in performance failure is a priority.
- The participation of clients and all entities involved in human services funding, regulation and service delivery is essential for the system to succeed.
- Continuous improvement is a goal for all entities involved with human services, not just those at risk of not meeting minimum standards.
- Large increases in human services budgets are unlikely.

The Steering Committee recommends a two-phased system implementation. The Implementation Phase is focused on activities that are necessary to launch a system and that can begin immediately. The Development and Maturity Phase activities will foster the longer-term sustainability and success of the system. The Steering Committee recommends that Development and Maturity Phase activities begin as soon as possible after the system has been launched.

Implementation Phase: Priority Recommendations for Adoption

The recommendations in this section are those that the Steering Committee recommends for adoption during the Implementation Phase of the performance management system. These priorities lay the basic groundwork for a successful system:

1. **Establish a permanent Performance Council, to advise the Commissioner of Human Services on the implementation and operation of the performance management system. The Council would act in an advisory capacity to the Commissioner and would submit an annual report to the legislature on the function of the performance management system.**

   The Performance Council's responsibilities would include:

   - Reviewing the annual performance data;
   - Reviewing and advising the Commissioner on Department procedures related to the implementation of the system;
   - Considering appeals from counties that are in the performance improvement process and advising the Commissioner on a course of action;

- Advising the Commissioner on barriers to process improvement in human services delivery;
- Advising the Commissioner on the training and technical assistance needs of county/service delivery authority (SDA) and Department personnel;
- Reviewing instances in which a county/ SDA has not made adequate progress on a Performance Improvement Plan and make recommendations to the Commissioner under Minn. Statute 402A.18; and
- Appointing and convening workgroups to update and develop outcomes, measures and standards for the system and, on an annual basis, presenting these recommendations to the Commissioner. The responsibility of this entity would be to annually recommend to the Council, changes to metrics and standards as situations, information availability, and outcome statements change. The details of its charter would be established by the Performance Council.

The Performance Council will work in an advisory capacity to the Commissioner of Human Services, who would:

- Implement and maintain the Performance Management System for Human Services;
- Regularly update the system's outcomes, measures and standards;
- Receive annual reports from counties/SDAs on their performance against system measures;
- Provide timely feedback to counties/SDAs on their performance;
- Implement and monitor the remedies process in Minn. Statute 402A.18;
- Report to the Performance Council on county/SDA performance on a semi-annual basis;
- Provide training and technical assistance to counties/SDAs on topics related to performance measurement and continuous improvement; and
- Provide staff and act as a fiscal agent for Performance Council activities.

The Steering Committee recommends that Performance Council include representatives from the following stakeholder groups: the Association of Minnesota Counties, the Minnesota Association of County Social Service Administrators, the Department of Human Services, tribes and communities of color and service providers and advocates for persons receiving human services.

2. Adopt the recommended target outcomes, performance measures and associated standards for Implementation Phase that are outlined in Table 14.

The Steering Committee recommends system flexibility and responsiveness to changes in data quality, availability and access so that performance measures and standards can be adapted over time.

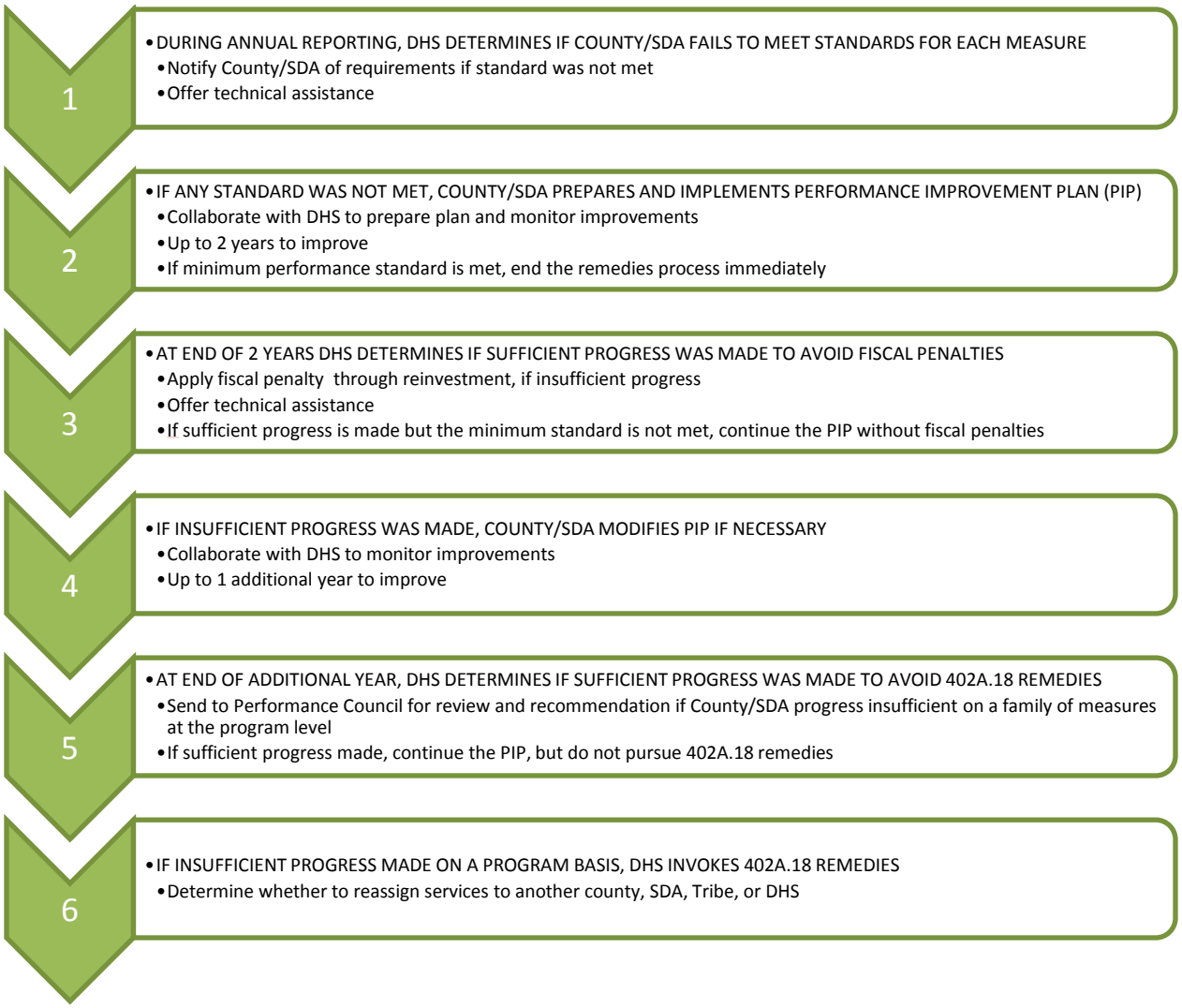
3. Adopt the remedies process in Appendix 9.

The Steering Committee has designed the Remedies Process with a focus on problem-solving rather than penalty. The process provides counties with time to review and understand the sources of performance problems, select the best approaches to address those problems, adjust practices and monitor the success of their efforts. It recognizes the roles of the state and local governments in improving performance, creating a partnership that provides guidance and technical assistance from the state. Figure 18 outlines the basic steps in the remedies process. A more detailed diagram is available in Appendix 9.

4. Provide the resources needed to sustain implementation.

It will require resources for the performance management system to be sustainable. For example, resources will be needed for the system to gather, analyze and distribute the performance measurement information; to provide training and technical support to the counties; to further assess how best to set reasonable and effective standards and to establish mechanisms to identify, share and expand the deployment of best practices.

Figure 18. Basic Steps in the Remedies Process



Key tenets of the remedies process include:

a. **Annual reporting of performance against standards. Use the annual reports as the basis for making the determination of whether a measurement standard has been met.** Different measures may have different reporting time periods. Over time, the intent is to move to real-time reporting.

b. **Use of a graduated process to improve results.** The remedies of Minn. Statute 402a.18, which can lead to a service or program being taken away from a county or service delivery authority, are the end point of a process that starts with the development of Performance Improvement Plans (PIPs) and may include fiscal penalties. Performance improvement is the primary goal of the remedies process and DHS will offer the county technical assistance with the creation and implementation of their PIP. Financial penalties and reassignment of program responsibilities would be pursued as a last resort.

c. **Trigger the remedies process if/when a county fails to meet a minimum standard for an individual measure**. Except in the case of extenuating or exceptional circumstances such as natural disasters, this step would be triggered the first year a standard was not met. Counties who do not meet a standard for a particular measure will prepare a **Performance Improvement Plan (PIP)** that will identify how and when it will improve its outcomes. The PIP will require improvement on the measure in question over a two-year time period and may include specific programmatic or administrative improvements and best practices that have a demonstrated connection to outcomes. The county and DHS will use a collaborative approach to develop the PIPs and the solutions proposed may include help and assistance from DHS. In addition, counties would have the ability to appeal the content of a PIP to the Performance Council. A county that meets the performance improvement goal in its PIP would not move to the next step in the remedies process (fiscal penalties) but would continue with a PIP if it had not reached the minimum performance standard.

d. **Use the remedies process to help address disparities in outcomes for racial or ethnic groups**. All performance measures will be reported by racial and ethnic groups for all counties. PIPs must include steps to improve performance for racial and ethnic groups that are not meeting the performance standard. In addition, the remedies process and PIPs will be triggered in those situations where a county fails to achieve the standard for one or more racial or ethnic groups for three or more measures, even if the standards for the measures are met overall.

e. **Use existing processes where possible.** Counties which are engaged in a performance improvement process under another performance framework (such as the CFSR) do not need to develop a redundant performance improvement plan for the same measure.

f. **Under certain circumstances, provide for alternatives and exceptions.** The Steering Committee recommends that the performance management system be flexible enough to allow for alternatives, exceptions and extenuating circumstances. To avoid redundancy of effort, existing mechanisms such as the Children and Family Service Review (CFSR), which groups smaller counties, will be used in determining whether the remedies process should be triggered.

In the case of small counties and small population sizes, a three-year running average will be substituted for the one-year value in determining whether to trigger the remedies process.

Under extenuating circumstances, the Commissioner may make an exception and determine not to institute the remedies process even when a measure does not meet standards. For example, some counties face particular challenges in specific programs due to the demographics of their service population or other conditions outside of the county's control. Further, the Performance Council will advise the Human Services Commissioner on whether and when some standards may need to be adjusted to address counties that face significant challenges.

g. **Initially, base fiscal penalties on individual measures**. The amount of the fiscal penalties will vary with the level of a county's expenditures within human services. The penalty will be applied on a per measure basis, with a maximum cap. The maximum cap will be reached when the standards for three measures are not met. At that point, no additional fees would be incurred, even if the number of measures in violation of standards exceeded three. **The penalty funds would be required to be re-invested by the county into the program area that was underperforming.**

Table 19, below, outlines the recommended financial penalty system based on human services expenditures.

Table 19. Recommended Financial Penalties

County Grouping	Number of Counties	Average County Expenditures	1% of Average County Expenditures	Proxy dollar amount for penalty
Less than $1 M	11	$640,790	$6,479	$10,000
$1 M to $2.5 M	30	$1.7 M	$17,071	$20,000
$2.5 M to $5 M	21	$3.6 M	$36,095	$40,000
$5 M to $10 M	14	$6.44 M	$64,436	$60,000
$10 M to $50 M	6	$23.8 M	$238,445	$100,000
Over $50 M	2	$145 M	$1,452,332	$200,000

h. **Only consider the remedies to remove a service from a county (Minn. Stat. §402A.18 remedies) in those cases where sufficient measures exist to evaluate and gauge performance across an entire program.**

During the initial and early period of implementation, not all human service programs will be represented in the performance management system by a set of measures that adequately quantify achievement toward the desired outcome. A program should not be removed from county control unless sufficient measures exist to evaluate and gauge performance across an entire program. The commissioner will determine which programs have such a full set of measures on the advice of the Performance Council.

Development and Maturity Phase: Additional Recommendations for Consideration by the Performance Council

Below, the Steering Committee suggests a number of potential strategies to explore and consider adopting as a part of Development and Maturity Phase of system implementation. These ideas are drawn from the survey results, performance management literature, and research on the actions other states are taking to improve outcomes. Each suggested strategy requires further discussion and refinement before implementation in Minnesota. The Performance Council would be the appropriate entity to lead this discussion and make recommendations for implementation.

Additional Strategies for Leadership Engagement

- **Provide opportunities to leverage the thinking and skills of a broad set of human services and quality improvement professionals.**
    - Explore options for creating cross-jurisdictional teams that are composed of managers and expert staff from DHS, MACSSA and other service providers, as well as recipients of the services and subject matter experts in quality improvement. These teams would work collaboratively toward very specific performance improvements for a specified length of time. This could include tasks such as: developing governance options for particular collaboration efforts, establishing methods to transfer existing best practices from one program area to another, and facilitating changes in specific processes that result in improved results.
    - Establish venues for cross-jurisdictional teams to share actions and progress with the Performance Council, MACSSA and other stakeholders.

Additional Strategies for Understanding Client Needs

- **Provide multiple opportunities for on-going client and advocacy input.**
    - Expand use of customer feedback surveys to provide necessary performance data.
    - Include representatives of the advocacy community on the Performance Council and the results teams.
    - Host and live-stream quarterly public forums on specific performance issues, so that awareness, discussions and opportunities for input can reach beyond those able to attend meetings in person.
    - Develop a website centered on client and advocacy input on human services results.

Additional Strategies for Assuring Relevant Measures, Analysis, and Continuous Improvements

- **Assure that measures and standards stay relevant, equitable and up-to-date.**
    - The size and nature of the counties varies considerably. Because of this, consider establishing county groups based on key socioeconomic and caseload features, compare performance within groups, and assess the feasibility and reasonableness of

performance standards that vary by group (for instance, standards that use as a baseline historical performance within groups) rather than applying statewide uniform standards.

- The needs and cultural norms of American Indian communities may differ from those of other populations within the counties. For those communities serving high populations of American Indians, explore whether and how the statewide standards may need to be adjusted to best serve this population.
- The population of Minnesota is increasingly diverse. Care should be taken to ensure that system measures and standards are as culturally appropriate as possible.

- **Upgrade technology systems so that performance data is more available, accessible, secure and useful.**
  - As DHS modernizes administrative systems, ensure that performance system data requirements are met.
  - Explore potential cost-sharing arrangements for upgraded data systems.
  - Assure that technology systems can meet performance measurement and management needs and provide real-time data.

- **Discover improvement needs and opportunities on an on-going basis.**
  - Encourage and facilitate periodic assessments of the maturity of performance management at the overall and individual program level for human services, using Baldrige, the pilot maturity tool or another similar tool.
  - Encourage all counties to conduct periodic self-assessments or external assessments of the maturity of their performance management efforts.
  - Develop and share program-specific best practice manuals based on evaluation research.
  - Encourage the use of continuous improvement models, such as the use of Plan-Do-Study-Act (PDSA) approaches. Select and recommend a standard model for wide-spread use.
  - Invest in the development of "model" service delivery processes for programs, focused initially on simplifying work processes, reducing errors, increasing accuracy, and decreasing cycle times without requiring substantive legislative changes or major investments in technology.
  - Identify opportunities to transfer existing best practices to additional programs.
  - Provide for internal controls to ensure data integrity and accurate reporting.

Additional Strategies to Support Collaboration

- **Establish a permanent "backbone" organization on human services outcomes.**
  - Use the Performance Council to establish and update shared goals and results for stakeholders in human services.

- Staff the council, using dedicated resources or re-assignment of existing staff. Focus staff efforts on convening key stakeholders in the appropriate venues on an on-going basis; securing assistance on performance management for the counties; and supporting council research and initiatives.
- Coordinate the efforts of the Performance Council with other Minnesota entities focused on improving outcomes in government services.

Additional Strategies to Align Resources for Continuous Improvement

- **Develop a stronger, shared understanding of how to improve processes and results among those who design, regulate and provide human services.**
  - Strengthen the opportunity for training and application of lean principles through the existing programs offered by the Minnesota Department of Administration.
  - Strengthen the opportunity for training and application of general performance management principles through partnerships with the Minnesota Council for Quality and other organizations centered on best practice frameworks.
  - Build the capacity of DHS to provide facilitation and project management assistance for improvement within the counties.
  - Explore the viability of sharing capacity- building resources, costs, and lessons learned with other states that have invested in developing improvement processes (ex: Washington, Colorado).
- **Encourage investments that reduce costs and improve results.**
  - Provide planning grants to counties to explore the viability and benefits of merging services, with a cost-share that is waived should the merger be determined to be beneficial and become implemented.
  - Provide transition grants to counties for space, technology or other capital investments required to successfully complete mergers, with a cost-share that is waived when savings from operations are demonstrated without a reduction in results.
  - Explore the viability of providing incentive grants for further improvements to counties that meet policy targets within certain cost parameters.
  - Developing and implement a recognition system for those who are performing at or above standards.

Section 6: Repeal of State Statute and Administrative Rule

Minn. Statute 402A.15 directs the Steering Committee to recommend any statute, administrative rule, requirements and reports that could be repealed or eliminated. As a first step in this process, DHS staff worked with MACSSA members and the Steering Committee to identify items that are obsolete or redundant. These items are listed in Tables 20 through 25. In addition to this work, ongoing efforts related to Article 9 will identify other streamlining opportunities that may eliminate other unnecessary reports or requirements.

Table 20. Adult Mental Health - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
245.461, Subd. 3	This is part of the Comprehensive Mental Health Act for Adults. Requires a report, requirement expired 2/15/1994.	The requirement expired without controversy.
245.463, Subd. 1	This is part of the Comprehensive Mental Health Act for Adults. Requires a planning effort report, requirement expired 6/30/88.	The requirement expired without controversy
245.463, Subd. 3	This is part of the Comprehensive Mental Health Act for Adults. Requires a report, requirement expired 2/15/1991.	The requirement expired without controversy.
245.463, Subd. 4	This is part of the Comprehensive Mental Health Act for Adults. Requires a report, requirement expired 1/31/1991.	The requirement expired without controversy.
245.4661, Subd. 2, (b)	This is part of the Comprehensive Mental Health Act for Adults. Requires that pilot projects become operational by June 30, 1998.	The requirement expired without controversy.
245.4661, Subd. 6 (a) (1)	This is part of the Comprehensive Mental Health Act for Adults. The requirement was carried out to redistribute Rule 12 funding.	The requirement was carried out.
9535.2000 to 9535.3000 (Rule 12)	Governs the granting and use of funds to pay for residential services for adults with mental illness.	Rule 12 funding has been transferred to an integrated fund. Once these grants were included in the integrated fund the county processes and requirements associated with these dollars were no longer applicable including the requirement for a 25% match.

Table 21. Child Safety & Permanency - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9560.0020, subparts 3 (Child) and 3a (Commissioner)	Definitions	Redundant with MN Statutes, section 259.21, subdivisions 2 (Child) and 5 (Commissioner); MN Statutes, section 260C.007, subdivision 4 (Child); MN Statutes, section 260C.603, subdivision 6 (Commissioner)
9560.0030	Legally Freeing a Child For Adoption	Redundant/obsolete with MN Statutes, sections 260C.301-260C.317 (Termination of Parental Rights); MN Statutes, section 260C.515, subdivision 3 (Guardianship; commissioner); MN Statutes, section 259.24 (Consents); MN Statutes, section 259.25 (Agreement Conferring Authority to Place for Adoption); MN Statutes, section 259.83 (Postadoption Services); MN Statutes, section 259.89 (Access to Original Birth Record Information); MN Statutes, section 260C.613, subdivision 8 (Postadoption search services); MN Statutes, section 260C.637 (Access to Original Birth Record Information)
9560.0040	State Photographic Adoption Exchange	Redundant/obsolete with MN Statutes, section 259.29 (Protection of Best Interests in Adoptive Placements); MN Statutes, section 259.75 (State Adoption Exchange); MN Statutes, section 259.77 (Family Recruitment); MN Statutes, section 260C.168 (Compliance with Indian Child Welfare Act); MN Statutes, section 260C.193, subdvision 3 (Best interest of the child in foster care or residential care); MN Statutes, section 260C.212, subdivision 2 (Placement decisions based on best interest of the child); MN Statutes, section 260C.215, subdivision 1 (Recruitment of foster families); MN Statutes, section 260C.605,subdivision 1 (d)(3)(iv)(A) (Registering the child on the State Adoption Exchange); MN Statutes, section 260C.607, subdivision 4 (a)(1) (Content of court review); The rule is obsolete in regards to placing the child in an adoptive home away from the child's area of prior residence. Current best practice is to preserve a child's connections (MN Statutes, section 260C.212, subdivision 2 (b); State Adoption Exchange registrations and deferrals are now completed electronically versus paper format; Affidavit of Child Over 14 on Adoption was eliminated in 2007 (MN Statutes, sections 259.24, subdivision 3; MN Statutes, section 260C.317, subdivision 3 (c))

Table 21. Child Safety & Permanency - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9560.0050	Child's Foster Home	Redundant/obsolete with MN Statutes, section 259.75 (State Adoption Exchange) and MN Statutes, section 260C.223 (Concurrent Permanency Planning); MN Statutes, section 260C.605, subdivision 1 (d)(3)(iii) (Engaging child's foster parent and child's relative as an adoptive resource) The rule is obsolete in regards to the process for considering whether or not a child's current foster parent is an appropriate adoptive parent. Current best practice is to preserve connections for children and also to move them as few times as possible. Concurrent planning strategies would support adoption by a foster parent (relative or non-relative) if reunification efforts fail (MN Statutes, section 260C.213 - Concurrent Permanency Planning)
9560.0060	Child Placement	Redundant/obsolete with MN Statutes, section 259.43 (Birth Parent History; Commissioner's Form); MN Statutes, section 260C.607, subdivision 1 (a) (Review hearings); MN Statutes, section 260C.609 (Social and Medical History); MN Statutes, section 260C.613, subdivision 1 (Adoptive placement decisions); MN Statutes, section 260C.615, subdivision 1 (b)(3) (Execution of an adoptive placement agreement)
9560.0110	Termination of Adoptive Placement	Redundant/obsolete with MN Statutes, section 260C.613, subdivision 1 (d) (Adoption placement disruption)
9560.0160	Legalization of the Adoptive Placement	Redundant/obsolete with MN Statutes, section 259.22 (Petition); MN Statutes, section 259.53 (Post-placement assessment); MN Statutes, section 260C.623 (Adoption Petition); MN Statutes, section 260C.625 (a)(6) (Postplacement assessment report)

Table 21. Child Safety & Permanency - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9560.0180	Maintenance of Adoption Records	Redundant/obsolete with MN Statutes, section 259.31 (Agency Placement Factors); MN Statutes, section 259.79 (Adoption Records); MN Statutes, section 259.83 (Postadoption Services); MN Statutes, section 259.89 (Access to Original Birth Record Information); MN Statutes, section 260C.613, subdivisions 1. 5 and 7 (Social Services Agency as Commissioner's Agent); MN Statutes, section 260C.637 (Access to Original Birth Record Information)
9560.0460	Disposition of Social Welfare Fund	Redundant/obsolete with MN Statutes, section 256.88 (Social Welfare Fund); MN Statutes, section 256.89 (Fund Deposited in State Treasury); MN Statutes, section 256.90 (Social Welfare Fund; Use; Disposition; Depositories); MN Statutes, section 256.91 (Purposes)
9560.0470	State Guardianship Assistance Up to Age 21	Redundant with MN Statutes, section 260C.451 (Foster Care Benefits to Age 21)
9560.0475	Adminstrative Reviews and Dispositional Hearings	Redundant/obsolete with MN Statutes, section 260C.203 (Administrative or court review of placements)
9560.0485	Postguardianship Services	Redundant/obsolete with MN Statutes, section 259.83 (Postadoption Services); MN Statutes, section 260C.613, subdivision 8 (Postadoption search services)

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
256.01 subdivision 2(u)	Gives the commissioner of human services authority to administer a drug rebate program established under section 256.955.	Section 256.955 was repealed; we no longer have the prescription drug program.
256.01 subdivision 2(cc)	Gives the commissioner of human services authority to administer a drug rebate program for persons eligible for GAMC.	GAMC no longer exists.
256.01 Subd. 2a	Gives the commissioner of human services the authority to test and compare a variety of administrative models to demonstrate and evaluate outcomes of integrating health care program business processes and points of access in coordination with the development and implementation of HealthMatch, an automated eligibility system for MA, GAMC and MinnesotaCare.	HealthMatch no longer exists.
256.01 Subd. 23a	Paragraph (a) requires the commissioner of human services to develop a plan that, to the extent feasible, seeks to align standards, income and asset methodologies, and procedures for families and children under medical assistance and MinnesotaCare. Recommendations due by September 15, 2010.	The report has been completed.

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
256B.0185	Required Report – this statute required a report to the legislature by December 15 of both 2005 and 2006 regarding the application processing timeframes for persons applying for MA payment of LTC services in a LTCF.	These reports were delivered to the legislature within the required timeframes. The timeframe for the reports were over 5 years ago.
256B.055 Subdivision 12(h)	Children eligible under this subdivision as of June 30, 1995 had to be screened under the criteria of the subdivision prior to January 1, 1996. Children who were found to be ineligible could not be removed from MA until January 1, 1996.	This subsection of the subdivision is obsolete because any child who may have been subjected to this statute is now an adult.
256B.057 Subdivision 3b (2)	This is in regards to the Qualified Individuals whose income was between 135% but less than 175 % of the federal poverty guidelines (FPG) also known as QI-2. A portion of the person's Medicare Part B premium was reimbursed.	The QI-2 part of this program ended 12-31-02 and is no longer in 1902a(10)(E).
256B.0595 Subdivision 1(a) and 2(a)	This section refers to prohibited transfers for transfers of assets on or before August 10, 1993.	Any transfers made on or before August 10, 1993 were made long before the current look back period and would not affect a person's eligibility for MA payment of LTC services.
256D.02 Subd. 4a	Definition of GAMC	GAMC program no longer exists.
256D.02 Subd. 12a(c)	Authorizes a county agency to waive the residency requirements for GAMC in cases of medical emergencies.	GAMC program no longer exists.

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
256L.04 Subdivision 9	A person cannot have coverage under both MinnesotaCare and general assistance medical care in the same month (GAMC).	GAMC program no longer exists.
9500.109	Purpose and Scope: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9500.1100, subp. 9, 20d, 22, 29	Definitions: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9500.1121, subp. 1, B, C, D, E	Determination of Disproportionate Population Adjustment: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9500.1123	Determination of Hospital Payment Adjustment: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9500.1127, subp. 1, 2	Determination of Small Rural Payment Adjustment: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9500.1128, subp. 2A subitem (2) and 2G	Determination of Payment Rates: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9500.1129, subp. 1 B	Payment Limitations: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.0015, subp. 16	Definitions: remove definition of "general assistant medical care programs"	GAMC program no longer exists.
9505.0501	Scope: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.0505, subp. 3, 13, 16, 27, 30, 31, 32	Definitions: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.0515	Medical Review Agents Qualified Staff: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.2165, subp. 8	Definitions: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5000	Applicability: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9505.5005, subp. 7	Definitions: remove definition of "general assistant medical care programs"	GAMC program no longer exists.
9505.5005, subp. 10, 12, 14b, 16, 17	Definitions: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5010, subp. 1	Prior Authorization Requirement: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5030	Criteria for Approval of Prior Authorization Request: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5035, subp. 1, 2	Surgical Procedures Requiring Second Medical Opinion: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5045	Criteria to Determine When Second Medical Opinion is Required: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5076, subp. 1	Medical Review Agent Determination: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9505.5200	Purpose: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5210, subp. 5, 7	Definitions: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9505.5305, subp. 13	Definitions: remove specific reference to "general assistance medical care programs" and maintain remaining language of the Rule.	GAMC program no longer exists.
9506.0010, subp. 3	Definition of child	The rule defines a child as a person less than 18 years of age. This definition was revised by the 1998 state legislature which amedned Minn. Stat. § 256L.01, subd. 1a, to define a child as a person under 21. This rule is obsolete and should be repealed. *Laws of Minnesota 1998, chapter 407, article 5, section 7*. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0010, subp. 7	Definition of dependent sibling	The rule cross references Minn. Stat. § 256L.04, which repealed the definition effective 10/1/2003. Dependent sibling should be removed throughout. *Laws of Minnesota 2003, First Special Session, chapter 14, article 12, section 73.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.

Table 22. **Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute**		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9506.0010, subp. 12, 16 item B(2)	Definitions: remove definition of "general assistance medical care programs" and reference to "general assistance medical care"	GAMC program no longer exists. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0020, subp. 1, item B	Eligibility for MinnesotaCare	This rule dates to when MCRE was state-funded, and we required individuals to enroll in the federal MA program if eligible. Beginning July 1, 1995, this provision became obsolete for children under age 21 and pregnant women because the state received federal approval for its PMAP+ waiver which granted federal financial participation for these two populations. This provision was later expanded to parents in 2001 based on changes enacted by the 1999 state legislature. Since MCRE is now federally-funded for most populations, this requirement is obsolete. *Laws of Minnesota 1995, chapter 234, article 6, section 18; Laws of Minnesota 1999, chapter 245, article 5, section 89.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0020, subp. 1, item C	Eligibility for MinnesotaCare	This item states that an applicant or enrollee cannot be simultaneously covered by GAMC and MinnesotaCare. Due to the elimination of the GAMC program, this rule should be repealed as obsolete. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.

Table 22. **Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute**		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9506.0020, subp. 2, item A	Exceptions to MinnesotaCare general eligibility requirements	GAMC language – GAMC program no longer exists; references a regional demonstration project for the uninsured under Minn. Stat. § 256.73, a statute that has since been entirely repealed; also references the Group Health, Inc., community health plan, of which there is no current record. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0020. subp. 2, item B(1)	Exceptions to MinnesotaCare general eligibility requirements	States that the 18 month rule does not apply "if the employer-subsidized health coverage was lost for reasons that would not disqualify the applicant from receiving reemployment benefits under Minnesota Statutes, section 268.095, and the applicant has not had access to employer-subsidized health coverage since the loss." The regulation was based on a previous version of Minn. Stat. § 256L.07, Subd. 2, which was revised by the 1998 state legislature to remove language related to reemployment benefits. *Laws of Minnesota 1998, chapter 407, article 5, section 33.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0020, subp. 2, item B(2)	Exceptions to MinnesotaCare general eligibility requirements	Similar to item B(1), this regulation is obsolete as the statutory provision on which it is based was removed by the 1998 state legislature. *Laws of Minnesota 1998, chapter 407, article 5, section 33.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.

Table 22. **Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute**		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9506.0020, subp. 7	Enrollee cooperation with annual redetermination	The Rule conflicts with the statutory definition of the redetermination date (256L.05, subd. 3a). If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0030, subp. 2	Necessary information for eligibility determination: delete only "and potential eligibility for medical assistance"	The Rule states that clients must supply information necessary for a possible MA determination. This policy was applicable when MinnesotaCare was entirely state funded and persons determined eligible for Ma were required to apply for MA coverage. Because most of MinnesotaCare is now federally funded, the portion referencing MA is obsolete and should be deleted. *Laws of Minnesota 1995, chapter 234, article 6, section 18; Laws of Minnesota 1999, chapter 245, article 5, section 89.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0030, subp. 2, item B	Necessary information for eligibility determination	As with Minn. R. 9506.0020, items B(1) and B(2), this item references the pre-1998 version of Minn. Stat. § 256L.07, subd. 2, which disqualifies applicants from MinnesotaCare eligibility if they lost access to ESI for reasons that would disqualify them from reemployment benefits. Due to the revision enacted by the 1998 state legislature to remove that barrier to MinnesotaCare eligibility, this regulation is obsolete. *Laws of Minnesota 1998, chapter 407, article 5, section 33.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.

Table 22. **Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute**		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9506.0030, subp. 3	Eligibility determination deadline	The Rule references a four month waiting period for adults without children. This provision was based on a prior version of Minn. Stat. § 256L.05, subd. 4, which had included the provision. The 1998 state legislature removed the applicable provision from statute, making the regulation obsolete. *Laws of Minnesota 1998, chapter 255, article 1, section 10*. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0050	Coordination of MinnesotaCare and MA	This Rule requires MinnesotaCare to determine potential MA eligibility for all applicants and enrollees and refer them to MA. It cross references a previous version of Minn. Stat. § 256L.04, subd. 8. The 1998 state legislature revised 256L.04, subd. 8, so that this applies only for applicants and enrollees who receive SSI or RSDI. Because the rule no longer applies to all of MinneosotaCare and is replicative of statute, it should be repealed. *Laws of Minnesota 1998, chapter 407, section 21.* If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0060, subp. 1, item D	Changes	The Rule requires the enrollee to report any change in income greater than $50/month, although Minn. Stat. § 256L has never indicated a minimum amount of change in income between renewals that needed to be reported. This Rule became obsolete when Minnesota Care began accepting federal matching funds. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.

Table 22. Health Care Eligibility and Access - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9506.0080, subp. 2, item B	Inpatient Hospital Services	Adults with children and household income equal to or less than 200% FPG are not subject to the inpatient hospital limit. The Rule states that adults have a $10,000 inpatient cap. However, only certain adults have this cap according to statute. (See 256L.03, subd. 3). If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0090, subp. 1	Copayments required: delete specific quoted section	Adults with children and household income equal to or less than 200% FPG are not subject to the inpatient hospital limit. This Rule includes language that states: "Adults enrollees who are not eligible for medical assistance must pay inpatient hospital charges above the annual MinnesotaCare benefit limit to the hospital that provided the inpatient hospital services." As with Minn. R. 9506.0020, subp. 1, item B, this portion of the rule predates MinnesotaCare with FFP. Because Minnesota receives FFP for most MinnesotaCare enrollees, the quoted protion of this rule should be deleted. Laws of Minnesota 1995, chapter 234, article 6, section 18; Laws of Minnesota 1999, chapter 245, article 5, section 89. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.
9506.0200, subp. 2, item A	Prepaid MinnesotaCare program: delete reference to "general assistance medical care recipients"	GAMC language – GAMC program no longer exists. If MCRE statute (256L) is repealed, all related rules (9506) will also need to be repealed.

Table 23. Licensing - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
Family Child Care: Minnesota Rules, part 9502.0325 LICENSING OF FACILITIES FOR CHILDREN FAMILY DAY CARE AND GROUP FAMILY DAY CARE HOMES. Subp. 3. Exclusion from licensure.	This rule part describes child care arrangements which are excluded from licensure.	This rule part has been superseded by Minnesota Statutes. Licensing exclusions for all human services licensed programs are in Minnesota Statutes, section 245A.03, subd 2. There has been confusion regarding application of licensing exclusions due to the language in this rule part which references the exclusions as "mutually exclusive."
Family Child Care: Minnesota Rules, part 9502.0341 NEGATIVE LICENSING ACTIONS. Subp. 11. Reapplication after revocation or denial.	This rule part includes provisions for reapplication after revocation and denial, and prohibits the license holder from requesting closure of their license when revocation has been recommended by the county unless the license holder agrees to "voluntarily accept the revocation."	Minnesota Statutes, section 245A.08, subd 5a, prohibits reapplication for 5 years after revocation. Minnesota Statutes, section 245A.07, subd 1 (d), provides for a licensing sanction on a closed license upon conclusion of an investigation. In addition, license holders always have appeal rights when a revocation is issued. This rule language is obsolete.
Family Child Care: Minnesota Rules, part 9502.0405 ADMISSIONS; PROVIDER RECORDS; REPORTING. Subp. 3. Provider policies., Item P	Item P of this rule part requires the license holder to have a policy describing whether or not smoking is permitted in the residence when children are in care.	The language from Item P conflicts with Minnesota Rules, part 9502.0425, subp. 19, and Minnesota Statutes, section 144.414, subd. 2, which both prohibit smoking in a family child care home during hours of operation. Section 144.414, subd. 2 also requires the license holder to post a notice if smoking occurs in the home outside the family child care operating hours. The rule language is obsolete.
Family Child Care: Minnesota Rules, part 9502.0435 SANITATION AND HEALTH Supb. 9. Transportation of children, Item B	Item B requires use of child passenger restraint systems for children under the age of four.	The language of Item B conflicts with Minnesota Statutes, section 169.685, which requires use of a child passenger restraint system for who is both under the age of eight and shorter than four feet nine inches tall. Minnesota Statutes, section 245A.18, subd. 1 requires license holders to comply with section 169.685.

Table 23. Licensing - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
Adult Foster Care: Minnesota Rules, part 9555.6145 NEGATIVE LICENSING ACTIONS. Subp. 1 and 2.	These parts define negative actions (licensing sanctions) and procedures for negative actions.	Chapter 245A contains complete provisions for license sanctions, and the procedures are covered in Minnesota Rules, parts 9543.0100 to .0150. Therefore these rule parts are redundant
DHS Rule 13 Delegated Licensing: Minnesota Rules, part 9543.0050 Variance Requests, subp. 3	This part allows the county to orally request from DHS a capacity variance for child foster care.	This part is obsolete because counties are delegated the authority to issue these variances under section 245A.16.
DHS Rule 13 Delegated Licensing: Minnesota Rules, part 9543.0060, Licensing Foster Care programs, subp. 5, Item C	Item C requires the county to provide the license holder a copy of the annual licensing report.	After the first year of licensure, the license can be granted for up to two years. Therefore, "annual" should be repealed from Item C.

Table 24. MN Family Investment Program/Dislocated Worker Program - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
Commissioner of Human Services - Pilot Project 256.01 Subd. 13	Establish pilot projects in Hennepin and Ramsey to provide language assistance for persons lacking proficiency in English	Obsolete. DHS protocols were due 10-1-95 and the report to the legislature was due by 2-1-96.
Applicant and Participant Requirements - Responsibility to Inquire 256J.30, Subd. 3	Monthly MFIP household reports- remove the phrase, "even if the earnings are excluded"	If on DWP, would need this for FS. Not necessary for MFIP. Once it is clarified that income is not counted, there is no value in reporting it month after month.
Applicant and Participant Requirements- Late MFIP household report forms 256J30, Subd. 8	Late household report forms- e) A county agency must allow good cause exemptions from the reporting requirements under subdivisions 5 and 6 when any of the following factors cause a caregiver to fail to provide the county agency with a completed MFIP household report form before the end of the month in which the form is due:	"and 6" should be struck. Subd. 6 was repealed in 1999.

Table 24. MN Family Investment Program/Dislocated Worker Program - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
Treatment of Income and Lump Sums - Rental Subsidies 256J.37	Subd. 3a, (d) Prior to implementing this provision, the commissioner must identify the MFIP participants subject to this provision and provide written notice to these participants at least 30 days before the first grant reduction. The notice must inform the participant of the basis for the potential grant reduction, the exceptions to the provision, if any, and inform the participant of the steps necessary to claim an exception. A person who is found not to meet one of the exceptions to the provision must be notified and informed of the right to a fair hearing under section 256J.40.	Paragraph (d) could be repealed. This provision applied only to implementation; currently clients receive a 10 day notice.
Vendor Payment of Shelter Costs and Utilities - Vendor Payment. 256J.395	Subdivision 1.Vendor payment.(a) Effective July 1, 1997, when a county is required to provide assistance to a participant in vendor form for shelter costs and utilities under this chapter, or chapter 256, 256D, or 256K.	Delete reference to 256 and 256K. There are no references to related to FMIP vendor in those chapters. Retain reference to 256D. There is a reference to "MFIP" in 256D related to vendoring and emergency assistance. No references to 256J in 256 or 256K related to vendoring.
Assessment and Plans - Assessments 256J.521, subd. 1 (3)	Requires Commissioner to develop protocols for use of screening tools	Completed; obsolete language
Assessment and Plans - Employment plan; contents 256J.521, subd. 2 (b)	Requires employment plan to specify whether job search is supervised unsupervised	Obsolete; all job search activities must be supervised per federal DRA.
MFIP Consolidated Fund - Base allocation to counties and tribes 256J.626, subd. 6(b)(1-5)	Defines base programs, which are no longer used to determine funding	Obsolete

Table 24. MN Family Investment Program/Dislocated Worker Program - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
MFIP Consolidated Fund - Performance based funds 256J.626, subd. 7(b)	Reference to calendar year 2010 and thereafter	Obsolete reference; delete this language
MFIP Consolidated Fund - Reporting Requirements and reimbursement 256J.626, subd. 8 (c) (1) (2)	Delete "as follows" in (c); delete (1) and (2)	(1) Obsolete (2) No value
Injury Protection for Work Experience Participants 256J.68, (c)	Reference to Parent's Fair Share	Obsolete
Nondisplacement in Work Activities - Nondisplacement protection 256J.72, subd. 1	References to 256K	Obsolete 256K only contains long term homeless services, at risk youth out of wedlock prevention and runaway/homeless youth.
Relationship to Other Programs 256J.74	Subd. 4. Medical assistance. Medical assistance eligibility for MFIP participants shall be determined as described in chapter 256B.	Medical assistance is a separate program. Repeal this section.
County Performance Management 256J.751, subd. 5	Failure to meet federal performance measures	Delete "federal" from the title - includes both federal and state performance measures
Family Stabilization Services - Eligibility 256J.575, subd. 3 (b)	Families are eligible for financial assistance to the same extent as if they were participating in MFIP	No value; FSS families are participating in MFIP

Table 25. Vulnerable Adults - Redundant or Obsolete Rule or Statute		
Statute/Rule Citation	**Description**	**Rationale for Repeal**
9555.75	Repeal entire rule: Classification of Complaints	Rule is obsolete - timelines are referenced within Vulnerable Adult Law - MN Statute 626.557 Subd 9c (e) and (f)
9555.74	Repeal entire rule: Emergency Protective Services	Rule is obsolete - requirement for County to provide emergency protective services is in MN Statute 626.557 Subd 10

Public Input on the Draft Report

In November 2012, a draft version of this report was published for public review and comment on the DHS website. The Steering Committee also sent the draft report to members of MACSSA and MSSA, the nonprofit organizations that had participated in Steering Committee listening sessions and DHS staff.

The Steering Committee is grateful for the thoughtful feedback that was received. Many of the comments could be classified under the following broad themes:

- Requests for further information on or concerns about how the performance standards would work in the Implementation Phase;
- Suggestions to strengthen or clarify system components related to reducing racial and ethnic disparities;
- Requests related to specific performance measures; and
- Requests for more information on the timing of the Development and Maturity Phase.

The Steering Committee reviewed and discussed all public input at its December 6, 2012 meeting and made several changes to the final report as a result of the input.

The following individuals and organizations made comments on the draft report:

Gus Avenido, DHS
Cara Bailey, DHS
Jim Baxter, Hennepin County
Kristen Boelcke-Stennes, DHS
DeRon Brehmer, Lac qui Parle County Welfare Board
Leslie Crichton, DHS
Cameron Counters, Ramsey County
Monty Martin, Ramsey County
Deborah Schlick, DHS
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Adult Services Workgroup

Name	Organization
Faye Bernstein	DHS
Judith Brumfield	Scott County (Workgroup Chair)
Marisa Hinnenkamp	DHS
Mary Jarvis	Goodwill/Easter Seals/ Working Well MHC
Jean Martin	DHS
Bob Meyer	DHS
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Anne Roehl	The Arc Greater Twin Cities
Georgia Rowland	Perspectives, Inc.
Julie Stevermer	MACSSA- Mower County
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Income Supports Workgroup

Name	Organization
Cara Bailey	DHS
Susan Castellano	DHS
Wayland Campbell	DHS
Leslie Crichton	DHS
Liz Dodge	Chisago County
Marti Fischbach	Ramsey County
Joe Gaspard	Hennepin County
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Chuck Johnson	DHS (Workgroup Chair)
Jessica Simon-Koch	Hennepin County (Staff)
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Technical Advisory Panel

Name	Organization
Jim Baxter	Hennepin County
Cam Counters	Ramsey County (Panel Co-Chair)
Marisa Hinnenkamp	DHS (Panel Co-Chair)
Marsha Milgrom	Dakota County

Children's Services Workgroup

Name	Organization
Linda Cassman	Pine County
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Amanda Van Wyhe	Ramsey County

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Stakeholder Engagement Events

Performance Steering Committee Stakeholder Engagement Events
2009-2012

Members of the Performance Steering Committee and its associated workgroups collected stakeholder input at key points throughout the Steering Committee's work.

- September 2010: Children's Services Workgroup first listening session with nonprofits and advocates
- January 2011: Children's Services Workgroup's second listening session with nonprofits and advocates.
- February 2011: Income Supports Workgroup first listening session with nonprofits and advocates.
- March 2011: Vern LaPlante, DHS Tribal Relations, collected tribal input for the workgroups.
- May 2011: Income Supports Workgroup second listening session with nonprofits and advocates.
- October 2011: Adult Services Workgroup listening sessions with nonprofits and advocates.
- February and August 2012: Met with the DHS Disparity Reduction Advisory Committee.
- March 2012: System requirements survey completed by MACSSA and MSSA members.
- March 2012: Presentation at MSSA Conference.
- May 2012: Outreach to MDH Office of Performance Improvement and the public health community.
- June 2012: Met with the Local Public Health Association.
- August 2012: Focus groups with DHS and county staff in Adult Mental Health, Child Support, Child Welfare and MFIP programs.
- October 2012: Met with DHS staff who will work with the performance management system.
- September 2012: Presentation to nonprofits at Greater Twin Cities United Way.
- October 2012: Met with Indian Child Welfare Act Advisory Committee.
- November 2012: Report posted for public comment.
- 2009-2012: Several presentations to the AMC Health and Human Services Policy Committee and at AMC district meetings.
- 2009-2012: Regular updates at MACSSA meetings and conferences.

List of Appendices

There are several lengthy appendices to this report. To keep the document to a more manageable size, report appendices can be found on the Steering Committee's webpage on the DHS website. A list of the appendices and their hyperlinks is included here.

1. Income Supports Workgroup Report #1:
   http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs16_164509.pdf

2. Income Supports Workgroup Report #2:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_165797.pdf

3. Children's Services Workgroup Report #1:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_158376.pdf

4. Children's services Workgroup Report #2:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_172858.pdf

5. Adult Services Workgroup Report:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_169017.pdf

6. Technical Advisory Panel Report:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_170384.pdf

7. MACSSA/MSSA Survey Report:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_170970.pdf

8. Performance Measurement Maturity Model:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_172859.pdf

9. Proposed Remedies Process:
   http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_172860.pdf

10. Technical Description of System Measures:
    http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_172905.pdf

Other documents related to the work of the Steering Committee can be found at:
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_147237