Engaged Consumers in Engaged Communities: Leveraging Resources across Sectors

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EXECUTIVE SUMMARY

The Southeast Counties Results Cooperative is a joint effort by counties in Southeastern Minnesota to create a regionally based human services system. The structure of the Results Cooperative is designed to improve both the short- and long-term outcomes for each available tax dollar by engaging consumers and communities, utilizing technology, and connecting clients with community and government resources.

As the Results Cooperative approaches the implementation stage, this report will assist leaders in anticipating implementation challenges that may arise on the ground level, where consumers interact directly with the redesigned human service system. In order to examine this frontline arena, the project was designed to describe the current landscape of human service provision, which includes both nongovernmental organization (NGO) providers and government providers within the twelve Southeastern Counties. Secondly, the project explored the specific implications of the redesign on the frontline provision and management of human service delivery. Ultimately, this report aims to aid leaders in the successful execution of the redesign on the ground level.

Methods
Input from both County government and NGO mid-level supervisors – whose proximity to the front lines and administration of services provide a balanced perspective – were collected using a mixture of methods:

- Document collection and analysis of contract information for over 400 NGO service providers used by the 12 counties in the study region.
- Surveys of county human service supervisors and NGO program managers.
- Six focus groups of county and NGO staff involved with human service provision and administration.

Findings
Our findings center on two main areas within the current human service system that should be addressed as leaders of the redesign enter the implementation stage.

- **Recognizing the importance of NGOs in the human service delivery system.** Our research indicates that the current field of service provision in the region is complex, fragmented and lacks understanding of the relationships between government and NGOs. Findings revealed that NGOs are currently in a unique position to become a resource and key community connector for the Redesign.
- **Understanding the capacity of the whole system.** A number of constraints including variation in available information systems, gaps in staff capacity and perverse system incentives are currently barriers to achieving key components of the Results Cooperative.
Recommendations
Despite constraints in the current system, successful implementation can be guided by the following recommendations:

- **Partner with the nongovernmental sector in the implementation of the Results Cooperative.** For NGOs' resources, expertise, and relationships to be fully leveraged for the benefit of consumers, their role must be better understood and acknowledged, both in the governance and management of the Cooperative and by workers at the front lines.

- **Create administrative structures that support the desired frontline experience.** By understanding current barriers to effectively serving consumers at the frontlines, redesign leaders can incorporate solutions into implementation and structure.

- **Utilize the full resources in the field.** Many NGO providers in the region have extensive experience as informal navigators for consumers, as well as knowledge on various services in the community and how to access them.

- **Improve organizational capacity to communicate clearly and efficiently across sectors.** Communication will only become more important as the rate of change intensifies with the implementation of the redesign. Ultimately, stronger and more consistent information systems will result in a more successful implementation of the redesign.

- **Foster a culture that supports redesign principles.** In shifting the roles of county staff, leadership should provide consistent signals and messaging that facilitate frontline adoption of new policies.
Introduction

In the fall of 2010, a public service redesign plan emerged that would become a blueprint for the restructuring of human service delivery in 12 counties in Southeastern Minnesota. The counties’ desire to work collaboratively to achieve better outcomes for consumers and increase efficiencies shaped the first stage of the Southeast Counties Results Cooperative. The counties involved in the design stage of the project are Winona, Waseca, Wabasha, Steele, Mower, Houston, Goodhue, Fillmore, Dodge, Freeborn, Rice and Olmsted.

While leaders of the Results Cooperative have been in the midst of crafting and gaining approval for their proposal in late 2010 and early 2011, the state has been approaching record deficits of $5 billion in the next biennium. With similarly intensified pressure on county budgets, calls for reform and redesign at all levels of government have been driven by the desire to improve quality of services and results while at the same time lowering costs.\(^1\) Calls to make government leaner and more accountable are heard throughout the political landscape. As the population in greater Minnesota is aging and diversifying, the capacity of government must grow to meet those needs. These fiscal, demographic, and political issues create powerful incentives for counties to change the way they do business.

All counties involved with the project stated the need to improve the current system considering the following factors, among others:

- Challenges brought forth from the economy, state budget and the antiquated service delivery system jeopardize the core safety net for citizens.
- The relationship between the counties and the state needs reform.
- The foundation of what counties do should be about accountability, effectiveness, economic efficiency and sustainability.
- System redesign will be mutually beneficial to County, State and Federal government and the citizens.
- Counties are committed to an outcome-driven system.
- A more integrated system across the region will provide greater return to the taxpayer and consumer.

The 12 counties involved and the State Department of Human Services have agreed to the initial structure of the redesign. While the Results Cooperative is still in the planning stages, clear qualities and structures have emerged that will be included in the implementation. Counties will collaborate in two main areas: administrative services such as finances, information technology, and human resources; and provision of human services to consumers.

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The framework for the redesign is centered on a strengths-based approach to serving consumers, aided by technology. Consumers, including those who participate in the system involuntarily, become more proactive and responsible for their own needs by mobilizing their own assets and those of their communities. Accountability is shared between the engaged consumer and those providing assistance. In the redesign, “community” does not refer only to geographic locations, but may include ethnic groups, extended families, faith communities, work networks, and others, regardless of physical location.

A formalized part of this engaged community is embodied in the role of navigators. Several different kinds of navigators help consumers. Some navigators connect consumers with the combination of community and government resources that will best meet their needs. The Chemical Dependency Pilot in the Southeast Region is already employing one form of the “navigator” concept.

Technology is utilized throughout the redesign blueprint to support this client-centered approach. Tools such as online resource banks, websites, and smart phone applications are intended to assist consumers in finding their way to support. Current examples of such connecting technologies are 211 and MinnesotaHelp.info.

The Context of Government Redesign
The current economic downturn and projected long-term changes in demographics have created an environment of scarce resources and a sense of urgency at all levels of government to reduce costs and increase efficiencies. Advocates for government redesign see opportunities to achieve these goals in the public interest through dramatic restructuring of public systems to be more streamlined and accountable.² Service redesign uses economic principles such as choice and competition to build more consumer-focused systems.³

Since today’s government-sponsored social safety net was created with the New Deal of the 1930s and expanded through the War on Poverty of the 1960s, programs have continued to become increasingly complex and varied in their implementation. Tens of thousands of unique safety nets exist across the country, created by the incremental, piecemeal adoption of policies at multiple levels of government.⁴ Each policy, with its own implementation structure, hierarchy of mandates, funding structure, and set of administrative assumptions has added to the complexity of government.

In Minnesota, a state-administered, county-delivered human services system has meant that as the role of government services has grown on the federal and state levels, so too has the county role in administering those services. Aid programs were designed to alleviate pressures on local property taxes as counties delivered federal and state mandated programs. Starting in the early 2000s, projected State budget deficits caused decreases in county aid and increased cost pressures on county government. This challenging trend for counties has been exacerbated by the crash of the housing market, which has negatively impacted the property tax revenue on which counties rely.

Legal groundwork for redesign efforts in Minnesota was laid with the passage of the State-County Results, Accountability and Service Delivery Redesign Act in 2009. This legislation began to establish legal and governance frameworks for redesigned and collaborative government structures to work within the larger state system. Under the act, counties may establish a collaborative service delivery authority that can be held accountable for achieving defined performance outcomes. In exchange, those counties would be granted greater local control and flexibility to achieve policy goals. While not fully implemented, this legislation was an indication to counties that increased control and flexibility in how they deliver services is on the horizon.

Research Shaping our Analytical Approach
The desire to create a consumer-focused human service delivery system is central to the philosophical and conceptual backdrop of the Results Cooperative. Literature on policy implementation, the front-line environment, and the role of nongovernmental organizations (NGO) as providers give important grounding as leaders approach the implementation phase of the redesign.

Government and NGO relationships
NGOs, and frontline workers within NGOs, play a unique role in government human service provision. As providers, NGOs can overlap and administer some of the same services that government provides, in collaboration with government or in lieu of government. Starting in the 1960s, nonprofits gained a larger role in service provision, which grew larger still during the 1980s as the Reagan Administration enacted sweeping budget cuts in human services. Part of the basic logic of those cuts, which was carried over into House Speaker Newt Gingrich’s Contract with America, is that nonprofit organizations would fill the service gaps created by government cuts.

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Throughout US history, nonprofits have played a variety of roles in relation to government, typically falling into one of three categories: supplemental, complementary or adversarial roles. In the supplemental relationship, nonprofits provide collective goods on a voluntary basis as a way of augmenting government services, though not in direct coordination with the government. The adversarial relationship characterizes those ways in which the nonprofit applies pressure to governmental policy makers and advocates for its own needs or those of its constituents.

The complementary relationship is seen in the contracting of NGOs to deliver government services. Economic theory explains this relationship in efficiency terms. As an organization gets larger, the costs of administering additional transactions rise, so it becomes cheaper to contract for those services. The point of diminishing returns for government is reached when the production cost is higher inside the organization than outside the organization. Thus, contracting may become ideal when the costs for external organizations are lower. This may be due to the fact that outside organizations do not have a unionized labor force, or that they are able to gain economies of scale by providing services to more than one jurisdiction.

A government may also choose to contract out not only because it is cheaper, but also because it is independently unable to give consumers the service option that best meets their needs. NGOs may have cultural, issue-specific, or community-based expertise that government cannot match. As Dennis Young (2006) describes in a piece on nonprofit-government relations, “by contracting with nonprofits that are knowledgeable about the individual communities in which they are based, government can overcome the information problem and, within limits, allow those delivery agents to customize their services to local constituents.”

Nonprofits also have unique capacities in that their incentives are aligned differently than those of a for-profit company. Since their main purpose is not necessarily to make money, but rather to follow their mission, they might be less likely to pursue strategies that save money and reduce quality. The relationship between government and NGO is far from simple or merely transactional, but rather it is a dynamic system where feedback and power dynamics shift over time.

Government and NGOs are interdependent
Sungsook Cho and David F. Gillespie (2009) developed a theory to better explain how government and NGOs are interdependent in the service delivery process. Their theory seeks to shed light on the relationship between the two through the exchange of resources and the power imbalances that arise in that exchange. The basic assumption is that organizations are not able to produce all the

9 Ibid, 43-44
10 Ibid, 44.
resources they need themselves, which consequently impacts the ways in which the sectors interact.\textsuperscript{11}

In the past, the literature has examined the government-NGO relationship at a given point in time, and in doing so failed to show how it changes over time. By using concepts from system dynamics and resource dependence theory Cho and Gillespie explain the government-NGO relationship by creating a new framework they call dynamic resource theory. They illustrate how government funding facilitates the provision of services to citizens because funding for NGOs represents a reliable flow of revenue to fund programs with greater stability which, in turn, leads to higher quality services.

When accepting public funding, human service NGOs must comply with standards and regulations intended to increase the quality of services. The intention of such regulations is to maintain an equal level of service for all recipients, but research has found that while this is sometimes successful, regulations can at times also have the unintended consequence of decreasing service quality. Due to delays in feedback loops between government and NGOs, it can take a long period of time before such unintended consequences emerge. This time lag is typically not taken into consideration in implementation planning, so policy makers attempt to improve service quality with more regulations and refinements. Effective and ongoing feedback from NGOs can clarify the negative consequences of particular rules and regulations.

Cho and Gillespie's research also shows how such regulations are often written broadly, and so don't incorporate the wide variation of NGO organizational structures, programs, environments and processes. Due to this variation it is imperative to create standards and regulations that take into account organizational constraints and variation, and are adaptable to changing circumstances.\textsuperscript{12}

Frontline Environment
The frontline environment is the arena where individuals come into direct contact with the human services system. Given the various other factors that influence what happens in an individual’s life, the frontline interaction is where policy makers have the greatest direct connection with citizens. Research into these citizen experiences illustrates the importance of those who create and structure much of that interaction: the frontline workers.

> “Politicians and top officials talk about the abstraction of youth violence; police must confront the armed teenager. Politicians and top officials change policy to force consumers off welfare; the vocational rehabilitation counselor must find the impoverished, disabled person a job.”
> -- Maynard-Moody and Musheno\textsuperscript{1}


\textsuperscript{12} Ibid, 505.
The assumption has long been held that within the governmental system the street-level bureaucrats, those on the frontlines of service delivery working directly with citizens, yield considerable power in their discretion and that many of their choices are guided by self-interest. Research by Steven Maynard-Moody and Michael Musheno (2000) reveals that many street-level bureaucrats see their motivations differently: they envision themselves as citizen-agents rather than being strictly guided by policy guidelines or self-interest. They do not act only in response to rules, procedures and regulations laid out in policy, but are more likely to act as best they can given the needs, circumstances and relationships they have with those individuals they encounter on the front lines. Relationships with consumers are close and personal rather than cold and rational. The modern governmental system is built on the foundation of frontline workers whose jobs have little formal authority, yet require them to use discretionary judgment that can profoundly shape how policy is experienced by citizens.

Numerous examples illustrate how frontline judgment and actions can represent some of the best and the worst of modern institutional culture. This can become especially problematic as the decisions and actions of these agents are guided more by beliefs and norms embedded in the culture of organizations than by the specific rules, training and policies dictated by management. Because these cultural aspects of frontline work are sometimes never fully articulated, they are typically hard to change. Cultural norms among workers can at times support the policies and goals of programs, yet they can also be subversive in relation to formal authority systems. Due to this unique role of discretion and proximity to service, frontline workers’ beliefs are essential to understanding modern government.

Discretion is inevitable because of the nature of frontline work. Rules and procedures can never fit every individual and circumstance, so judgments must be made, and frontline workers must decide which rules and procedures to apply. The fundamental dilemma in discretion comes when the individual needs of the consumer-citizen go beyond the limits of the rules. In these situations workers base decisions and actions not on their view of the correctness and wisdom of the rules, but instead on the judgment of the worth or need of the individual citizen-consumer. Their discretion is often defined not as bending, ignoring or following the rules, but rather as improvisations in response to the expressed needs of citizen-consumers.

**Forces Shaping the Frontline Environment**

While there are many aspects of frontline workers’ background and professional identities that shape the ways in which they approach their work as a citizen-agent and view consumer

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14 Ibid, 333.
15 Ibid, 356.
participants, it is important to acknowledge the larger systematic forces that influence the frontline environment and shape interactions between workers and citizens.

Celeste Watkins-Hayes writes about how the changing organizational and policy dynamics of the welfare system impacted frontline workers at welfare offices in Massachusetts after welfare reform. Watkins-Hayes highlights differences in professional identities between the workers and how they perceived institutional cues from management. She highlights two types of workers caught within the shifting dynamics and ideology of welfare policy: efficiency engineers and the social workers. As welfare reform was implemented, tension arose between these two professional identities.¹⁶

Previous to welfare reform, most offices across the country embraced the idea of welfare workers as efficiency engineers, whose goal was to process individuals through the system as quickly as possible. Performing activities like social work was something that was seen as an optional rather than necessary part of the job.

In order to stay in line with welfare reform’s policy shift to moving consumers off of welfare and into the labor force, leadership had to change the focus of welfare workers’ role in the system. Job titles were changed to “temporary assistance social workers” and workers were expected to incorporate the dual functions of policy enforcement and in-depth casework.

Not only did routine duties change, but workers were also expected to enact a new orientation toward consumers in the welfare system. In addition to maintaining elements of efficiency engineering in their work, workers now also asked to incorporate aspects of employment counseling, consumer advocacy, and resource brokering into their relationships with consumers.¹⁷

Some workers took this change to heart and began to envision their jobs as involving in-depth engagement and the connections of individuals to needed services – especially those workers who had hoped for and expected this kind of relationship to consumers when they had originally started working for the welfare agency. For those workers more accustomed to the old system and who considered themselves efficiency engineers, the policy rhetoric coming from the top of the system indicated that it would be a whole new ballgame.

Within this changing system Watkins-Hayes shows how subscribers to both professional identities – the efficiency engineers and the social workers – were able to simultaneously see their identities legitimized and delegitimized due to conflicting institutional cues. Through this environmental dissonance, workers were able to hold and implement their own interpretations of what their professional identities should be.

Watkins-Hayes notes that while this variation can produce either great or incompetent bureaucrats, the differences are significant because they create disparities in service that could affect the

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¹⁷ Ibid, 105.
outcomes of consumers. Some consumers will encounter a worker who identifies as a social worker, and will go the extra mile on their behalf, while others may encounter an efficiency engineer who acts primarily as a gatekeeper to needed services.

Thus, the role of the institution and management in the implementation of the new welfare service model is to create the signals and message that support or undermine policy intentions. As Watkins-Hayes writes, “Disparate organizational cues play an important role in emergence of correspondingly disparate professional identities among organizational actors, leading to inequalities in outputs such as service delivery.”

Backward Mapping of Policy Implementation
Backward mapping is an analytical tool developed by Richard Elmore that focuses on the principles of consumer-centered service during the redesign process. In developing the backward mapping framework, Elmore attempted to illuminate policy implementation problems more than traditional policy analysis can. He calls that traditional mode of analysis forward mapping. Forward mapping, like most traditional policymaking, begins with a clear statement of the policy maker’s desired outcome and then outlines the steps of implementation from the top of the implementing organization down to the front lines. The main limitation of this type of analysis is that it fails to account for the fact that policy makers do not have control over many of the organizational, political and technological variables that affect implementation.

Conversely, backward mapping begins with the perspective of individual consumers or citizens as they encounter government services at the front lines of service provision. These front line experiences are guides to citizens as they access services, while the top-down perspective taken by policymakers is likely to be invisible to consumers. Backward mapping acknowledges the dispersal of bureaucratic control and high level of discretion in the application of policy, which shapes the reality of individual workers and consumers at the front lines. Elmore urges implementers to focus instead on the areas that can be influenced by policymakers: knowledge and problem-solving ability of lower-level managers, incentive structures that operate on the subjects of policy, bargaining relationships among political actors at various points in the process, and the use of funds to incentivize the desired discretionary choices.

The first step of analysis starts with focusing on the specific behavior that generates the need for a policy intervention. If individual and families’ needs aren’t addressed holistically their ability to gain self-sufficiency will be difficult to achieve. Secondly, given the needs and realities of individuals and families what are the desired qualities that should be present at the frontline of the

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18 Ibid, 121.
20 Sandfort, “Reconstituting the Safety Net,” 221-222.
governmental system? What are the interactions that need to happen between consumer and frontline workers to support the issues faced by the individual?

This consumer-centered framework often runs counter to how the human services system is currently situated. When an individual or family approaches the public bureaucracy for help they encounter a distinct set of programs with separate applications, eligibility requirements and forms of interactions.\(^\text{22}\) Policy, funding and programs are designed at the top and administered in structured bureaucracies, which have jurisdictional control over specific spheres such as education, health, and corrections. The siloed and top-down nature of this system serves as a barrier to addressing individual needs holistically and with maximum economic efficiency.

Given this reality, Sandfort (2011) suggests the use of backward mapping analysis as an especially useful tool for those engaged in government redesign. It can act as a guide when creating or making changes to the current system. When focusing on the desired frontline conditions, Sandfort highlights four emerging goals for the frontline environment:

- **Fair application of the policy** – Criteria for the target population of the policy should be met to ensure that benefits are distributed fairly and as the policy intends.
- **Accessible services** – Hours of operation and location of services should be easily accessed by those who need it. Information about services should be communicated clearly and application processes should be user-friendly.
- **Appropriate matching of need to support and services** – Individuals’ need for support varies depending on their circumstances and their cultural background. Cultural competency at the frontline can better accommodate the diversity of the consumer population.
- **Reliable information to aid decision-making** – Information is essential to allow consumers to make informed decisions. Sources that provide reliable and consistent information are essential for individuals to know their options.

Backward mapping as an analytical tool must begin by considering the front-line conditions. By starting in frontlines, this paradigm challenges systems designers to reorient their perspective from one that is top-down to one that is truly focused on the interactions and experiences of the consumer and the realities of policy implementation.

\(^{22}\) Sandfort, “Reconstituting the Safety Net,” 221-222.
Methodology

Due to the importance of a client-centered approach to the redesign, and in turn the centrality of frontline interactions to the client experience, our research design set out to answer two questions about human service provision in Southeastern Counties:

What are the characteristics and variation of service provision in SE counties?

In understanding the current state of service provision, we wanted to know what types of services counties contracted with NGO organizations to provide and what types of services were delivered directly by public workers. We also sought to understand the existing barriers faced by both NGO providers and public workers to effectively serving consumers.

What are the implications of the redesign plan for nonprofit and public entities that currently deliver human services?

This question was designed to illuminate how, in the view of frontline workers, the proposed redesign would affect relationships with consumers and to what extent they agree with the philosophy that is central to the redesign so far. In asking this question we also intended to ascertain how the redesign would impact both the overall administration of programs and the experience of the consumer in receiving services (for full research design see appendix A).

Sampling

The target audience for our surveys and focus groups were mid-level managers from county government and NGOs within the study region. These positions were selected due to their proximity to the issues and perspectives of those in their organizations that work directly with consumers, as well as their ability to speak to larger administrative issues like financial management, reporting standards, and legal requirements, that are particularly relevant in shaping the consumer frontline experience.

Document Review

To begin to understand the Southeastern region as a whole involved collecting information from the counties on the organizations that they contract with for human service delivery. A comprehensive list of NGO-government contracts for the region was not in existence before our project, so we contacted county human service directors to gain this information. We used the contract information received from the counties to construct the sample for focus groups and surveys.
Surveys
To collect information from stakeholders the research team administered three surveys. The first was a web survey sent to mid-level program managers at each of the twelve counties through their respective human service directors. The survey was sent to a total of 78 supervisors in the 12 counties between March 21 and April 12, 2011. A total of 51 responded to the survey for a response rate of 65 percent (see appendix B for survey protocol).

A web survey was sent to NGOs that contract with one or more of the twelve counties. The survey was administered online between April 4 and 19, 2011. A total of 279 emails were sent to individuals representing 238 organizations. Of the surveys sent out there were 69 responses for a response rate of 24 percent (see appendix C for survey protocol). Of those that responded, a total of 47 organizations were represented. Both response rates are considered above average based upon social science benchmarks.

A third survey was administered in person or over the phone with at least one program manager from each of the 12 counties between April 14 and 22, 2011. The response rate for this survey was 100 percent. This short survey was used as part of the first research question to gauge the extent to which services are administered directly by counties or contracted out to NGOs (see Appendix D for survey protocol).

Focus Groups
Six focus groups were held, three for NGO providers and three for government staff. Like the target audience for the survey, focus groups were composed of mid-level managers. A similar focus group protocol was used for both groups to allow for comparison between the two groups (see appendix E focus group protocol). Twenty-three individuals participated in the NGO focus groups and 24 individuals in the public workers focus groups. The government focus group included participants from all counties except Rice.

Limitations
Our first research question, understanding the current state of service provision, hinged on our ability to collect information about relationships with NGOs from the counties. Delays in getting information from counties on their contract providers gave us limited time to pursue and follow up with NGO providers to be participants in focus groups and surveys. The survey for NGO providers was also administered by email, so this eliminated the responses of those NGOs who either did not have email addresses or whose email addresses were not found on organizational web pages.
Engaging the Whole Community:
The human service delivery system in Southeast Minnesota

The plans for the Southeast Counties Human Service Redesign have focused on creating a system that supports a consumer-centered philosophy of service provision while also regionalizing the use of county resources to save costs and gain efficiency. As is shown in Figure 1, the redesigned system will pool human service delivery resources within a larger regional body, the Results Cooperative. Figure 1 illustrates how the proposed Cooperative will regionalize resources into two categories: administrative functions and high-touch social services. Sharing administrative services such as IT, human resources, finance, and training will allow the counties to gain cost and efficiency savings. High-touch social services such as child protection, mental health, and services for the developmentally disabled will also be provided by the Cooperative as a way to leverage regional resources and relationships and increase value for consumers. Currently, the blueprint states that counties participating in the cooperative will be required to fully buy into the administrative side of the cooperative, but will have the option to access the high-touch human services side in an “a la carte” manner, allowing them to choose which services to provide through the cooperative and which to continue providing independently.

In addition to these administrative and high-touch human services that will be provided through the Cooperative, certain low-touch human services, such as licensing and some eligibility screening functions that are currently provided by individual counties will be managed on a region-wide basis, with the potential of ultimately being managed directly through State government.

In the redesign documents, between the high-touch services to be offered through the Cooperative and the low-touch services are figures representing “Local Providers,” “Financial Swap,” and “Memorandum of Understanding.” Local providers are intentionally placed in this position within the diagram to recognize that their interactions with consumers are likely to flow between both low-touch and high-touch programs.

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23 Blueprint, Fifth version, 2-21-11.
Figure 1: Southeast Counties Results Cooperative

**Administration of No- or Low-Touch Programs, Region-wide**

(principal advantage: consistent and efficient administration of very complex programs, with critical mass enabling specialization in complex areas)

Implemented initially as a regional entity or phased in by program area and potentially evolving over time to state administration:

- Child Support Enforcement
- Income Maintenance & Health Care (MFIP, DWP, GA, MSA, GRH, RCA, Food Support, CCAP, EA, EGA, EMSA, MA, MinnesotaCare)
- Child Care Licensing
- Question: include health care access transportation and eligibility for home & community-based waivers here, or eligibility AND service management? Or put service management below in “Social Services?”

(begi with selected functions rather than transition them all at once)

**SE Minnesota Results Cooperative**

(formed through an SDA, JPA, or other means)

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<thead>
<tr>
<th>Social Services (high-touch)</th>
<th>Infrastructure/Administrative Operations (low-touch)</th>
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<tr>
<td>(principal advantage: added value for consumers and leverage local community relationships/resources)</td>
<td>(principal advantage: cost savings)</td>
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<tr>
<td>Delivered by individual counties or through the Co-operative. Decision up to each county, for each service area. Counties may purchase a la carte, at various levels ranging from minimum standards with no prevention to evidence-based practices</td>
<td>Delivered through the multi-county co-operative as a package.</td>
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<th>Administration</th>
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<td>Financial Operations</td>
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<td>Teen Parents</td>
<td>Reporting (fiscal, management &amp; performance measurement)</td>
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<td>Early Intervention</td>
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<td>Adult Protection</td>
<td>Training</td>
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<tr>
<td>Guardianship</td>
<td>Compliance and Quality Assurance</td>
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<tr>
<td>Chemical Health, adult and children</td>
<td>Contract Management (including RFPs, writing and performance management)</td>
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<td>Mental Health, adult and children</td>
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Defining the Engaged Community: the Role and Perception of NGOs in the Human Service Delivery System

In-depth research into the Southeast Minnesota human service system showed a broad use of NGOs in the provision of human services. The research team also found enormous variation in the amount of information counties possess regarding the outside providers with whom they contract. In addition, county perceptions often underestimate the level of services provided through those contracts. These variations and misperceptions most likely indicates logistical issues in the collection and management of information among the counties, but also offers strong evidence of the complexity, fragmentation, and lack of shared understanding of the relationships between government and NGOs. As the following analysis will show, counties need to have a much more complete picture of the human service delivery system in the region, as well as better tools for communicating and collaborating with the other players in that system, in order to build a truly consumer-centered Cooperative.

Broad Use of NGOs in Southeastern Minnesota Human Services

A document review of county contract information showed that the 12-county region holds more than 400 current contracts with non-profit and for-profit providers, of whom at least 75 are individuals, not organizations. The majority of these nongovernmental organizations (NGOs) are working in the frontline sphere, directly interacting with and providing needed care to many different types of consumers. The services they provide range from direct service for adults with disabilities, employment counseling for MFIP recipients, treatment for mental illness and chemical dependency, and care for the elderly.

To begin this document review, Human Services and Social Services Departments in the 12 counties each supplied a list of the outside providers with whom they contract to deliver services. In all, the counties listed 461 different organizations. Several of these were consolidated by the research team, as counties named different office locations or facilities operated by larger organizations. Although they were consolidated for part of the project, each NGO location or division was invited separately to participate in our research, when possible.

Of the resulting list of 400 outside providers named by the 12 counties:

- 13 were government agencies
- 75 appear to be individuals (sole proprietors or independent contractors), not organizations.
- 9 were listed by 5 or more counties
- 342 were listed by only one county
The sheer number of nongovernmental human service providers that were identified by counties, and in particular the number of relatively small, single-county, single-service contracts, demonstrate that the field of human services in Southeastern Minnesota is broad and complex. Furthermore, because consumers may connect with a range of services through multiple channels simultaneously, the organizations identified in the counties’ lists of contracts represent only a portion of the NGOs that are interacting regularly and significantly with the consumers on whom the Results Cooperative system is intended to be centered. If the cooperative relies on a county-contract-based view of the parties that must be engaged for successful implementation, some of the most significant aspects of consumers’ experiences of the system, as well as assets and resources that could aid in implementation, will be left out of the picture.

**Insufficient Information and Inaccurate Perceptions on NGOs Role**

Though each county provided a list of outside contractors, most counties lack sufficient and readily available contact information for providers. Five of the 12 counties did not provide any contact information (mailing address, phone, or email address) for any of the NGOs they named as outside providers. Of the others, only 2 provided email addresses for any of their providers. For those counties who did provide contact information, some informed the research team that clerical staff had been asked to gather this information from non-county sources (internet searches, phone directories) for the purposes of this research, but that it had not been readily available at the time of the request. Some counties’ lists included independent contractors, government agencies, and other county departments, as well as non-profit and for-profit organizations. Others told researchers through correspondence that they assumed individual personal services contracts would not be handled by the cooperative and therefore should not be included.

In addition, some counties provided the information requested in the form of a spreadsheet with information on the service purchased from each provider listed, while others sent much more informal lists via email, without contact information or indication of what services are provided by their contractors. This range of perceptions as to which NGOs should be included, as well as the apparent difficulty, in some cases, of providing any list of contractors, implies that our list is an incomplete representation of the outside providers working at the front lines of human service delivery in the region.

There was also inconsistency in the self-reported level of use of outside providers as compared to the scale and number of those relationships observed in the counties’ lists of providers. In addition to
asking counties for list of contracts, we also asked county staff in a survey to indicate the extent to which major services are provided by county workers or outside contractors (see Appendix D for survey).

Results of this survey show that while 10 out of 12 counties reported that nearly all elderly and disabled services are provided by county workers, 218 of the 400 providers listed by the counties work exclusively or primarily in that area. This implies that while counties may perceive their responsibility for delivery of these services to be nearly complete, a huge number of NGOs in the field are engaging directly with consumers. Many of these providers have relationships with and accountabilities to multiple governmental and nongovernmental organizations, and exercise discretion in service provision, both managerially and at the front lines.

The survey also indicated that in 9 of the 13 program areas we asked about, at least 10 of the 12 counties reported that county workers provided most or nearly all services. This is no doubt accurate according to an internally held definition of the county services being provided. However, if the Results Cooperative's goal of creating engaged consumers in an engaged community is to become reality, a broader view of the community in which consumers are engaged must be taken into consideration.

As this report will later discuss, technological capacity varies widely between counties, but the clerical challenges of tracking contracts only partly explains the variation and apparent incompleteness of responses we received.

Differences in perceptions of the critical role NGOs play in county human service delivery also underlie these differences in the ways the relationships are identified and tracked.

Considering the expansive role that NGOs play in the forefront of consumer experiences of service provision, it's essential that a consistent and complete inventory of outside providers be undertaken. Because contracting relationships with outside providers will be regionalized in some fashion in the Cooperative, counties must agree about the definitions and significance of those contracts. The variation and complexity seen in counties' information on their providers suggest that for a strong governance structure to be established for the cooperative and firmly grounded in reality, an objective, consistent assessment of these critical relationships to nongovernmental entities must be conducted. NGOs' resources, expertise, and consumer relationships can strengthen the Cooperative significantly if included. Rather than approaching these providers as stakeholders on the receiving end of decisions made by the cooperative, their perspectives should be considered central to the creation of a consumer-centered system.
Two sectors, two views, one consumer

In comparison with county perceptions, NGOs that were surveyed view their contracting relationships with counties differently in many cases. As a measure of these differences, we sought to determine how many county-NGO relationships were reported in the same way by both sectors. On our survey to NGOs, we asked what county or counties the organization contracted with. Out of 65 survey responses from NGOs, 14 did not include enough information to determine whether the NGOs and counties’ reports of their contracting relationships concurred. Of the 51 remaining, only 12 organizations’ reports (24%) agreed with the information we received from counties.

This lack of agreement about the existence of contract relationships between counties and NGOs has several possible causes. As we’ve discussed, in some cases counties did not appear to have systematized records of the NGOs with which they work, so some contracts may not have been reported. Also, some funding relationships between counties and NGOs may take the form of vouchers, which NGOs may perceive as contractual obligation although the counties do not. Furthermore, NGOs may not distinguish clearly between contracting relationships with various county departments.

Regardless of the reasons for the differences in the record keeping and the reporting of contracted relationships, the variation between NGOs and counties’ perceptions of their relationships is essential knowledge in the implementation of the Results Cooperative. As we have seen, the current blueprint for the redesign shows counties in a fairly straightforward purchase-of-service relationship with NGOs, in which the NGOs deliver some services that counties outsource. While the diagram acknowledges that NGOs have direct relationships, at times, with other government agencies, namely the State Department of Human Services, it does not include the key role that NGOs play in connecting county consumers and county departments with other governmental and nongovernmental resources.

The case studies below further illustrate how NGOs function within complex environments and the dynamic, essential roles they play within those systems.

County-Contracted Residential Treatment: NGOs Coordinate Resources and Navigate Systems

Figure 2 represents how one type of NGO, a residential treatment provider, must act within multiple state and county systems, as well as in relationship to local families and schools in order to provide services to consumers. As the frontline provider of services, the NGO is most directly responsible for consumer outcomes, and must also coordinate information, regulation, and funding with multiple levels of government, other service providers, and related industries such as insurance and health care.
Looking at NGOs from this perspective shows that county human services are just a small part of the total consumer experience. This model illustrates that along with direct connections with school and family, the NGO provider is of central importance to the consumer.

**Figure 2: Residential Treatment Provider**

![Figure 2: Residential Treatment Provider](image)

**Career Services Provider: County Consumers Benefit from Many Funding Sources**

One non-profit provider serves Southeastern Minnesota with a range of services for job seekers, employers, and those seeking training and new direction. This organization was included in 5 of the Cooperative counties’ lists of outside contractors for human services; in our survey of NGOs, the organization reported holding contracts with 9 counties.

A consumer is referred to this agency by a county human services department is generally an MFIP recipient who has been screened for eligibility by the county and qualified for employment assistance. As a staff member described, “At that point the initial appointment is made, the participant meets
with the career counselor, they explain the program, explain the requirements, do an assessment, create an employment plan. And they work with that counselor on an ongoing basis until their case closes, which could be up to 5 years. The goal is work, so the counselor works with them on all things work-related, transportation, training, childcare, anything that’s keeping them from employment.”

County staff is involved throughout this process, but most significantly at the start and at the finish of the case. The county determines eligibility for the program, and determines when benefits have run out or the case is closed. Along the way, information is exchanged between the two organizations: the grant for services may be adjusted based on changes in the consumer’s situation, and NGO staff keep case notes through a state reporting system to which county staff have access.

While counties’ contracts with this organization generally include only the per-consumer grant associated with MFIP eligibility, the NGO uses a large number of funding sources beyond the county to supplement services for county consumers. County funding may fluctuate depending on how many cases are passed on to the contractor or kept in-house, so other resources are needed to ensure organizational stability. The organization also uses outside funds to ensure that it can provide a consistently high level of services to consumers, even when an MFIP grant may not cover the full cost. Finally, when county funds run out, this NGO can sometimes transition consumers to other services and funding sources to ensure the best possible outcomes.

Three Rivers Community Action, located in Zumbrota, MN, serves all 12 Cooperative counties and has an annual budget of $5 million. These resources are devoted to providing assistance of one kind or another to individuals and families who, because they are low-income, elderly, disabled, or otherwise in need, are likely to have some contact with county human services. Despite the size and reach of the organization, only two of the counties we surveyed reported having contracts in their human services departments with Three Rivers.

Through their Continuum of Care homelessness prevention program Three Rivers leverages federal, state, and private philanthropic funds to prevent and end homelessness in Southeastern Minnesota. This is achieved through relationships with a wide range of organizations, including private housing providers, non-profit organizations, state agencies, local housing and redevelopment authorities (HRAs) and county human service and public health departments.

Continuum of Care staff coordinate an annual application for federal funds which pulls together 18 homelessness-related housing projects from throughout the area. Of these 18 grantees, 6 are public agencies and 2 are county human service departments. Each of those grantees in turn works with a program sponsor: a nonprofit human service or mental health organization that provides services to consumers in the housing. In addition, 20 county human services departments partner through the
Hearth Connection Regional Project to End Long-Term Homelessness, which receives funding through the Continuum of Care and from the state.

Meanwhile, Continuum of Care members, who are service providers working directly with individuals and families, identify consumers who may be at risk for homelessness through a variety of referral and outreach methods, including through contact with county human services departments. Continuum of Care members work with those consumers to determine the best possible housing placement for them, and the services they’ll need to remain housed. Many different human service providers, including counties as well as NGOs, may then have contact with these consumers, as the Continuum of Care seeks to connect them with a network of resources that will best serve their needs.

Through the Continuum of Care and other programs, Three Rivers Community Action is bringing significant outside resources into the region, and encountering and serving consumers with a wide range of services, often in relationship with county government. Meanwhile, management and leadership at Three Rivers are building capacity in the public and NGO sectors and supporting action across the region that has profound impacts on county human service delivery and consumer experiences.

**NGO Role in Human Service Provision through Backward Mapping Lens**

The services NGOs are able to provide to county consumers (even those who are referred and funded in the most straightforward way, such as the career services described above) are dependent on a system of interdependencies much more complex than can be represented by a traditional purchase-of-service contract. Counties are achieving better outcomes for consumers thanks to a range of nongovernmental resources that can only be accessed through the network of nongovernmental providers.

These stories offer a few examples of how consumers encounter the complex human service delivery system in a variety of ways, and through a wide range of governmental and nongovernmental service providers. Taking a traditional policymaking approach and looking primarily at the internal dynamics of the Cooperative does not position it to work successfully within the larger governmental and community systems. A traditional, top-down approach to implementation of the Cooperative will be unlikely to adequately account for consumers’ real experiences and, therefore, may not achieve its full potential impact on consumers’ outcomes. A backward-mapped approach to implementation planning will focus on consumers’ experiences of the system, and include the perspectives, expertise, and resources of those who interact with consumers, exercise discretion in service provision, and represent the reality of the system at the front lines: the NGOs.
“Systems that don’t speak to each other”

One of the significant barriers identified by NGOs in delivering efficient, consumer-centered services was the lack of partnership and communication between county government and themselves. In particular, NGO participants described:

- inefficiency in the transfer of consumers from county case workers to providers
- delay in county responses to questions and processing of paperwork
- lack of information flow between counties and providers
- limited knowledge of available services provided by NGOs
- unawareness of the role of NGOs within the greater human service system

These observations of disconnection and poor communication have been borne out by the results of the research team’s efforts to obtain consistent, complete information from both sectors on the nature and scale of their relationships. As one research participant said, the most important players in consumer outcomes, county human services and NGOs, are working within “systems that don’t speak to each other.”

Ineffective Referrals

One provider experienced consumers who are reluctant to use their service even though county personnel have discussed it with them. Providers also reported problems with having enough lead time before a service is needed in a referral situation, as they do not generally have the means to retain extra staff resources. In a regionalized system in which greater engagement with all available resources is key to success, county personnel and navigators will need an even higher level of information about providers and their resources, and a strong ability to communicate that information to consumers in a way that will result in the proactive approaches the redesign is built around.

Furthermore, NGOs report that they are often not informed about individuals who are in need of services. Timely, two-way exchange of information is essential to realizing the potential efficiencies of the Cooperative, and all those involved in assisting consumers must be incentivized to engage proactively with others who play a role in the consumer’s success.
Delays in County Response/Processing
Focus Group participants and survey respondents hoped for a quicker, timelier response from county government in terms of:

- returning phone calls for the individual consumer or members of their formal or informal support network
- consumer inquiries in general, especially when renewing or applying for medical assistance;
- financial questions
- consumer care and authorizations

A more complete understanding of the key role of NGOs in the system may support improvement in the timeliness of communication between sectors. The expected improvements in administrative processes under the Cooperative are likely to alleviate some of these issues, as well.

Lack of access to information
NGOs’ efforts to collaborate with county government are often hamstrung by a lack of access to key information. The information needed may be related to regulations and mandates, system changes, or to specific consumer cases. The lack of mutuality in these information exchanges are closely related to counties’ incomplete picture of the role NGOs play in their consumers’ outcomes. Technological and clerical barriers to accessing information are also significant, and can have profound impacts on NGOs ability to serve consumers. When NGOs receive incomplete information from counties, it can affect not only these front-line relationships and case management decisions, but also the NGOs’ ability to receive state monies.

Data privacy regulations are a significant part of this problem, though information on specific consumer cases is only part of the information to which NGOs need better access. While NGOs recognize the importance of confidentiality, they questioned to extent to which the redesigned system will be able to achieve new efficiencies and more consumer-focused services without changes in procedures. “I don’t know if there’s a solution, but confidentiality in releasing information between providers is really, really a barrier to quick, effective service to people. You have to kind of walk on eggshells or guess, and you can’t share information without a release specific to a purpose. It’s just so much red tape, so many hoops to jump through.”

The central role and powerful relationships NGOs have with consumers are not taken into account in the systems and habits of information exchange across the system. In a consumer-centered system, which aims to engage the full range of community resources, all those who affect consumer outcomes
should have the maximum possible access to information. A greater focus on mutual exchange of information will ensure that both counties and NGOs have the most complete picture of a consumer’s situation. Not only do NGOs report struggling to acquire the information they need from county government, they also have access to information about consumer cases that counties do not. Efficiencies, proactive case management, and strengths-based consumer relationships cannot be achieved unless workers at the front lines have as complete an understanding as possible of the regulations, administrative issues, and individual circumstances surrounding a consumer’s experience.

**Opportunity to More Effectively Leverage Regional Assets**

NGOs reported to us that they must take an aggressive approach to maintain a useful level of information among county staff about the services they can provide to consumers. Since most NGOs operate on a shoestring and direct as much of their resources as possible to consumers, they rely on relationships with other organizations, including county government, to connect with potential beneficiaries of their services. One person said, “We can’t afford to have billboards and radio advertising for our services; it’s really word of mouth and for the county they often see those families first so we have to stay in front, so that is definitely a barrier to access of services.”

Under the regionalized Cooperative system, counties and navigators will need a high level of information about the available services in order to make the best possible choices. An expanded field of possible providers, combined with the expectation that many workers act as generalists who can refer consumers to a wide range of services, mean that counties will need to intensify and systematize their efforts to understand the options. If providers are given good access to information-sharing systems within the Cooperative, they will have a strong incentive to promote their services to the newly-expanded market of the Cooperative counties. This increase in choice and competition are essential to the cost savings, efficiencies, and improvements in service quality that the redesign hopes to realize.

**NGOs Are Key to a Consumer-Centered System**

Workers in nongovernmental organizations have very different relationships with consumers than do county workers. They may be better connected to consumers’ community resources and natural supports, and to the consumers themselves. Focus group and survey participants from NGOs noted repeatedly that the different perspectives of those they work with in county government can lead to a lack of mutual understanding, and therefore a lack of collaboration. NGOs sense a disconnect between county caseworkers and the realities of their consumers and of service provision in the community. They often don’t feel that caseworkers really know the consumers and their needs. Due
to the hands-on, up-close nature of NGO service provision, as well as greater levels of trust and shared goals, they may often be in a better position to identify the needs of the consumer.

The level of information different organizations have about consumers doesn’t necessarily correspond with levels of control over processes, because of either managerial or systemic inflexibility: “The attitude from the counties…is that we have the money, and we are in control and you will do our bidding. Most often, it isn't a collaborative partnership. When we try to collaborate, counties are quickly bound by the rules and regulations, and so aren't able to be innovative or collaborative.” On the other hand, NGOs reported that when their roles in consumer's experiences are understood, collaborations can happen. Those collaborations leverage the best resources of both sectors, to the benefit of consumers. As one NGO staff member put it, “When county supervisors are very willing to collaborate, services tend to be much more successful in terms of outcomes in those counties.”

NGOs as Informal Navigators and Community Connectors
Nonprofits have broader knowledge of the range of services available in the field, and may be able to serve as navigators, or help to identify navigators within the community. Some NGOs have recognized the powerful potential of improving these connections, but have been frustrated by the resistance to change:

Focus group participants and survey responses showed that while NGO workers filled a navigator-like role for their consumers, this tended to be an informal role. This connection-building did not always extend very far beyond an NGOs service area, with some notable exceptions (e.g. chemical health, child care assistance). In order to serve as navigators to consumers in a formal system, NGOs say they would need trainings and other resources that prepared and educated workers on available services, systems and processes. There is enthusiasm for the possibility of taking on these roles and leveraging the connections and knowledge that NGOs have beyond their own walls: “I would see a large provider wanting to get involved in something like that, right now how we are set up I don’t think that we would have the knowledge or know how on the resources out there. As a provider I would think we would want to expand into that area if that was an option, as well as training something in that.”

The community connector model and the role of navigators in the Cooperative have powerful potential to leverage the tremendous human and financial resources within the NGO sector in Southeastern Minnesota. For NGOs to participate fully in the redesign, however, their role must be better understood and acknowledged, both in the governance and management of the Cooperative and by workers at the front lines. Figure 3 is a reworked representation of the Cooperative’s relationship to NGOs and to clients that reflects this shift in perspective.
Figure 3: Role of NGO providers in Results Cooperative

State/Region-wide Administration of No- or Low-Touch Programs

- Child Support Enforcement
- Income Maintenance & Health Care (MFIP, DWP, GA, MSA, GRH, RCA, Food Support, CCAP, EA, EGA, EMSA, MA, MinnesotaCare)
- Child Care Licensing

SE Minnesota Results Cooperative

Social Services (high-touch)  Infrastructure/Administrative Operations (low-touch)

Nongovernmental Human Service Providers

Consumer
Understanding the Capacity of the Whole System

Given the demonstrated importance of NGOs, the capacity of the human service delivery system in Southeastern Minnesota is more comprehensive than suggested in the initial redesign plan. The redesign will be stronger if it incorporates the valuable resources within the NGO sector. The following are the key issues that can be addressed in the current planning phase of the redesign concerning the capacity of the entire system, including both county government and NGOs. These issues are broadly categorized as information systems, staff capacity, and alignment of incentives.

Information Systems
The coordination of information systems is central to the structure and success of the Cooperative. Currently, there are significant inconsistencies throughout the region and the redesign provides an opportunity for both the counties and NGOs to streamline systems to more efficiently serve consumers. Information systems include technology, the current system of redundant and inconsistent documentation and paperwork, and data privacy.

Technology
Technology is a vital tool in the implementation of the redesign. The current plan for the redesign depends on up-to-date technology that captures, stores, shares, and communicates relevant information for consumers and the people and systems that support them. Evidence suggests that the region will need a technology infrastructure overhaul before becoming dependent on utilizing technology. Neither county governments nor human service providers currently have systems that will interface with the proposed new technology.

NGOs and county governments lack up-to-date technology, which interferes with the ability to deliver services to consumers. In two open-ended survey questions regarding barriers to serving consumers, 22% of government supervisors specifically mentioned the lack of up-to-date technology. The lack of up-to-date technology is more evident in rural communities, especially in conjunction with broadband and cell phone coverage in the region (see Appendix F for broadband coverage). A county staff member said, “I just think in the rural communities there is not access to these high-tech; they are very much discriminated against.”
As demonstrated in the Dodge County case study highlighted to the right, many counties are not operating with dependable and modern technology. Several counties commented that staff are not be able to efficiently work with consumers because they do not have access to devices that will allow them to be mobile, such as wireless access cards and cell phones. For example, social workers in Wabasha County have to use personal cell phones for work business and are unable to connect to the county network offsite. By contrast, Winona County has the capacity to use laptops in consumers’ homes, enhancing the efficiency of social workers. Olmsted County has a telecommuter program that allows staff to work from home. Olmsted County also uses wireless access cards to provide added mobility for staff, but not necessarily in direct interactions with consumers. A survey respondent noted that Olmsted County needs “up-to-date technology that will make the workers mobile and able to do their work in the community and more efficiently.” In order for the redesign to provide improved access to services through technology, front-line staff working directly with consumers will need to be mobile, and a regionalized system must be compatible across county systems and with outside providers.

The limited and varied technological capacity of nongovernmental entities in the Southeastern region has direct implications on the redesign’s success. Due to the significant number of county services that are contracted through providers, NGOs will have to interface or interact with the proposed new technology at some point – or many different points – in the service delivery process. This interaction could be in posting openings in residential treatment centers, completing electronic intake forms, or helping consumers access information and applications online. Therefore, the technological capacity of the region’s providers becomes increasingly important for the success of a redesign that places technology at its foundation. Evidence demonstrates that the current interface between county governments and providers is inadequate.

**Case Study: Dodge County Technology**

Dodge County is one of several counties in the region lacking up-to-date technology. The county does not have an electronic data management system, video technology, IT support for telecommuting, or secure email. In addition the county has an outdated telephone system where a receptionist has to answer the telephone and direct calls. A focus group participant noted that Dodge County’s “equipment is very outdated. No one has the same computer programs that I have, I think I have Microsoft 2003, some people have 1997, and some people have 2007.” A colleague added, “Sometimes you can’t even email documents within our agency because you can’t open it unless it’s in the right format.”
Survey data, focus groups and information provided by the counties point to highly variable technological capacity of NGOs in the region. Of the 400 nongovernmental entities reported by the 12-counties as contractors, only 250 of the providers (roughly 62%) had email addresses available through government-supplied data or online sources (as depicted in Figure 4). Even fewer of these entities utilized organizational websites. While the nature of some of these entities, such as domestic abuse shelters, may mean that they purposely withhold this information from the public, the lack of email and websites indicates that a large portion of providers do not utilize these tools in service provision and administration. If more than a third of providers do not utilize email or websites in service delivery or administration, further advanced technology tools proposed in the redesign will have varying levels of success across the region. This is especially true for smaller, local NGOs, many of which provide specialized services such as translation or specific therapies.

Considering that the electronic format of the survey tool created a bias against NGOs without available email addresses and familiarity with such online tools, survey respondents reported that technology was primarily used for internal organizational purposes. 65% of those providers who completed the online survey reported that they currently use web-based tools for staff, while only 29% used web-based tools to connect with consumers. Aside from a public webpage, the dominant usage of technology tools was for internal data management, record keeping, reporting, and internal staff communication. The minority of NGOs that did use technology directly with consumers beyond a website tended to use email/texting to communicate with consumers, showing videos or E-Learning modules in group sessions. Only five NGOs reported having online applications forms or tools for direct consumer use.

Variation in technology and uses of technology across the region will make it difficult to combine systems for the cooperative model. Counties and providers have different capacities for technology. All counties have high-speed internet access, web-based tools for internal staff, and an informational webpage for consumers and members of the public. Only 67% of counties utilize web-based tools for consumers and only 75% of counties utilize an intranet system to keep internally connected. Only one county uses social media, two counties
utilize smart phones, and no counties use online chat. Among the NGOs that responded to the survey (Figure 5), which only includes providers with an email address, more than half reported using high-speed internet (87%), an organizational webpage (70%), an intranet (68%), and web-based tools for internal staff usage (65%). However, less than half of respondents used teleconferencing (45%), social media (39%), smart phones (22%) and online chat (9%). The variation in technological tools used and capacity for staff to utilize technology is notable. To combine systems for the redesign, an effort must be made to ensure that all counties and providers have the same technological capacity.

![Figure 5. What types of technology are currently used by your NGO organization?](image)

While many NGOs and county staff expressed a desire to utilize more advanced technology in service provision, a barrier to the adoption of such tools is the associated expense of purchasing service plans and facilitating staff training. Technology-related costs are often not a standard allowance in NGO program budgets, and providers lack the funding and knowledgeable staff needed to upgrade and utilize new technology solutions in delivering services. Government staff also found that technology was one of the first areas to be affected in budget cuts. Frustration among county staff also emerged when low-quality technology was purchased as a cost-saving measure and later found to be inefficient.

Technology is an essential component to ensure the effectiveness of county government staff and providers, but it is not appropriate to expect consumers to utilize technology. Many consumers enter
the system overwhelmed, unable to navigate technology, or uninterested in learning. A predominant concern of respondents was that by creating a new human service delivery model that was overly reliant on the consumers’ ability to use technological tools, “we will leave a lot of consumers behind in the dust.” In terms of access to technology, respondents reported that many consumers could not afford the purchase and continued service plans for technological devices. In addition, many consumers, such as the elderly or mentally ill, do not have the skills or knowledge to use technological devices. Finally, the complexity of state systems, such as Medical Assistance and MinnesotaCare, are too complicated for many consumers to navigate on their own.

**Redundant and Inconsistent Paperwork**

When asked about barriers that prevent human service providers from effectively serving consumers, paperwork and documentation was a top concern for county staff and providers alike. For providers, redundancies in paperwork and inconsistencies across county human service departments created extra expenses and required more staff time, which detracts from a consumer-centered approach and innovation. For county staff, the time requirements of paperwork and the difficulty associated with staying up-to-date with rule and policy changes were consistently concerns.

Documentation and paperwork required by current policies detracts from a consumer-centered approach to service delivery. Twenty-seven percent of NGO survey respondents and 16% of government survey respondents specifically mentioned the extensive documentation and paperwork required by current policies as a barrier to working effectively with consumers. The burden of paperwork and documentation was also mentioned in two county and three NGO focus groups. One county government respondent discussed how the time consumption of documentation interferes with service delivery, stating that “county, state and federal requirements in the form of paperwork can take up to 60% of social workers’ time to complete for compliance and budget cuts that have impacted ability to provide timely services.”

“County, State and Federal requirements in the form of paperwork can take up to 60% of social workers time to complete for compliance and budget cuts that have impacted ability to provide timely services.”

-County Government Staff

NGO respondents also frequently noted that counties within the region have varying requirements in regard to paperwork and documentation. Variation can be found among applications forms, billing requirements, rate-setting tools, databases, contracting procedures and interpretations of state rules. NGOs find it labor-intensive and costly to design internal systems for navigating the different
paperwork systems, which detracts from time that could be spent with consumers and cuts down on innovation. Additionally, two out of the three NGO focus groups discussed the challenges of alerting counties of provider openings because the process and paperwork required differs by county. The current system often results in idle service capacity and unmet consumer needs. One provider noted how notifications of service openings do not reach all counties because there is no consistent system of notification. Some counties want openings sent to every case manager, and others want openings sent to supervisors. In the end “sometimes the opening just doesn't get passed on, or certain people get missed a lot of times...it doesn't get to a lot of the case managers who we know who are looking for openings.” The redesign will help mitigate this barrier for NGOs through the streamlining of administrative systems regionally. Counties will then have more effective partners delivering services and be better informed about provider openings that will meet consumer needs.

Finally, government staff find it difficult to stay up-to-date on current rules and policies. 82% of respondents agree or strongly agree that it is difficult to stay up-to-date with governmental/policy regulations. 27% of respondents specifically mentioned the complexity of policies. Complexities include rule changes that make it hard to stay current, and rules that vary by program. This was also mentioned in two of the three government focus groups. Respondents also expressed frustration with general delays in the system and the frustrations that causes while working within the timelines of mandates. The redesign has the potential to consolidate these communication streams to allow for more effective service delivery.

Data Privacy
The final capacity concern within information systems relates to potential data privacy issues in providers’ access to information, as well as in fulfillment of the navigator role.

Twelve percent of government survey respondents and many focus group participants specifically mentioned potential data privacy issues that will prevent county staff from connecting consumers to navigators. One government staff member mentioned that, “there are some families that do want to help but are not involved in the process because of data privacy.” Another respondent from Wabasha County mentioned the limitations of this idea stemming from regulations in the Health Insurance Portability and Accountability Act (HIPAA). Data privacy was also mentioned once in a focus group, with reference to HIPAA restrictions. The amount of information that counties can legally or willingly provide to providers or community volunteers may be insufficient for fulfilling the duties of navigator.

As mentioned previously in the report, providers have difficulty obtaining information regarding the consumers with whom they are working. NGOs are aware of confidentiality agreements, but find the barriers to accessing client information to be excessive. In order to utilize the entire human service system within the region, it would be beneficial to create a structure in which providers are viewed as
partners in sharing information regarding consumers. This structure will promote better delivery of services to consumers in both the NGO and government sectors and across the region.

**Staff Capacity**

From a backward-mapping perspective, staff members will play a key role in the daily implementation of the Southeast Counties Redesign through their direct interaction with consumers. This proximity makes it important to assess staff capacity for implementing key elements of the proposed plan. Considering the feedback from mid-level managers in county and nongovernmental human service providers, four main capacity areas emerge as important considerations as the region moves forward with the redesign: a lack of comprehensive regional knowledge of resources among government and NGO staff; the underutilization of strengths-based approaches; a need for expertise in integrating informal supports in formal human service system; and limited resources for implementing staff-intensive components of redesign.

**County & NGO staff lack comprehensive regional knowledge**

A resounding theme in both surveys and focus groups was the need for a more “generalist” knowledge of regional service options. Participants cited gaps in knowing which additional services were available in the greater 12-county region, how to access that wide range of services, and where to direct consumers. Also, while NGOs currently hold informal navigator roles within their immediate communities, providers expressed concern about their current capacity to serve as generalists within the broader multi-county region. As the redesign begins to shift the role of frontline staff from caseworkers to regional generalists, it is important to note this self-reported lack of information about regional resources. An extensive knowledge of providers is key to expanding the options and quality of service to consumers, especially considering the 342 NGOs that appear to serve only one of the 12 counties.

**Underutilization of strengths-based approaches**

A strengths-based approach in assessing consumers is a major component of the redesign and, in particular, the role of navigators in the Cooperative. Yet many county and NGO staff are not accustomed to utilizing this approach when working with consumers. Survey results show that roughly one third of both county and NGO respondents do not use a strengths-based approach in working with consumers. In addition, many government staff do not view consumers as having assets and shared very negative perceptions of consumers in both focus groups and surveys. For example, a county staff member discussed the strengths and limitations of the navigator model by referring to consumers as “rotten” and “diseased.” A change in philosophy about consumers will be needed for both government and NGO staff to fully utilize a strength-based approach.
Needed expertise for integrating informal supports into human services system

County concerns with identifying navigators: In response to the open-ended question, “What are the strengths and limitations of a system which encourages consumers to use family and friends for support?” 63% of county survey respondents expressed concern about their ability to locate a family member or friend who might act as a navigator. Their concerns included unhealthy relationships between the consumer and their family and friends, burned-out loved ones, and the fact that many family members are often in the same difficult situation, with the same lack of resources as the consumer. Yet these concerns also stemmed from county worker challenges to finding volunteers in general, let alone volunteers with the qualifications to serve as navigators. As one county respondent noted, “We are finding less support and less volunteers. You think of churches, the base of volunteers, the people who put together the food for the funerals, they are going away. That’s just what’s going on in our society, less people volunteer. This system is really geared towards having that.” These capacity concerns about identifying volunteer navigators were confirmed in all three focus groups conducted with government staff.

Lack of Skills for Systematically Engaging/Creating Circles of Support: While counties and providers reported some degree of engagement with family and friends in the service delivery of their consumers, this engagement was contingent on the ready availability of willing family members and tended to be unsystematic. In considering the implementation of this approach for every consumer served, staff felt largely unprepared to identify and cultivate circles of support – especially in cases where the client is “a circle of one.” Both survey and focus group participants emphasized their need to learn how to facilitate family meetings, connect with consumers who are disengaged, train circle of support members in how to meet the sometimes highly specialized needs of the consumers, and build circles of support when family and friends are not able to fulfill that role.

Difficulty in recruiting circles of family support without payment: Counties reported that family and friends connected to consumers through the county often have the expectation of being paid. Many services currently offered by the County incentivize caregivers through payment; thus compensation has become an expectation. Therefore, it is important to note the difficulties that may arise as the redesign dramatically changes the relationship between consumers and their supports from an informal role to a formal role, without the expected payment. One respondent from Dodge County noted that in the current system, “you aren’t going to get volunteers. Parents are asking to get paid to take care of their disabled children; spouses are asking to be paid to take care of their spouse. Any kind of helping a person for free went out the door; everyone wants to be paid.”
Resource Considerations

**Lack of funding/staffing needed for labor-intensive approaches:** Without additional funding and staffing for identifying or serving as navigators for their consumers and engaging circles of support, many counties and providers reported that they will be unable to implement these staff-intensive elements of the redesign. The barrier most frequently listed by NGOs to providing services that consumers required was a lack of funding that inhibited the hiring and retention of needed staff. Likewise, 47% of government survey respondents specifically mentioned the need for more staff to deliver services and 45% of respondents addressed heavy caseloads.

**Technology:** To successfully implement the circle of support component of the redesign, more adequate technology will be needed to connect consumers to informal supports who may not reside in the region. Geography can be a barrier to connecting consumers with friends and family, especially in specialized residential centers. Tools such as computers, email, and internet-based voice and video conferencing are not used widely enough to provide the means for consumers to communicate with their geographically disparate circles of support. In addition, as noted previously in the report, technological knowhow among staff, consumers, and supports is inconsistent.

**Transportation as Barrier to Family Inclusion in Circles of Support:** Transportation was especially identified as a barrier in utilizing circle of supports as part of a consumer-centered model of service delivery. Due to the significant geographical distance between family members and consumers – especially when consumers are placed in specialized group homes or residential treatment centers – many family and friends are not able to assist with the service delivery process. Oftentimes, the consumers’ families lack access to vehicles or other forms of transportation needed to be an active part of the service delivery. As one respondent noted, “If a consumer is in need of a higher level of care in a different geographic location, family may not have the resources to follow him or her there for support.”

**Misalignment of Incentives**
In the backward mapping framework, incentive structures are a key to designing a system that motivates staff members to act in consumers’ best interests. Both focus group participants and survey respondents pointed out a misalignment of incentives within Host County Concurrence and county case management that take the focus off of the consumer. Given the discretionary power of frontline workers in implementing policy change at the consumer level, the current redesign efforts present an opportunity for realigning structures to incentivize consumer-driven services.
Host County Concurrence
While the Host County Concurrence system was created as a regional mechanism for sharing unused resources, a misalignment of incentives often undermines its intended purpose. Focus group participants and survey respondents shared a common concern with host county concurrence: that available services or provider capacity would remain unutilized for extended periods of time without being connected to consumers. Rather than make unused services available to the greater Southeastern region, host counties often “sit on” vacancies in order to guard those resources should the need arise in their own county, resulting in an unfilled (and unfunded) service, which is a detriment to both consumers and NGOs. In the words of one provider, “Host county concurrence puts providers in an odd spot, creating a lot of barriers in getting people placed.”

The Redesign presents an opportunity to structure resource-sharing in a way that aligns incentives with the needs of consumers. Since it is in the best interest of the NGO providers to quickly fill vacancies and utilize capacity in order to gain government funding, a system that taps into this incentive would ensure the most direct and efficient connection of resources with client need.

Yet the success of the proposed “a la carte” system for high-touch services hinges on resource-rich counties buying into services that they already have in abundance without providing adequate incentives for these counties to join. The motivation for counties to sign on to provide a high-touch service through the Cooperative would be their lack of access to that particular service. If counties only buy into those services where their resources are less abundant, the Cooperative’s collective resources will be weak. As the host county concurrence model shows, resource-rich counties have a counterincentive to buy into the cooperative for a service that they already have in abundance, when the sharing of that resource could result in a decrease of available services for that specific county. In the words of one focus group member, “If counties are not willing to give something up to create savings, all they are going to do is add cost.”

County Referral Process
County staff who make referrals for consumers to outside providers have a number of motivators that work against the consumer-focused goals of the Cooperative. For some outside providers, the counties with whom they contract vary the number of consumers that are passed along to them, depending on the workload and staffing situation at the county. In this system, decision-makers at the county level have a strong incentive to retain consumers that are easier to serve, or who are more likely to have better outcomes regardless of intervention – and to refer more difficult cases to NGOs. On the other hand, in circumstances where county staff maintain their workloads in order to demonstrate the need for retention of existing staff, they may not refer consumers at all, even when resources that might better serve a consumer’s need lie outside their organization.
The regional referral system must create a system that prevents county decision-makers' interests from superseding the best interests of consumers. To fully utilize the wide array of resources from other counties and NGOs, the Results Cooperative must align frontline incentives with the best interests of the consumer. Otherwise, departmental decision-makers are likely to make referrals based on the retention of their own staff for reasons of loyalty, local identity, or an interest in organizational stability.

Yet these referral challenges are not unique to the county level. An important concern voiced in a provider focus group addressed the inherent conflict of interest involved with NGOs as navigators. In this community-connector role, would NGOs refer consumers to their own services rather than those providers (county or NGO) that could best serve the consumer's needs? If provider staff are utilized as navigators within the human services system, incentive structures must be created to facilitate a referral process based on the best interests of the consumer.
Recommendations

Change of complex and political institutions is never easy. The Southeast Counties Results Cooperative has taken courageous steps in collaborating and creating a plan to increase efficiencies and ultimately improve outcomes for consumers. Our analysis has surfaced issues that come into tension with certain proposed aspects of the redesigned system, but we believe that by adopting key strategies early in implementation planning, leaders can avoid potential pitfalls.

Below we outline overarching strategies that address findings in our research; more detailed examples of tactics gleaned from survey and focus groups participants are outlined in Appendix G.

1. Partner with the nongovernmental sector in the implementation of the Results Cooperative.

For NGOs’ resources, expertise, and relationships to be fully leveraged for the benefit of consumers, their role must be better understood and acknowledged, both in the governance and management of the Cooperative and by workers at the front lines. A complete inventory of human service delivery organizations in the 12-county area would inform the most effective possible implementation of the redesign. This should include all service provision activities in the region including formal and informal contracts and other relationships that exist within community networks. Once the depth and scope of NGOs’ work is better understood, the Cooperative can engage with the sector more meaningfully and proactively, thus strengthening the whole service delivery system.

2. Create administrative structures that support the desired frontline experience.

In order to effectively create a client-centered system, specific barriers that limit frontline workers’ ability to effectively serve clients must be addressed. Our findings indicate that there are many current administrative constraints that present opportunities for improvement in the redesign.

- Ensure uniform access to and use of technology throughout the Cooperative and among partners. Improved technology infrastructure for both NGO and County providers will allow for better communication and create a level playing field of access for all those interacting with the Cooperative. These changes will allow all workers to connect with clients in the ways envisioned by the redesign.
- Streamline paperwork and administrative processes. When possible, centralize information about available services, vacancies, authorizations and eligibility. Implement uniform standards and processes for contracting and reporting. These improvements will create space for frontline workers to spend more time with clients, and less time on paperwork and coordination that does not add value.
• Increase specialization, but retain local connections. Respondents talked about the need to not only increase specialization in serving clients, but also to retain some sense of local presence and relationships within communities. Local “outposts” in each county could continue to provide face-to-face contact for consumers while other, less frequently used and more specialized services could be pooled regionally. At the same time, an assessment of county and NGO staff capacity should be conducted to understand what amount and types of training are needed to utilize technology and other technical components of the redesign.

• Ensure that staff and organizational incentives are aligned with consumer outcomes. Allowing providers to communicate directly through the Cooperative about available resources and services will maximize access to those services by those who need them, avoiding counterproductive incentives among those charged with sharing resources. The Cooperative should consider altering the “a la carte” option for counties participating in the high-touch side of the system, since it is likely to result in higher demand within the Cooperative and richer resources being retained outside the organization. Administrative systems can help minimize counterincentives for NGO and government staff to refer clients to the best possible services by maximizing information and choice available to navigators and consumers.

3. Leverage all available resources in the human services field.

Tap into the existing expertise and experience that NGOs staff have in implementing the redesign model. Many nongovernmental providers currently hold small-scale, informal navigator roles with consumers. This experience may allow front-line provider staff to serve as navigators or to help identify navigators within the community. Multi-service providers, such as community action organizations, have expansive knowledge of various services and resources and how to access them for their consumers. NGOs can serve as a valuable resource to the regional cooperative as it develops processes and systems for integrating informal supports and seeks to connect with external resources.

4. Improve the capacity to communicate clearly, efficiently, and across sectors.

Ensure that information systems are streamlined and unified to be more effective. This can be done by ensuring that lagging counties and NGO providers have the opportunity to gain up-to-date and compatible technology through implementation of the Cooperative. The redesign also offers many opportunities for paperwork, regulation, and administrative practices to be consolidated and clarified. Data privacy issues should also be thoroughly considered.

Formal communication tools built into the Cooperative’s framework can help NGOs stay up-to-date on county priorities and systems, meet consumers’ needs, and share knowledge. Communication will only become more important as the rate of change intensifies with the implementation of the
redesign. These tools might include regular cross-sector meetings, a regional newsletter, and a liaison or ombudsman to assist NGOs in interfacing with the Cooperative.

Ultimately, stronger and more consistent information systems will result in a more successful implementation of the redesign.

5. **Foster a culture that supports redesign principles.**

In shifting the roles of county staff, leadership should provide consistent signals and messaging that facilitate front-line adoption of new policies. The decisions and actions of frontline government workers is oftentimes guided more by beliefs and norms embedded in the culture of organizations than by the specific rules, training and policies dictated by management. Focus groups and survey participants noted the significant changes to their work required by the redesign. Therefore, it becomes increasingly important to fully articulate this shift in philosophy to a consumer-driver, strengths-based, whole-community approach. This articulation must extend beyond structural changes at the county and regional levels. County and regional cooperative management must assume a strong role in creating the culture that will empower front-line workers to use their discretion and judgment to adopt these new approaches and assume their new professional identity within the redesigned human service system.
Acknowledgments

We would like to thank the following people for their contribution and ongoing support throughout the research project. Paul Fleissner, Terry Smith, and Jane Hardwick for their passion for moving human service delivery in Southeastern Minnesota forward and their ongoing support of our research. The county government staff who provided us with crucial information on their experiences in human service delivery. The nongovernmental entities in the Southeastern Minnesota who helped us gain a greater understanding of the system as a whole. Lynn Skinner for coordinating focus groups with county staff and Laura Blatti for helping us collect contract information from counties. Finally and most importantly, we want to thank Jodi Sandfort for her invaluable mentorship throughout the entire process.
Appendix

Appendix A: Research Design

CAPSTONE PROJECT – SE County Human Service Redesign

Purpose of Research:

The purpose of the research project is to inform the implementation of the Southeast Human Service Redesign by exploring how to make the redesign successful on the human service provider level. The project will identify the current landscape of human service provision within the SE Counties (of both nonprofit and government providers) and explore the implications of the redesign for the front-line provision and management of human service delivery. By anticipating unintended consequences and implementation needs of human service providers, this assessment will aid in the successful execution of the redesign on the ground level.

Fundamental Research Questions:

R1: What are the characteristics and variation of human service provision in SE counties?

R2: What are the implications of the redesign plan for non-profit and public entities that currently deliver human services?

Brief Overview of Work Plan:

Early March - Finalize Research Design & Data Collection Tools:

- Create research design that addresses the needs and timeframe of the redesign initiative.
- Develop surveys, interview protocols and focus group scripts to gather data.
- Begin data collection methods for R1.

April - Collect and Analyze Evaluation Data (completed by mid-April):

- Completion of R1.
- Begin data collection methods for R2 given constraints of data collection for R1.
- Utilize quantitative and qualitative methods to analyze data.

May 2011: Report the Findings

- Summarize both the process and findings of the research.
- A final report will be provided to inform the implementation of the service redesign and will include a presentation.
<table>
<thead>
<tr>
<th>Evaluation Question</th>
<th>Value of Question</th>
<th>Data Source / Collection Method</th>
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</table>
| **What are the characteristics and variation of service provision in SE counties?** | • Background information will set the stage for their redesign implementation; provide an accurate starting point.  
• A complete list of current providers (both nonprofit and government) are needed to get an appropriate sample for data collection methods and to tailor our data collection tools. | • **Source:** Contract managers or administrators that handle contracts from each county.  
• **Method:**  
  • Existing agency records  
  • Informal phone interviews with agency/organizational staff to fill in data gaps. |
| • For each county, how many contracts and which human services are administered by nonprofit organizations? |                                                                                                         |                                 |
| • For each county, what human services are administered by public workers?        |                                                                                                         |                                 |
| • To what extent do non-profit organizations in SE counties contract with multiple counties within the regional network? |                                                                                                         |                                 |
| • What are current human service delivery collaborations in the SE counties region? |                                                                                                         |                                 |
| • What barriers currently exist that prevent front-line workers from effectively serving consumers? (Both front-line issues and administrative issues with the government) | • Identifies any current barriers to service provision that could prohibit successful implementation of redesign (and can be managed ahead of time). | • **Source:** Mid-level managers at human service provider agencies/organizations.  
• **Method:**  
  • Electronic/phone surveys  
  • Focus groups  
  • Interviews |
<table>
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<tr>
<th>Evaluation Question</th>
<th>Value of Question</th>
<th>Data Source / Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the implications of the redesign plan for non-profit and public entities that currently deliver human services?</td>
<td>• Identifies how customer-focus of the redesign impacts consumer-provider relationships from the front-lines&lt;br&gt;• An understanding of frontline perceptions will help tailor messaging to achieve better provider buy-in for the redesign.&lt;br&gt;• Addresses the nitty-gritty details of service provision under the redesign plan to allow for successful implementation.&lt;br&gt;• Identifies how administrative systems behind the scenes should be aligned for optimal front-line interaction.</td>
<td>• Source: Mid-level government and non-profit managers.&lt;br&gt;• Methods: Depending upon the information gathered in the first research question, a combination of the following:&lt;br&gt;  - Stratified sample survey&lt;br&gt;  - Focus groups&lt;br&gt;  - Interviews</td>
</tr>
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</table>

- How will the proposed redesign impact consumer/staff relationships?
- What are front-line workers’ perceptions of the service provision philosophy as envisioned by redesign architects?
- What are the impacts (intended and unintended) of the redesign in terms of:
  - **Service Provision**: How will the proposed redesign affect how consumers learn about services, how they access services and how they are processed through the system (ex: wait times, documentation needed, # of appointments etc.)?
  - **Management**: How will the redesign affect management of human services (EX: financial impact, dealing with another bureaucratic level of government, contract management, evaluation/regulations, monitoring, etc.)?
Appendix B: Government Supervisor Survey Protocol

Government Staff Survey

You have been selected to take part in an important survey that will help shape the future of human service delivery in Southeastern Minnesota counties. The counties are actively seeking your feedback as they explore how to improve human services through the Results Cooperative.

Follow this link to learn the details of the Results Cooperative: ______

This survey is designed and administered by graduate student consultants from the Hubert H. Humphrey School of Public Affairs at the University of Minnesota. The results will be used to advise leaders in Southeastern Minnesota counties as they prepare to implement the Results Cooperative. Throughout the survey, we’ll provide you with information and details about the Cooperative that will help you answer the questions. **You don’t need to know anything about the Results Cooperative to provide useful feedback. Your response is highly valued. The survey will take approximately 15 minutes and responses are anonymous and confidential.**

As demonstrated in the consent form, when the survey is completed your results will be sent directly to the third party administering the survey, and your response will in no way be tied to your position or the county you work for.

*will add check-off box in survey monkey*

1. To what extent do you agree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is difficult to stay up-to-date with governmental/policy regulation changes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. My department makes an effort to provide feedback to county management</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. County management listens to the feedback of my department</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Leaders in county management understand what my department needs to effectively serve our consumers</td>
<td>□</td>
<td>□</td>
<td>□</td>
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Please write your response in the space provided below.

2. Thinking about your staff that work directly with consumers, what barriers currently exist that prevent them from effectively serving consumers?

3. What administrative barriers currently exist that affect service delivery in your area?

4. List three to five changes you would make to improve the delivery of human services in your county:

5. What types of technology are currently used by your organization? (Circle all that apply)
   a. Informational webpage for consumers and members of the public
   b. Web-based tools for consumers (ex. Videos, online forms, eligibility tools, webinars, etc.)
   c. Web-based tools for internal use by staff (ex. Videos, online forms, eligibility tools, webinars, etc.)
   d. Teleconference
   e. Social media (ex. Facebook, Twitter, LinkedIn, etc.)
   f. Smart phones
   g. High speed internet
   h. Organizational Intranet (an internal computer network only accessible through your department)
   i. Online chat
   j. Other _____________________

6. How does your department use technology to deliver services?

7. Thinking about your staff who work directly with consumers, how would you rate their ability to use technology?
   1. Highly proficient
   2. Proficient
   3. Adequate, given needs
   4. Inadequate, training needed
   5. I don’t know

Please answer the questions below on the following aspects of the proposed Human Service Results Cooperative:
Instead of eligible consumers receiving all services that they qualify for, the new system more carefully matches consumer strengths with an array of resources to meet their needs. A key component of this is using tools to help the consumer identify their strengths.

8. To what extent do you agree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. My department is ready to embrace this approach to working with consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. <strong>Formal</strong> assessment of a consumer’s strengths is a part of my department’s current interaction with consumers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. <strong>Informal</strong> assessment of a consumer’s strengths is a part of my department’s current interaction with consumers</td>
<td></td>
<td></td>
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</table>

In the Human Service Results Cooperative, there is an emphasis on programs that engage consumers to recognize and pull together family, friends, and others who can become the immediate resource network. This network will become that consumer’s circle of support. If a consumer does not have family or friends capable or willing to be a resource, the department can recruit others in the network to help.

9. Does your department currently help consumers to connect with family or friends for support? (Circle one)
   - Yes
   - No

10. What would your department need in order to help consumers connect with family or friends for support?

11. What are the strengths and limitations of a system which encourages consumers to use family and friends for support?

**Departmental/County Information**

12. What county do you work for?

13. What services does your department/area provide?
14. How many staff currently work in this area?

The consultants may follow up with a handful of respondents for a focus group or interview. Would you be willing to participate in a focus group or interview to further discuss these issues?

If yes, please provide your contact information (your responses will remain anonymous and will not be connected with your personal information):

Thank you for taking the time to complete the survey! Your response is highly valued.
Appendix C: Nongovernmental Organization Survey Protocol

*This is the survey after the initial consent form and the formatting was different because it was administered through an online program.

**Outside Contractor Survey**

You have been selected to take part in an important survey that will help shape the future of human service delivery in Southeastern Minnesota counties. The counties are actively seeking your feedback as they explore how to improve human services through the Results Cooperative.

Follow this link for a brief overview of the Results Cooperative:

https://docs.google.com/document/pub?id=186eh_R2c0j6d_2zvpEPEq7pbWE4T7Fj_NPbBP1i-398

For a more detailed overview of the Results Cooperative, follow this link:

https://docs.google.com/document/pub?id=1hAozq_ao3FaSo5GtKh475CPraLKMop2oaXqx05mSnPE

This survey is designed and administered by graduate student consultants from the Hubert H. Humphrey School of Public Affairs at the University of Minnesota. The results will be used to advise leaders in Southeastern Minnesota counties as they prepare to implement the Results Cooperative. Throughout the survey, we’ll provide you with information and details about the Cooperative that will help you answer the questions. You don’t need to know anything about the Results Cooperative to provide useful feedback. Your response is highly valued. The survey will take approximately 15 minutes and responses are anonymous and confidential.

As demonstrated in the consent form, when the survey is completed your results will be sent directly to the third party administering the survey, and your response will in no way be tied to your position or the county you contract with.

6. If you voluntarily agree to these conditions, select YES:
   a. YES
   b. I DO NOT agree and will not participate in the survey
7. Given your general impressions, to what extent do you agree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The process of contracting with county government is easy to navigate</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. It is difficult to stay up-to-date with governmental/policy regulation changes</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>c. My organization attempts to provide feedback to officials from county government</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>d. County government listens to the feedback of my organization</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. Officials from county government understand what my organization needs to effectively serve our consumers</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</table>

Please write your response in the space provided below.

8. Thinking about your staff that work directly with consumers, what barriers currently exist that prevent them from effectively serving consumers?

9. What administrative barriers currently exist that affect service delivery in your area?

10. List three to five changes you would make through county government to improve the delivery of human services.

11. What types of technology are currently used by your organization? (Circle all that apply)

   - Informational webpage for consumers and members of the public
   - Web-based tools for consumers (ex. videos, online forms, eligibility tools, webinars, etc.)
   - Web-based tools for internal use by staff (ex. videos, online forms, eligibility tools, webinars, etc.)
   - Teleconference
Engaged Consumers in Engaged Communities: Leveraging Resources across Sectors

o. Social media (ex. Facebook, Twitter, LinkedIn, etc.)
p. Smart phones
q. High speed internet
r. Organizational Intranet (an internal computer network only accessible within your organization)
s. Online chat
t. Other _________________

12. How does your organization use technology to deliver services?

13. Thinking about staff who directly work with consumers, how would you rate their ability to use technology?
   14. Highly proficient
   15. Proficient
   16. Adequate, given needs
   17. Inadequate, training needed
   18. I don’t know

19. What government barriers currently exist that prevent staff who interact directly with consumers from effectively serving consumers?

Please answer the following questions on the following aspects of the proposed Human Service Cooperative:
Instead of eligible consumers receiving all services that they qualify for, the new system more carefully matches consumer strengths with an array of resources to meet their needs. A key component of this is using tools to help the consumer identify their strengths.

20. To what extent do you agree with the following statements:

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<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The above statement adheres to the approach of administering services in my organization</td>
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<tr>
<td>b. <strong>Formal</strong> assessment of a consumer’s assets is a part of my organization’s current interaction with consumers</td>
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<td>c. <strong>Informal</strong> assessment of a</td>
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Engaged Consumers in Engaged Communities: Leveraging Resources across Sectors

In the Human Service Cooperative, there is an emphasis on programs that engage consumers to recognize and pull together family, friends, and others who can become the immediate resource network. This network will become that consumer’s circle of support. If a consumer does not have family or friends capable or willing to be a resource, the organization can recruit others in the network to help.

21. Does your organization currently help consumers to connect with family or friends for support? (Circle one)
   Yes/No

22. What would your organization need in order to help consumers connect with family or friends for support?

23. What are the strengths and limitations of a system which encourages consumers to use family and friends for support?

Organizational Information
The following questions are to gain organizational information. As a reminder, your organization’s identity will not be connected to the responses on this survey. This information is needed by the consultants to verify the sample for the study.

24. What human services does your nonprofit provide for your government contract(s)?

25. What county/ies does your organization contract with?

26. For what counties does your organization provide services?

27. Approximately, what percentage of your revenue comes from government contracts?

28. Is your organization a nonprofit or public provider? Nonprofit/Private

29. What is the annual budget of your organization?
   _____ $0 – 100,000
   _____ $100,001 - 250,000
30. What is the name of your organization? (The name will in no way be connected to your responses to the survey questions. The third party researchers are using organization names to track response rates and verify records)

The consultants may follow up with a handful of respondents for a focus group or interview.

17. Would you be willing to participate in a focus group or interview to further discuss these issues?

18. If yes, please provide your contact information (your responses will remain anonymous and will not be connected with your personal information):

Name:
Email:
Phone:

Thank You!
### Appendix D: Survey of Services Delivered by Government Workers

County Name ____________________________________________

For each service area listed below, please check the box that best describes the service delivery in your county:

(Check only **one** per service area)

<table>
<thead>
<tr>
<th>Service Area Name</th>
<th>Nearly all services provided by County Workers</th>
<th>Most services provided by County workers</th>
<th>Delivery shared about equally by County workers and contracted workers</th>
<th>Most services provided by contract workers</th>
<th>Nearly all services contracted out</th>
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</thead>
<tbody>
<tr>
<td>1. Income Maintenance</td>
<td></td>
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<td>2. Health Care eligibility</td>
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<td>3. Child Support Enforcement</td>
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<td>4. Child Care Licensing</td>
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<td>5. Child Protection and Welfare</td>
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<td>6. Adoption</td>
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<td>7. Adult Protection</td>
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<tr>
<td>8. Guardianship</td>
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<td></td>
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<tr>
<td>9. Chemical Health: Adult &amp; Children</td>
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<td>10. Mental Health: Adult &amp; Children</td>
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<tr>
<td>11. Foster Care Licensing</td>
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<tr>
<td>12. Elderly/Disabled</td>
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<tr>
<td>13. Corrections</td>
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Appendix E: Focus Group Protocol

Introduction:

Hi, thank you all very much for coming to our focus group today. My name is ______ and I am a graduate student at the Humphrey School of Public Affairs at the University of Minnesota, and we are delighted that you all could join us today.

In a minute here we’ll do introductions, but first I want to provide you with some brief information about the Purpose of the Focus Group:

Purpose of Focus Group: To help inform the implementation of the SE County Results Cooperative. We are working with Paul Fleissner (Human Services Director, Olmsted County), Jane Hardwick (Human Services Director, Dodge County), and Terry Smith (Human Services Director, Wabasha County) in this project.

And what we are interested in is your perspective as nonprofit and for-profit providers, key people in the delivery of human services in this region. Since many of you are close to both the delivery and administration of service delivery, your feedback is crucial in learning what issues need to be taken into consideration in the implementation of this redesign.

And ultimately, we want to know what will enable you to provide improved services to consumers, and what we will need to think about (in terms of unintended impacts) in order to make this redesign successful.

Please know that in our conversation today, we will be recording this for our own analysis purposes. But we will be protecting your anonymity. PASS OUT CONSENT FORM. This consent form lays out how your participation in this focus group is completely voluntary. You do not have to participate and you can stop participating at any time. If there is a question you do not want to answer, you can choose not to answer it. Your decision not to participate will not affect your future with the County, State or your organization in any way. We will not be recording your names from here thus far; rather, you will be assigned an ID number. Everything you say will be kept anonymous, and we will not use your names or any distinguishing information in any reports. Do you have any questions before we begin?

Icebreaker:

Introductions around the circle. Icebreaker: Let’s go around the circle and say your name, your role within your organization, and what do you like best about your job.

1. Warm-Up Question #1: How long have you been working for your organization?
2. **Warm-Up Question #2:** How long have you been providing services through county contracts?

3. **Warm-Up Question #3:** Briefly, what types of services do you provide?

4. **Warm-Up Question #4:** On a scale of 1-5 (1=I know nothing about the redesign, and 5=I know everything about the redesign), where would you say you are?
   - Where were you BEFORE we contacted you on this scale? Where had you heard about the redesign? From colleagues? The county?

5. **Beginning exercise – Drawing the current system.** In front of you there is a blank sheet of paper. With that paper I would like you to think about _______________ service that you provide through a county contract. Think about the specific process that your front-line workers currently go through to serve those consumers, from the moment a consumer walks through the door or calls on the phone, to the moment that he/she receives the needed services. Draw that process as it currently exists.

6. Now, think about how where the county comes into this process. At what point do you make contact with the county? Report back to them? Take a different color if needed, and draw it in.

7. **Who would like to explain their drawing?** (Maybe just 1 or 2 people)
   - **Front-line Probes:** WRITE THESE ON A FLIP CHART OR DOWN ON A PIECE OF PAPER FOR YOUR USAGE IN NEXT PART OF ACTIVITY.
     - Issues with how consumers learn about services.
     - Issues with how consumers access services.
     - Process issues documentation, wait times, appointment locations
   - **Management/Administrative Probes:** WRITE THESE ON A FLIP CHART OR DOWN ON A PIECE OF PAPER FOR YOUR USAGE IN NEXT PART OF ACTIVITY.
     - Financial management?
     - Working with counties? **Is it the same process with each county that you work with?**
     - Contract management? **Is it the same process with each county that you work with?**
Evaluation/regulations, monitoring, etc?

Facilitator: Having spent some time discussing current barriers and benefits of the current system, we’re now going to shift focus to the actual implementation of the redesign. For the purposes of this focus group, we will assume that this design is already approved and ready for implementation. We want to know the impacts, both good and bad, of the redesign plan on you as a human service provider. What can we anticipate or think about now as we roll out this plan, to help you as a provider to better deliver human services?

We understand that this is a complicated process, and we are not providing many details. You may just have questions to which we currently don’t have any answers – those types of questions can be really helpful in this stage of the redesign, and represent important things to be taken into consideration during the implementation.

- Background Information about the Redesign:
  - Provide handout
  - Give introduction to it – this is a brief overview of the redesign that will be implemented in the next few years. The main shell/skeleton of the redesign has been created, and is represented on the handout. I’ll give you a few minutes to look it over.
  - Ask if there are any questions before we begin.

8. What are your general reactions to the redesign?

9. Drawing redesigned system: Looking at your diagram that you just drew, how will the redesign affect this process? Think about the barriers that you just drew/talked about, and how those might change, or if they would still exist (reference back to the barriers that they mentioned earlier). Would the consumers’ experience improve, get worse or stay the same?
   Allow drawing to continue for about 3-5 minutes.

10. Probe impacts on consumer/staff relationships
    a. Service Provision:
       - How will it affect the front-line staff’s ability to deliver services?
       - How will the proposed redesign affect how consumers learn about services?
       - How consumers access services?
       - How consumers are processed through the system (e.g. wait times, documentation needed, number of appointments and different locations needed to visit)?

    b. Management:
       - How will the redesign affect management of human services
- Financial impact?
- Collaborating/working with other counties?
- Working with another bureaucratic level of government?
- Contract management?
- Evaluation/ regulations, monitoring, etc?

11. How aware are you of other public services? For example, if a consumer came to your organization asking for / or needing a public service not provided by your organization, would you know where to direct them?

12. Would this apply to other services?

Closer: What is the #1 thing that needs to be kept in mind during the implementation of the redesign?

- Thank You's & Next Steps
  - Thank focus group participants for participating
  - Let the focus group participants know that their feedback will be incorporated anonymously into our report and recommendations to the steering committee.
Appendix F: Southeastern Minnesota Broadband Density

Southeastern Minnesota: Density of Households Unserved by Broadband Provider by Census Block

Number of Unserved Households per Square Mile, per Census Block
- 85.5+
- 40.50 - 85.49
- 20.50 - 40.49
- 8.50 - 20.49
- 0.06 - 8.49
- 0 - 0.05
- Broadband Available*

Updated April 1, 2011

Appendix G: Detailed tactical suggestions for achieving recommendations

The compilation of tactics below reflects feedback gained through survey and focus group participants from both NGO and County human service providers.

R1. Partner with the nongovernmental sector in the implementation of the Results Cooperative.

Areas ripe for collaboration across sectors:

- **Share decision-making responsibilities.** Constraints on the NGO provider’s decision-making power detract from a client-centered system. Numerous providers noted a lack of flexibility in who could serve clients or make direct referrals, slowing up the delivery of services and preventing clients from receiving customized services that meet their needs.

- **Facilitate a feedback loop.** NGOs are interested in hearing from counties in order to serve them and their consumers better. One NGO focus group participant said, “As a provider, I would very much like for counties within the region to tell me what it is that they want from a particular service so we can adapt our services to meet the needs in the region. Right now we struggle with many counties to use our services or give us feedback on why they don’t use our services. If the region could speak with one voice about what the need is for say an (children’s group home) we could run a very high quality group home within the region providing exactly the type of services that the region would want.” Many NGO respondents struggled in getting access to county workers to ask questions or exchange feedback.

- **Serve as a clearinghouse for information on available service providers.** Gather and distribute more information about available services and their locations. Provide an easy-to-understand chart, booklet, and/or online tool to help everyone understand which services are located where.

- **Conduct Trainings.** Regular (perhaps annual) workshops could be held to assist providers in understanding county needs, expectation, and procedures.

- **Identify a cross-sector liaison for the Cooperative.** Use a county/Cooperative liaison who can be a direct contact for any organization that has questions, or needs direction on the correct staff to get in touch with. To know the process firsthand might help improve access, enrollment and better follow-up.

- **Hold regular cross-sector meetings.** This will provide an opportunity for providers and counties to discuss concerns, changes, and needs, and can become a part of an institutional culture of communication.
• **Publicly recognize NGOs** who provide successful and innovative program design and interventions.

**R2. Create administrative structures that support the desired frontline experience.**

**Building organizational capacity that supports a client-centered system:**

**Staff Capacity**

• **Alleviate staffing problems with increased resources.** County staff cited a significant barrier in “heavy caseloads, which don't allow them to take the time with individual clients/families to do the work as thoroughly as we should to be more effective in achieving positive outcomes.” (Government survey)

• **Reduce turnover and improve morale among staff** to realize the client-centered system. In a focus group with county staff, we heard concerns about “staff burnout, and the other issue is caseload. Most of our counties have a hiring freeze, case loads just go up.” (Government focus group).

• **Maximize staff time spent on service delivery, not paperwork.** “More emphasis is placed on data entry for revenue capture and thus less time is spent with clientele that would effectively reduce crisis management and further expense.” (Government survey)

• **Provide specialized services across the region.** Access to expertise from county to county varies greatly. Smaller counties do not have access to the more specialized resources of larger counties. Focus group participants found great value in the cooperative in regards to shared regional specialists for rare cases, such as long-term property transfers, child sexual abuse, financial exploitation, psychiatrists, young child sexual abuse, long-term care property transfers, etc.

• **Regionalize certain type of positions.** “I think a way it could work the other way to benefit consumers is [through county positions with regional responsibility]. She [one existing such worker] works with the whole region and the service providers in the region and it is incredibly helpful. That is a position where the providers are coordinated. If she wasn't there I imagine several of these counties would have to have their own person doing that. So I think that administratively it could…create cost savings for those counties where they could then put those dollars into those communities for services. (NGO focus group)
Technological Capacity

- **Implement up-to-date and compatible technology** across the region before combining systems.
- **Promote the mobility and efficiency of front-line staff** through cell phones and wireless access cards.
- **Help everyone come up to speed on new technology.** Conduct trainings and create ways for tech-impaired providers or counties to interface with new systems effectively, so that comfort levels with technology don't become a barrier to effective implementation.
- **Standardize systems for smoother workflow.** Make efforts to ensure that all counties and providers have the same technological capacity.
- **Ensure that county and provider staff have access to technology** to efficiently serve consumers and to improve interactions between providers and the county, but limit expectations for consumers to utilize technology on their own.
- **Work with NGOs to identify outside funding sources** for the acquisition and implementation of new technology, as well as for staff training needed for the incorporation of new tools in the redesign.
- **Create a system of data sharing in partnership with NGOs**, to ensure that technology and administrative issues aren't barriers to effective communication about consumers' needs.
- **Provide training for front-line staff** so they know how best to access the resources available, engage consumers, and connect consumers to an informal support system using the new tools of the Cooperative.
- **Increase technological capacity in tools that connect circles of support** from a distance and train staff, supports, and consumers to utilize the technology.

Administrative streamlining of applications and other paperwork

- **Streamline applications, contracting processes, and documentation.** Focus group and survey respondents enthusiastically suggested that forms and processes be streamlined and made more uniform. The simplification of administrative paperwork was the single most popular aspect of the redesign among NGO participants, especially in terms of creating “universal forms” and eligibility determinations.
- **Create a centralized system for viewing authorizations, eligibility, and service requests.** If this information were available more broadly among county staff, consumers would be less dependent upon the authorization of one particular person.
• **Create combined and uniform applications.** As one participant suggested, “…I think it would be great, if you're with a client, for them to be able to do one application to get multiple services, so I think they're right on there. If you could do it all at the same time. Or if they're already in the system for one program....”

• **Unify rate setting and billing systems across counties.** Differences between systems are costly and time-consuming for NGOs and other government agencies.

• **Create a common system for sharing residential openings and other available services.** One NGO told us, “Yeah, in our county they basically can't send our openings list to all counties, we send it to the supervisor and talk to case managers a week later and they haven't heard anything about it, sometimes it just doesn't get passed on. Or certain people get missed a lot of times. There is not a set system on how each county does that, certain counties want us to send them to every case manager, other counties want us to send them to the supervisors, some we're not sure who to send it to, but yeah I think it doesn't get to a lot of the case managers who would know who are looking for openings.” (NGO focus group)

• **Utilize a centralized database to share records & track clients.** Use of the Pathways database to track clients among all agencies will increase efficiencies and improve referrals.

• **Create more efficient billing systems.** Streamline the MN-ITS system for billing. The Cooperative could aim to provide billing authorization within 7 days of signing a new client.

**Navigators**

• **Ensure that Navigators are in a position to build trust with clients.** In their work using the circle-of-support/navigator methods, NGO respondents have found that the trust relationship as someone navigates through the system results in better outcomes.

• **Keep navigators close to home.** “The County is about as far as I would be comfortable having that role spread out, it's a matter of the knowledge and accessibility.” (NGO focus group)

• **Incorporate formal training and expectations for Navigators.** “I would say that we don’t see nearly as many people that are out there, we happen to see them because they need our services, we probably see about 5% of the clients that are eligible for services. So I don't know if that would necessarily be, I don't think that would necessarily work unless it was set-up in really detailed descriptions on how to operate it.” (NGO focus group)

• **Utilize the knowledge and skills of multi-purpose organizations.** “We are touched more because we serve a variety of disabilities. We range from mental health, cognitive, physical, and chemical to welfare to work. We actually touch a lot of people, and it's not like we are
specific to one area. So I think that is one we are able to, we see more people coming through.” (NGO focus group)

- **Provide tools to help build circles of support.** 10% of government staff survey respondents mentioned the need for a tool to identify an informal support system for a consumer.

- Train and educate to fill gaps in “generalist” staff capacity in both sectors. In response to the role of navigators in the redesign, NGOs and county staff expressed concern in their current capacity to serve as generalists or “navigators” within the new, multi-county human service delivery system.

**Circles of support**

- **Ensure access for far-flung circle members** through the use of Skype and similar tools.

- **Consider utilizing Family Group Decision Making** within the circle of support system.

- **Make use of built-in resources.** Consider utilizing a reimbursement process for family/community members to drive consumers to services rather than an expensive transportation provider.

- **Convene a working group** with clients, community leaders, NGOs and county officials to brainstorm feasible and legal ways of identifying navigators and contingency plans for consumers that lack a support network.

- **Include cultural elders and leaders in circles of support** to help ensure cultural relevance and sensitivity.

**Client Population Considerations**

- **Create alternatives for non-voluntary consumers.** Focus groups were skeptical about the ability to create the “engaged consumer.” A respondent from Fillmore County discussed that clients are “resistant, unwilling. They come to us not of their own will. Unengaged, less engaged than you want them to be. I don’t know how that affects they system but you don’t have an engaged consumer” (Government Focus Group). In a separate focus group, a respondent from Dodge County commented on the Blueprint regarding the engaged consumers with, “This is based on a falsity, there aren’t a whole lot of engaged consumers out there.” (Government focus group)

- **Don’t rely on consumer access to technology.** Creating a new human service delivery model that was overly reliant on the consumer’s ability to use technological tools of any kind was a predominant concern of nongovernmental entities.

Align incentives with desired outcomes
• **Reduce territorial issues in redesign, but retain local identity.** Ensuring even service provision across the region will support the best possible client outcomes. As one county staff member suggested, “Reduce territorial things of the counties. We have these services but you don’t have those services. So there is a tendency for people to migrate to those areas.” (Government focus group)

• **Bypass host counties to align incentives.** Since NGOs are incentivized by the funding they receive by working at capacity for their respective service areas, the Cooperative should create a direct resource pipeline with NGOs. Vacancies or available services could then be shared directly with the Cooperative, without having to go through a host county. A structure that directly connects the Coop with NGOs in partnership would correctly align incentives and result in a more efficient, consumer-oriented system that serves the needs of consumers.

• **Reconsider “a la carte” buy-in model for high-touch services.** While an “a la carte” buy-in system may be more appealing to counties and provide a way to transition into a full regional model of county human service provision, the Results Cooperative will probably need to move towards an “all-or-nothing” buy-in model in order to ensure the Cooperative has access to the greatest possible resources.

R3. Utilize the full resources in the field

• **Understand and make use of NGO relationships and access to resources outside the region.** As one NGO focus group participant put it, ‘[our regional organization] is unique in that it assists all those counties is getting resources – it becomes a link directly to [Federal funds].” (NGO focus group)

• **Utilize NGOs’ natural roles as navigators.** Non-county workers may have knowledge and relationships that are unique to their positions in the system. “I would say that county workers are not always willing to go beyond their own silo. That’s one of the things we’ve been doing the last few years is hoping the county financial workers and supervisors would do the kind of information referral that nonprofits do. But they don’t.” (NGO focus group)

• **Allow existing relationships to strengthen Circles of Support and Navigators.** Focus Group participants and survey results show that NGOs are currently engaging family members and friends in service delivery. 84% of survey respondents reported that they already try to involve family members and legal guardians in the treatment of service processes. However, open-ended responses and focus group testimony show that the involvement of family or friends tends to be more informal and inconsistent – especially when family are unable or unwilling to participate.
• **Learn from past efforts.** “To me, it just sounds like an old term or idea that has been repackaged. About 20 years ago they called this same consumer-focused model idea “Futures Planning.” It involved a circle of support, or friends and family, and someone like a navigator to lead the way. It fell through because the navigator piece didn’t work. They couldn’t always identify one or how to make that concept work.” (NGO focus group)

• **Conduct a complete inventory of human service delivery organizations** in the 12-county area, so that NGO resources, expertise, and consumer relationships can be better leveraged and included in implementation.

• **Learn from county and NGO experiences with Wisconsin redesign project.** Focus group participants who were familiar with a similar human service regionalization underway in western Wisconsin cautioned against the unforeseen costs in providing access to new services/care for people once geographically isolated – mostly due to transportation costs.

• Study successful circles of support models. “I think the circles of support model is working well in communities where there are people designated. It takes a long time, though. If someone comes in and needs assistance and you say you have to have a list of 7 people” (NGO focus group). NGO participants cited multiple cases where similar models are being implemented, which could inform the Cooperative’s work.

**R4. Improve the capacity to communicate clearly, efficiently, and across sectors**

• **Formal communication tools would help NGOs stay up-to-date on county priorities and systems.** These tools might include regular cross-sector meetings, a regional newsletter, and a liaison or ombudsman to assist NGOs in interfacing with the Cooperative.

• **Gather and pass on coordinated feedback on the services of NGO providers.** As a sector, these organizations are more agile and adaptable than the public sector, but mechanisms are not in place to help them understand counties’ needs.

• **The Cooperative should serve as a clearinghouse for available service providers.** Regionalization offers an opportunity to improve information-sharing about available services and their locations.

• **Work to streamline fragmented intergovernmental relations.** Improve lines of communication with other county-level departments that consumers engage with (such as Corrections and Public Health) and build mechanisms for including their services and funding within the broader navigator model.
R5. Foster a culture that supports redesign principles

- **Offer financial rewards to programs** that have exceeded program delivery expectations or provided innovative programming. Promote and advertise these successes through news media and intra-sectoral communications.

- **Understand staff self-concepts and motivations.** Consider the system in which NGO and county staff have been working, and account for institutional values and ideas. Through intensive training of county staff and re-alignment of systems, adopt a strengths-based philosophy of human service delivery at the county level.

- **Involve staff at all levels of government and NGO organizations** in the planning and implementation of the redesign. Use the redesign process as a means to engage staff and build a culture of innovation, shared successes and mutual feedback.