

MINNESOTA BOARD OF SOCIAL WORK



Qualified

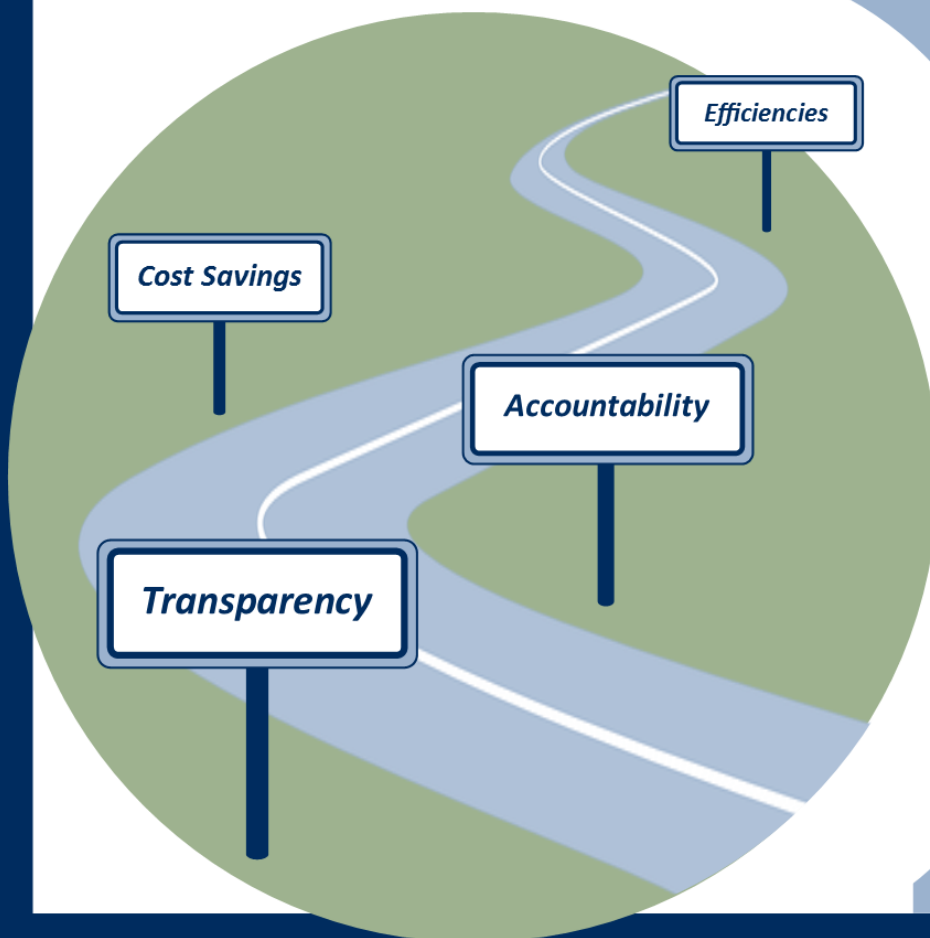
Professional

Ethical

Accountable

DESTINATION: PUBLIC PROTECTION

**FINAL REPORT:
2015-2016
Compliance
Review Ad Hoc
Committee**



**Board Adoption
Date:
March 17, 2017**

Table of Contents

Executive Summary	3
Letter from the Executive Director.....	4
Strategy Map.....	5
Charge to the Committee.....	6
Public Safety Mission and Board Authority	8
Complaint Resolution Process.....	9
Current Complaint Resolution Process.....	11
Complaint Resolution Process Flow Chart.....	13
Complaint Trends	15
Strategic Objectives.....	19
Summary of Process	19
Strategic Objective: Transparency	21
Stakeholders	23
Strategic Objective: Accountability	25
Strategic Objective: Cost Savings	26
Strategic Objective: Efficiencies	28
Committee Recommendations.....	30
Strategic Goals	30
Next Steps.....	34
Conclusion	35
Compliance Review Ad-Hoc Committee (CRC)	
Strategic Goals and Priorities Recommendations	36
Contributors.....	39



This report is the culmination of the work of the Minnesota Board of Social Work Compliance Review Ad-Hoc Committee to review the board’s complaint resolution process and make recommendations for improvement. The Compliance Review Ad-Hoc Committee was created by the board in January 2015 as part of the board’s longstanding commitment to its public safety mission and continuous process improvement.

The Compliance Review Ad-Hoc committee was charged to consider transparency, accountability, cost savings, and efficiencies in its review of the board’s complaint resolution process. Over a nearly two-year period, committee members developed definitions of these categories and created over 40 recommendations to enhance the process. Committee recommendations fit within five overall strategic goals identified by the committee: (1) Monitor expenditures and complaint resolution process to ensure fiscal responsibility; (2) Provide equitable, timely, and impartial resolution of complaints against social workers; (3) Conduct continuous process improvement and best practices; (4) Ensure easy access to licensure and complaint resolution data; and (5) Increase education and outreach.

The committee created both a one-page visual strategy map summarizing its work as well as a comprehensive explanation and ranking of the final recommendations to the board. In January 2017, the committee presented its findings to the full board and requested that its recommendations to improve the complaint resolution process be incorporated into the board’s 2015-2018 Strategic Plan and that the Compliance Review Ad-Hoc Committee be given authority to continue meeting to oversee completion of this work.

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January 20, 2017

Greetings Everyone,

I would like to take this opportunity to acknowledge and thank Board Members who served on the Compliance Review Ad-Hoc Committee, including Co-Chairs Kenneth Middlebrooks and Mary Weaver, Public Members; Carol Payne, LSW; Rosemary Kassekert, Public Member; and Jason Collins, LSW. In addition, I would like to recognize board staff who served on the committee, Megan Gallagher, JD, Regulations Analyst, who coordinated committee efforts and skillfully drafted this report; Jodi White, who provided administrative support; and Kate Manley, who assisted with the graphic design and layout of this report. It was my privilege to work with this dedicated group on this project.

The charge to the Committee was “*to review the complaint resolution process with regard to transparency, accountability, cost savings, and possible efficiencies.*” Committee members exceeded expectations in their review of the complaint resolution process. This was demonstrated by active participation in meetings spanning 20 months and more than 350 hours, thoughtful evaluation and analysis, and much creative thinking. This report and strategic recommendations are the culmination of the committee’s exceptional work and commitment to continuous process improvement and service to Minnesotans in a more efficient and effective manner.

The work of this Committee clearly illustrates the Board and staff commitment to the Board’s public safety mission to “ensure residents of Minnesota quality social work services by establishing and enforcing professional standards” and to ensure that licensed social workers are safe and competent to practice, and accountable to the people they serve.

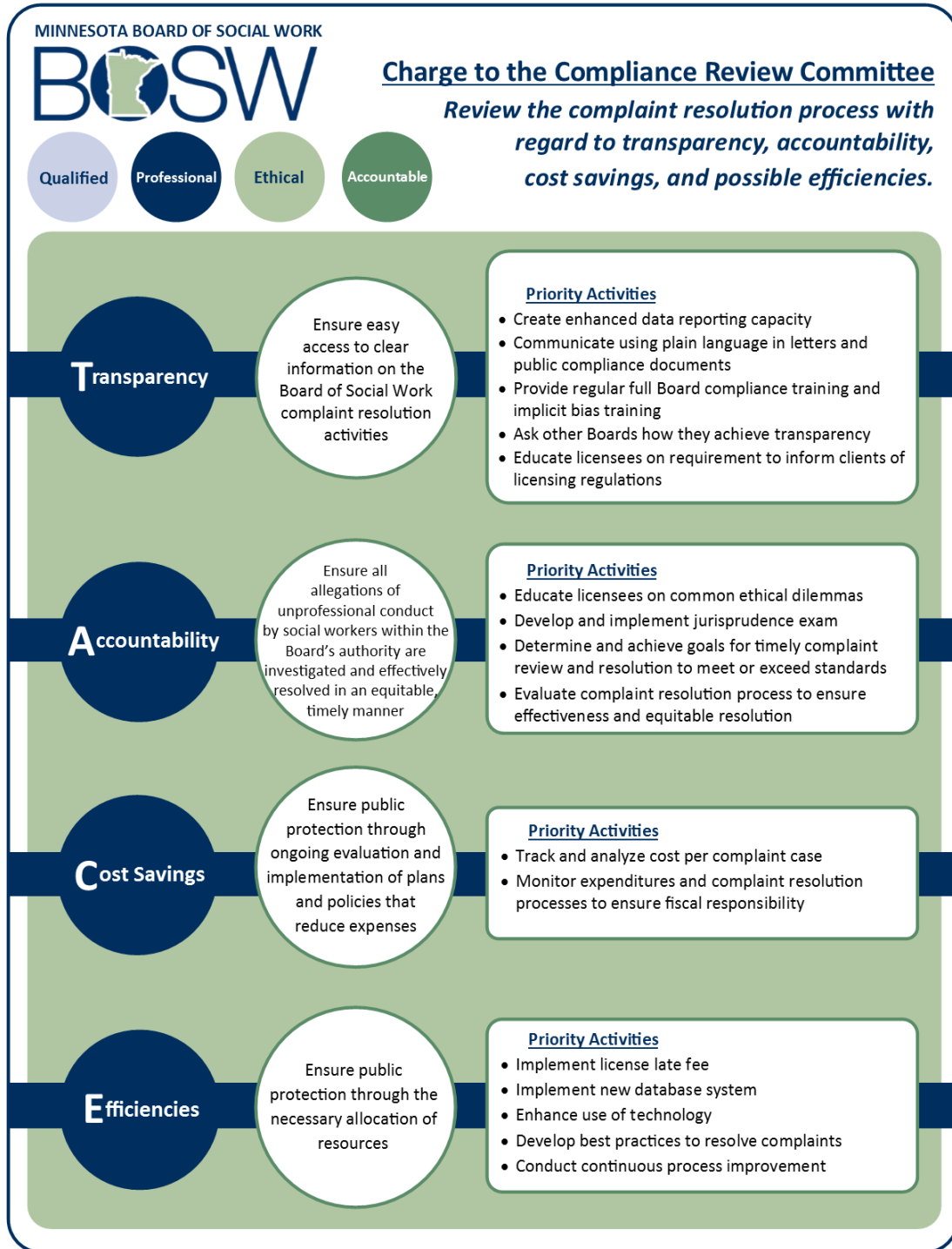
Sincere thanks to the entire Compliance Review Ad-Hoc Committee for their comprehensive study and compelling report!

A handwritten signature in black ink that reads 'K. Zacher-Pate'. The signature is fluid and cursive, with a large initial 'K'.

Kathleen Zacher-Pate, LSW
Executive Director

Compliance Review Ad-Hoc Committee Strategy Map

This strategy map is a high level summary of the committee’s work and recommendations.





Charge to the Committee

At the January 16, 2015, board meeting the Executive Committee requested board authority to create an ad-hoc committee to review the complaint resolution process. The Executive Committee determined the charge to the committee would be: *“To review the complaint resolution process with regard to transparency, accountability, cost savings, and possible efficiencies.”* The board voted unanimously to grant the Executive Committee authority to create the committee.

The Board Chair, Ruth Richardson, public board member, appointed Jason Collins, LSW board member, Rosemary Kassekert, public board member, Kenneth Middlebrooks, public board member, Carol Payne, LSW board member, and Mary Weaver, public board member, to serve on the committee. Richardson also participated in the initial meetings of the committee. Kate Zacher-Pate, LSW, executive director, Megan Gallagher, regulations analyst, and Jodi White, compliance and continuing education coordinator, served as staff to the committee. Kenneth Middlebrooks and Mary Weaver were selected to serve as co-chairs of the committee.

The Executive Committee determined the charge to the committee would be: *“To review the complaint resolution process with regard to transparency, accountability, cost savings, and possible efficiencies.”*

The Compliance Review Ad-Hoc Committee approached its work at the same time the full board engaged in overall strategic planning. On March 18, 2016, the board adopted a final version of the 2015-2018 Board of Social Work Strategic Plan. As a result of these concurrent activities, the Ad-Hoc Committee carefully considered its recommendations

and their place within the board's overall strategic plan to avoid unnecessary duplication. Some of the final recommendations developed by the Ad-Hoc Committee and priority activities identified in the strategic plan are identical, demonstrating the importance of these activities to fortify the board's complaint resolution process.

The Compliance Review Ad-Hoc Committee first met on April 24, 2015, and held a total of 16 meetings. The first several meetings focused mainly on brainstorming and creating a process for approaching the charge to the committee. Once an overall approach was agreed upon, the committee steadily worked through each of the four parts to the charge: (1) transparency, (2) accountability, (3) cost savings, and (4) efficiencies. Through this work, the committee identified over 40 possible activities to improve the complaint resolution process. In addition, the committee developed and created a one-page, visual strategy map representing a summary of the committee's highest priority activities and recommendations to the board.



Public Safety Mission and Board Authority

The Minnesota Board of Social Work is an executive branch, independent state regulatory agency responsible for licensing and regulating social workers in Minnesota. The board's public safety mission is to *“Ensure residents of Minnesota quality social work services by establishing and enforcing professional standards.”* The board's overarching goal is *“To protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers.”*

Minnesota Statutes Chapters [148E](#) and [214](#), require the board to perform the duties necessary to promote and protect the public health, safety, and welfare through the regulation of social workers, including investigating and resolving complaints against social workers. The complaint resolution process is an essential responsibility of the board's role in public protection.

The board's public safety mission is to
“Ensure residents of Minnesota quality
social work services by establishing and
enforcing professional standards.”

The board must investigate all complaints it receives against individuals over whom the board has authority. This includes applicants for social work licensure, licensees, and those using the title social worker. The board has authority to take disciplinary or corrective action against a licensed social worker when a complaint is substantiated and action is needed to protect the public. The board's complaint resolution process ensures the social worker is afforded due process, and the public is protected from licensees whose social work practice falls below safe standards, who may be incompetent, or are engaging in unethical and unsafe social work practice.



Complaint Resolution Process

Previous Evaluations

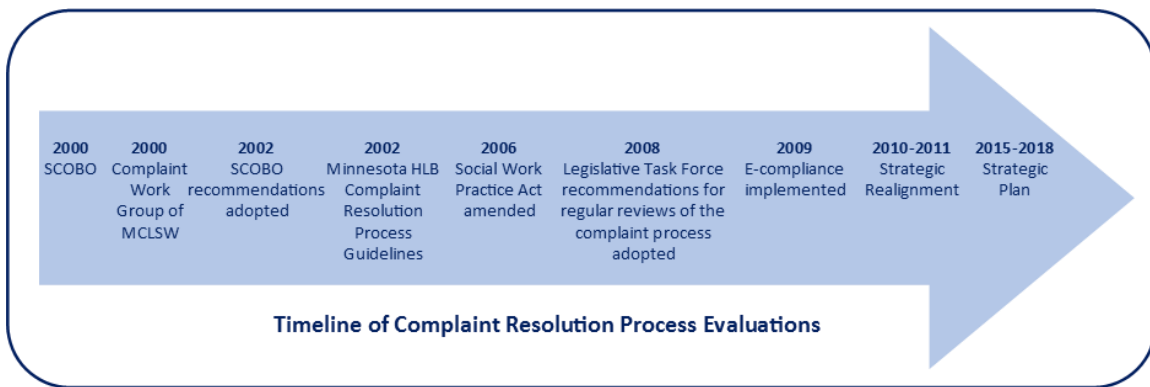
Throughout its history, the board has sought to review and improve the complaint resolution process. In January 2000, the board created a [“Special Committee on Board Operations”](#) (SCOBO) to review the board’s overall operations and make recommendations to the board on ways to streamline and reduce costs. SCOBO reviewed the complaint resolution process and made several recommendations to improve efficiency and transparency, including making more information available online and increased communication via email. In May 2002, the board adopted nearly all of SCOBO’s recommendations to improve the complaint resolution process.

In October 2000, the [Complaint Work Group Subcommittee](#) of the Minnesota Coalition of Licensed Social Workers presented a report to the board containing several recommendations for improving the complaint resolution process with a specific focus on improving the process for licensees while maintaining public protection. Some of the recommendations included notifying licensees quickly when a complaint is filed, utilizing more non-disciplinary remedies, and increased training for staff and board members.

Throughout its history, the board has sought to review and improve the complaint resolution process.

In April 2002, the Legal Services Committee of the Executive Director Forum of the Minnesota Health Licensing Boards developed [Complaint Resolution Process](#)

Guidelines. The guidelines were developed with the goals of protecting the public, resolving complaints faster, and increasing consistency in the way complaints are handled. The Legal Services Committee consisted of five executive directors, including the then executive director of the Board of Social Work. The guidelines were developed with input from a focus group consisting of several stakeholders in the complaint resolution process, including licensees and complainants. The guidelines were adopted by the executive directors of each health licensing board.



In 2006, as part of its work to clarify board authority and the standards of practice, the board successfully amended the Social Work Practice Act. At the time, these amendments made the Board of Social Work the only health-related licensing board with case resolution timelines and mandatory periodic updates to complainants. In 2012, the legislature required all health-related licensing boards to comply with similar complainant notifications as part of the Legislative Sunset Advisory Commission review.

In March 2008, the board's Legislative Task Force recommended to the full board that the Compliance Committee review the board's complaint resolution process every four years. The recommendation was adopted by the full board. The Compliance Committee indicated it would invite input from stakeholders in these reviews in an effort to increase the efficiency and effectiveness of the complaint resolution process.

The complaint resolution process is also routinely reviewed as part of the board's ongoing strategic planning. In 2009, after identifying it as a priority in strategic planning, the board successfully implemented "e-compliance," a system whereby all case material related to complaint review is scanned and digitally available to Compliance Panel

These initiatives demonstrate the board's commitment to improving the complaint resolution process, engaging with stakeholders and incorporating their feedback, meeting statutory obligations, and effectively and efficiently carrying out the board's public safety mission.

members through a secure website. This process replaced the entirely paper-based system previously used, enhancing complaint data security and making the complaint resolution process faster, less expensive, more efficient, and more environmentally responsible. Several improvements to the complaint resolution process were also included in the board's 2010 and 2011 Strategic Realignment, including continued reviews of the process. Several items in the board's current 2015-2018 strategic plan relate to the complaint resolution process including several suggestions related to improving licensee knowledge of and compliance with the requirements of the Social Work Practice Act.

These initiatives demonstrate the board's commitment to improving the complaint resolution process, engaging with stakeholders and incorporating their feedback, meeting statutory obligations, and effectively and efficiently carrying out the board's public safety mission.

Current Complaint Resolution Process

In order to develop complaint resolution process improvements, the Compliance Review Ad-Hoc Committee thought it necessary to understand the current landscape of the board's complaint resolution process. Board staff provided the following background information for committee members.

Complaint Received

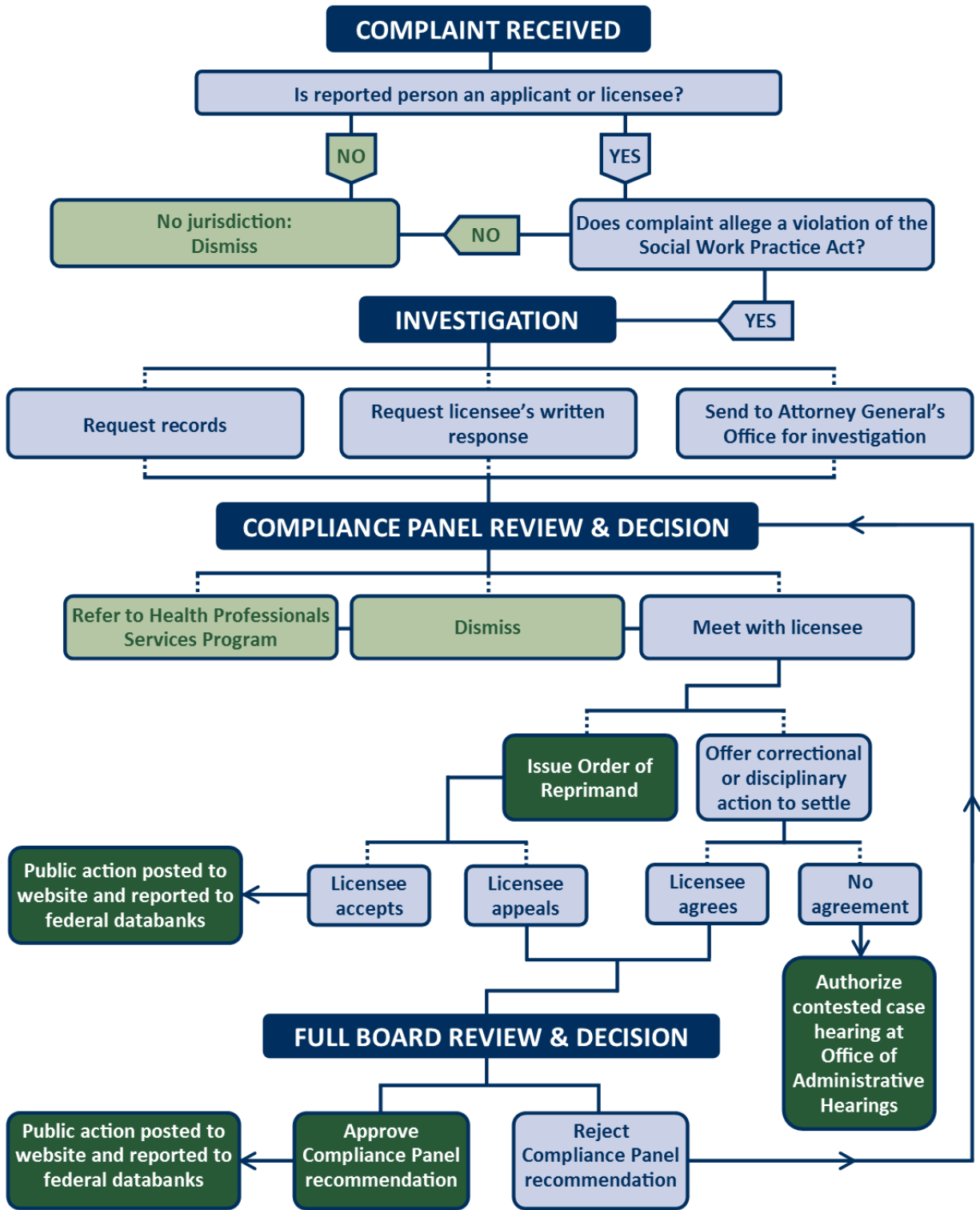
A complaint is a written report to the board alleging that someone has violated the Social Work Practice Act. Complaints can be made by clients, family members or friends

of clients, co-workers, employers, health professionals, supervisors, and others. The person making a complaint is referred to as the complainant. The board may also open a complaint as a result of information received on applications for licensure and renewal and supervision documents, from other state or federal agencies, or even based on information reported in the media.

In order for the board to have jurisdiction to investigate the complaint, the social worker named must be either an applicant or a licensee of the board, and the conduct complained about must be a potential violation of the Social Work Practice Act. The board also has the authority to investigate and take action against unlicensed individuals improperly using the social worker title. Examples of potential violations include, but are not limited to, failure to maintain professional boundaries, lack of competence, practice impaired by illness, such as chemical dependency, failure to maintain confidentiality, failure to properly document services, fraud, misrepresentation of credentials, and unlicensed practice.



COMPLAINT RESOLUTION PROCESS



Note: All data in the complaint process is nonpublic except public actions which are posted to the Board's website.

Investigation

When the board has jurisdiction over a complaint, board staff begins an investigation. In some more serious or complex cases, such as those that allege sexual contact with a client or former client, the Office of the Attorney General will conduct the investigation. Typically, an investigation involves gathering records and requesting additional information from the complainant and licensee. When an investigation is complete, the complaint and additional information obtained during the investigation are reviewed by one of two Compliance Panels. The four-member Compliance Panels are each composed of one public board member, and three licensed board members representing the diversity of the profession. Compliance Panel meetings typically occur once per month, involve discussions of confidential investigative data, and are closed to the public as required by Minnesota Statutes section 13D.01, subdivision 2(2) and 13D.05, subdivision 2(b).

Compliance Panel Review and Decision

The Compliance Panel is responsible for making all decisions regarding how to handle the complaint, with advisement from legal counsel from the Office of the Attorney General and board staff. The Compliance Panel reviews the information gathered during the investigation and determines if there is evidence of a violation of the Social Work Practice Act and, if so, whether additional action is needed to protect the public. After reviewing the complaint, the Compliance Panel may dismiss the complaint, propose corrective or disciplinary action, or determine that additional investigation is needed, such as meeting with the licensee in person. Meeting with licensees in a conference allows Compliance Panel members to receive direct input from licensees and ensure that any proposed remedy is appropriate and will effectively protect the public.

Full Board Review and Decision

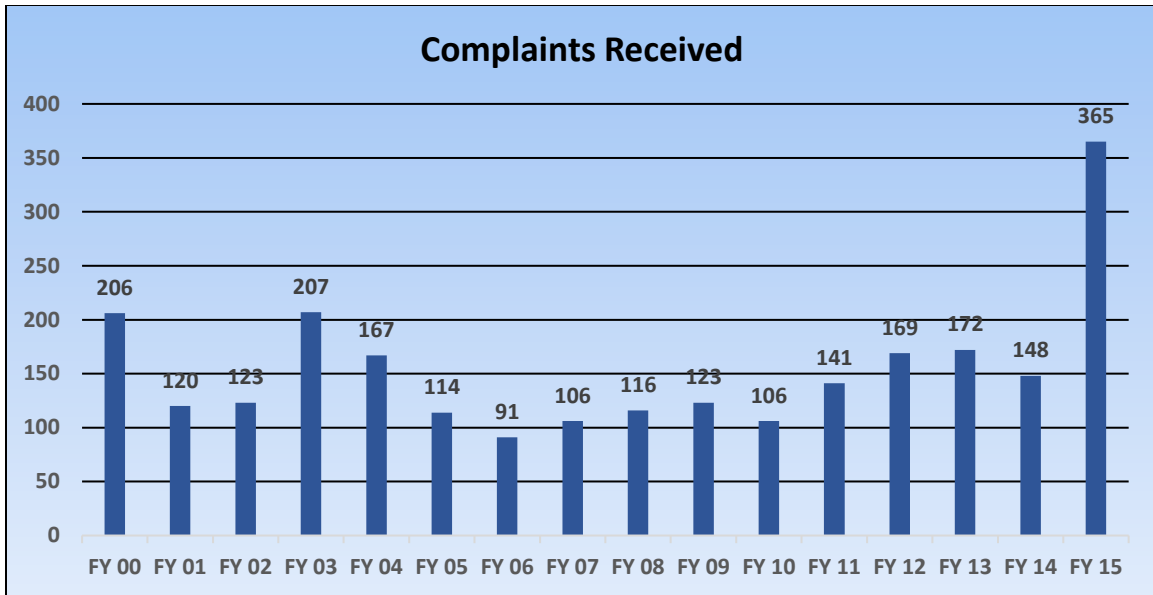
When disciplinary action is recommended by the Compliance Panel, it must be approved by the full board. All final corrective and disciplinary actions taken by the board are public and are posted to the board's website and reported to federal databanks as required by law. Complainants are also notified as to the outcome of their complaint.

Complaint Trends

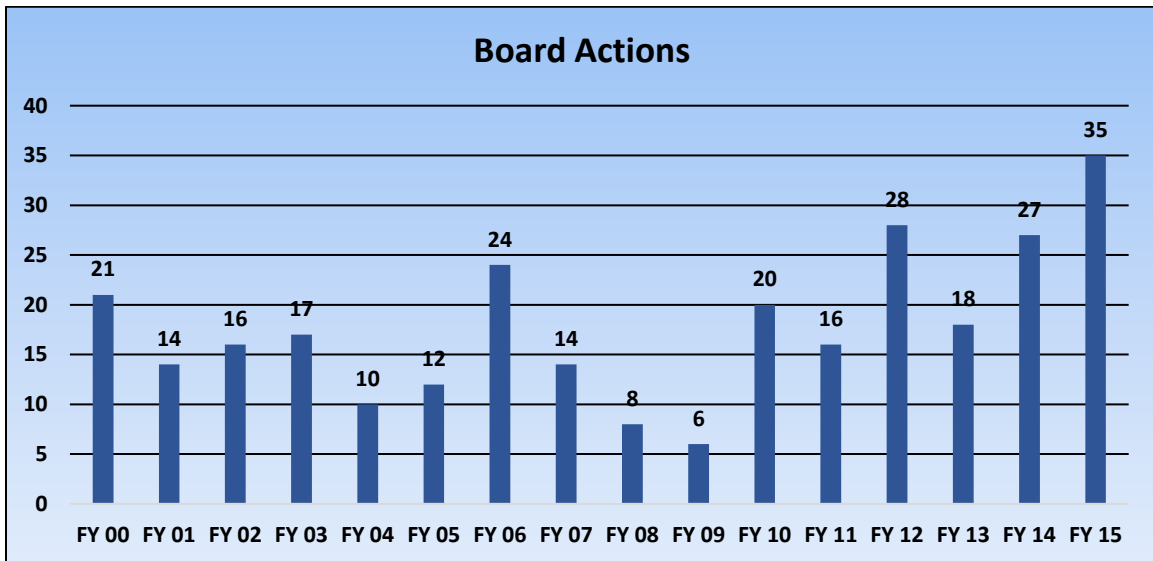
The board has recently seen an increase in the number of complaints as well as the severity and complexity of complaints. Between fiscal year 2000 and the end of fiscal year 2015, there was a 77 percent increase in complaints received. As expected with the increase in complaints, the board has also taken more public action against licensees with a 67 percent increase in public disciplinary or corrective action.

While it is unclear exactly what is causing the increase in complaints, some that may play a role include, greater knowledge of reporting requirements, an increase in the number of overall licensees, and stresses on the social work profession as a whole.

While the number of complaints has significantly increased, the number of board staff to process and investigate complaints has actually decreased, due to budget constraints, from two full-time staff in fiscal year 2000, to 1.5 full-time staff in fiscal year 2015. This has had a negative impact on case resolution time, increasing the time it takes to complete investigations and resolve complaints.



This chart shows the number of complaints received and opened, including non-jurisdictional complaints.



This chart shows the number of board actions per fiscal year. A board action is a final action of the board and can be either disciplinary or corrective. Board action results in a public document that is posted to the website and reported to federal practitioner databanks.

This chart is a comparison between the number of complaints received with the corresponding staff ratios to process complaints.

<p>FY 2000</p> <ul style="list-style-type: none"> • 2 FTE • 1 Staff per 103 complaints <p>FY 2015</p> <ul style="list-style-type: none"> • 1.5 FTE • 1 staff per 243 complaints

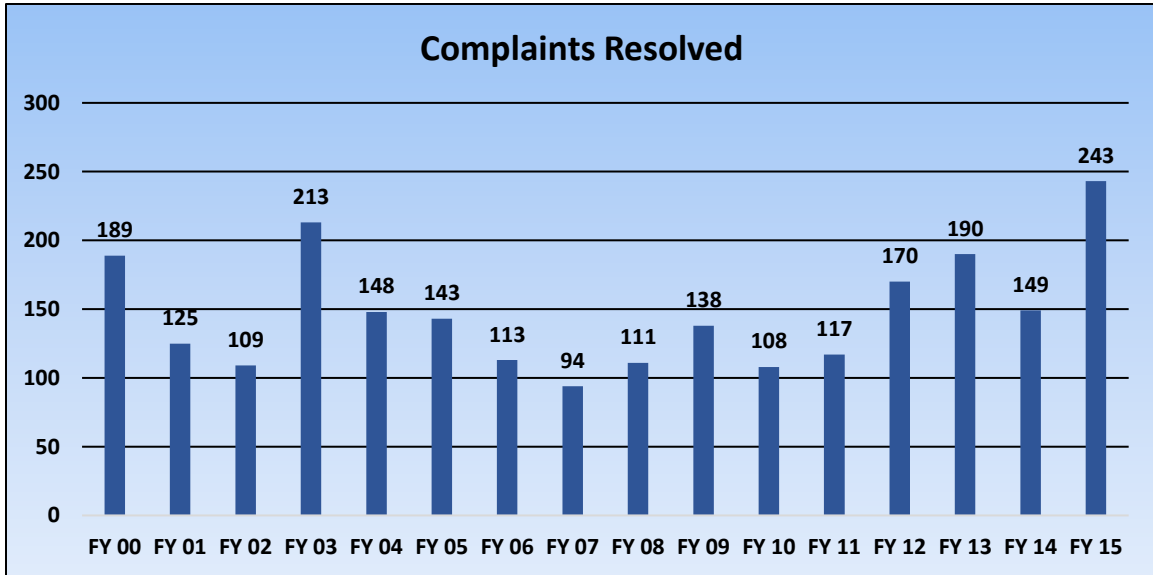
Complaint Resolution Expenses

The increased number and complexity of complaints is demonstrated by the increased expenditures in Attorney General's Office costs over the past few years.¹ In fiscal year 2011, the board budgeted \$85,000 for Attorney General costs and spent \$82,182. In each fiscal year since 2011, the Board has outspent budgeted amounts on Attorney General costs. In fiscal years 2014, 2015, and 2016, the Board increased the amount budgeted to \$150,000, and costs exceeded this amount in each year by 11 percent, 10 percent, and six percent respectively.² Increased use of the Attorney General's Office is a result of several factors such as, more complex investigations requiring face-to-face interviews and additional attorney time attending meetings and reviewing cases. In addition, there have been more cases failing to settle prior to beginning a contested case at the Office of Administrative Hearings (OAH). In fiscal year 2016, the board had six cases at OAH, including two temporary suspensions, the first ever issued by the board.

¹ Minnesota Statutes subd. 214.04 requires the board to obtain all legal services from the Attorney General's Office.

² In fiscal year 2016, actual board expenditures for the Attorney General were 16% over budget. Because total indirect expenses were exceeded by all health-licensing boards, Board of Social Work costs were reduced, resulting in a final overage of six percent. In fiscal year 2016, the board accessed funds from the Legal Cost Account for the first time ever. This account is an appropriation to the Administrative Services Unit of the health-related licensing boards to be used for costs of contested case hearings and other unanticipated legal proceedings involving health-related licensing boards.

While it is unclear exactly what is causing the dramatic increase in complaints, staff observed several circumstances that play a role. These include greater knowledge of reporting requirements, an increase in the number of overall licensees, and stresses on the social work profession as a whole related to increased caseloads and decreased budgets.



This chart shows all complaints resolved in the fiscal year. This includes all possible outcomes, including dismissal and public action. A complaint is not necessarily opened and resolved in the same fiscal year.



Summary of Process

At its first meeting in April 2015, the Ad-Hoc Committee began the task of identifying the objectives and goals of its charge: *“Review the complaint resolution process with regard to transparency, accountability, cost savings, and possible efficiencies.”* Committee members started with a review of the current complaint resolution process, previous analyses of the complaint resolution process by various groups and board committees, and a discussion of the [Minnesota Board of Nursing: Complaint Resolution Process report completed by the Office of the Legislative Auditor](#) in March 2015. These resources provided background information to guide the work of the committee.

Review the complaint resolution process with regard to transparency, accountability, cost savings, and possible efficiencies.

Defining the Charge

The committee quickly determined the best approach would be to separate the charge into four distinct categories: (1) transparency, (2) accountability, (3) cost savings, and (4) efficiencies, and analyze each category the same way. First, the committee

reviewed definitions of the categories from several sources and developed its own definition within the context of the board’s mission and the complaint resolution process.

Identifying Improvements

Before attempting to identify ways to improve the board’s work in each of the categories, the committee members listed the activities the board currently engages in that accomplish the goal of the category to establish a baseline. Finally, the committee members created a list of action items to achieve the goals at a higher level than the

What is the board doing now?” and “Where do we want the board to be?”


status quo. To do this, the committee members worked to answer the questions, “What is the board doing now?” and “Where do we want the board to be?” This basic process analysis was conducted with each of the four categories: (1) transparency, (2) accountability, (3) cost savings, and (4) efficiencies, leading to a long list of potential action items to recommend to the board.

Committee members also decided early on that a visual representation of their work, a strategy map, would be an important aid to provide a plain language, one-page summary of the recommendations. In creating this strategy map, the committee members recognized that the four categories of the charge create the acronym TACE. The group decided to highlight this acronym on the strategy map. The committee also viewed the strategy map as an easy way to track progress toward achieving the recommendations of the committee. With this framework and plan, the committee turned to transparency.

Strategic Objective: Transparency

Definition

To begin, the committee agreed that a working definition of transparency in plain language with regard to the complaint resolution process was essential. To accomplish this, the group reviewed existing definitions of transparency from dictionaries and other sources, recording ideas and suggestions on a whiteboard. Using this exercise, the group created the following definition of transparency, “Ensure easy access to clear information on the Board of Social Work complaint resolution activities.”



Ensure easy
access to clear
information on the
Board of Social Work
complaint resolution
activities

Having created a clear, concise, plain language definition of transparency, the committee agreed a definition of each category of the charge should be prominently featured on the strategy map, the visual representation of the work and recommendations of the committee. Next, the group worked to create a list of the many stakeholders who may be impacted by ensuring transparency in the board’s complaint resolution process.

Identifying Stakeholders

Before brainstorming ways to ensure easy access to clear information on the complaint resolution process, the committee wanted to identify who the board needs to reach with its efforts to improve transparency, accountability, cost savings, and efficiencies. The group considered those who interact directly with the complaint resolution process, the public, as well as others who may be interested in the process. Individuals, agencies, and groups, both internal and external, were named.

Internal stakeholders identified include board staff, board members, attorney general staff, and the Health Professionals Services Program, which is an alternative monitoring program for licensed health professionals with physical, mental, or chemical illnesses that could impair the licensee's ability to practice.

External stakeholders include the public, licensees, students, professional associations, the legislature, and others. After completing the list of stakeholders, the members agreed this list would be similar for each portion of the charge to the committee. Thus, the committee opted not to repeat this step but rather apply the list of stakeholders to the charge as a whole.



STAKEHOLDERS

INTERNAL

Staff
Panels
Board
Attorney General
Health Professionals
Services Program

Public
Governor
Legislature
Licensees
Applicants
Students
Complainants
Respondents
Association of
Social Work
Boards
National Practitioners
Databank
Other Jurisdictions
Professional Associations
Academic Programs
Media
Other Boards

EXTERNAL

Current Process

Prior to listing activities that would increase transparency, the committee spent time listing the many ways the board currently accomplishes transparency. Examples in the board's current process include posting public actions to the board's website and reporting

them to the National Practitioner Data Bank.

There are also regular reports in public board meetings regarding complaint statistics including the number of open and closed complaints, complaints by allegation, and the age of open complaints. The board also posts a significant amount of information regarding the

The committee divided the activities into five categories: board member development; public or licensee education; research; internal process; and strategic partnerships

complaint resolution process on its website, including an informational video. Produced in 2008, the video provides an overview of the entire complaint resolution process in plain language for both those making complaints and licensees responding to a complaint.

Action Items

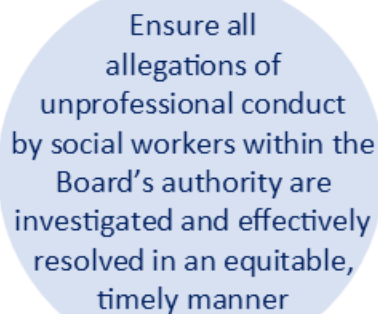
After establishing several current examples of transparency in the complaint resolution process, the committee created a list of action items to achieve greater transparency. Through a series of discussions, the group identified 18 potential actions the board could implement to improve and clarify information and access to the complaint resolution process. These action items were later refined and incorporated into the committee's overall strategic goals and recommendations to the full board.

Given the size of the list, the committee divided the activities into five categories: (1) board member development; (2) public or licensee education; (3) research; (4) internal process; and (5) strategic partnerships. Each activity was also labeled as either short-term or long-term and assigned an estimated cost of implementation. Committee members agreed the transparency priority activities, along with activities identified for accountability, cost savings, and efficiencies, should be incorporated into a final list containing all formal recommendations.

Strategic Objective: Accountability

Definition

As with transparency, the committee wanted to develop a clear plain language definition of what is meant by accountability in the complaint resolution process. Using the same technique of reviewing multiple existing definitions of accountability as a starting point, the committee developed the following definition of accountability: “Ensure that all allegations of unprofessional conduct by social workers within the board’s authority are investigated and effectively resolved in an equitable, timely manner.” As with transparency, the committee next turned to identifying current activities of the board that demonstrate accountability to the public, licensees, and other stakeholders.



Ensure all
allegations of
unprofessional conduct
by social workers within the
Board’s authority are
investigated and effectively
resolved in an equitable,
timely manner

Current Process

The committee determined the Compliance Panels are one of the most important examples of accountability in the current process. It was noted that compliance panel members always come to meetings fully prepared, are composed of a diverse group of individuals in terms of their expertise and backgrounds, include both public and licensee members, and always seek thoughtful, appropriate remedies with a focus on the board’s public safety mission. Another example of current accountability is the commitment of staff and board members to ensure the security of complaint data. Having listed many examples of the board’s current work demonstrating accountability, the committee worked to create additional initiatives in this area.


Action Items

The committee identified 11 action items to assist the board in achieving accountability. As with the list of action items for transparency, items were categorized as either short-term or long-term and any activities that may have a significant fiscal impact or require additional funding were noted. Examples of recommendations for accountability include additional education for licensees regarding the requirements of the Social Work Practice Act, re-evaluating the composition and number of meetings for compliance panels, and collecting and reporting additional complaint data. The group also ranked each action item from highest priority to lowest priority. These activities were ultimately distilled and incorporated into one final list of strategic goals and recommendations. Having completed work on transparency and accountability, the committee turned to work on the final two categories of the charge, cost savings and efficiencies.

Strategic Objective: Cost Savings

Definition

In beginning the discussion about cost savings, the committee members noted that there will be some overlap in cost savings and efficiencies but ultimately determined they must be approached as two distinct categories consistent with the charge to the committee. The committee also decided that it is essential to ensure the board has enough resources to meet its mission of public protection, and any suggested action for cost savings must include this consideration. After reviewing existing definitions and concepts of cost savings, the committee created the following definition: “Ensure public protection through ongoing evaluation and implementation of plans and policies that reduce expenses.”



Ensure public protection through ongoing evaluation and implementation of plans and policies that reduce expenses

Current Process

The committee identified examples of current and ongoing cost-saving measures that do not jeopardize public protection. These include utilizing internal staff to draft legal documents rather than relying solely on the Attorney General's Office and implementation of the license late fee for some unlicensed practice cases.³ Because both of these activities were implemented within the last year, the committee members agreed they should also be included on the final priority activity list for cost savings.

Action Items


The committee established a total of seven possible activities that would save money without endangering the public or interfering with the board's ability to meet its statutory obligations regarding complaint resolution. Additional priority activities include conducting a lean analysis of the complaint resolution business process to improve efficiency, cost per case analysis, and cost tracking. As with all priority activities lists, the committee categorized each as either short-term or long-term and gave each an overall ranking. The group noted several of the priority activities that could lead to cost savings would also improve efficiency and it was agreed those activities should be included on both lists.

³ The license late fee is a legislative initiative implemented by the board in July 2015 as a non-disciplinary administrative remedy for some cases of unlicensed practice designed to better balance enforcement of unlicensed practice with the violation.

Strategic Objective: Efficiencies

Definition

Despite the overlap with cost savings, the committee determined a separate definition of efficiencies with regard to the complaint resolution process was needed. After reviewing other definitions of efficiency and comparing efficiency to cost savings, the committee defined efficiencies as: “Ensure public protection through the necessary allocation of resources.” The implementation of the license late fee and previously recognized initiatives of internal drafting were both noted to be current processes that improve efficiency in addition to saving money. The license late fee was an innovative response to the growing number of unlicensed practice cases identified by the board. Prior to the creation of the license late fee in July of 2015, the only options for cases of unlicensed practice available to the board were public disciplinary action or dismissal. The license late fee is a non-disciplinary administrative fee assessed in cases of unlicensed practice and better balances enforcement with the violation.



Ensure public
protection through the
necessary allocation of
resources

Action Items

The committee created four additional priority activities that would allow the board to improve efficiency in the complaint resolution process while still maintaining public protection. These include implementation of a new database and online services and obtaining new hardware to allow for meetings via video conference. The committee again ranked the activities overall and as either short-term or long-term.

After successfully developing clear definitions of each category of the charge and creating a list of priority activities to achieve the goals of transparency, accountability, cost savings, and efficiencies, the committee created a strategy map to serve as a one-page, high-level summary of the committee’s work and recommendations. The committee completed multiple drafts of this document with a focus on plain language and clarity, intending for the document to be available on the board’s website. Finally, the committee began the work of combining the priority activities for each category of the charge and creating a list of overall recommendations to the board.



Committee Recommendations

Committee members agreed that to have the greatest effectiveness the recommendations to the full board needed to include a level of specificity including who would be responsible for implementing each activity, a general timeline for when to begin implementation, as well as a recommendation for regular reviews of the recommendations to allow the board to adapt to changes in the future and ensure continuous process improvement.

Strategic Goals

In reviewing the list of recommendations as a whole, the committee identified five overarching strategic goals. These goals overlay each of the recommendations and provide context to the work of the committee. The goals include: (1) fiscal responsibility, (2) equitable, timely, and fair complaint resolution, (3) continuous process improvement, (4) easy access to data, and (5) education and outreach. These five strategic goals were identified through careful consideration of the priority activities, tasks listed on the strategy map, and the charge to the committee.

Overarching Strategic Goals

1. Fiscal responsibility
2. Equitable, timely, and fair complaint resolution
3. Continuous process improvement
4. Easy access to data
5. Education and outreach

Board Strategic Plan

As a preliminary step prior to ranking the priority activities, members reviewed the recommendations for repetition and overlap with the 2015-2018 Board Strategic Plan. Several of the priority activities identified by the committee have been incorporated into the current Strategic Plan adopted by the board in March 2016. These activities include implementation of the new licensing system, development of a jurisprudence examination, and additional outreach and education activities related to informing licensees and the public about licensing laws and the standards of social work practice.

After placing the priority activities incorporated into the 2015-2018 Strategic Plan into a separate list, the committee reviewed the remaining list of recommendations to identify the best approach for ranking them.

Ongoing Priorities and Complaint Resolution Ad-Hoc Committee Activities

The committee classified several priority activities as either ongoing or that would most effectively be handled by maintaining the Complaint Resolution Ad-Hoc Committee. It was decided these activities, like those incorporated into the strategic plan, would not be considered in the overall ranking. Ongoing activities are items the board needs to regularly complete as part of the board's public protection mission. This includes activities to ensure Compliance Panel decisions and planned enhancements to the board's licensing database are effectively implemented by board staff. The ongoing activities do not have a completion date or end point.

Ongoing activities do not have a completion date and are activities the board needs to regularly complete as part of its public protection mission.

Initially, the committee recognized several priority activities as most appropriate for the board's Compliance Committee, which consists of the members of the board's two Compliance Panels. Because some of the tasks identified included items related to developing best practices for the complaint resolution process as well as ensuring the complaint resolution process is regularly reviewed as a part of overall board strategic planning, the Ad-Hoc Committee first suggested an existing board entity should be responsible for them. However, after further discussion, the members of the Ad-Hoc Committee noted the recommendations relate to the core of the complaint resolution process and are not simply tasks to be completed. For this reason, the committee viewed the recommendations as within the expertise of the Ad-Hoc Committee members. All members agreed this committee is the most effective group to take on these priority activities and assess the appropriate time to begin implementation. Thus, the committee added a recommendation to continue the Compliance Review Ad-Hoc Committee.

Short-Term Priorities

Before attempting to rank the remaining priority activities, each member ranked the activities as either short-term or long-term. The group agreed to define short-term activities as those that would be completed within approximately six to 12 months. After individually ranking each activity as short-term or long-term, the group compared rankings and

Short-term activities are achievable within 12 months and can be completed by board staff.

ultimately identified five short-term priorities. These include revising letter templates with a focus on plain language, making license history data available on the board's website, and developing regular board member training on the complaint resolution process.

The committee agreed the activities listed as short-term priorities are achievable within the 12-month time frame. It was also noted that many of the short-term priorities could be completed by board staff and presented to the full board. The committee ranked the five short-term priorities in order one through five and then began work on the 15 remaining priorities.

Long-Term Priorities

Members agreed to define long-term priorities as more than 12 months with the recognition that the activities in the long-term category will have to be reevaluated in the future with regard to the current resources and priorities of the board. Some long-term activities were placed into this category due to the large amount of resources required, such as an audit of the complaint resolution process. Others were ranked as long-term because other activities were identified as more important.

As with the short-term activities, the group first ranked the items individually and then compared their rankings as a group. Through this process, each long-term activity received a number ranking from six through 15. Examples of long-term activities include a customer satisfaction survey and additional educational materials for licensees regarding the standards of practice.

Measuring Outcomes

While recognizing the importance of every priority activity identified by the committee, the group acknowledged that the resources available, both in terms of board member time, board staff time and the operations budget, limit the number of activities that can be approached at any given time. For this reason, the committee wanted to ensure the final recommendations are presented in a framework that will allow the board to accomplish as many of the recommendations as possible. The committee anticipates that it will continue to meet regularly to track the progress of these recommendations, ensure regular reviews of the complaint resolution process, while adjusting and changing the priorities as needed to fit with the current needs and resources of the board. The Compliance Review Ad-Hoc Committee can provide updates to the full board about the progress of these recommendations to ensure that as many of the activities are accomplished as possible and to measure the impact of the committee's important charge.



After completing nearly two years of work analyzing the board's complaint resolution process, the committee identified both the strengths and difficulties of the process. The committee also developed a myriad of strategies and concrete tasks to improve the process in both the short and long-term while ensuring a commitment to continuous improvement in the future. The Compliance Review Ad-Hoc Committee recommends the following next steps to the full Board of Social Work at its January 20, 2017, public meeting.

First, the committee recommends to the full board that the Compliance Review Ad-Hoc Committee continue indefinitely for the purpose of overseeing implementation of its recommendations and ensuring continued reviews of the complaint resolution process. The committee proposes allowing board members who have the time and interest to commit to this work to volunteer to join the committee while also considering the addition of a non-voting member from the Board's Advisory Committee or consumer focused stakeholder group to provide additional perspective.

Second, the committee suggests that the Executive Committee be responsible for weaving the recommendations of the Complaint Review Ad-Hoc Committee into the board's overall 2015-2018 Strategic Plan. The Executive Committee would be responsible for prioritizing the Ad-Hoc Committee's recommendations and assigning the implementation of the recommendations back to the Ad-Hoc Committee. This is the same process the full Board has decided to use in assigning the current initiatives in the 2015-2018 Strategic Plan to the appropriate board committee.

Finally, the committee recommends that the final report of this committee be placed on the Board's website, allowing the public, licensees, and other interested stakeholders easy access to the committee's work and to track the board's progress in achieving the proposed outcomes.

The committee is confident this work will increase public protection and further ensure that licensed social workers are qualified, professional, ethical, and accountable.

Conclusion

The Compliance Review Ad-Hoc Committee views its work as a starting point that will establish the framework for completing these improvements to the complaint resolution process. The committee is confident this work will increase public protection and further ensure that licensed social workers are qualified, professional, ethical, and accountable. The committee members look forward to navigating the board to this report's destination, public protection.



Charge to the Compliance Review Committee:
Review the complaint resolution process with regard to transparency, accountability, cost savings, and possible efficiencies.

Compliance Review Ad-Hoc Committee (CRC) Strategic Goals & Priorities Recommendations

Part 1: Strategic Goals

Strategic Goals
<p>The CRC identified these overarching goals to guide its work:</p> <ol style="list-style-type: none"> 1. Monitor Expenditures and Complaint Resolution Process to Ensure Fiscal Responsibility 2. Provide Equitable, Timely and Impartial Resolution of Complaints Against Social Workers 3. Conduct Continuous Process Improvement and Best Practices 4. Ensure Easy Access to Licensure and Complaint Resolution Data 5. Increase Education and Outreach

Part 2: Ongoing Priorities

Maintaining and enhancing quality control processes are determined an ongoing, necessary activity.

ACTIVITY	Ongoing Priority
<p>Create quality control processes to ensure panel decision follow through:</p> <ul style="list-style-type: none"> • Document post-Panel meeting decisions and follow-up • Provide regular reports and progress updates to Panel • Develop and implement enhanced reporting tools in new licensing system 	Ongoing

Part 3: Policy Priorities Assigned to Compliance Review Ad-Hoc Committee

Best practice policy activities and priorities are recommended to be assigned, as a continued charge, to the Compliance Review Ad-Hoc Committee's continued work for further study and possible implementation in mid-2017.

ACTIVITY	Assignment
<p>Develop best practices for investigating and resolving complaints:</p> <ul style="list-style-type: none"> • Re-evaluate the compliance panel review process to determine whether more frequent compliance panel meetings are needed to facilitate timely review and resolution of complaints • Determine goals for timely review and resolution of complaints which meet and exceed statutory requirements • Ensure consistency by evaluating the decision making process and tracking outcomes • Ensure regular review of compliance process and recommendations in conjunction with board strategic planning 	Compliance Review Ad-Hoc Committee

Part 4: Short Term Priorities (6-12 months)

Short term activities and priorities are identified.

ACTIVITY	Short Term Priority	Ranking
Conduct compliance panel cost analysis to include per diem cost analysis with compliance panel meeting structure analysis	Short Term	1
Review and update complainant and respondent letters to ensure plain language	Short Term	2
Enhance license data on website to include license history data in license lookup online service	Short Term	3
Survey other Minnesota and national health licensing boards to gather data on how they achieve transparency	Short Term	4
Develop and schedule regular, more detailed training on complaint resolution process, issues, scenarios, and implicit bias at board meetings	Short Term	5

Part 5: Long Term Priorities (more than 12 months)

Long term activities and priorities are identified.

ACTIVITY	Long Term Priority	Ranking
Educate licensees about regulations to inform clients about the board to improve compliance <ul style="list-style-type: none"> • Flyers (responsibilities to clients) • Educational campaign 	Long Term	6
Ensure complaint resolution process information is easily accessible and includes plain language <ul style="list-style-type: none"> • Brochures • Website • Plain language communication – easy access 	Long Term	7
Educate licensees and applicants on common ethical dilemmas utilizing the Board website	Long Term	8
Create enhanced data reporting capacity with new licensing system to include: <ul style="list-style-type: none"> • Categories/types of cases • Compliance process cost analysis with cost tracking and by type of case • Length of time each complaint takes in each stage of the process • Whether complaint outcomes are handled equitably across ethnic groups and gender 	Long Term	9
Create and implement online customer satisfaction survey	Long Term	10
Engage in outreach to Governor and Legislature: <ul style="list-style-type: none"> • Present at legislative committees in addition to budget hearings • Utilize Executive Director forum to invite Legislative leaders or Governor's Chief of Staff • Educate key Legislators 	Long Term	11

ACTIVITY	Long Term Priority	Ranking
Create relationship with media <ul style="list-style-type: none"> Gather public education campaign strategies from other Boards 	Long Term	12
Conduct continuous process improvement Kaizen or LEAN event	Long Term	13
Further study cost and options to engage in audits: <ul style="list-style-type: none"> External audit: May be costly for external audit; Office of Legislative Auditor does not provide agency audits at agency request Internal audit: Minnesota Office of Continuous Improvement may provide audit service 	Long Term	14
Study the option to no longer print and mail license renewal cards and require data to be obtained at website	Long Term	15

Part 6: Priorities Incorporated in the 2015-2018 Board Strategic Plan

The following priorities and activities which overlap with the Compliance Review Committee's work are identified in the Board's 2015-2018 Strategic Plan.

ACTIVITY	Incorporated 2015-2018 Strategic Plan
Create Compliance Panel term limits to ensure Board Member rotation and service on Panels for better understanding of compliance process	Completed January 2016
Implement License Late Fee as alternative to discipline for unlicensed practice	Completed July 2015
Implement new licensing system with better data tracking	Referred to Staff Leadership Team Target date December 2016
Develop and implement a jurisprudence exam	Referred to Communication Education Outreach Committee (CEOC)
Invest in new hardware for interactive board and committee meetings	Referred to Technology Team
Produce video educational modules for website, utilizing grandfathering licensing event content (consider close captioning)	Referred to CEOC
Present educational sessions at conferences to include standards of practice and ethics, use of social media, boundaries	Referred to CEOC
Develop public service announcements	Referred to CEOC
Collaborate with health licensing boards to participate at Minnesota state fair	Referred to CEOC
Collaborate with Minnesota Department of Human Services to modify the statute and rules for Mental Health Professional to include "notwithstanding licensing board regulations" language to practice	Referred to Legislation & Rules Committee



Board Members

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Rosemary Kasserkert, Public Member

Kenneth Middlebrooks, Public Member, Co-Chair

Carol Payne, LSW

Ruth Richardson, Public Member

Mary Weaver, Public Member, Co-Chair

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