



MACSSA POLICY PAPER

The Future of County Human Services

A MACSSA Policy Statement and Analysis

Summer 2005

Drafted by:
MACSSA Policy Committee

Adopted by MACSSA
June 23, 2005

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**THE FUTURE OF COUNTY HUMAN SERVICES
A MACSSA POLICY STATEMENT AND ANALYSIS
JULY 1, 2005**

EXECUTIVE SUMMARY

The Minnesota Association of Social Service Administrators (MACSSA) has created this document with the intent of helping guide discussion about the future of County Human Services with policy-makers, the State DHS, Health Plan Organizations, and community service partners. The question to answer is simply, "how do we want the future to look?" While Counties have a long, proud history of providing quality services to low-income and vulnerable people, it is recognized and appreciated that change is inevitable.

The ultimate goal is to assure that Minnesotans are safe, healthy, independent, and able to support themselves and their families. Within that context, there exists the reality that significant forces – political, economic, and social – are suggesting the need for new service models that may better help achieve that goal and improve the quality of life for all citizens. It is hoped that prior to wholesale modification of services and programs currently administered by Counties, new suggested models will be supported by research and/or experiential data proven to be effective. By demonstrating effectiveness, not only will the desired results be attained, but adverse and unintended consequences will be avoided.

This document defines the collective mission of Minnesota county human service agencies as "promoting and integrating a proactive, adequately funded, cost-effective, and community based human service system that improves the health and well-being of families, children, and adults". The vision that Minnesotans will be safe and healthy, will live as independently as possible, and will be able to support themselves and their families is one that will continue into the indefinite future.

"Mega-trends" such as increased emphasis on privatization, care integration, regionalization, de-institutionalization, and consumer direction will influence decisions on how county human services agencies can position themselves strategically for the next 5-10 years to better achieve their mission and vision.

A key factor in the success of Minnesota's public human services system in the future is the need for a true partnership between counties and the State of Minnesota. To the extent that county human service agencies and the

Department of Human Services collaborate as partners, the shared goal of serving the public good can be furthered.

In reviewing the options outlined in this document, it is the recommendation of MACSSA that county human service agencies work collectively with the Association of Minnesota Counties, individual County Boards, the Minnesota Department of Human Services, consumer advocates, and other interested parties to re-focus resources on the following activities, which *counties are uniquely positioned* to provide:

1. **Protection of Vulnerable Populations:** MACSSA recommends that counties maintain the crucial government role of assuring for the protection of neglected, dependent, and vulnerable people in the community.
2. **Comprehensive Local Service Integration:** MACSSA recommends that counties maintain the responsibility to assure that local services needs are met by enhancing or developing local resources.
3. **Direct Service Provision:** MACSSA recommends that counties maintain responsibility for screening consumers for program eligibility, assuring their health and safety, and determining the appropriate level of contracting services, while providing ongoing fiscal oversight.
4. **Utilization and Monitoring the Private Sector:** MACSSA recommends that counties maintain responsibility for oversight of contracting providers through certification, quality assurance, and evaluation activities. It is further recommended that Counties enhance their direct service functions by utilizing increased private service provider contracting.
5. **Multi-County Partnership:** MACSSA recommends locally determined multi-county regional partnerships to improve service delivery.

In conclusion, if consensus can emerge on what the appropriate and necessary role of Counties should be in the Human Services Delivery System of the future, there is no question that the ultimate beneficiary will be the service consumer. The challenge going forward is to re-align systems and governmental structures to accomplish a new strategic direction for the future of county human services.

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INTRODUCTION

The Minnesota Association of Social Service Administrators (MACSSA) has created this document with the intent of helping guide discussion about the future of County Human Services with policy-makers, the State DHS, Health Plan Organizations, and community service partners. The question to answer is simply, "how do we want the future to look?" While Counties have a long, proud history of providing quality services to low-income and vulnerable people, it is recognized and appreciated that change is inevitable.

The ultimate goal is to assure that Minnesotans are safe, healthy, independent, and able to support themselves and their families. Within that context, there exists the reality that significant forces – political, economic, and social – are suggesting the need for new service models that may better help achieve that goal and improve the quality of life for all citizens. It is hoped that prior to wholesale modification of services and programs currently administered by Counties, new suggested models will be supported by research and/or experiential data proven to be effective. By demonstrating effectiveness, not only will the desired results be attained, but adverse and unintended consequences will be avoided.

MEGA-TRENDS REDEFINING THE FUTURE OF COUNTY HUMAN SERVICES

Recently, in *Minnesota Counties*, Carl Neu wrote about the future of county government. The thrust of Neu's message is that various "mega-trends" are "redefining" the future of county government. Neu urges counties to embrace the "profound transformation" on the horizon. Counties, he argues, need to affirmatively position themselves in relation to these trends – to change – rather than merely reacting to changes that could otherwise diminish the role and effectiveness of county government.

A number of proactive efforts have arisen nationwide and in Minnesota, as a result of the growing sense that counties need to position themselves for the future. In Minnesota, the Association of Minnesota Counties (AMC) "County Futures Project" is hard at work "discovering and promoting opportunities for dynamic change." At the same time, AMC affiliates are looking internally for opportunities to better meet their charge of enhancing the public good.

For example, MACSSA is examining ways to better meet its public service mission of serving vulnerable populations, and thereby refining its vision of the future. County human services agencies must collectively and proactively determine their strategic direction. Succinctly, the question must be asked: Where do county human services agencies have a competitive advantage in providing or managing services, and, if so, how can that advantage be leveraged into a role for the future that adds real value for consumers?

Asking what counties are able to do better than other entities suggests another level of consideration: what activities aren't counties best positioned to do, and what might be given up? This process of questioning and being open to change must include a willingness to step aside and diminish a role that another entity may be better able to assume. Since counties don't exist for reasons of self-perpetuation or profit, but rather for a public purpose, they must consider things they should stop doing toward achieving a greater good.

When weighing these difficult questions in relation to county human services administration, it is helpful to reflect on various "mega-trends" developing within the world of human services. In each of these new realities is a role for county government - a role that MACSSA, in partnership with AMC, is working to define.

Five Human Services Mega-Trends

Privatization

The Minnesota Department of Human Services increasingly looks to health plan organizations to manage both medical and social services, arguing that managed care can offer cost containment and accountability, sometimes lacking in county government.

Care Integration

Another advantage attributed to managed care organizations is their presumed ability to better integrate care for consumers. A new buzzword - "integration" - implies (depending on the population in question) improved coordination of medical and social services in general, or of acute/primary medical care and long term care, specifically.

Regionalization

Various parties question the effectiveness of a county-based social services delivery system. Concerns arise about the ability to achieve equal access to services across the state, and the administrative efficiency of having 87 different service delivery entities.

De-Institutionalization

As an example of an effective state-county partnership, great success has been achieved in moving individuals with developmental disabilities out of large state institutions and into the community. This movement has been accomplished to a lesser degree with individuals who have serious and persistent mental health concerns. The State is presently entering a new phase of de-institutionalization in this regard. Efforts are underway to close the physical plants of many of the aging, state Regional Treatment Center facilities, and move more individuals with serious and persistent mental health concerns safely into the community.

Consumer Direction

Continuing efforts are also underway to transition consumers from a county-managed system of service coordination to a consumer-managed program. This requires new roles for counties by managing program integrity and ensuring consumer protection.

As MACSSA and AMC move forward in the process, of determining the “future of county human services,” it will be imperative to find a “fit” for county government, in light of these five mega-trends. Some may view these mega-trends as a threat to the status quo. To the contrary, MACSSA believes it is in consumers’ collective long-term interest to view these mega-trends as opportunities to keep counties relevant and responsive to public needs into the future.

COUNTY VALUES AND BELIEFS

MACSSA has adopted the following principles which are believed to be essential in a quality human service delivery system. The fundamental assumption is that locally administered human services are of significant value to both consumers and communities. Although their roles may change, counties should continue to be actively engaged in the delivery of core services to populations that are reliant on them for purposes of safety and basic needs. Thus, it is MACSSA’s belief that Counties must:

- Represent the human service interest of county boards – individually and collectively.
- Value local decision-making and control.
- Value programs and strategies that are considered “best-practice” or “evidence-based”.
- Advocate and facilitate program simplification.

- Value programs and services that produce desired outcomes and results.
- Value cultural differences.
- Guarantee equal access to services for individuals across the state.
- Value local flexibility without a shift in burden or cost to other counties.

MISSION

MACSSA has defined its mission as follows: To promote and integrate a proactive, adequately funded, cost-effective, and community based human service system that improves the health and well-being of families, children, and adults.

VISION

MACSSA's vision for Minnesota is that:

1. People will be safe and healthy.
2. People will live as independently as possible.
3. People will be able to support themselves and their families.

MACSSA will achieve this vision by providing leadership and working in partnership with state government, consumer and advocacy organizations, and community partners to assure that publicly-funded services reflect the needs and values of local communities, accomplish desired outcomes, and are cost-effective.

In order to achieve this vision:

- There must be mutual respect for the roles and responsibilities of government at all levels, and all parties must interact as equal partners. Counties must work collaboratively with all partners to expand, develop, and strengthen relationships.
- Counties must build on existing successes and work to direct state and local resources for mutually agreed upon priorities.
- Counties must provide leadership that will empower communities to determine the best means of achieving desired outcomes.

- Counties must be results-oriented with shared responsibility and accountability for use and coordination of available resources at all levels.
- Counties must continue to be consumer-focused and accountable, as well as supportive of consumer-directed care programs.

CURRENT AND NEW COUNTY ROLES IN THE HUMAN SERVICES SYSTEM

While it is important to have a clear vision, it is equally imperative to identify what is understood to be the County role on a practical level. It is likely, perhaps inevitable, that political, economic, and social forces will continue to create a different system for many of the populations directly served by county government. In the continuum, counties wear many hats, including:

Current County Roles in the Human Services System

Essential "Safety Net" and Protective Services Functions

This is an activity that often involves the use of coercive powers (law enforcement, criminal prosecution, etc.) and a high level of intervention in the private lives of citizens (e.g., removing children from parental care). It therefore requires both data privacy protections and the public transparency/accountability provided by courts and oversight of elected officials. Counties have broad responsibility for child and adult protection, and intervene on this basis, when the mental health of an individual or their caregiver presents a safety concern. Another example includes county-initiated mental health commitment proceedings in instances where a person is deemed to be harm to himself/herself or others.

Payor

Counties often pay the costs for individuals who are not covered by private insurance, or who are ineligible for publicly-funded insurance. Uncompensated care has not been quantified across the service spectrum, but it is believed to be significant. Counties pay a local funding match for certain Medicaid-covered services, and many provide county-funded services at 100% county cost when these services are deemed necessary, and no state, federal, or private funding exists. Examples of the payor role include:

- Mental health hold orders, many of which are privately initiated, but publicly funded at 100% county expense.
- A percentage of the costs for placement of individuals in state operated services facilities.
- Most costs for out-of-home placement for juveniles, including residential treatment and correctional facilities.

- Funding for detoxification services, mandated by state law, without a state appropriation.

Eligibility Determination and Service Authorization for Publicly-Funded Programs and Services

Under Minnesota's state-supervised, county administered system, counties assist individuals and families in applying for most of the state's publicly funded health care, social service, and financial assistance programs. Counties process applications and administer cases for General Assistance Medical Care (GAMC) and Medical Assistance (MA) programs. In 2004, thirty-seven counties served as enrollment sites for the MinnesotaCare program. Counties determine eligibility for certain mental health and chemical health services, such as the CADI waiver and the Consolidated Chemical Dependency Treatment Fund. Counties also determine eligibility for cash assistance programs such as the Minnesota Family Investment Program (MFIP) and General Assistance (GA).

Purchaser of Services for Vulnerable County Residents

Counties currently use local property tax revenues and federal and state funding to purchase a broad range of human services for citizens. Counties have an existing infrastructure for developing needed services, contracting, monitoring, assuring quality, and authorizing payment for services. While counties have discretion about whom they contract with, the services and populations to be served are usually determined by state or federal law.

Policy and Service Development

Counties identify which services are needed locally, and/or required by state and federal law, and plan for their provision, through a public process involving elected and appointed county officials, consumers, and citizens. Since counties are knowledgeable about local demographics, and the make-up of the current service infrastructure, they are able to play an important role in creating a spectrum of available services. This often involves the development of new types of service, where none may currently be available, or adapting services to the special cultural or linguistic needs of new residents in a community.

Provider of Direct Consumer Services

Counties provide case management services for individuals with a range of concerns, from developmental delay to mental health issues. The County role also includes authorizing and coordinating the delivery of social services by other providers in the community. Counties provide information and referral services, as well as direct services such as crisis intervention and ongoing therapy.

Community Collaborator

Counties are partners with non-profit organizations, the private sector, and other local governments in a variety of collaborative efforts. Some examples of these include Children's Mental Health and Family Service Collaboratives and Interagency Early Intervention Councils. Because of their broad responsibilities across service areas and consumers' lifespan, counties are often called upon to convene other community partners in collaborative efforts.

Consumer Advocate

Counties assure that consumers and the general citizenry receive high quality, efficient, and safe services. Invoking regulatory powers, such as licensing, and working in partnership with state agencies and other authorities, counties ensure that facilities – from family day care to adult foster care – are safe for use by vulnerable populations. Counties also advocate for consumers to receive needed services from private sector providers and payors, such as health plans.

Possible County Roles in the Human Services System of the Future

As described above, counties are currently involved in many aspects of the human services delivery system. Following, is a discussion about a number of County Role options that might be considered in the human services system of the future.

Any New Role Must be an Appropriate Government Role

The powers of county governments vary across the country. Minnesota is what is known as a "Dillon Rule" state. This means that county boards generally only have specific authority granted to them by the state. In contrast, in non-Dillon Rule states, counties have all powers except those expressly forbidden by the state. In Minnesota, counties are an administrative arm of the state and exist in large part to administer the delivery of state-established services. Counties are partners with the state in carrying out a shared mandate to serve the public.

Each county has some degree of discretion in how they carry out these state-mandated duties, and, in addition, has the latitude to provide some services at local option. Although the authority of Minnesota counties may be somewhat diminished as compared to counties in non-Dillon Rule states, it is important to remember that county government in Minnesota is led by boards of commissioners who are elected public officials. As such, county boards are charged to lead, as well as acknowledge the will of those they represent. Commissioners are stewards of the taxpayers' money, and guardians of public safety and security.

That stewardship includes being responsible for expending significant amounts of local tax dollars to administer Human Services - Services which are largely the result of State and Federal mandates. Counties make a tremendous financial contribution to the State Human Services system. The most recent statewide report on County expenditures for Human Services (SEAGR, 2003) lists that aggregate expenditure as \$381,391,595.

As previously discussed, another function counties currently perform is that of providing direct service to consumers. It is important, when considering options for future county involvement in the human services system, to remember that unlike other providers, counties are a government entity led by elected officials.

In light of this reality, it may not be appropriate for a county to function as vendor to a large non-profit organization or health plan, because this fact could create a chain of accountability inconsistent with the county's public service mission. Since these entities often exist for a different purpose than government, the public should question whether the county can adequately carry out its mission – for example as a regulator -- when it is participating in a financial relationship as a vendor to a non-governmental entity.

New Role “Litmus Tests”: **Competitive Advantage and Market Failure**
Opinions vary widely regarding the appropriate role of government in various aspects of society. Debates between advocates of “big government” versus “limited government” span the breadth of American history. Setting aside this debate to observe a point of consensus, in policy analysis circles, it is widely held that an appropriate role for government intervention almost always exists in cases of what is known as “market failure”. This is to say that government should allow the private sector to provide goods or service without intervention, except when the “market” fails to do so, (i.e., when the private sector does not provide enough of something, or when the quality provided is not sufficient to serve the public interest). Embracing this view, counties have been examining where “market failure” exists in human services to help form an appropriate role for counties in the future.

To appropriate a microeconomic term, counties have been seeking to identify where their “competitive advantage” exists. Simply put, what things can counties do better than the private sector, because of the unique characteristics of county government? In addition to instances of market failure, situations wherein counties may actually provide better quality services would also appear to be a rational basis for government intervention.

As this premise of “market failure” or “competitive advantage” relates to human services, certain ideas have surfaced regarding potential roles counties are uniquely positioned to play in the future human service system.

Options for Counties’ Role in the Human Services System of the Future During the Next 5-10 years.

Option 1: Status Quo

Counties could continue to play the roles outlined above. A consensus is emerging, however, that the current system does not adequately serve the needs of consumers. From a county perspective, there are many problems within the current human service system infrastructure. The service delivery system is under-funded, and the current structure in some cases encourages cost-shifting from the private to the public sector.

Some variations to the “status quo” involve a shift to a regional planning/service focus, and/or different funding scenarios (e.g., a consolidated fee-for-service grant for human services, or a consolidated mental health block grant). Counties could still continue to play their same roles, if these variations were implemented.

Option 2: Cease Involvement in Human services Infrastructure

Through statutory change, counties could be completely or almost completely absolved of responsibility for human services, leaving this responsibility to the private sector and/or other governmental entities. For this to occur, other entities would have to fill extensive gaps in the current system.

Option 3: Act as a Provider for Certain More Limited Services

One of the most important roles counties play is intervening in “deep end” cases in which harm to people occurs, or imminent harm is anticipated. This activity plays out in the human services system (e.g., the civil commitment process), as well as in adult and child protection, corrections, and public safety systems, in which counties play an active role. Counties are currently the sole entities with statutory authority to accomplish these functions. Government is entrusted with the coercive powers needed to accomplish these aims, and lawmakers have never extended such authority to private services organizations. In fact, this function may be the classic example of an appropriate role for government. This is one example of “market failure.” Without publicly-funded government activity in these areas, the private market would not provide the coercive, high-risk, high-cost services needed to protect the immediate safety of vulnerable populations and the general public.

This observation leads to another quandary: the proper alignment of incentives within the human services system. If the county role were to be relegated to providing deep-end services, what incentives do other providers and payors have to participate in more preventive and front end costs, when people will always be “caught” by the public safety net? If the state were to embark upon the use of a financing model that involved capitating payments for human services to an entity other than counties (i.e., health plans), the incentive for these other entities could be to direct high-risk, high-cost consumers into the deep end services paid for and provided by counties. This does not serve the interest of consumers or the general public.

A related concern is the limited availability of service to the uninsured or underinsured – individuals needing human services who do not have private insurance, whose private insurance does not adequately cover human services, or who are both uninsured and ineligible for publicly-funded health insurance programs. Counties have traditionally had an obligation to serve these populations. If a capitated model were used and an entity other than the county becomes the risk-bearer, how do counties receive payment to adequately serve the uninsured or underinsured? Counties would need to have some of their existing provider infrastructure remain in place to serve these individuals. If that is the case, perhaps the county should retain its role as a provider of some human services, above and beyond the deep end services, and allow other risk-bearing entities to contract with the county as a provider.

In light of these and other concerns, it is imperative that counties retain their role as the provider of deep end services. The retention of this role, however, should not exist as an incentive to reduce or limit service provision by other providers for non-deep end services. If counties were to be required to relinquish their provider role in prevention and early intervention service areas, there is a need to assure that incentives would be properly aligned, and that uninsured populations would have access to services without increasing the level of uncompensated care to local governments.

Option 4: Expansion of County Based Purchasing

In a purchased service model, the county accepts a capitation payment for each covered life, much as a private health plan would. If the payment is a capitation for physical and social/community service coverage, the county may sub-contract to a private health plan to assist in managing the physical health needs of the individual. Essentially, all other duties outlined above would fall to the county. From the consumer’s perspective, if they are receiving Medical Assistance or GAMC, the county itself becomes the health plan.

There are various pros and cons to this approach, which depend on the exact organizational structure and the particular individuals covered. Here are some examples:

Pro:

1. Has the potential to better integrate social services and physical health care, particularly by combining them with other community services.
2. Minimizes the potential for cost shifting from the private to public sector, because the county is responsible for the entire spectrum of care.
3. Counties are an ideal entity to serve public-pay populations, because their mission and structure is consistent with the needs of this population.
4. In its early applications, has shown success.

Cons:

1. Broadly speaking, counties lack expertise in physical health care management.
2. County boards may not be willing or able to accept the financial risk involved.
3. This model is unlikely to be approved by the federal government in metropolitan statistical areas.
4. Concerns about lack of client "choice" in this model, since county-based purchasing programs are, by their nature, sole-source entities.

Option 5: Partnerships Between Counties and Health Plans

An idea that has yet to be fully developed is for counties and health plans to partner in the purchasing and delivery of human services. Just one example of how this might be accomplished is for counties (who have considerable expertise in the administration of the Medicaid program), and health plans (who are eligible Medicare Part D special needs program administrators), to partner as purchasers of health care for individuals dually eligible for Medicare and Medicaid. This type of partnership could bring to bear the strengths of both entities, in order to better serve consumers who have historically been bounced between two systems.

Option 6: Things Counties Are Uniquely Positioned to Do

Within the context of examining the concepts of market failure and competitive advantage, a number of potential roles for counties are defined as essential in the human services system of the future. These roles are described as follows:

A. Protection of Vulnerable Populations

Protecting vulnerable populations from harm is perhaps the ultimate example of addressing market failure. The private sector will not -- and perhaps should not, for lack of authority -- directly intervene to protect vulnerable adults and children. This is an activity that often involves the use of coercive powers (law enforcement, criminal prosecution, etc.) and a high level of intervention in the private lives of citizens (e.g., removing children from parental care). It requires both data privacy protections and the public transparency/accountability provided by courts and oversight of elected officials. Protecting vulnerable populations is statutorily defined as a mandated role for counties. An example of this role in practice is initiating mental health services that include civil commitments. Other examples include intervention in the areas of child protection, juvenile delinquency, and children with mental health concerns.

B. Comprehensive Local Service Integration

Counties are the only organizations locally who bear responsibility for the well-being of all people in the community, across all service areas. Nonprofit organizations may carve out a particular population to serve. Health plans may serve a large population from a given geographic area, but few have an actual physical presence in distant areas around the state. County Human Services agencies, however, play multiple roles, statewide. The County acts as a community-wide needs assessor and architect of the local social services system, as well as resource developer, service contractor and provider. This diversity of roles offers a comprehensive spectrum of services to local communities that uniquely places Counties at a competitive advantage over other less broadly focused service providers.

As multi-service providers, counties offer special expertise to clients who need hands-on intervention. County staff and county-contracted vendors work in homes, meeting with consumers, person-to-person. Because of their local base, counties are best positioned to link individual citizens with unique, often informal, local supports. While some consumers may respond well to "high tech" case coordination from a greater distance – counties claim expertise in intensive person-to-person, community-based service delivery.

Because of this local contact and familiarity, counties are readily able to identify gaps in local services, avoid duplication, and bring their expertise to plan and develop services and service networks that respond to community needs.

C. Direct Service Provision/Case Management

Counties view case management as a key county role and responsibility. In greater Minnesota's regional centers and in the Metro area in particular, a recent trend has been to offer additional case management options to consumers of public human services. In these instances, the consumer can choose whether a county worker or a private nonprofit worker might serve as their case manager. The reality, however, in greater Minnesota is usually that counties are the only option – no additional resources exist to provide such services. These situations in rural or semi-rural areas are clear examples of market failure, for which government must rise to fill the void. Counties should clearly continue to function as direct service providers in areas of less population in order to ensure that services are readily available.

In counties with large regional centers, or in the Metro area, the situation is different, and counties should instead focus on providing services in which there is a clear rationale to do so. Case management services can be broken down into two main categories: direct consumer service functions and operational support/administrative functions. In more populous geographic areas, some sub-tasks within the direct service category could be contracted with other providers, but for reasons of market failure/competitive advantage, some would be better kept with counties.

Counties should retain responsibility for activities relating to eligibility and service authorization, as well as those involving overall responsibility for consumer health and safety. In any arrangements involving privatization of case management services, counties should continue to be the fiscal entity for billing purposes, and contract with providers for appropriate services.

D. Monitoring the Private Sector

The mission of county social service agencies rests on supporting individuals who experience dependency, abuse, neglect, poverty, and disability. The public relies on a social service infrastructure that provides high quality services, keeps consumers safe, and makes efficient use of public funds. The state extends accountability to counties as a governmental entity with the appropriate authority and mission to accomplish these goals. Examples of ways in which counties retain appropriate oversight of these non-governmental entities exists in the following functions: **licensing, consumer advocacy with health plans and other providers, and executing and monitoring provider contracts.** This is an essential role

for counties, because the market will not ordinarily monitor itself, and non-governmental providers do not have the mission or statutory mandate to assume this responsibility.

E. Revenue Generator

Unlike other partners in the human services delivery system, counties have the unique role of generating revenue. In a service delivery system such as mental health that is generally regarded as being under funded it would seem unwise to marginalize any potential funding sources. Counties truly represent the third leg of the funding stool for public human services, along with state and federal funders.

Unlike non-profit organizations or health plans, counties have the authority to levy tax dollars. Counties are, in fact, a major funder of direct services to uninsured individuals who are in need of human services, but do not qualify for state-funded Health Care Programs. Counties are statutorily required, in some instances, to provide matching dollars for federal Medicaid funds that leverage additional resources into the system. Counties are experts at maximizing federal revenue, through advanced training of staff, and sophisticated information technology systems.

CONCLUSIONS/RECOMMENDATIONS

This document has outlined the collective mission of Minnesota county human service agencies as “promoting and integrating a proactive, adequately funded, cost-effective, and community based human service system that improves the health and well-being of families, children, and adults”. The vision that Minnesotans will be safe and healthy, will live as independently as possible, and will be able to support themselves and their families is one that will continue into the indefinite future.

“Mega-trends” such as increased emphasis on privatization, care integration, regionalization, de-institutionalization, and consumer direction will influence decisions on how county human services agencies can position themselves strategically for the next 5-10 years to better achieve their mission and vision.

A key factor in the success of Minnesota’s public human services system in the future is the need for a true partnership between counties and the State of Minnesota. To the extent that county human service agencies and the Department of Human Services collaborate as partners, the shared goal of serving the public good can be furthered.

In reviewing the options outlined in this document, it is the recommendation of MACSSA that county human service agencies work collectively with the

Association of Minnesota Counties, individual County Boards, the Minnesota Department of Human Services, consumer advocates, and other interested parties to re-focus resources on the following activities, which *counties are uniquely positioned* to provide:

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In conclusion, if consensus can emerge on what the appropriate and necessary role of Counties should be in the Human Services Delivery System of the future, there is no question that the ultimate beneficiary will be the service consumer. The challenge going forward is to re-align systems and governmental structures to accomplish a new strategic direction for the future of county human services.

APPENDIX A

Policy Committee Members

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