CUMBERLAND COUNTY BOARD OF COMMISSIONERS
TUESDAY, FEBRUARY 27, 2018 – 11:00 A.M.
DEPARTMENT OF SOCIAL SERVICES
1225 RAMSEY STREET-CONFERENCE ROOM B
SPECIAL MEETING MINUTES

PRESENT: Commissioner Larry Lancaster, Chairman
Commissioner Jeannette Council, Vice Chair/Member Board of Health
Commissioner Glenn Adams
Commissioner Michael Boose (arrived 11:18 a.m.)
Commissioner Charles Evans
Commissioner Marshall Faircloth
Commissioner Jimmy Keefe
Amy Cannon, County Manager
Melissa Cardinali, Assistant County Manager
Tracy Jackson, Assistant County Manager
Sally Shutt, Assistant County Manager
Duane Holder, Assistant County Manager/Interim Public Health Director
Rick Moorefield, County Attorney
Vicki Evans, Finance Director
Deborah Shaw, Budget Analyst
Heather Harris, Budget Analyst
Brenda Jackson, Social Services Director
Bill Duke, Social Services
Candice White, Clerk to the Board
Kellie Beam, Deputy Clerk
Ashley Yun, Administrative Assistant to Public Health Director
Press

BOARD OF HEALTH: Dr. William Philbrick, Chair
Dr. Connette McMahon, Vice Chair
Dr. Vikki Andrews
Dr. Heather Burkhardt
Dr. Sam Fleishman

SOCIAL SERVICES BOARD: Susan Reeder
Betsy Monroe Bradshaw

1. Call to Order and Welcome

Chairman Lancaster called the meeting to order and welcomed everyone in attendance.

2. Presentation on Human Services Organization and Governance: Options Under North Carolina Law

Amy Cannon, County Manager, stated this meeting and presentation are in response to discussion the Board of Commissioners engaged in during the January goal setting session during which the Board adopted a goal to seek efficiencies and review available human services governance models. Ms. Cannon stated the first step in the process is to learn about options available under North Carolina general statutes. Ms. Cannon stated it is extremely important for the Board, as it reviews the options, to consider what it wants the outcome to be should it decide to make a change. Ms. Cannon introduced Jill D. Moore, Associate Professor UNC School of Government.

Ms. Moore stated the School of Government is non-partisan and does not advocate for any policy decisions but helps local governments understand what the options are in support of their decisions. Ms. Moore stated she will not make any recommendations or suggestions during her presentation but will help the Board understand the law as it was crafted, and lessons learned along the way. Ms. Moore stated different things work better for different counties and there is no solid research-based information for the best answer. Ms. Moore began her presentation by highlighting the following:

Thinking About Change in County Human Services

- Counties are required to provide public health and social services
- In 2012, legislation created new options for these services' departmental organization and governance which removed population thresholds in previous legislation and opened options to all counties in N. C.
- Thinking about change in your county's organization and governance?
  - What are your goals?
  - What are your options?
  - What are some of the lessons learned thus far from other counties?

Defining Goals

- What are the county's goals and what route will get you there? Goals for other counties:
  - 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
  - Other goals also expressed

Ms. Moore stated as it relates to personnel systems, employees of local departments of health and social services departments are under the State Human Resources Act and not under county personnel policies so the goal of some counties in creating a CHSA was to create a unified personnel system for all county personnel.

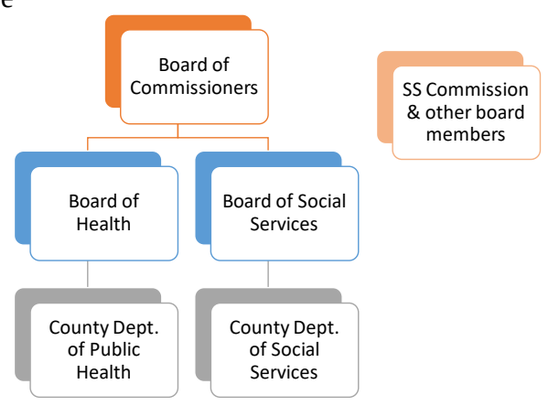
Ms. Moore outlined options under current North Carolina laws and stated a consulting firm separate from the School of Government conducted a survey of 30 counties that made changes under the 2012 legislation and determined that the top three reasons counties gave for making those changes were to better coordinate human services, to provide direct oversight by county commissioners and to have integration of the agency by county government.

Options under Current N. C. Laws

- Stay the same
- Options for different organizational structures under other laws that predate the 2012 consolidation law
- Options under 2012 consolidation law (GS 153A-77)

Ms. Moore stated under Cumberland County's current structure, the Department of Public Health and Department of Social Services boards have legal powers and duties that they exercise mostly independently and have directors that have legal powers and duties to include administering the departments.

Cumberland County Structure



Ms. Moore reviewed options under other laws as outlined below:

- Public health
  - District (multi-county) departments & boards
  - Public health authorities
  - Public hospital authority (Cabarrus only)
  -

- Social services
    - Share a director
    - ***Beginning March 2019***: Regional (multi-county) departments and boards
- Both
    - County departments
    - Interlocal agreements in the absence of a multi-county agency
    - Intra-county collaboration and consolidation without making any changes to governance structure

Ms. Moore then presented key decisions points for county commissioners looking at the three different options created by the 2012 Consolidation Law;

- How will local human services be governed?
    - Appointed board(s), or
    - BOCC assumes powers/duties of board(s); other advisory committee(s); required to have an advisory committee
- How will local human services be organized?
    - Separate agencies
    - Consolidated umbrella agency (CHSA)
- If a CHSA is created, which personnel policies apply?
    - County personnel policies
    - State Human Resources Act

Commissioner Adams inquired about the duties and functions of the required advisory committee and how often they meet. Ms. Moore stated the duties and functions are not prescribed in state statutes, but a lot of duties and functions come out of N. C. Global Health Department accreditation process which requires local boards of health to satisfy certain duties and to undertake certain activities in order to be accredited. Ms. Moore stated health departments are required to be accredited and if a board of commissioners assumes the powers and duties of a board of health, then by operation of law, all of the accreditation activities go to the board of commissioners with some being possible to delegate back to the advisory committee.

Ms. Moore highlighted the three options under the 2012 Consolidation Law:

- Board of County Commissioners
    - Department of Social Services &/or Health Department
- Board of County Commissioners
    - Consolidated Human Services Board
        - Consolidated Human Services Agency
- Board of County Commissioners as a Consolidated Human Services Board
    - Consolidated Human Services Agency

Ms. Moore presented Option One and displayed a map depicting options selected by counties throughout N. C. Ms. Moore stated under Option One, the departments are not consolidated, there is no consolidated agency and no consolidated board. Ms. Moore stated it is a consolidation of governance in that everything is brought under the board of commissioners. Ms. Moore clarified that the three options do not appear in state statutes but are options developed by the School of Government to explain the types of agencies.

Option One – BOCC Abolishes One or More Human Services Agencies/Removes Appointed Board

- *Board of County Commissioners*
    - *Department of Social Services*
- *Board of County Commissioners*
    - *Local Health Department*
- Agencies <u>not</u> consolidated
- BOCC assumes powers & duties of board(s) after public hearing
- BOCC appoints department directors
- If public health affected, must appoint health advisory committee
- Employees subject to SHRA

Ms. Moore presented Option Two and stated under Option Two there is a consolidated human services agency with a new board created. Ms. Moore stated other things considered to be human services can be consolidated and although there is no legal definition for human services, other counties have looked at services such as aging, veteran's affairs, human services transportation and youth services in these agencies. Ms. Moore also pointed out if the CHSA goes under county

policies, it is important to involve the human resources director early on to make sure the county policies are updated to include federal merit personnel qualifications that are required for many public health and social services programs. Ms. Moore emphasized that resolution must be clear as to which option is adopted.

Option Two –

- *Board of County Commissioners*
    - *Consolidated Human Services Board (up to 25 members appointed by the BOCC from a slate of individuals submitted by a Nominating Committee)*
        - *Consolidated Human Services Agency*
- BOCC creates consolidated agency (CHSA) & appoints CHS board
- Manager appoints CHS director w/advice & consent of CHS board
- CHS director appoints person with health director qualifications (statutory requirement that there be someone designated that has health director qualifications with the expectation that the individual has the powers and duties of a local health director delegated to them)
- SHRA optional (default is to go to county policies so resolution must explicitly state option is SHRA)

Ms. Moore presented Option Three and stated when a new CHSA is created, the default is to go to county policies so if the option for SHRA is selected, it must be explicitly stated in the resolution.

Option Three – Creates New CHSA and Removes Appointed Board

- *Board of County Commissioners as a Consolidated Human Services Board*
    - *Consolidated Human Services Agency*
- 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 optional
- If agency includes PH, must appoint health advisory committee

Ms. Moore provided a snapshot of social services and public health agencies with appointed governing boards as outlined below:

SS & PH agencies with appointed governing boards

Option 1 with both SS & PH agencies governed by BOCC (Graham, Stokes, Sampson [eff. April 1, 2018])

Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (McDowell, Mitchell, Watauga, Wilkes, Surry, Columbus, Pitt)

Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Jackson, Haywood, Buncombe, Gaston, Union, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare)

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 (Clay, Swain, Yadkin, Mecklenburg [no advi. comm.], 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)

Commissioner Keefe asked why some counties tend to lean toward consolidation of social services. Ms. Moore stated a pragmatic reason for some of the counties is that there are multi-county health departments, so the boards of commissioners could not assume the powers and duties of the board of health without withdrawing from the multi-county regional health department first. Ms. Moore provided a brief summary of key differences between the options as outlined below:

	Agency	Board	Hire Agency Director	Personnel
DSS	Separate	Appointed; 3-5 mem.	Board hires	SHRA
PH	Separate	Appointed; 11 mem.	Board hires	SHRA
One	Separate	Elected*	BOCC hires	SHRA
Two	Consolidated (any combo of human services)	Appointed; up to 25 mem.	Manager hires with advice & consent of CHS board	SHRA Optional
Three	Consolidated (any combo of human services)	Elected*	Manager hires with advice & consent of BOCC	SHRA optional

*If public health affected, must appoint health advisory committee (except in Mecklenburg)

Ms. Moore briefly explained what goes in a CHSA and examples of how counties interpreted what goes in a CHSA along with the range of options.

- Law does not require any particular mix of human services
- Law states may include:
  - Public health
  - Social services
  - Other county human services departments or programs

- Gaston County
  - Public Health, Social Services, Transportation, Aging, Youth Services, Child Advocacy Center, Battered Women's Shelter
- Guilford County
  - Public Health, Social Services, Transportation, County Veterans' Affairs
- Cabarrus County
  - Social Services, Aging, Transportation

Ms. Moore stated although there are no requirements for particular organization structures, there are requirements for particular types of directors and that they be appointed in particular ways.

Ms. Moore stated if the board of commissioners chooses to create a new consolidated agency, then the agency would be required to have a governing board. Ms. Moore noted under Option Three, the board of commissioners is not required to represent the categorical membership when they assume the powers and duties of a consolidation board but are required to appoint a health advisory committee.

Ms. Moore reviewed the membership of the CHS board:
- 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

Ms. Moore then reviewed the powers and duties of the CHS board:
- 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

Ms. Moore briefly reviewed the membership and powers and duties of boards of social services, public health and boards of commissioners as outlined below as well as what commissioners must do if they assume health board powers and duties.

<u>Board of Social Services</u>
Membership:
- Two members appointed by BOCC
- Two members appointed by NC Social Services Commission
- One member appointed by the other members

Powers and Duties:
- Consult with director in preparing agency budget
- Authority to inspect social services and public assistance records
- Authority to make some decisions related to Work First, Special Assistance, and services funded through the Social Services Block Grant
- Review suspected cases of fraud for some public assistance programs

Board of Health
Membership:
- County commissioner
- Physician
- Dentist
- Optometrist
- Veterinarian
- Registered nurse
- Pharmacist
- Professional engineer
- Three members of general public

Powers and Duties:
- Make policy for local public health agency
- Adopt local public health rules
- Adjudicate disputes regarding local rules or locally imposed public health administrative penalties (fines)
- Impose local public health fees
- Satisfy state accreditation requirements for local boards of health

Commissioners as Board
Board of Commissioners:
- Assumes legal powers and duties of board(s) that are abolished
- Appoints advisory committee(s)

Advisory Committees:
- Required: Health advisory committee, same membership as appointed board of health
- Optional: Additional advisory committees, or expand health advisory committee to include broader HHS with additional members

If Commissioners Assume Health Board Powers/Duties, Who Must Do What?
Board of Commissioners:
- Adopt local public health rules
- Adjudicate disputes about local rules or local fines
- Non-delegable accreditation activities:
    - Be trained in service as a public health board
    - Assure the development, implementation, and evaluation of local health services and programs to protect or promote health
    - Participate in the establishment of public health goals & objectives
    - Assure the resources to implement the essential public health services prescribed in law

Advisory Committee:
- Advise on public health matters
- Accreditation activities (if delegated by commissioners):
    - Review community health assessment data and citizen input to plan & monitor progress toward health goals; assure that community members have the opportunity to participate in developing goals
    - Communicate with governmental and private entities in support of public health funding and programs, and community health improvement
    - Advocate for public health in the community
    - Promote community-based public health partnerships

Ms. Moore stated the accreditation process imposes a number of duties on local boards in the form of accreditation activities that the board is required to satisfy and in either Option One or Option Three counties, those duties will fall on the county commissioners unless the accreditation activity specifically says the advisory committee can do it instead.

Ms. Moore reviewed lessons learned as the law has been developed and implemented over the five-year period stating these are not data-driven findings but are based on observation or anecdotes. Ms. Moore stated programs can be re-organized within a consolidated agency but some specific activities or functions that an agency carries out are often determined externally by federal or state laws and those are sometimes fairly prescriptive about what a program may or may not do.

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 well in advance
  - Open legal question about transitioning career status employees
- Advisory committees
  - Define roles, including appropriate delegation
- Information sharing
  - Don't assume 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

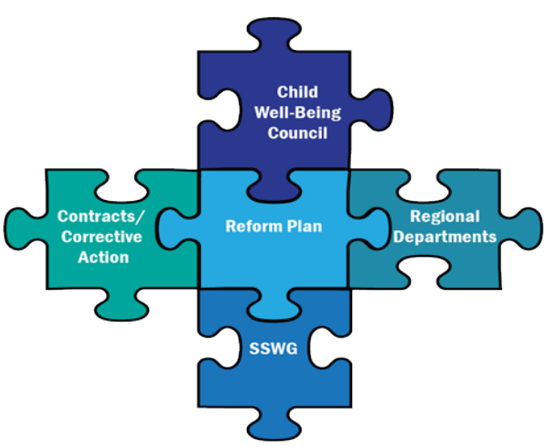
Ms. Moore highlighted what a board of commissioners needs to do if it decides to take action:

- Public hearing with 30 days' notice
- Resolution clearly reflecting chosen action

Ms. Moore stated the resolution must be clear about the option chosen and what it means. Ms. Moore briefly summarized what must be stated in the resolution for each option:

- Option One
  - BOCC assumes powers and duties of one or more boards
    - Specify which board(s)
  - Don't need to state in resolution but recognize:
    - No consolidated human services agency
    - No changes to personnel – employees stay under SHRA
- Option Two
  - BOCC creates CHSA with appointed CHS board
  - Specify which departments/programs will be part of CHSA
  - Board must be appointed from nominees presented by pre-consolidation boards
  - Specify which personnel policies will apply to CHSA
    - If SHRA, say so
    - If county policies, prepare for change
- Option Three
  - BOCC creates CHSA and assumes powers and duties of CHS board
  - Specify which departments/programs will be part of CHSA
  - Specify which personnel policies will apply to CHSA
    - If SHRA, say so
    - If county policies, prepare for change

Ms. Moore concluded her presentation and stated although she did not intend to discuss the remainder of the slides, she at least wanted to make them available because they provide a brief overview of S.L. 2017-41 (H630) and the Social Services Work Group. Ms. Moore stated the Social Services Work Group does not mandate regionalization but is looking at a lot of issues including regional supervision and different ways to organize social services organizations, one of which is an option in March 2019 for counties to create regional social service organizations.



- Stage One
    - Once reform is underway at the State level, how should a new and improved State system use regional offices to provide oversight and support for the county departments administering the social services program?
- Stage Two
    - In the county-administered system, what change is needed to improve coordination and collaboration at the county level?
    - What would a regionally-*administered* system look like?

Discussions:

- Supervisory functions
    - What is involved in supervising social services administration?
    - Who does what? Central v. Regional v. County
- Staffing model
    - What types of staff should be in the regional offices?
- Maps
    - What factors are important when designing regions?
- Relationship with Board of County Commissioners
    - Should the BOCC have an expanded role in supervision of DSS when there are challenges facing the agency?

Timelines:

- Stage One Report 4/15/2018
- DHHS Plan 11/15/2018
- NCGA Acts?
- Regional Supervision? 3/1/202
- Stage Two Report 2/1/2019
- NCGA and/or DHHS Acts?

3. Questions

Commissioner Keefe asked whether any of the agencies look after mental health because many consumers use the same services and consolidation may help with efficiencies of services. Ms. Moore stated one of the rewrites to the law in 2012 said what cannot be included in a consolidated agency, one of which is the part of mental health that is the responsibility of the LME/MCO. Ms. Moore stated however, there are number of health departments in the state that have started to have contracts for services related to mental health which can be included if it is the health department that is brought into the consolidated agency and if the county has interest and resources.

Duane Holder provided closing remarks. Chairman Lancaster thanked everyone for attending.

There being no further business, the meeting adjourned at 12:00 p.m.

Approved with/without revision:

Respectfully submitted,

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Candice H. White
Clerk to the Board