Modernization Strategic Plan — 2019-2024

A collaborative effort between counties, Tribal Nations, DHS, and MNIT@DHS to change the way we deliver human services through integrated service delivery, supported by technology.

The Modernization Strategic Plan Context

A collaborative plan

The Modernization Strategic Plan is a joint effort by counties, Tribal Nations, DHS, and MNIT@DHS (“the collaborative”). All of these groups are working to change the way we deliver human services through integration. The collaborative will use business and technology resources to support improved results and reduce disparities.

It should be noted that the DHS Office of Indian Policy is actively working to build relationships with Tribal Nations around Modernization. The involvement and level of shared ownership in this strategic plan will be determined in partnership with Tribal Nations over time. Because Tribal Nations are a critical partner in the human services system in Minnesota, they are included in this document.

Plan overview

This document provides background information about the key points that drive Modernization. It summarizes how equity is built into Modernization, and it lays out the expected results at a high level.

The following strategic plan outlines the collaborative’s (counties, Tribal Nations, DHS, MNIT@DHS) three key initiatives engage, redesign, and align — with matching goals and strategies. This plan includes the vision for the overall Modernization work, as well as integrated services business model (ISBM) and other modernization efforts like addressing aging technology systems.

Ownership and alignment

There are many planning efforts underway across the human services system that may intersect with the Modernization Strategic Plan. The Modernization Strategic Plan is unique in that it is owned by the collaborative and is overseen by the Enterprise Architecture Board (EAB). The EAB intends the strategic plan to be a living document that’s continually inspired by community and partner feedback. The partnership will use the Modernization Strategic Plan as a north star to guide decision-making and align Modernization at all levels.

The diagram below bridges the concepts of ownership and alignment:

- It shows the shared ownership of the Modernization Strategic Plan between counties, Tribal Nations, DHS, and MNIT.
- Each of these entities may have their own strategic plan (or plans, as is true in DHS) that may intersect with and support the work of the Modernization Strategic Plan.
The Modernization Strategic Plan was designed to complement and align with the DHS Agency Strategic Plan. Both plans are critical and serve distinctly different purposes:

- The DHS Agency Strategic Plan is focused on transforming DHS as an organization to benefit the people we serve.
- The Modernization Strategic Plan is focused on the collaborative’s power to create an integrated human services delivery system supported by technology.

These two plans will move forward together in coordination and alignment, alongside other efforts from the collaborative that may further modernization efforts.

**Key Drivers for Modernization**

Minnesota is shifting rapidly in many areas such as demographics, social structures, technology, and economics, which directly impacts our state’s health and wellbeing. These broad changes are driving the human services system in Minnesota to enhance the effectiveness and value of our work for the people we serve. By collaborating differently across agencies, human services system partners and communities, we can creatively generate new solutions to old problems. Modernization seeks to transform the human services system from siloed programs and antiquated technology focused on outputs to a person-centered business model, leveraging integrated services and technology to support community-wide change and improve equitable and sustainable outcomes.

Modernization strives to enhance the human services system in Minnesota in a range of capacities:

- Ensures that business and technology redesign is guided by involving individuals and families in need of services.
- Supports a future where all Minnesotans receive person-centered, community-based services that are designed to improve equitable results.
- Streamlines service access and creates connections with community resources that capture the full range of Minnesotans’ needs and experiences.
- Creates a person-centered user experience for individuals and families receiving services.
• Puts individuals, families, and authorized individuals in the driver’s seat to decide how their information is shared while protecting data privacy.
• Fosters teamwork and shared ownership between DHS, local human services agencies, Tribal Nations, and other human services system partners to create an improved and unified human services system to better serve Minnesotans.
• Provides a bridge for collaboration between all the organizations and partners involved in the human services system.
• Improves the ability to work across organizations, people, and programs to achieve an overall shared vision for service delivery transformation that includes the diverse and unique needs of the people we serve.
• Builds a flexible and innovative statewide human services system that aligns service delivery at the state, county and Tribal Nation levels.
• Provides greater ability to use data to improve case management, coordinate service delivery, conduct performance evaluation, and communicate clearly across the human services system locally and statewide.
• Enhances the ability to ensure that public funds are spent effectively by using modern technology to deliver public assistance programs.
• Necessitated by the human services system’s reliance on aging and fragmented technology systems.

Modernization Outcomes

In August 2018, EAB clarified the expected results for groups impacted by modernization as described below.

The people we serve

• Have more choice and greater control over their services.
• Only need to tell their story once and can expect coordination across the system.
• Have greater access to self-service options when it’s appropriate and if they want it.
• Experience a simplified human services system that proactively addresses individual and family needs outlined in the Social Determinants of Health and Well-Being.

People who work in the human services system

• Understand and support that modernization isn’t just about updating technology – it’s about changing program design and service delivery to improve individual and community results.
• Have the best tools and support to meet the needs of the individuals they serve.
• Use modernization and a person-centered equity lens to change the way we talk about and do our work.
• See how their work fits into an aligned human services system that balances centralized accountability with regional flexibility.

Communities across Minnesota

• Experience greater health and wellbeing.
• See reduced disparities in results.
• Notice a more efficient use of human services resources, where the needs of individuals are met more proactively using a person-centered approach.
Modernization through an Equity Lens

The Case for Equity

Individuals and communities within our larger society need the opportunity to own their present and future. Integrated services are a crucial part in helping Minnesotans thrive. That means equity is both a means to the success of quality service delivery and an end that benefits us all. The DHS Policy on Equity promotes intentional evaluation of our system’s policies, practices, and procedures. Even if they have the appearance of fairness, policies, practice, and procedures may create unintended outcomes that leave some out and continue disparities. Minnesota’s demographics are changing rapidly and broadly, resulting in a rich diversity of races, ethnicities, languages, and abilities. Advancing equity this way requires that we understand historical context and make an active investment in transforming social structures and practices over time. This ensures every Minnesotan has the opportunities and support they need to reach their full potential.

Using an Equity Lens

Equitable modernization efforts change inequitable structures and transform the underlying power dynamics, narratives, and histories that built and enabled these structures to thrive. Considering an equity lens is essential to avoid efforts that re-establish or replace one systemic inequity with another. Using an equity lens helps people understand how race, ethnicity, gender, sexuality, culture, class, religion, spirituality, wealth, abilities, and inequities affect and shape our systems.

Equitable modernization is a process that happens constantly and:

1. Maps out the forces and linkages that connect structures, culture, institutions, and individuals.
2. Promotes and influences patterns.
3. Connects patterns to learning and applications that foster a healthy system.

The Framework is:

- **Rooted in a collaborative person-centered approach**: efforts line up with a clear vision for change that recognizes the unique, individual needs of everyone in the system. The effort should repair, restore, and cultivate relationships and connections of those we serve.
- **Establishes authentic community engagement**: efforts redistribute and rebalance power. Communities are a part of decision-making rather than simply informed about decisions made. This includes providing communities with the training and information they need to make decisions that serve them.
- **Shifts the role of power from reinforcing systems of injustice to transforming them**: approach is grounded in an understanding of how established systems and structures perpetuate inequity. Examine who and what has power and how we build, redistribute and share power to transform and prevent inequities from resurfacing.
- **Addresses both the internal and human condition and the human services system to advance efforts**: approach establishes a collaboration that will advance equitable results.
The Modernization Strategic Plan

A collaborative effort between counties, Tribal Nations, DHS, and MNIT@DHS to change the way we deliver human services through integrated service delivery, supported by technology.

Vision Statement

All Minnesotans, from the people who access services to the workers who assist them, will have access to a full range of integrated, person-centered human services that are supported by comprehensive, sustainable technology.

Key Initiatives

Engage
Leverage the collaborative’s expertise and work with human services system partners, along with communities experiencing disparities, to build an inclusive, accessible human services delivery system.

Redesign
Center the human services system on the people we serve through business and technology transformation.

Align
Move forward together to align people, structures, and resources around the strategic vision for modernization.
Key Initiative: Engage

Leverage the collaborative’s expertise and work with human services system partners, along with communities experiencing disparities, to build an inclusive, accessible human services delivery system.

Goal 1: Authentically engage with the people we serve and human services system partners to incorporate their input at every stage of planning, development, and implementation.

Strategies
a) Use human-centered design principles to authentically engage with communities experiencing disparities, working toward including the people we serve at every stage of planning, implementation, and decision-making.
b) Collaborate with human services system partners to incorporate their needs and understand the potential impacts of changes related to integrated service delivery.

Goal 2: Ensure equitable and person-centered service delivery transformation across Minnesota by fostering an engaged and innovative collaborative between DHS, counties, MNIT, and Tribal Nations.

Strategies
a) Build capacity and buy-in for the collaborative, from leaders to front-line staff, to apply the equity lens for Modernization in human services transformation efforts.
b) Strategically redesign traditional roles, and responsibilities in the current collaborative to support innovative, flexible, and equitable approaches to integrated service delivery.
Key Initiative: Redesign

Center the human services system on the people we serve through business and technology transformation.

**Goal 1: Re-envision the human services system, guided by the social determinants of health and wellbeing, so that people served can choose and receive help in the manner that best meets their individual needs.**

*Strategies*

a) Implement and dedicate resources, both financial and personnel, to the Integrated Services Business Model (ISBM).

b) Ensure processes necessary to deliver services (such as payments, prior authorizations, etc.) to Minnesota residents are in place and support the collaborative’s vision of person-centered service delivery through an equity lens.

**Goal 2: Leverage data and technology as a strategic asset to enhance integrated service delivery.**

*Strategies*

a) Enhance integrated service delivery with a focus on interoperability and reusability (i.e. service-oriented architecture).

b) Design and resource an incubation space for the collaborative and human services system partners to develop, pilot, evaluate, and scale innovative ideas.
Key Initiative: Align

Move forward together to align people, structures, and resources around the strategic vision for modernization.

**Goal 1: Align resourcing to achieve the strategic vision of modernization.**

*Strategies*

a) Re-envision the resourcing model(s) and prioritization process for modernization business and technology projects, guided by the Modernization Strategic Plan.

b) Align decision-making to support emerging and existing technologies and applications.

**Goal 2: Support organizational change, communications, and evaluation efforts to enhance the process of human services system modernization.**

*Strategies*

a) Develop a cultural and organizational change management practice and communications plans to prepare the collaborative, human services system partners, and the people we serve for changes related to modernization.

b) Evaluate modernization efforts and act on learnings to support continuous improvement and determine the impact of changes on the human services system, communities experiencing inequities, and for the people we serve.
Equity Lens Tools

As the human services system moves forward with this transformation, the following frameworks work together to make up the equity lens that guides our work. Actively applying these combined frameworks as an equity lens will be a catalyst for the partnership to achieve the vision of integrated services.

**Equity analysis and community engagement**

- Communities experiencing inequities will be engaged through the planning, program development, budgeting, program evaluation and decision-making process.
- An equity analysis will be conducted for both business and technology change efforts to determine the impact on the people we serve.

**The Social Determinants of Health and Wellbeing**

- A framework focused on identifying and addressing the full range of root causes of inequities. This includes understanding the connectivity between root causes, and the need for an upstream, prevention-oriented service system that addresses racial and other inequities.
- Use to measure progress on individual and community-level outcomes over time, evaluate service system opportunities, and enhance collective impact.

**Person-centered, whole-family approach**

- System redesign will use person-centered design principles and be driven by front-line staff and consumer preferences, experiences, and values.
- Individuals can make informed choices, meet their needs, and achieve their goals. Service, policy and system redesign efforts will leverage multi-generational, whole-family, integrated service delivery approaches which are critical to advancing and accelerating social and economic mobility.

**The Human Services Value Curve**

- Through modernization efforts, the human services system in Minnesota will move toward a generative business model, with a focus on building healthy communities by co-creating community solutions for multi-dimensional family and socioeconomic challenges and opportunities.
- As investments in system redesign and modernization are prioritized, they can be evaluated against the Human Services Value Curve and how they move the system toward a generative business model.

---

1 References DHS’ Policy on Equity
Draft Measurement Framework

The partnership drafted success measures for each goal included in the Modernization Strategic Plan. These draft success measures are listed below, and will be further developed as part of a comprehensive evaluation plan and measurement framework (see Align, Goal 2 Strategy B).

Engage:

Goal 1 – Success measures
- Authentically engage diverse communities and human services system partners in X% of counties or projects in transformation work.
- X% of service system partners feel they have a shared purpose on the Social Determinant of Health and Wellbeing outcomes framework.

Goal 2 – Success measures
- X% of partners understand and apply an equity lens to their work in human services transformation efforts.
- X% of staff engaged in governance feel their involvement makes a meaningful difference in transforming human services.
- X% of partner engagement satisfaction on projects of interest.

Redesign

Goal 1 – Success measures
- Submit a program simplification policy and budget proposal based on identified opportunities through implementation of the ISBM and social determinants of health and wellbeing.
- Develop and pilot a proof of concept of a simplified statewide screening, referral and eligibility tool using the social determinants of health and wellbeing.

Goal 2 – Success measures
- Develop and pilot a proof of concept for a statewide data interoperability and sharing approach. The proof of concept should include at least three prototypes of innovative service system data uses that support an integrated services business model.
- X% of business and technology projects demonstrate an increase in accountability, efficiency and/or flexibility.

Align

Goal 1 – Success measures
- X% of technology and business resources invested directly support integrated service delivery for the state and counties.
- X% of technology and business projects leverage agile human centered design approaches

Goal 2- Success measures
- Measures TBD
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessible (accessibility)</td>
<td>Can be reached, used, seen or understood by everyone. DHS is responsible for ensuring compliance with local, state and federal nondiscrimination laws and regulations in employment and human services delivery. DHS must ensure public access to information about programs to related public and private entities that monitor or are involved with the department’s operations. Federal and state statutes, regulations, and rules require that state and county entities notify the public that their written materials are available in accessible formats to individuals with disabilities. (ISBM Definition)</td>
</tr>
<tr>
<td>Authentic community engagement</td>
<td>Consistent and persistent engagement with an entire community for the purpose of establishing a foundation of partnership, trust and empowerment. (<a href="#">LISC, 2016</a>)</td>
</tr>
<tr>
<td>Business architecture</td>
<td>A discipline that coordinates enterprise efforts to create organizational alignment, provide a framework for strategic decision-making, and align business initiatives to strategic objectives</td>
</tr>
<tr>
<td>The human services collaborative or “the collaborative”</td>
<td>“The collaborative” refers to the formal collaboration between DHS, counties, Tribal Nations, and MNIT@DHS working to transform human services delivery through service redesign, while leveraging business and technology to support improved outcomes and reduced disparities. This group is directly responsible for conducting Modernization efforts.</td>
</tr>
<tr>
<td>Communities</td>
<td>Groups of people who have common characteristics. Communities can be defined by location, race, ethnicity, age, occupation, a shared interest, or other common bonds. (Boston Public Health Commission, Community Engagement Plan 2016-2019)</td>
</tr>
</tbody>
</table>
| Communities experiencing inequities | Consist of the communities made up the following populations:  
  - *American Indians*: Decedents of the native people of North America who identify as American Indian  
  - *Persons with Disabilities*: Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment. (DHS Policy on Equity) |
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community engagement</td>
<td>The process of co-creating solutions in partnership with people, who through their own experiences, know the barriers to opportunity best. It is grounded in building relationships based on mutual respect and that acknowledge each person’s added value to the developing solutions. (Voices for Racial Justice, used in DHS Policy on Equity).</td>
</tr>
<tr>
<td>Continuous improvement</td>
<td>An ongoing effort to improve products, services, or processes. (ISBM definition)</td>
</tr>
<tr>
<td>Data interoperability</td>
<td>Data interoperability addresses the ability of systems and services that create, exchange and consume data to have clear, shared expectations for the contents, context and meaning of that data.</td>
</tr>
<tr>
<td>DHS (The Minnesota Department of Human Services)</td>
<td>The Minnesota Department of Human Services (DHS) helps to provide essential services to Minnesota's most vulnerable residents. Working with many others, including counties, tribal nations, and nonprofits, DHS helps ensure that Minnesota seniors, people with disabilities, children and others meet their basic needs and have the opportunity to reach their full potential. While the vast majority of human services in Minnesota are provided by partners, DHS (at the direction of the governor and Legislature) sets policies and directs the payments for many of the services delivered. As the largest Minnesota state agency, DHS administers about one-third of the state budget. The largest financial responsibility of DHS is to provide health care coverage for low-income Minnesotans. DHS is also responsible for securing economic assistance for struggling families, providing food support, overseeing child protection and child welfare services, enforcing child support, and providing services for people with mental illness, chemical dependency, or physical or developmental disabilities. Through licensing services, DHS ensures that certain minimum standards of care are met in private and public settings for children and vulnerable adults. DHS also provides direct service through regional offices for people who are deaf or hard of hearing; through DHS Direct Care and Treatment, which provides direct care to people with disabilities; and through the Minnesota Sex Offender Program. (ISBM Definition)</td>
</tr>
<tr>
<td>Disparities/disparity</td>
<td>A difference in health that is closely linked with social, economic, or environmental disadvantage. Health disparities impact groups that systematically experience greater obstacles including communities of color, American Indians, and persons with disabilities. (DHS Policy on Equity)</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Engagement</td>
<td>The process of collaboration and inclusion in which entities build ongoing relationships for the purpose of applying a collective vision to solve complex problems. (DHS Policy on Equity)</td>
</tr>
<tr>
<td>Equity</td>
<td>Equity is achieved when every person in a community has the opportunity to reach their full health potential and no one is &quot;disadvantaged from achieving this potential because of social position or other socially determined circumstances.&quot; (DHS Policy on Equity)</td>
</tr>
</tbody>
</table>
| Equity Analysis | An analysis of the impact of proposals, policies, and programs on various populations, with a particular focus on impact on communities experiencing inequities. The analysis shall address the following questions, contained in the Governor’s 2018-2019 Change Item Template. Specific questions analyzed may be modified based on direction from the Governor’s office and DHS’s understanding of analyzing equity impact.  
- What groups are impacted by the proposed policy or budget item? (Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans) What is the nature of the impact? Have representatives from these groups been consulted and collaborated with in order to determine how to address these impacts;  
- Is the proposed item submitted to reduce or eliminate any disparities for Racial and Ethnic groups, Lesbian, Gay, Bisexual and Transgender groups, Persons with Disabilities and Veterans? Please explain how implementation of the proposed item(s) will reduce or eliminate these disparities;  
- Are there potential positive or negative impacts on the identified groups? Explain those impacts. If negative, please adjust the proposal to achieve a more equitable outcome.  
- Can the policy or budget idea be sustainably successful? Discuss the ongoing funding, implementation strategies/opportunities, and performance measures/accountability mechanisms. (DHS Policy on Equity) |
<p>| Equity Lens     | An equity lens tool is used to identify and remove barriers and reinforce best practices in the planning, development, implementation and evaluation of our human service systems.                                                                                                                                                        |
| Evaluation      | A systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of systems, organizations, and programs as well as to contribute to continuous program improvement.                                                                                                                                  |</p>
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governance</td>
<td>Governance is the processes and systems put in place to provide direction, define decision making and align work to strategic goals. It is the collaborative’s formal shared decision-making structure to align business modernization efforts and all IT work to strategic goals. This network of groups make decisions within the scope of their charters and oversees business and technology projects. The governance structure is responsible for resource planning and management, including project prioritization and funding decisions. DHS administrations, MNIT@DHS, and counties currently appoint representatives to serve on governance groups.</td>
</tr>
</tbody>
</table>
| Human services                   | An interdisciplinary field with the objective of meeting human needs through an applied knowledge base, focusing on prevention as well as remediation of problems, and maintaining a commitment to improving the overall quality of life of service populations. This involves the study of social technologies (practice methods, models, and theories), service technologies (programs, organizations, and systems), and scientific innovations that are designed to ameliorate problems and enhance the quality of life of individuals, families, and communities to improve the delivery of service with better coordination, accessibility, and accountability.  

*See “DHS” definition for more information.*  |
| Human services system            | The human services system includes the full ecosystem of state and local government agencies, service providers, community organizations and other organizations that provide human services to individuals and families.                                                                                                                                                                                                                                                                                                                                                                                                         |
| Human services system partners   | Groups such as providers and community organizations that will be directly impacted by integrated service delivery and technology modernization efforts. These groups have a vested interest in Modernization, but are not directly responsible for carrying out the work of Modernization.                                                                                                                                                                                                                                                                                                                                                                           |
| Human services value curve       | A key framework developed by Harvard’s Technology and Entrepreneurship Center’s Leadership for a Networked World is the Human Services Value Curve. This model, along with related tools APHSA has developed, is designed to provide a roadmap for improving human services outcomes, value, and legitimacy through the lens of four different business models: regulative, collaborative, integrative, and generative.  

*[Human Services Value Curve toolkit](https://www.aphsa.org/value-curve)* from APHSA
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human-centered design</td>
<td>A broad design framework that involves human perspective in all steps of problem-solving process—observing problem in context, brainstorming, conceptualizing, developing, and implementing solutions that are usable and useful. This process considers dignity, access, and ability, incorporating culturally sound, appropriate solutions to problems in a variety of fields. Designers need understanding of their users, goals and environments; empathy is key. Human-centered design has substantial economic and social benefits for users, employers and suppliers, as highly usable systems and products are more successful both technically and commercially.</td>
</tr>
<tr>
<td>Inequities</td>
<td>Differences in outcomes that are systematic, avoidable and unjust. (DHS Policy on Equity)</td>
</tr>
<tr>
<td>Integrated Services Business Model (ISBM)</td>
<td>The ISBM is the agreed-upon framework for the integrated delivery of human services in Minnesota in the future. The ISBM was created an extensive input from counties of varying sizes as well as representatives from some of Minnesota’s tribal nations, the Minnesota Association of County Social Services Administrators (MACSSA), leadership from across the Minnesota Department of Human Services (DHS), DHS Agency Divisions, Information Technology (IT) governance teams, and Community Relations stakeholder groups, as well as county agencies in other states that are leading nationally in integrating human services.</td>
</tr>
<tr>
<td>Integrated, or integration</td>
<td>Services are coordinated and work together efficiently and effectively to help reach agreed-upon goals. From a technology standpoint, systems are able to successfully communicate and share information seamlessly. The Center for Medicaid Services refers to integration as harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit.</td>
</tr>
<tr>
<td>MNIT (Minnesota IT Services)@DHS</td>
<td>Minnesota IT Services (MNIT) is the information technology agency for Minnesota’s executive branch. MNIT@DHS partners directly with DHS on IT efforts as an arm of MNIT.</td>
</tr>
<tr>
<td>Modernization</td>
<td>A collaborative effort between counties, Tribal Nations, DHS, and MNIT@DHS to change the way we deliver human services through integrated service delivery, supported by technology.</td>
</tr>
<tr>
<td>Modernization roadmap</td>
<td>A 2018 group developed this document at the direction of the Enterprise Architecture Board describing foundational business efforts that must occur for modernization to be successful. The group also identified several “supporting technologies” that are critical to modernizing human services IT.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Multigenerational</td>
<td>A model in which the family is viewed as an emotional system in which patterns of interacting and coping, as well as unresolved issues, can be passed down from one generation to the next and can cause stress to the family members onto whom they are projected. A multigenerational approach focuses on addressing the needs of the whole family. The multigenerational model integrates child-focused services, parent and caregiver services, and adult-focused services. This model is also commonly referred to as the two-generation approach or whole family approach.</td>
</tr>
</tbody>
</table>
| Person-centered         | Person-centeredness is an important concept to modern health and human services approaches. It involves listening to people about what is important to them in order to help them live, learn, work, and fully participate in their communities on their terms. The goal is for people to lead lives that are meaningful to them.  
In the specific context of Modernization, person-centered is defined as:  
• is inspired and/or driven by an individual’s experience, values, and input;  
• respects an individual’s need to access services in the way they want to;  
• empowers individuals to make informed choices, meet their needs and achieve their goals; and  
• supports equitable results for people, families and communities. |
| Program simplification  | An enterprise-level, person-centered, and integrated tactical approach to achieving improved service goals for human services program applicants and recipients by simplifying and aligning like policies and statutes. |
| Redesign                | Innovation and service delivery redesign is less about improving individual components of existing business processes and more about improving the entire business process (or service delivery system) using altogether new thinking. For example, contracting out service delivery from the current workforce to a nonprofit, another government entity or a private company is redesign; as is consolidating two or more government entities. A good way to think about innovation and redesign is as a spectrum that spans from simple productivity improvements to complex system reform—or, in other words, from incremental to fundamental change. Productivity improvements are projects that examine processes within the established business or service delivery model. System Reform (or innovation and redesign) is at the end of the continuum, because it represents a new, fundamental, and big-impact change to a given problem.  
(Navigating the New Normal, University of Minnesota-Humphrey School of Public Affairs, p.8-9) |
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service-oriented architecture</td>
<td>A service is an IT function that is well-defined, self-contained, and does not depend on the context or state of other IT services. A service-oriented architecture is essentially a collection of IT services. These services communicate with each other. The communication can involve either simple data passing or it could involve two or more services coordinating some activity. Some means of connecting services to each other is needed.</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>Includes structural determinants and conditions in which people are born, grow, live, work and age.” They include factors like socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to health care. (KFF, The Role of Social Determinants)</td>
</tr>
<tr>
<td>State-supervised, county-administered</td>
<td>An administrative structure in which counties and local jurisdictions employ the staff and provide the services while the state monitors compliance. The state is responsible for legislative and policy development as well as compliance with federal requirements. Minnesota is one of nine states in the U.S. that has this administrative structure.</td>
</tr>
<tr>
<td>System modernization (information technology (IT) system modernization)</td>
<td>DHS — in close cooperation with counties, tribal nations and other key partners — will create a streamlined, person-centered delivery system by integrating several existing systems and re-thinking and improving social service delivery in Minnesota. IT system modernization touches all DHS human services programs. This is a comprehensive effort to streamline and modernize service delivery for all Minnesotans, focused on the following outcomes: modernize health care and human services delivery by creating a single eligibility portal for individuals in need of access to services; replace aging technology and establishing an integrated, people-centered service delivery system, including steps for eligibility, assessment, enrollment, and case management in partnership with local agencies; modernize payment and provider management for all health care and long-term care services; support a modern, people-centered care environment that includes integrated electronic health records.</td>
</tr>
</tbody>
</table>