A Changing Landscape: Organization and Governance Options for Human Services

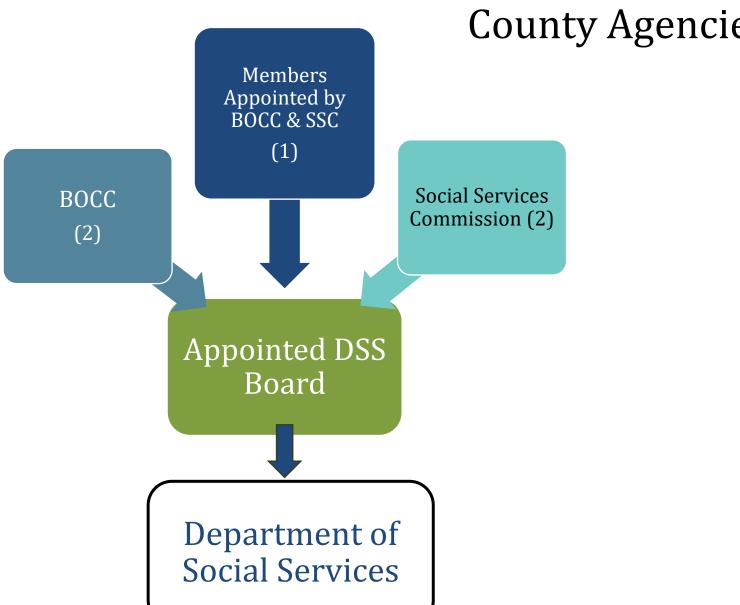
Kristi Nickodem

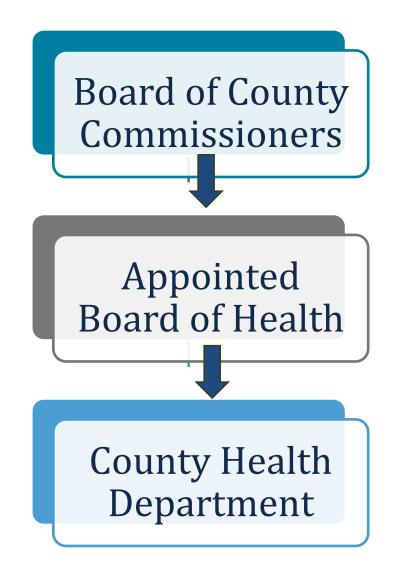
Robert W. Bradshaw Jr. Distinguished Term Assistant Professor of Public Law and Government

March 4, 2024



Traditional Structures for County Agencies





What changed in 2012?



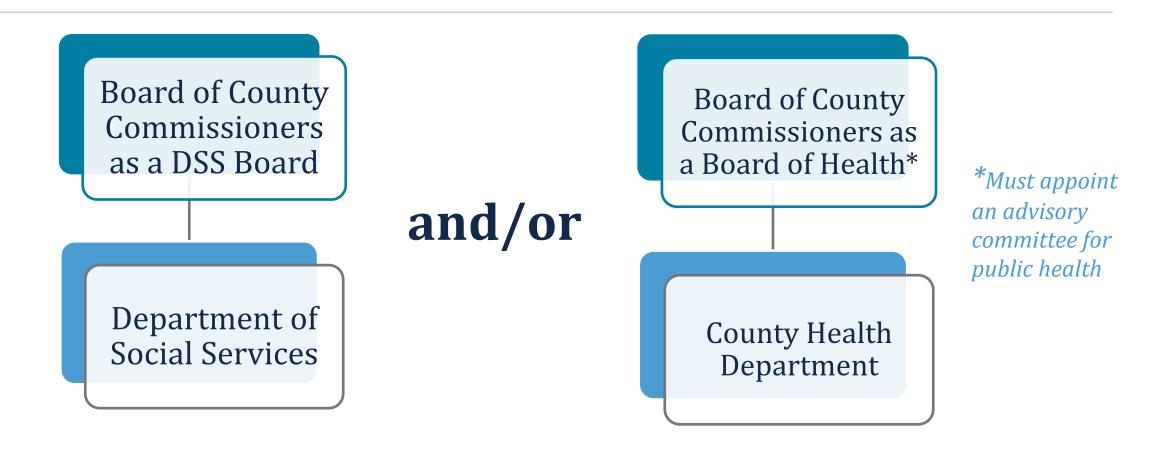
S.L. 2012- 126

BOCC can assume direct control of the county board of social services and/or board of health

BOCC can combine two or more human services functions under a single director to create a consolidated human services (CHS) agency

BOCC can assume direct control of the CHS board (or appoint a CHS board)

BOCC as Governing Board → G.S. 153A-77(a)



Nothing changes about agency—employees still subject to the SHRA

Advisory Committee for Public Health

- Appointed by the BOCC
- Advisory <u>is not the board itself</u>
- May also create a social services advisory committee (but not required)
- Open questions:
 - How often to meet?
 - Term length? Term limits?
 - Removal? Vacancies?

Must include same members as a county BOH under G.S. 130A-35:

- physician licensed to practice medicine in N.C.
- licensed dentist
- licensed optometrist
- licensed veterinarian
- registered nurse
- licensed pharmacist
- county commissioner
- professional engineer
- three representatives of the general public

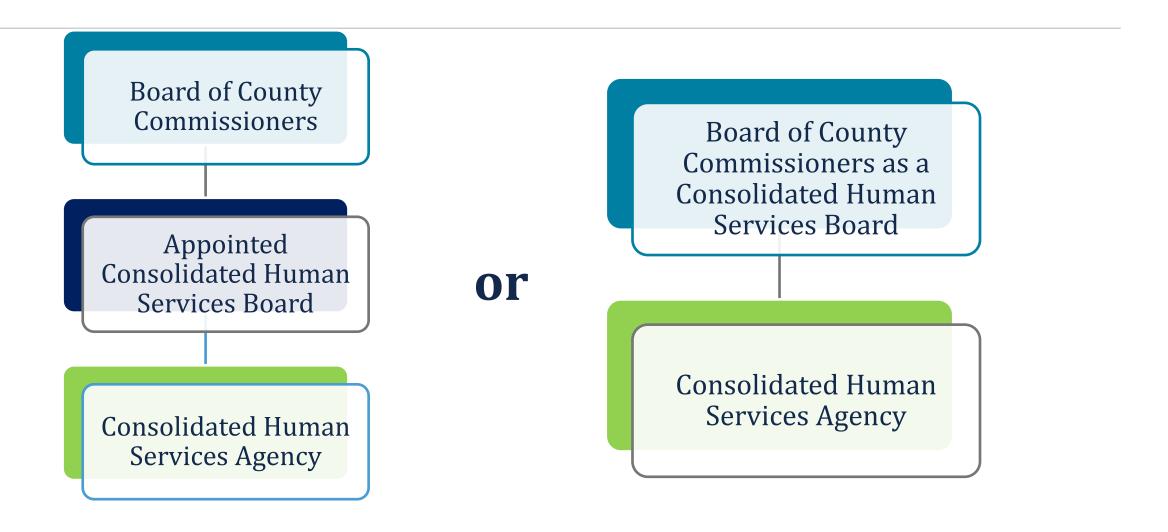
Steps to Assuming Powers and Duties of Governing Board

Put notice in newspaper having general circulation in the county **30 days** prior to public hearing

Hold public hearing

Adopt resolution assuming the powers and duties of the county board of health and/or board of social services

Consolidated Human Services Agency → G.S. 153A-77(b)



What goes in a CHSA?



Law does not require any particular mix of human services (though most CHSAs include public health and social services)

Some CHSAs in NC include:

- Transportation
- Aging and Adult Services
- Services for the Blind
- Veterans Services
- Family Justice Center
- Animal Control

What makes a CHSA unique?

The CHS director

- Appointed and dismissed by the county manager, not by the CHS board (but board must provide advice and consent).
- Reports to the county manager
- May only appoint CHSA staff upon the approval of the county manager

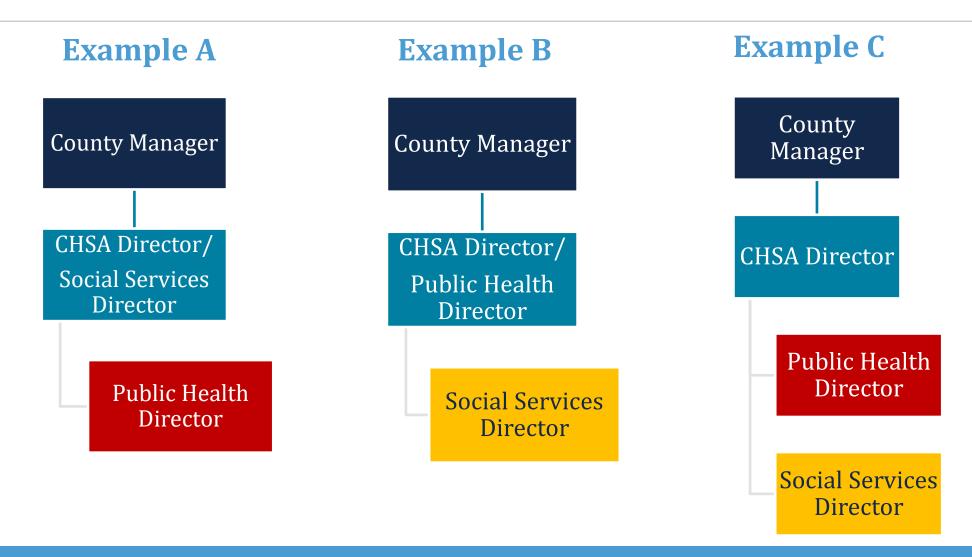
The CHSA employees

 Subject to county personnel policies unless BOCC chooses to keep them subject to SHRA

Decisions When Forming a CHSA

- Who will govern—BOCC or appointed CHS board?
- Which county functions/departments should be included?
- Will CHSA employees be removed from the State Human Resources Act?
- Who will be appointed as CHS director?

Structuring the CHSA



5 CFR § 900.603 – Federal merit personnel system standards

- 1. Recruiting, selecting, and advancing employees on the basis of their relative ability, knowledge, and skills, including open consideration of qualified applicants for initial appointment.
- 2. Providing equitable and adequate compensation.
- 3. Training employees, as needed, to assure high quality performance.
- 4. Retaining employees on the basis of the adequacy of their performance, correcting inadequate performance, and separating employees whose inadequate performance cannot be corrected.
- 5. Assuring fair treatment of applicants and employees in all aspects of personnel administration without regard to race, color, religion, sex, national origin, age, disability, genetic information, marital status, political affiliation, sexual orientation, status as parent, labor organization affiliation, or any other non-merit-based factor, or retaliation for exercising rights with respect to these categories, and with proper regard for their privacy and constitutional rights as citizens.
- 6. Assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official authority for the purpose of interfering with or affecting the result of an election or a nomination for office.

Appointed CHS board must include:

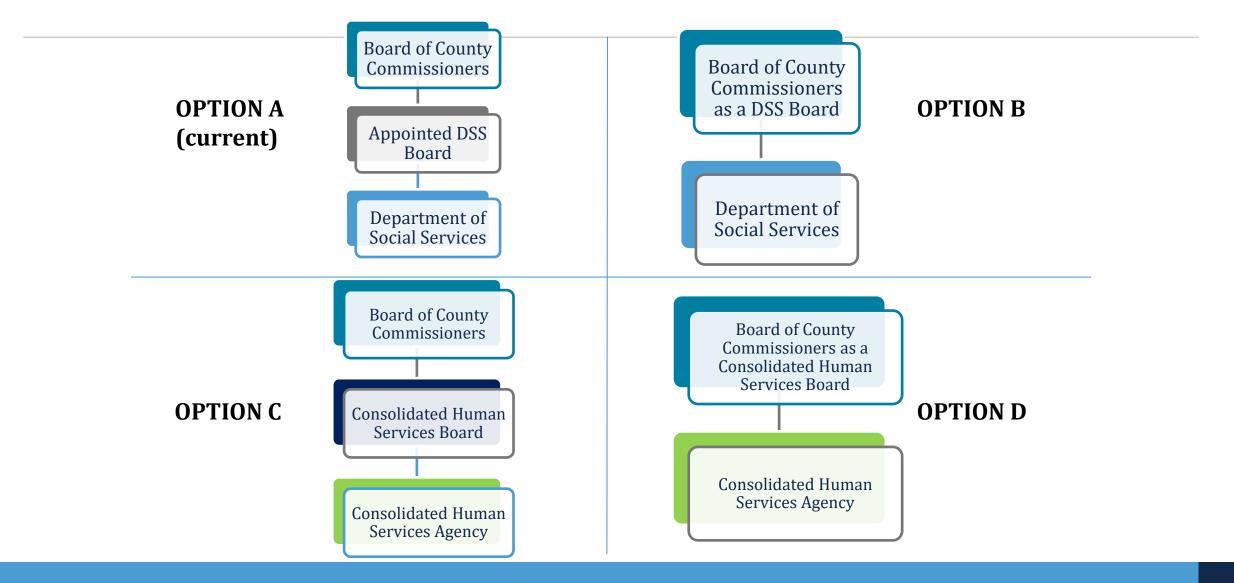
- Four persons who are consumers of human services.
- Eight persons who are professionals, each with qualifications in one of these categories: one psychologist, one pharmacist, one engineer, one dentist, one optometrist, one veterinarian, one social worker, and one registered nurse.
- Two physicians licensed to practice medicine in North Carolina, one of whom must be a psychiatrist.
- One county commissioner.
- Other persons, including "members of the general public representing various occupations."

No more than 25 members

Must be county residents

Typically serve four-year terms

Organization and Governance Models - Social Services Example

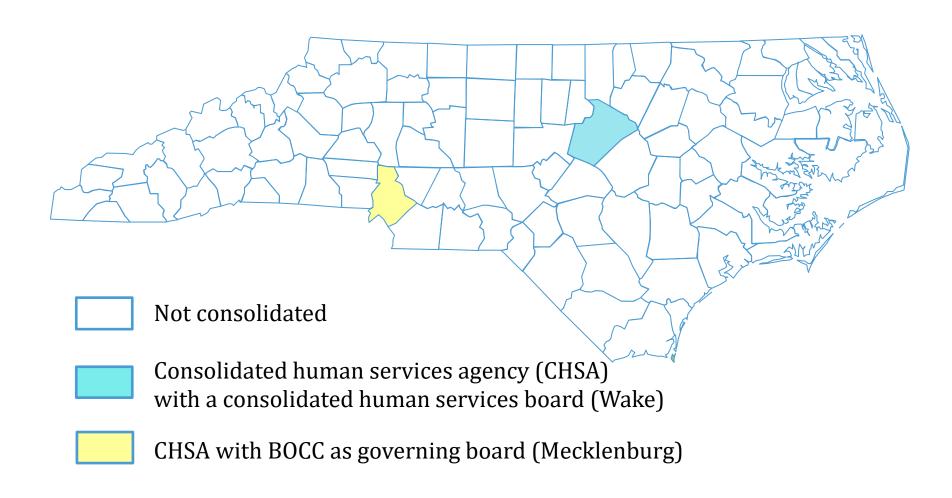


Key Differences

		BOARD	DIRECTOR	EMPLOYEES
Traditional { Model	DSS w/ DSS Board	Appointed; 3-5 members	Board hires	SHRA
	Health Dept. w/ Board of Health	Appointed; 11 members	Board hires	SHRA
Options Available Since 2012 to Counties with a County Manager	BOCC as DSS and/or PH Board	Elected*	BOCC hires	SHRA
	CHSA with CHS Board	Appointed; up to 25 members	County manager hires with advice & consent of CHS board	SHRA Optional
	CHSA with BOCC as CHS Board	Elected*	County manager hires with advice & consent of BOCC	SHRA optional

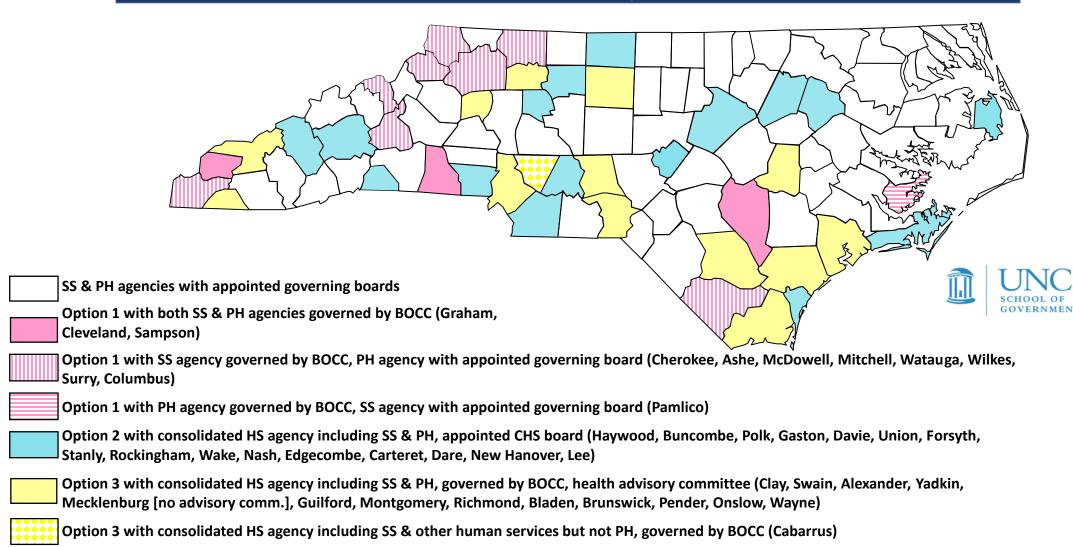
^{*} If public health affected, must appoint health advisory committee

PH and SS Organization and Governance June 2012



Social Services and Public Health Organization and Governance

As of February 2024



Where Are We Now?

Organization Changes

- Thirty counties now have CHSAs
 - Twenty-nine include both public health and social services
 - 16 counties have appointed CHS boards, while 14 counties have CHSAs governed directly by the BOCC.
 - 27 counties have opted to remove CHSA employees from the coverage of the SHRA.

Governance Changes

- In 25 counties, the BOCC now acts as the governing board for social services.
 - In 11 of those counties, the BOCC is governing a standalone department of social services.
 - In 14 of those counties, the BOCC is acting as the governing board for a CHSA that includes social services.

Public Health Organization Options

Single-County

County Health Department

Consolidated Human Services Agency

Single-County Public Health Authority

Multi-County

District Health Department

Multi-County Public Health Authority

*Cabarrus County – operates as a public hospital authority to provide local public health services, per S.L. 1997-502, sec. 12.

Public Health Governance Options

County Health Department

Appointed Board of Health

BOCC as Governing Board (with advisory committee) Consolidated Human Services Agency

> Appointed CHS Board

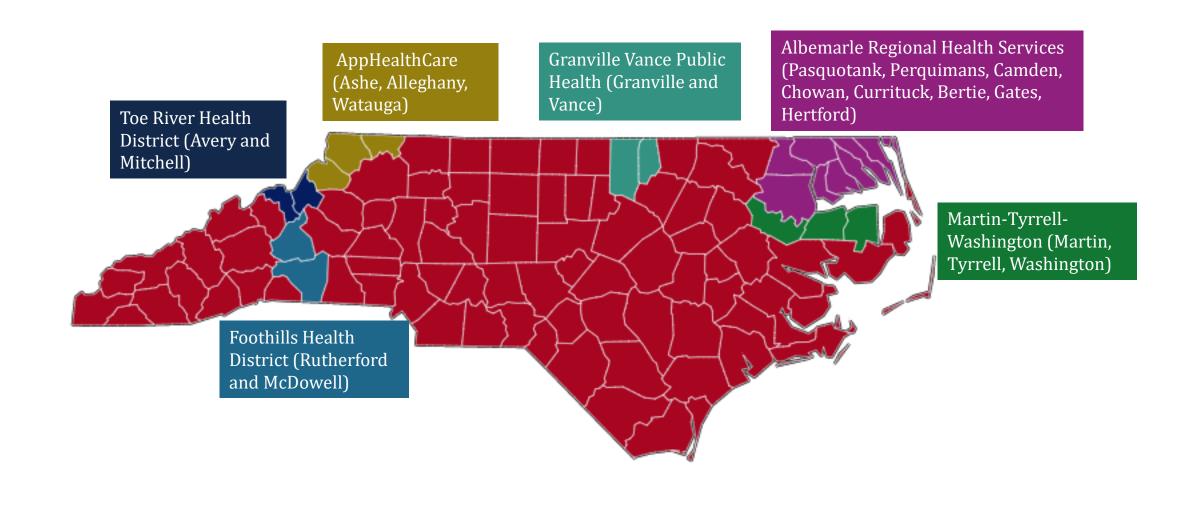
BOCC as Governing Board (with advisory committee) District Health Department

District Board of Health

Public Health Authority

> Public Health Authority Board (single or multicounty)

District Health Departments



Social Services Organization Options

Single-County

County DSS

Consolidated Human Services Agency **Multi-County**

Regional
Department of
Social Services

Social Services Governance Options

County DSS

Appointed
Social Services
Board

BOCC as Governing Board Consolidated Human Services Agency

Appointed CHS Board

BOCC as Governing Board Regional
Department of
Social Services

Regional Social Services Board



The North Carolina Human Services Hub

UNC School of Government Resources for Governing Boards, Directors, and Staff of Departments of Social Services, Public Health Departments, and Consolidated Human Services Agencies



Consolidated Human Services Agency Resources

Find information regarding



Social Services Resources
Explore trainings,
publications, conference



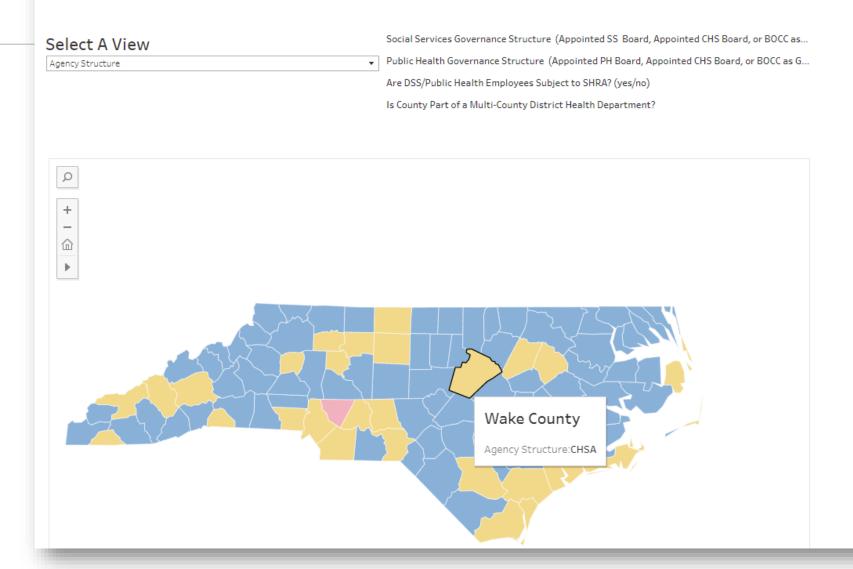
Public Health Resources
Explore trainings,
publications, legal



Options for Organization and Governance of Human Services Agencies in NC

https://humanservices.sog.unc.edu

Map 1 – Use the drop down menu below to explore different aspects of human services agency organization and governance across all North Carolina counties.



Questions?

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