Caldwell County
Lenoir, North Carolina

Board of Commissioners
November 6, 2017
1:00 p.m.

Present:
Randy T. Church, Chairman
Mike LaBrose, Vice Chairman
Jeff Branch
Donnie Potter
Robbie Wilkie

Absent:
None

Staff Present:
Stan Kiser, County Manager
Kathy Greene, Clerk to the Board
Jimmy Harrison, Human Resources Director

Chairman Church opened the meeting, welcomed everyone, and introduced Aimee Wall from the School of Government.

Ms. Wall highlighted information contained in her presentation which is hereby incorporated by reference and made a part of these minutes (Exhibit A).

Commissioners expressed their concerns about varying issues including the inability of being able to provide input/direction or have any governing power or authority over employees of the Health and, particularly, Social Services Departments.

Ms. Wall informed Commissioners of a working group looking at a state, regional, and county roles to provide social services across North Carolina. She said the group was very engaged and had met twice with hopes for changes in the next couple years. Ms. Wall talked about a huge amount of funding paid to a contractor for a plan to revamp the State’s social services system. She noted an original version of a social services bill would have required regionalization of the departments; however, the working group would most likely develop a regional supervision model with a vision for transitioning into it.

With no action taken, Commissioner LaBrose moved to adjourn and, by unanimous vote, Chairman Church declared the meeting adjourned at 2:59 p.m.
Human Services Organization and Governance: Options Under NC Law

Aimee N. Wall

EXHIBIT A
Human Services – Time for Change?

- Counties are required to provide public health and social services
- In 2012, legislation opened up new opportunities for delivery of these services
- Is change needed in Caldwell County? If so, what are your options?
  - What are your goals?
  - What are your options?
  - What are some of the lessons learned thus far?
Defining Goals

- What are the county’s goals and what route will get you there?
  - Improve service delivery for citizens
  - Create a new vision for human services programs
  - Create a unified personnel system for all county personnel
  - Change the relationship between board of county commissioners and the departments
  - Identify efficiencies and reduce human services spending
  - Others?
Options

Stay the same

Options for change
Caldwell County

Board of Commissioners

Board of Health

Board of Social Services

SS Commission & other board members

County Dept. of Public Health

County Dept. of Social Services

Governing Board

Agency
Options

Public health
- District health departments
- Public health authorities
- Public hospital authority (Cabarrus only)

Social services
- Share a director
- After March 2019, regional social services departments

Both
- County departments
- Interlocal agreements
- Intra-county collaboration and consolidation
- G.S. 153A-77
Options (G.S. 153A-77)

1. Board of County Commissioners
   - Department of Social Services and/or Public Health

2. Board of County Commissioners
   - Consolidated Human Services Board
   - Consolidated Human Services Agency

3. Board of County Commissioners as a Consolidated Human Services Board
   - Consolidated Human Services Agency
PH and SS Organization and Governance
June 2012

- Not consolidated
- Consolidated human services agency (CHSA) with a consolidated human services board (Wake)
- CHSA with BOCC as governing board (Mecklenburg)
PH and SS Organization and Governance Resolutions as of October 2017

- SS & PH agencies with appointed governing boards
- Option 1 with both SS & PH agencies governed by BOCC (Stokes)
- Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Mitchell, McDowell, Watauga, Wilkes, Surry, Columbus)
- Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Gaston, Union, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare) (Stanly, Nov. 2017)
- Option 2 with consolidated HS agency include SS and other human services but not PH, governed by appointed CHS board (Polk)
- Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Swain, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow) Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)
Option One

- Departments not consolidated
- BOCC assumes powers & duties of board(s) after public hearing
- BOCC appoints dept. directors
- If public health affected, must appoint health advisory committee
- Employees subject to SHRA
Option Two

- Board of County Commissioners
  - Consolidated Human Services Board
    - Consolidated Human Services Agency
    - BOCC creates CHSA & appoints CHS board
    - Manager appoints CHS director w/advice & consent of CHS board
    - CHS director appoints person with health director qualifications
    - SHRA option
Personnel

- Now DSS and PH employees subject to State Human Resources Act (formerly known as State Personnel Act or SPA)
- If create a CHSA, BOCC may elect to remove employees from SHRA
  - If so, employees must be subject to policies that comply with the Federal Merit Personnel Standards
Federal Merit Personnel Standards

- Recruiting, selecting, and advancing employees based on merit
- Equitable and adequate compensation
- Training employees
- Retaining/separating employees on the basis of performance

- Correcting inadequate performance
- Assuring fair treatment of applicants and employees
- Assuring employees are protected against coercion for partisan political purposes

5 CFR § 900.603
Option Three

Board of County Commissioners as a Consolidated Human Services Board

- BOCC creates CHSA & assumes powers & duties of CHS board after public hearing
- Manager appoints CHS director w/advice & consent of BOCC acting as CHS board
- CHS director appoints person with health director qualifications
- SHRA option
- If agency includes PH, must appoint health advisory committee
CHS Organizations Vary

Manager
- CHS Director/SS Director
  - PH Director
  - SS Director

Manager
- CHS Director
  - PH Director
  - SS Director

Manager
- Asst. Mgr/CHS Director
  - PH Director 1
  - PH Director 2
  - SS Director 1
  - SS Director 2
  - Aging
CHS Board

Who?
- County commissioner
- 4 consumers of human services
- Professionals: Psychologist, Pharmacist, Engineer, Dentist, Optometrist, Veterinarian, Social Worker, Registered Nurse, Two physicians (one must be a psychiatrist)
- Up to 12 others

What?
- Assume all powers and duties of PH/SS boards, except hiring director
- Other powers and duties
  - Advise and consent to hiring/firing of director
  - “Plan and recommend” a budget
  - Assure compliance with state/federal laws
  - Recommend creation of human services programs
  - Perform public relations and advocacy functions
# Key Differences

<table>
<thead>
<tr>
<th></th>
<th>Board</th>
<th>Hire Agency Director</th>
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</thead>
<tbody>
<tr>
<td><strong>DSS</strong></td>
<td>Appointed; 3-5 mem.</td>
<td>Board hires</td>
</tr>
<tr>
<td><strong>PH</strong></td>
<td>Appointed; 11 mem.</td>
<td>Board hires</td>
</tr>
<tr>
<td><strong>One</strong></td>
<td>Elected*</td>
<td>BOCC hires</td>
</tr>
<tr>
<td><strong>Two</strong></td>
<td>Appointed; up to 25 mem.</td>
<td>Manager hires with advice &amp; consent of CHS board</td>
</tr>
<tr>
<td><strong>Three</strong></td>
<td>Elected*</td>
<td>Manager hires with advice &amp; consent of BOCC</td>
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* If public health affected, must appoint health advisory committee
Lessons Learned

- Organizational structure
  - Flexibility, but still must comply with state and federal mandates

- Employees
  - Advance discussion about implications of change
  - Update HR policies/ordinance in advance to comply with federal merit personnel standards
  - Open legal question about transitioning career status employees

- Advisory committees
  - Define roles, including appropriate delegation

- Information sharing
  - Don’t assume a components of a CHSA will be able to share information more freely than they could before consolidation

- Budget impact
  - Don’t assume creating a CHSA will save money
Budget Impact

- How might a county save money in human services programs when creating a CHSA?
  - Not filling vacancies, including agency director position
  - Cross-training program staff to work in both PH and SS
  - Combining back office functions such as finance, HR or IT
  - Moving operations into new, less expensive, shared space
  - Realizing efficiencies through operational changes
  - Reducing or eliminating optional services
  - Entering into interlocal agreements with neighboring counties for select services
Budget Impact

- How might a county save money in human services programs without creating a CHSA?
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  - Entering into interlocal agreements with neighboring counties for select services
Questions?

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CHSA Resources

http://www.sog.unc.edu/node/31296