

Worked Example — Service Design Decision Walk-Through

IMPORTANT — Scope of this resource: This is an anonymized hypothetical example demonstrating the methodology of the DHS Equity Analysis Toolkit. It does not perform equity analyses on real DSD programs, real communities, or real data. All names, figures, and scenarios are illustrative. Actual equity analyses are conducted by the appropriate authorities — your Equity Champion, the One DSD Equity Team, or the DHS Equity Director for your work area.

Content

Worked Example — Service Design Decision Walk-Through

Resource type: Tier 1 Flagship — EAT Walk-Through (Methodology Education, Not Analysis)

Adapted from: DHS Equity Analysis Toolkit Guide (Minnesota DHS) — all six steps, applied to a hypothetical service-design scenario

Library home: L01 EAT Walk-Through Library

Companion to: T02_01 through T02_10 (all EAT walk-throughs), T02_12, T02_13 (additional worked examples)

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What this step is for

Reading about methodology is one thing; seeing it applied to a concrete scenario is another. This worked example walks through all six steps of the EAT using an anonymized, hypothetical scenario: a DSD program area considering changes to a service-delivery model. Every section demonstrates the methodology — how to ask the questions, how to use the tools, how to apply the IS/IS NOT distinctions — without performing an actual analysis on real DSD data.

Plain-language overview

Hypothetical scenario: Metro Area Case Management Program — Transition to a Tiered Service Delivery Model

[Note: All details in this scenario are hypothetical and constructed for methodology illustration only. They do not represent any real DSD program, real data, or real community conditions.]

A DSD program area that provides case management services to adults with disabilities is considering transitioning from a uniform visit schedule (all clients receive the same number of case manager contacts per month) to a tiered service delivery model (contact frequency is calibrated to assessed client need — higher-need clients receive more frequent contact; lower-assessed-need clients receive less frequent contact).

The program lead recognizes that this change could affect different clients very differently, and that assessments of "need level" have historically reflected bias in some human services contexts. She brings this to her Equity Champion, who initiates the Equity Lens Needs Assessment.

Walk-through (the methodology)

Before Step 1: Equity Lens Needs Assessment

Questions asked:

- What is the proposal? A change to case management contact frequency, tiered by assessed need level.
- Is this a new proposal or a modification of an analyzed proposal? New — this specific tiering model has not been previously analyzed.
- Who is affected? Approximately 400 current clients of the program, across several county partners.
- Does this touch CLAS, workforce, or contracting focus areas? Yes — CLAS standards are relevant because the need assessment process involves cultural and linguistic dimensions.
- What is the timeline? Leadership would like to pilot in six months.
- Has the timeline been negotiated? The Equity Champion discusses with the program lead; the pilot launch is moved to eight months to accommodate meaningful analysis and community engagement.

Needs Assessment conclusion: Equity Analysis Track. Six-month extended timeline. Full six-step process required.

Step 1: Frame the Decision/Issue

Proposal: Transition from uniform case management contact schedule to a tiered model based on need-level assessment.

Internal impact: Affects case managers' caseload allocation; training requirements for new assessment tool; data systems for tracking tiered contact.

External impact: Affects approximately 400 clients, with differential contact levels based on assessed need. Families and caregivers may also be affected (particularly for clients whose family members are active in care coordination).

Intended community result: Clients with higher support needs receive more intensive contact, improving responsiveness and quality of care coordination for those who need it most.

Intended organizational outcome: Case manager time is allocated to highest-need clients, improving efficiency and quality metrics while maintaining service levels for all clients.

Disparity domains: Health, employment (for clients engaged in employment services), housing (for clients with housing instability), disability-specific service access.

Key question surfaced at Step 1: Need-level assessments have been documented to produce racially disparate results in other human services contexts. How will this be examined and addressed in the tool selected for DSD's tiering model?

Stakeholders identified for Step 3: Client advisory groups, disability advocacy organizations, community-based organizations serving Black, Indigenous, Hmong-origin, and Somali-origin clients, family caregiver networks.

Step 2: Gather Data and Engage Community (Data component)

Quantitative data gathered (hypothetical figures for illustration):

- Current caseload demographics: the program serves 400 clients; 38% are clients of color, 12% are from Somali-origin households, 9% are from Hmong-origin households, 6% are Black/African American, 7% are Indigenous. (Hypothetical proportions for illustration only.)
- Outcome data (disaggregated): Service goal achievement rates are lower for Black/African American clients (52%) and Somali-origin clients (49%) than for white clients (71%). (Hypothetical figures for illustration.)
- Need-level distribution (current, informal): Case managers were informally asked to categorize their caseload by intensity. Initial analysis shows no clear racial pattern, but the method is subjective.
- Literature review: Research on tiered case management in disability services (not Minnesota-specific) documents that need-assessment tools sometimes produce racially biased results when assessors have insufficient cultural training or when tools are not validated across diverse populations.

Data gaps identified:

- The proposed tiering tool has not been validated for use with Somali-origin or Hmong-origin populations.
- Current outcome data does not capture reason for service goal non-achievement — making it impossible to distinguish between client-side factors, service-side factors, and systemic access barriers.
- No data exists on caregiver and family experience of current service frequency.

Plan for gaps: Conduct literature review on assessment tool equity validation. Partner with the CECLC to conduct community listening sessions (Step 3). Add "reason for non-achievement" field to case manager notes during the pilot.

Step 3: Community Engagement

[Note: Community engagement is the responsibility of DSD program areas and the CECLC. This section illustrates the methodology; it does not conduct or advise on engagement with specific communities.]

Engagement conducted (hypothetical methodology illustration):

The Equity Champion, working with the CECLC, organizes three listening sessions with client advisory members and advocacy partners:

- Session 1: Client advisory group (mixed demographic); focus on current service experience and concerns about a tiered model.
- Session 2: Somali-origin and Hmong-origin community advocacy partners; focus on cultural and linguistic dimensions of need assessment.
- Session 3: Disability advocacy organizations serving Black and Indigenous clients; focus on bias in assessment tools and community trust.

Key findings from engagement (hypothetical):

- Clients express concern that "lower need" designation will reduce access to a relationship with a trusted case manager — and that the relationship itself is a service, not just the frequency of contacts.
- Somali-origin advocacy partners flag that need assessments conducted through interpreters may systematically underestimate need when interpreters are not trained in disability-specific terminology.
- Indigenous advocacy partners raise concerns about data sovereignty and how need-level data will be used, shared, and stored.

Step 4: Identify Burdens, Benefits, and Disparities

Benefits identified:

- Higher-need clients who are currently receiving the same contact level as lower-need clients would receive more intensive support — potentially improving outcomes for clients with the highest support needs, who are disproportionately clients of color.

Burdens identified:

- If need-assessment tools are not culturally validated, assessment scores for Somali-origin and Hmong-origin clients may be systematically underestimated — leading to less frequent contact for clients who actually have higher needs.
- Loss of relationship continuity for lower-assessed-need clients may disproportionately affect communities where trust in service providers is harder to build and easier to lose — particularly Black/African American and Indigenous clients with historical reasons to distrust government services.
- The interpreter-mediated need assessment gap creates a direct access risk for clients with limited English proficiency.

Unintended consequences identified:

- The tiering model may improve outcomes metrics (case manager efficiency) while actually reducing equity in outcomes (disproportionate reduction in contact for systematically under-assessed communities).

Modification recommended: Select a need-assessment tool that has been validated across diverse populations OR commission a validation study before implementing the tool. Add a cultural and linguistic appropriateness standard to the tool selection criteria.

Complementary strategy recommended: Design a "relationship continuity" provision for clients who transition to lower-contact tiers — ensuring that case manager-client relationships are maintained even at reduced contact frequency.

Step 5: Implementation Planning

Strategy — Action/Task — Person Responsible — Deadline — Resources

Select equity-validated need-assessment tool — Literature review + consultation with assessment experts — Equity Champion + Program Lead — 60 days — 0.25 FTE staff time; \$500 for expert consultation

Validate tool for priority language populations — Partner with CECLC and advocacy partners for validation review — CECLC Lead — 90 days — CECLC existing capacity; 2 community partner honoraria

Relationship continuity provision designed — Policy drafted: minimum contact standards regardless of tier — Program Lead + Equity Director — 30 days post-tool selection — Policy team existing capacity

Staff training on need assessment and bias — 4-hour training including cultural humility and interpreter protocol — Training Coordinator — Before pilot launch — Training materials; interpreter for Somali/Hmong sessions

Pilot monitoring plan developed — Define metrics; assign monitoring responsibility; design feedback loops — Equity Champion — Before pilot launch — See Step 6

Feasibility test: Realistic: Yes. Adequately funded: Mostly — expert consultation budget requires approval.

Personnel: Adequate with CECLC partnership. Mechanisms for implementation: Pending policy draft. Data collection and community engagement: Yes — monitoring plan in development.

Step 6: Monitor, Evaluate, Adjust

Quantity: Number of clients in each tier, disaggregated by race; number of contacts per client per month.

Quality: Case manager and client satisfaction; interpreter protocol adherence; assessment score distribution by race.

Is anyone better off? Outcome achievement rates by race and tier; disparity in outcome rates between racial groups over 12-month pilot.

Pre-specified adjustment trigger: If assessment score distribution shows statistically significant racial disparity at 90-day review, pilot pauses for assessment tool re-examination.

Feedback loop: Quarterly check-in with advocacy partners from Step 3; client satisfaction survey at 6 months, disaggregated by race and primary language; case manager reflection sessions.

Community reporting: Findings shared with advocacy partners at 6 and 12 months; full pilot report posted on SharePoint.

IS / IS NOT (for this worked example)

This worked example IS — This worked example IS NOT

A methodology illustration using a hypothetical scenario — An analysis of a real DSD program

A demonstration of how to ask the EAT questions — A finding about any real community's experiences

A tool for teaching the methodology — A substitute for conducting an actual equity analysis

Anonymized and fictional throughout — Based on real program data or real community testimony

Common questions

Can I use this example as a template for a real analysis?

You can use the structure as a reference for understanding what each step produces. But a real equity analysis requires real data, real community engagement, and real Equity Director oversight. This example is a teaching tool, not a fill-in-the-blank template.

The hypothetical example identified burdens. Does that mean tiered service delivery is always bad for equity?

No. The example shows how to use the methodology to surface and address potential burdens — not to conclude that any specific approach is inherently inequitable. A well-designed tiered model with validated assessment tools and strong monitoring could advance equity. The analysis is the process by which you find out.

Connection to DSD goals

This worked example demonstrates how the EAT connects a specific service-design decision to DSD's broader equity commitments — identifying which disparity domains are touched, which communities are affected, and how implementation can be designed to advance rather than undermine DSD's goals.

When to escalate / where to refer

Any real scenario similar to this one should begin with the Equity Lens Needs Assessment and involve your Equity Champion and Equity Director from the start. Do not use this worked example as a substitute for the real process.

Sources

- DHS Equity Analysis Toolkit Guide — Minnesota DHS (<https://mn.gov/dhs/>) (primary source, all six steps)
- Racial Equity Impact Assessment Guide — Race Forward (https://www.raceforward.org/sites/default/files/RacialJusticeImpactAssessment_v5.pdf)
- King County Equity Impact Review — all phases (https://blog.homelessinfo.org/wp-content/uploads/King-County-Equity-Impact-Review-checklist_Mar2017.pdf)
- Racial Equity Toolkit — GARE, via Othering and Belonging Institute (https://belonging.berkeley.edu/sites/default/files/ARCHIVE/gare-racial_equity_toolkit.pdf)

- One DSD Program Charter v1.1 (one-dsd-program-charter)

Always defer to the person in front of you.

Plan for gaps: Conduct literature review on assessment tool equity validation. Partner with the CECLC to conduct community listening sessions (Step 3). Add "reason for non-achievement" field to case manager notes during the pilot.

Identify Burdens, Benefits, and Disparities

Select equity-validated need-assessment tool — Literature review + consultation with assessment experts — Equity Champion + Program Lead — 60 days — 0.25 FTE staff time; \$500 for expert consultation

Define the decision, compare evidence and impacts, document limits, and name the owner using Worked Example — Service Design Decision Walk-Through.

Connect the guidance to the person's goals, program rules, access needs, and follow-up using Worked Example — Service Design Decision Walk-Through.

Verify current authority, preserve rights and exceptions, and route interpretation questions using Worked Example — Service Design Decision Walk-Through.

Confirm the current purpose, audience, and decision authority before using Worked Example — Service Design Decision Walk-Through to define the decision, compare evidence and impacts, document limits, and name the owner.

For program service staff, use Worked Example — Service Design Decision Walk-Through to define the decision, compare evidence and impacts, document limits, and name the owner; apply the guidance in the person-specific workflow, explain options accessibly, and document the next step. Start by plan for gaps: Conduct literature review on assessment tool equity validation. Partner with the CECLC to conduct community listening sessions (Step 3). Add "reason for non-achievement" field to case manager notes during the pilot.

Do not replace official legal, policy, clinical, supervisory, program, or Tribal authority.

Do not infer an individual's identity, preferences, needs, or experience from group-level information.

State uncertainty, use current authoritative sources, and escalate when the decision exceeds the user's role.

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document limits, and name the owner using Worked Example — Service Design Decision Walk-Through. Step 5. Connect the guidance to the person's goals, program rules, access needs, and follow-up using Worked Example — Service Design Decision Walk-Through. Step 6. Verify current authority, preserve rights and exceptions, and route interpretation questions using Worked Example — Service Design Decision Walk-Through. Step 7. Confirm the current purpose, audience, and decision authority before using Worked Example — Service Design Decision Walk-Through to define the decision, compare evidence and impacts, document limits, and name the owner.