

Basics of Local Human Services



UNC
SCHOOL OF GOVERNMENT



Overview

Public Health

Social Services

Consolidated
Human
Services

MH/DD/SA



Plan

- **General overview of each area**
 - Functions → What does the agency do?
 - Relationships → What is the relationship between the BCC and the director? The governing board?
- **Mock budget workshop**
- **Looking ahead**

PUBLIC HEALTH



Questions

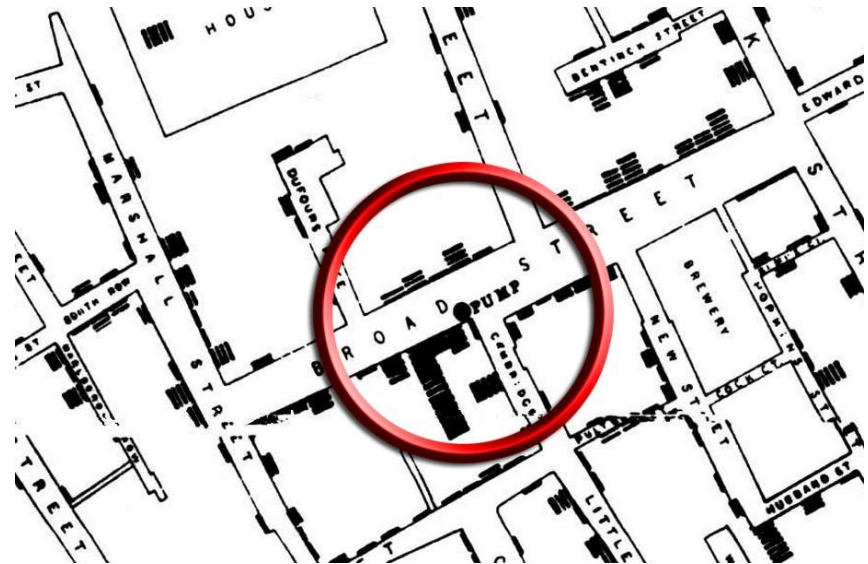
Function

- What does the agency do?

Relationships

- Between BCC and the director?
- Between the BCC and the governing board?

1854: Cholera in London & the Broad Street water pump



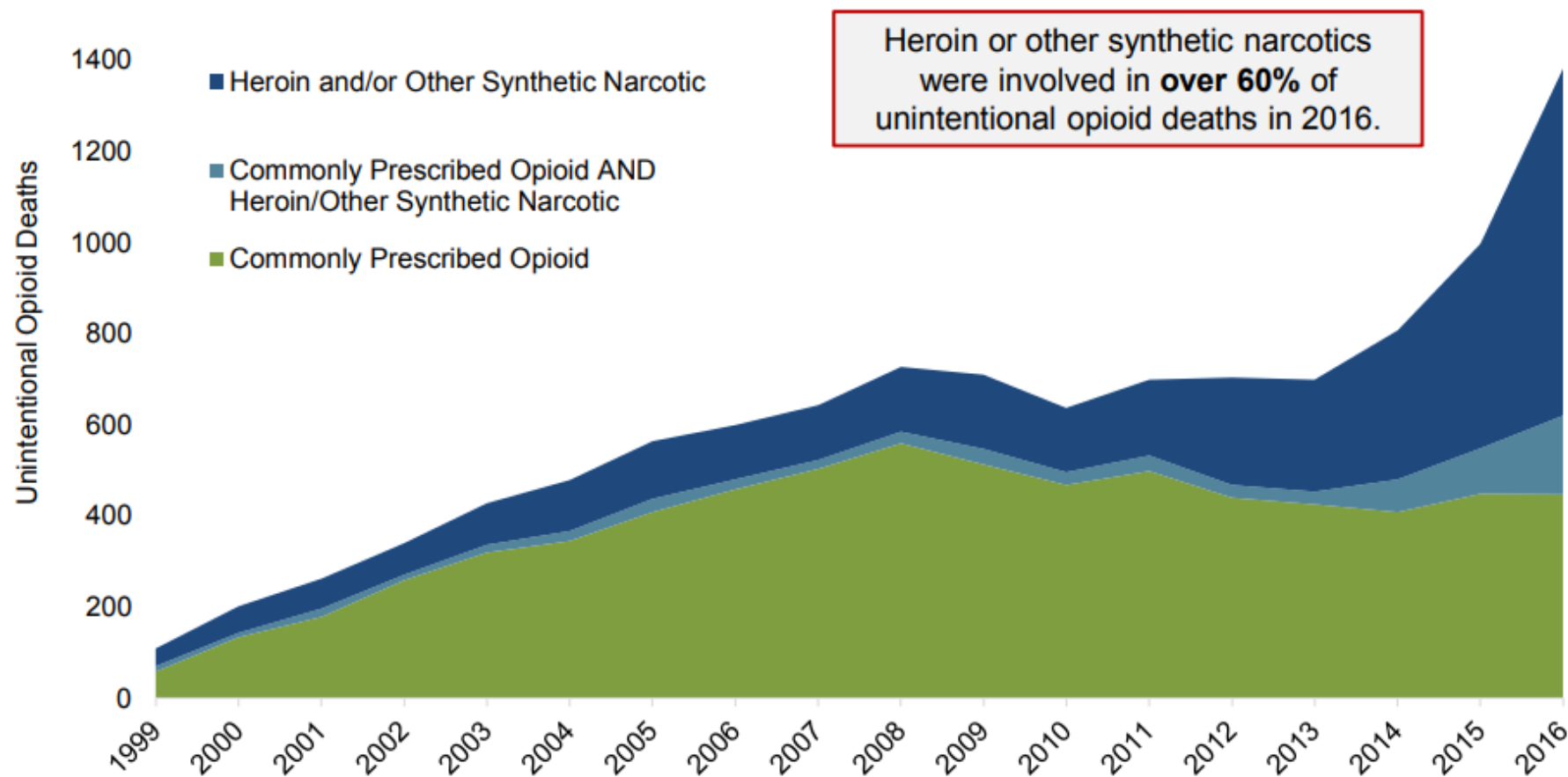
1980: Worldwide eradication of smallpox



- 1949: Last naturally acquired case in the US
- 1977: Last naturally acquired case in the world (in Somalia)
- 1980: Disease declared eradicated

Unintentional Opioid Overdose Deaths by Opioid Type

North Carolina Residents, 1999-2016



Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 1999-2016

Unintentional medication/drug (X40-X44) with specific T-codes by drug type, Commonly Prescribed Opioid Medications=T40.2 or T40.3; Heroin and/or Other Synthetic Narcotics=T40.1 or T40.4.

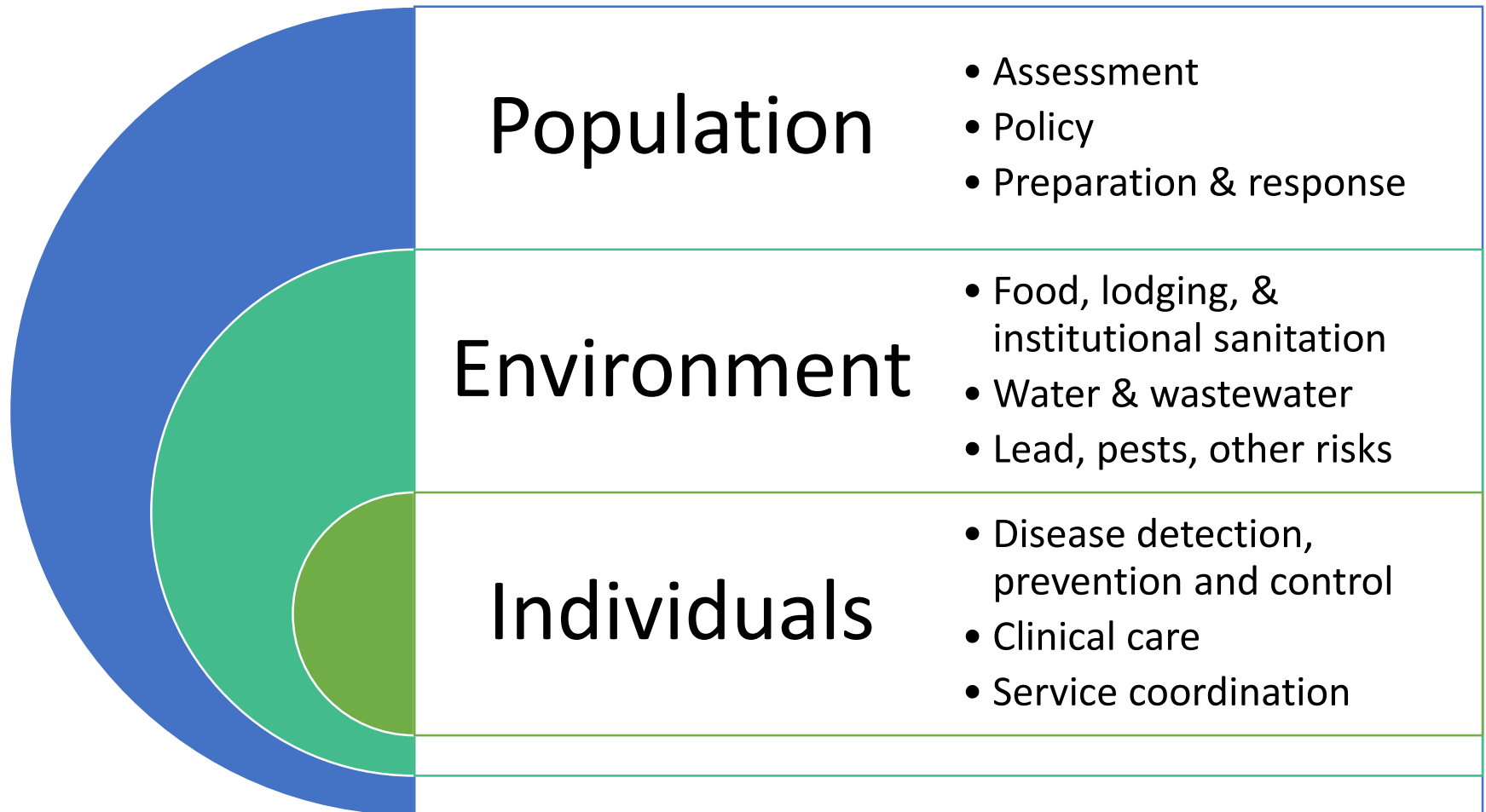
Analysis by Injury Epidemiology and Surveillance Unit

Common threads in the stories

- Focus on populations, not just individuals
- Focus on conditions that promote or threaten good health
- Focus on prevention
- Evidence-based strategies



What does public health do?



Organization of local public health in NC

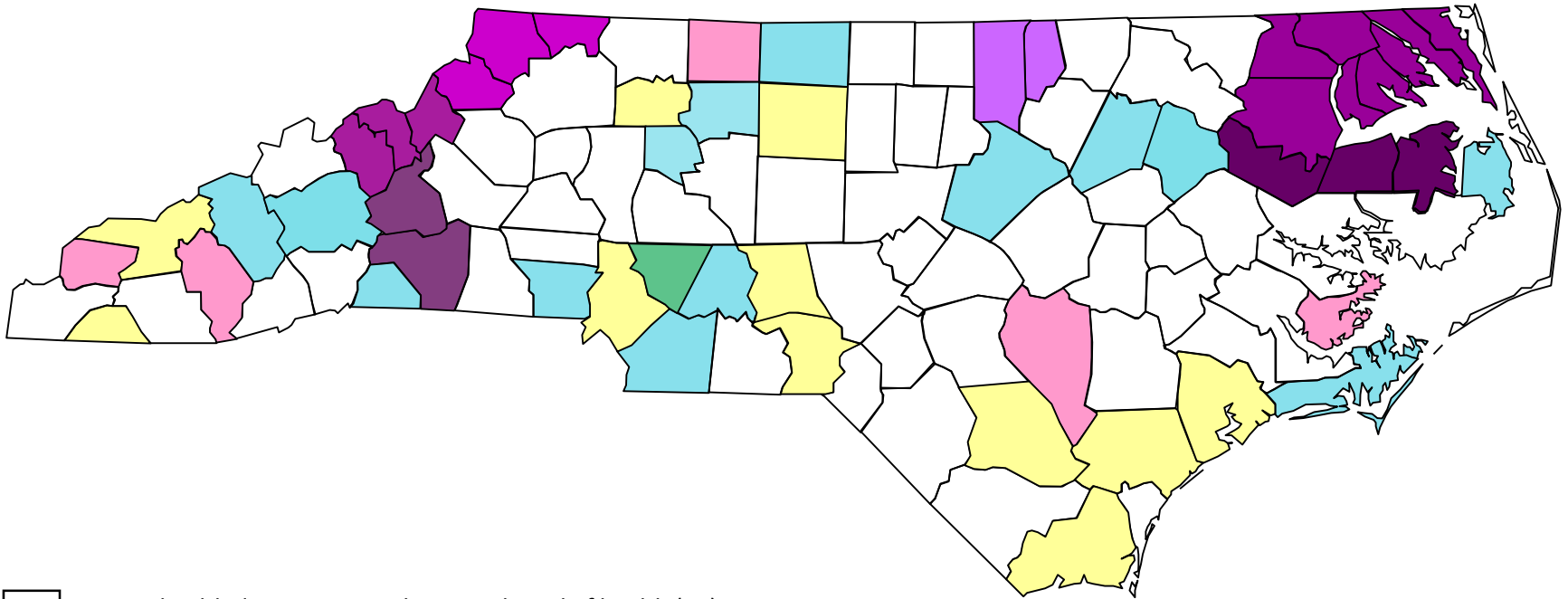
Local health department	Local board of health (BOH)	Local health director
County health department	County board of health <i>or</i> BCC*	Local health director
Consolidated human services agency	Consolidated human services board <i>or</i> BCC*	Consolidated human services director**
District health department	District board of health	Local health director
Public health authority	Public health authority board	Public health authority director
Public hospital authority (Cabarrus only)	Public hospital authority board	Public hospital authority director







* Board of county commissioners may assume powers & duties of board

** CHS director must appoint person with local health director education/experience

Local Public Health Agencies & Boards

April 2019



-  County health department with county board of health (48)
-  County health department governed by board of county commissioners (Graham, Jackson, Stokes, Sampson, Pamlico) (5)
-  District health department with district board of health (6 districts delineated by different shades of purple) (Yancey, Mitchell, Avery; Rutherford, McDowell (includes Polk until 7/1/19); Watauga, Ashe, Alleghany; Granville, Vance; Hertford, Bertie, Gates, Chowan, Perquimans, Pasquotank, Camden, Currituck; Martin, Tyrrell, Washington) (21)
-  Consolidated human services agency with consolidated human services board (Haywood, Buncombe, Polk (eff. 7/1/19), Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare) (14)
-  Consolidated human services agency governed by board of county commissioners (Clay, Swain, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow) (11)
-  Public hospital authority with hospital board authorized to act as board of health (Cabarrus) (1)

BOH Statutory Powers & Duties

Role: “protect and promote the public health”

Powers and duties:

- **Appoint the local health director**
- **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 BOHs**

Local Health Director Powers & Duties

G.S. 130A-41

- Administer PH programs
- Hire/dismiss employees
- Enforce PH laws & employ legal remedies
- Investigate & control communicable diseases & rabies
- Investigate other diseases
- Disseminate PH information and promote health
- Advise local officials on health matters
- Enter contracts (subject to BCC/manager oversight)

Elsewhere in GS 130A

- Rabies vaccination clinic
- Isolation & quarantine authority
- Access to records
- Etc.

Elsewhere in GS

- Approve jail medical plan
- Relocation of graves
- Etc.

Other

- Compliance, budget, etc.

Summary of BCC actions

Establish agency

- BCC decides public health agency type

Establish board

- Appointed BOH or consolidated human services (CHS) board:
 - BCC has role in appointing board members
 - Each type of appointed board has at least one county commissioner member
- Direct exercise of BOH role:
 - BCC may assume BOH powers and duties in a county with a county health department or a consolidated human services agency that includes public health

Approve budget

- BCC approves agency budget, including any local fees imposed by BOH or CHS board
- BCC appropriates local funds

SOCIAL SERVICES



Questions

Function

- What does the agency do?

Relationships

- Between BCC and the director?
- Between the BCC and the governing board?

Fred



- Fred is 84. He lives alone, walks with a cane and has mild dementia.
- Fred's daughter, Beth, lives out of state. She is worried that an in-home aide may be financially exploiting Fred.

Susan

- DSS receives a call from Susan, who is a nurse in a pediatrician's office.
- The nurse explains that a young child is being treated in the office and has many suspicious bruises.



Karen

- Karen is a single mom with three children
- The father of her youngest is refusing to pay child support
- She needs the money to pay for child care for the infant so she can return to work



Claudia



- Claudia is a widow who lives in a small apartment.
- She receives a small pension but it is often not enough to cover her basic expenses.
- She usually eats only one meal a day.

Common Threads

- Protection
 - Child protective services
 - Adult protective services
- Support
 - Economic services
 - Transportation
- Oversight
 - Licensure and inspection

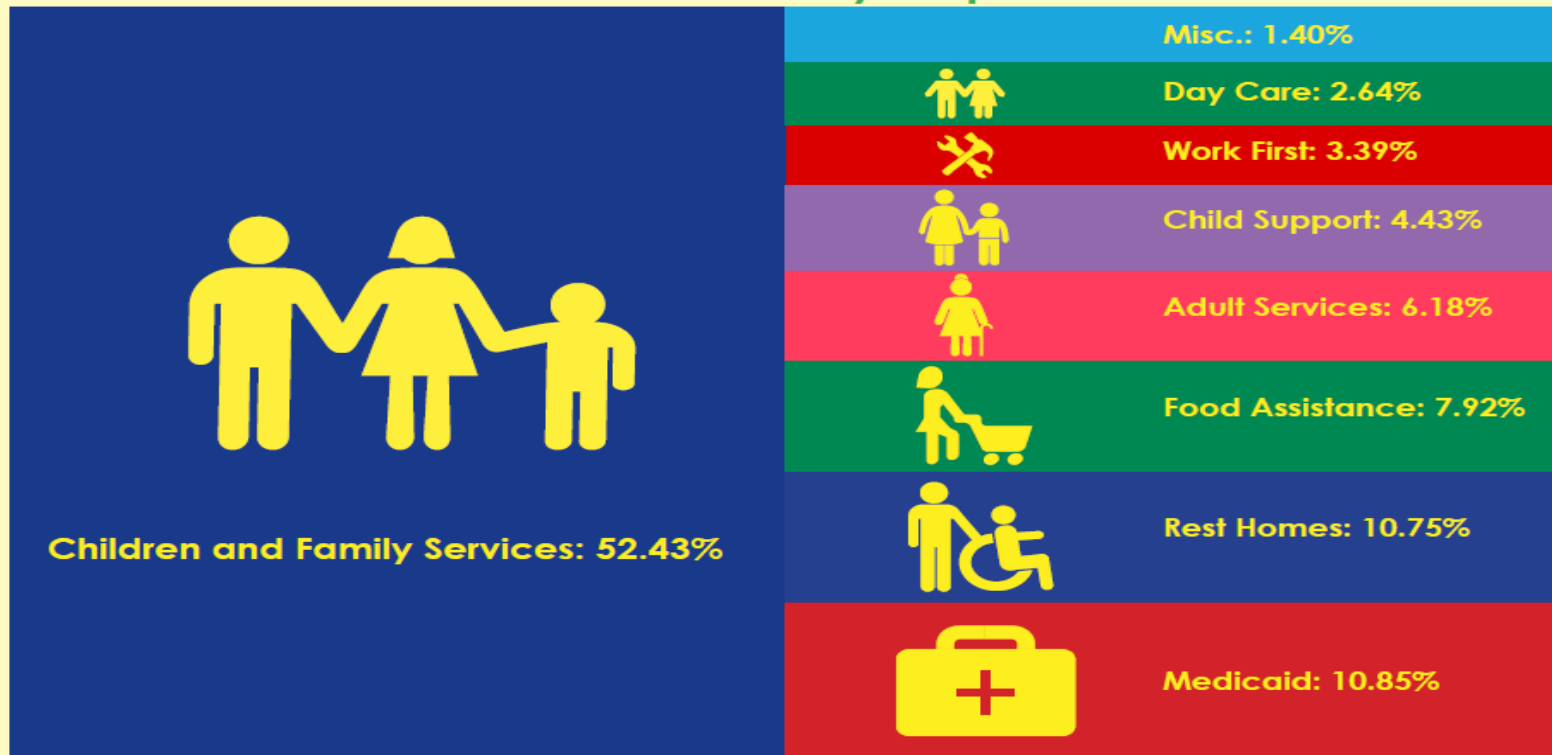


Image: <http://www.maconnc.org/dss-adult-abuse.html>

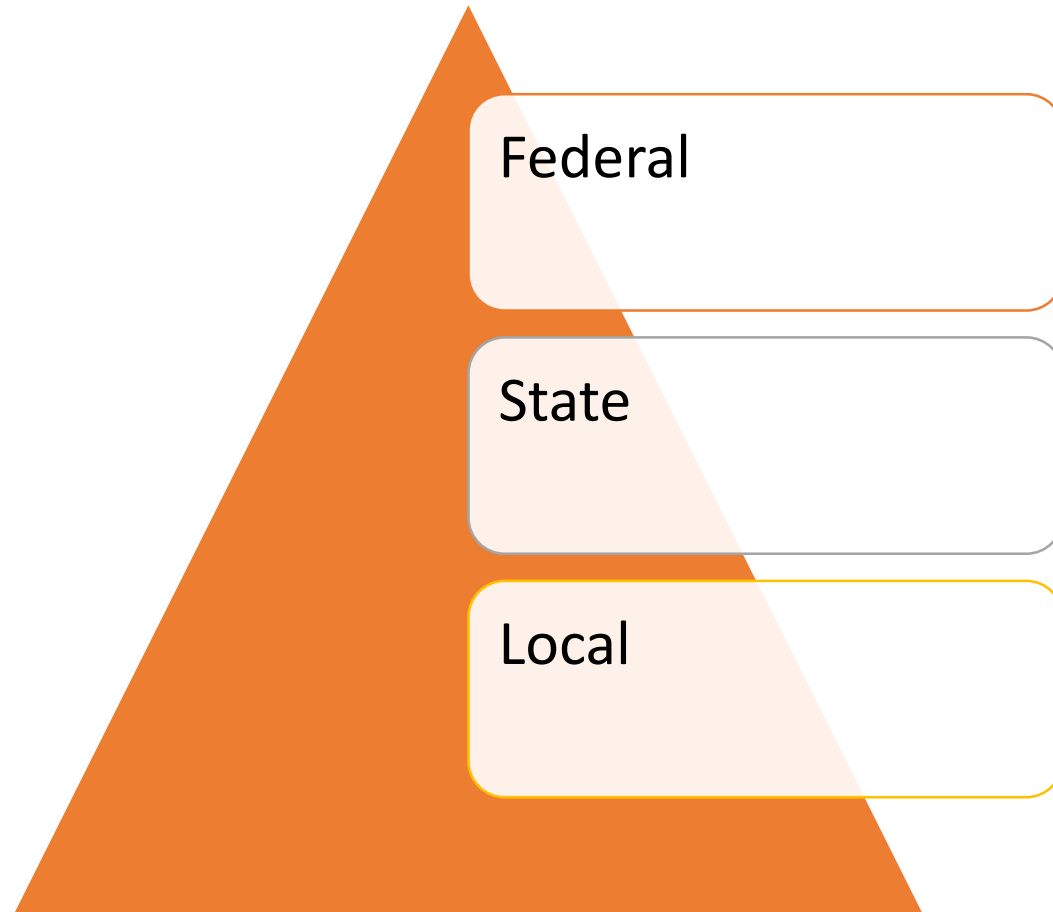
What does DSS do?

Our Budget

How Our Money Is Spent



Intergovernmental: Who does what?



Example of Roles – APS

	Federal	State	County
Funding	Limited – some block grant funds	Very limited	Significant
Policy	Limited – tied to grant funding	Significant – legislation, regulations, policy, oversight	Limited
Implement	None	Limited to supervision	Significant

Organization



- Single county DSS
- Regional DSS
- Consolidated human services agency
- Other options
 - Share director
 - Interlocal agreement for regional departments or shared services

BCC → Governing Board

Some

- Serve as governing board

Some

- Appoint all members of the governing board (CHSB)

Some

- Appoint 2 members of a 5 member citizen governing board (or 1 of 3)



BCC → Director

Some

- Hire & supervise director

Some

- Manager hires & supervises director, with advice & consent of appointed governing board (CHSB)

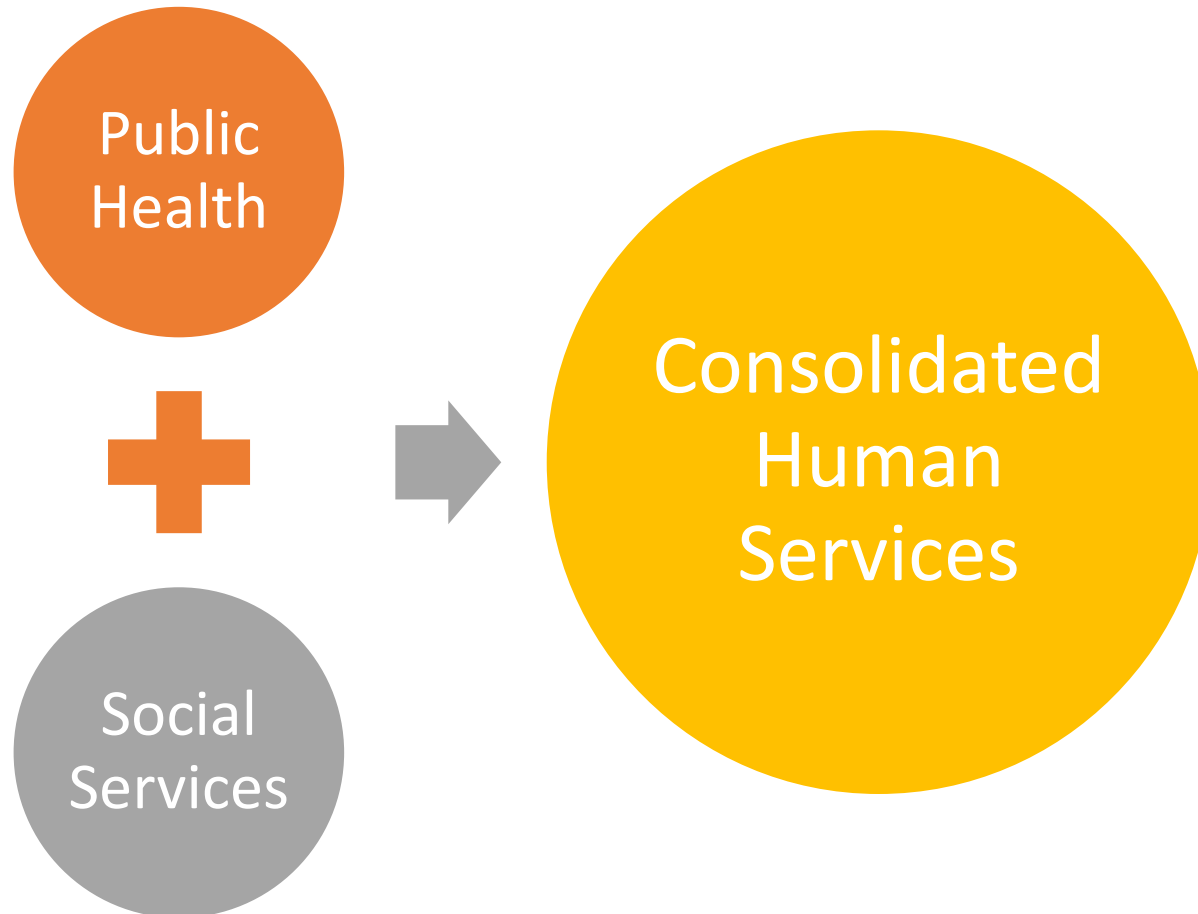
Some

- Appointed governing board hires & supervises director

CONSOLIDATED HUMAN SERVICES



Is this accurate?



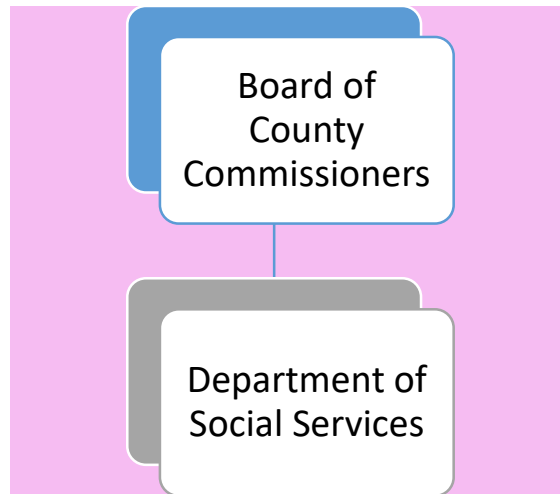
What is Being Consolidated?

- Two or more county programs that provide human services
- “Human services” not defined
 - Most include public health and social services but they are not required to do so
 - May include other human services such as aging, transportation, and veterans’ services
 - May not include LME/MCO
- Level of integration/consolidation varies across the state

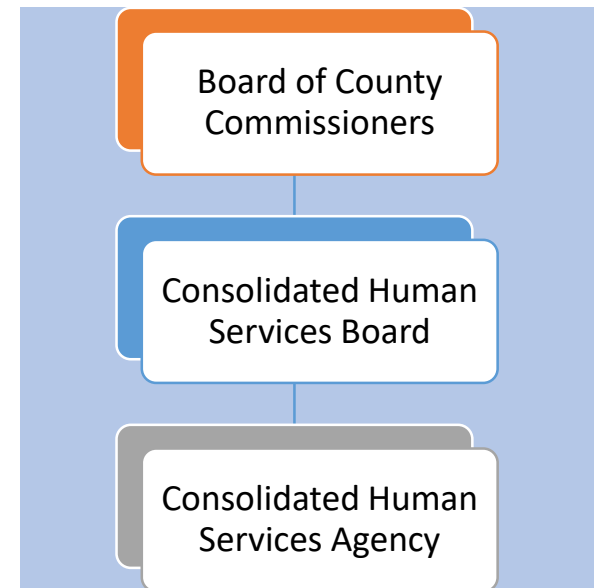


G.S. 153A-77 Options

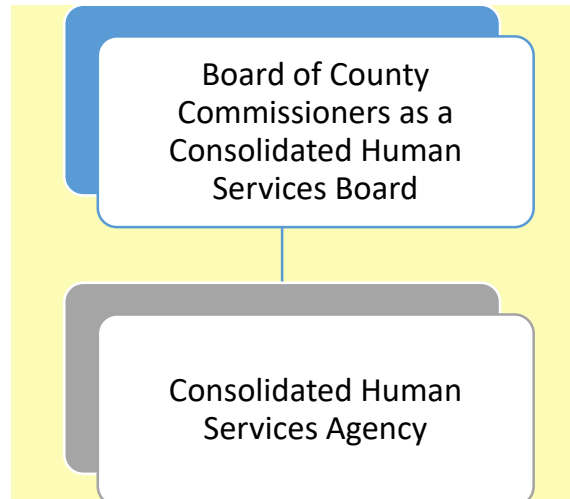
1



2

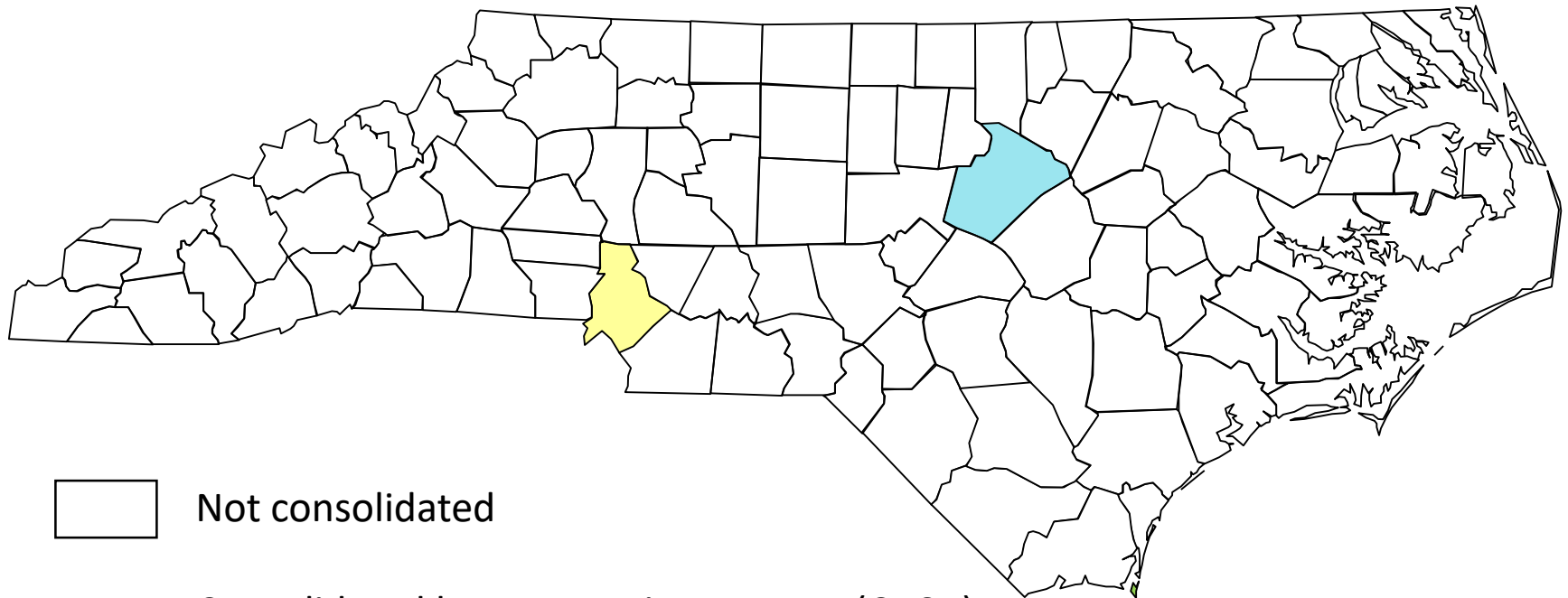


3



PH and SS Organization and Governance

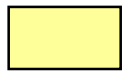
June 2012



Not consolidated

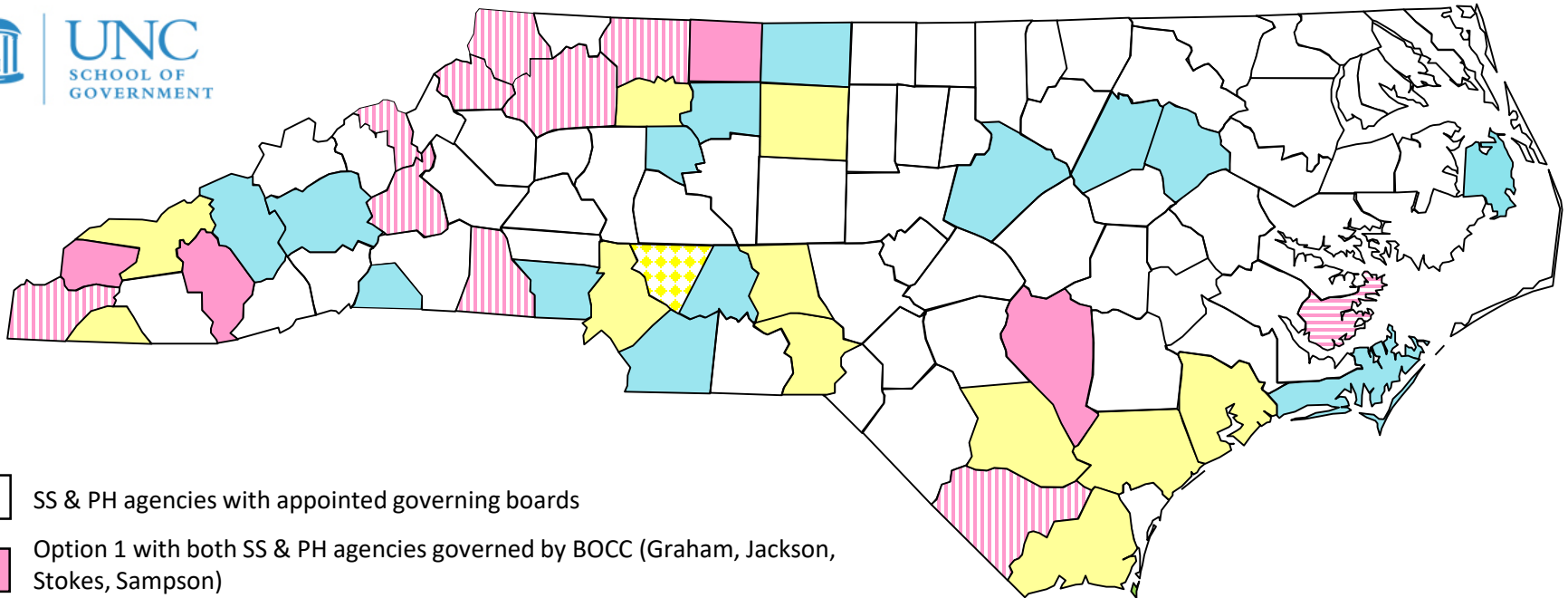









Consolidated human services agency (CHSA)
with a consolidated human services board (Wake)



CHSA with BOCC as governing board (Mecklenburg)

PH and SS Organization and Governance Resolutions as of April 2019



-  SS & PH agencies with appointed governing boards
-  Option 1 with both SS & PH agencies governed by BOCC (Graham, Jackson, Stokes, Sampson)
-  Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Cherokee, Ashe, McDowell, Cleveland, Mitchell, Watauga, Wilkes, Surry, Columbus)
-  Option 1 with PH agency governed by BOCC, SS agency with appointed governing board (Pamlico)
-  Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Polk (eff. July 1), Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare)
-  Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Yadkin, Mecklenburg [no advisory 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)

Key Differences

	Board	Hire Agency Director	
DSS	Appointed; 3-5 mem.	Board hires	SHRA
PH	Appointed; 11 mem.	Board hires	SHRA
One	Elected*	BOCC hires	SHRA
Two	Appointed; up to 25 mem.	Manager hires with advice & consent of CHS board	SHRA Optional
Three	Elected*	Manager hires with advice & consent of BOCC	SHRA optional

* If public health affected, must appoint health advisory committee

CHSB Powers and Duties

1. Assume powers and duties of board of health and social services board

2. Assigned additional duties by law

3. County vision may be more expansive



Motivations for Change



- 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 Options Remain

- Single county PH and/or DSS
- Multi-county PH and/or DSS
- Interlocal agreements for shared services or collaboration
- Counties may share a DSS director
- Functionally integrate in many ways without making changes to organization and governance



MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES



Terminology and Acronyms

■ Acronyms

- **MH** = mental health
- **DD** = developmental disabilities
- **IDD** = intellectual and developmental disabilities
- **SA** = substance abuse
- **SU** = substance use
- **SUD** = substance use disorder
- **CEO** = area director = director of the MH/DD/SA authority

■ North Carolina public mental health authority =

- Area MH/DD/SA Authority
- Area Authority
- Local Management Entity (LME)
- Managed Care Organization (MCO)
- LME/MCO = The public entity responsible for managing MH/DD/SA services paid for with public funds



Questions

Function

- What does the agency do?

Relationships

- Between BCC and the director?
- Between the BCC and the governing board?



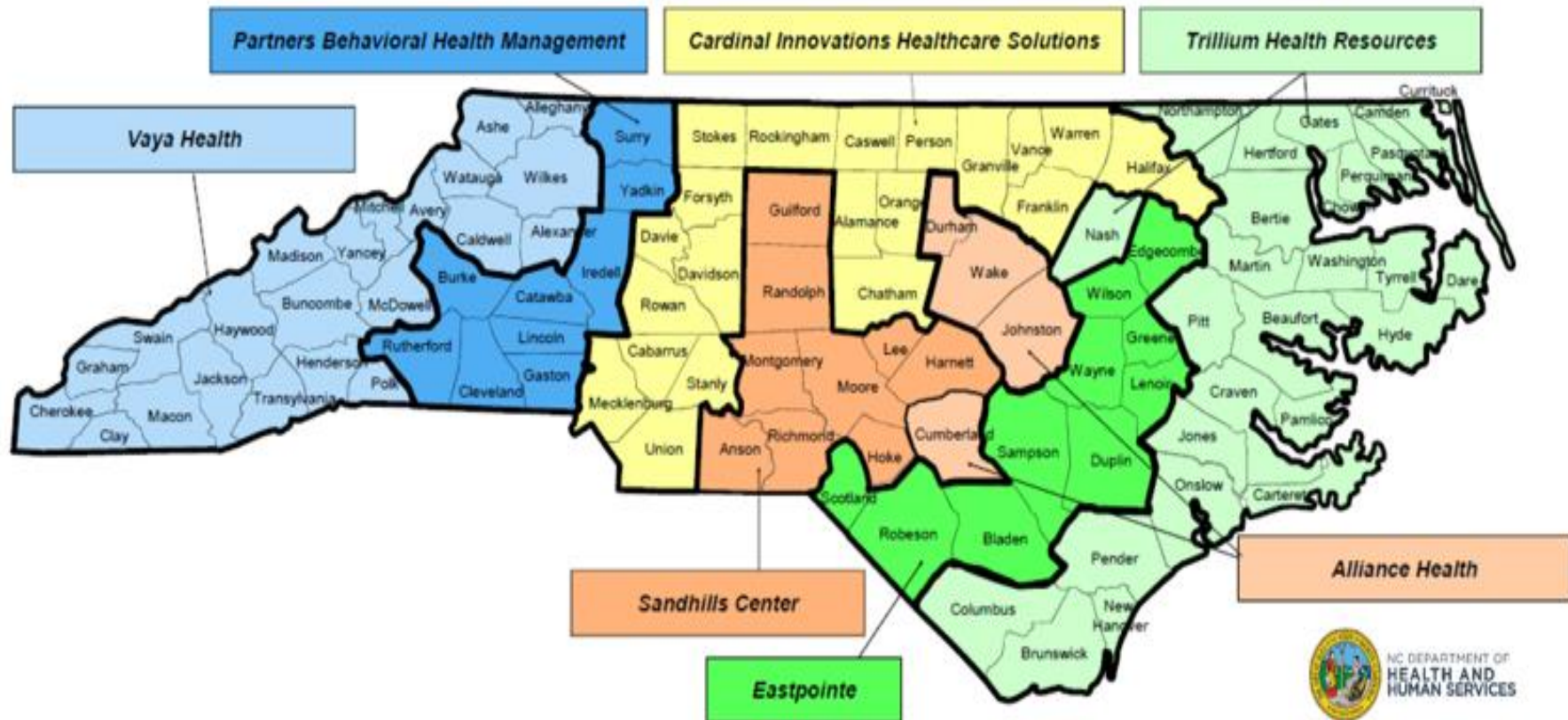
What does an LME do?

Local management entities are responsible for the management and oversight of the public system of MH/DD/SA services at the community level.

An LME shall plan, develop, implement, and monitor services within a specified geographic area to ensure expected outcomes for consumers within available resources.

G.S. 122C-115.4

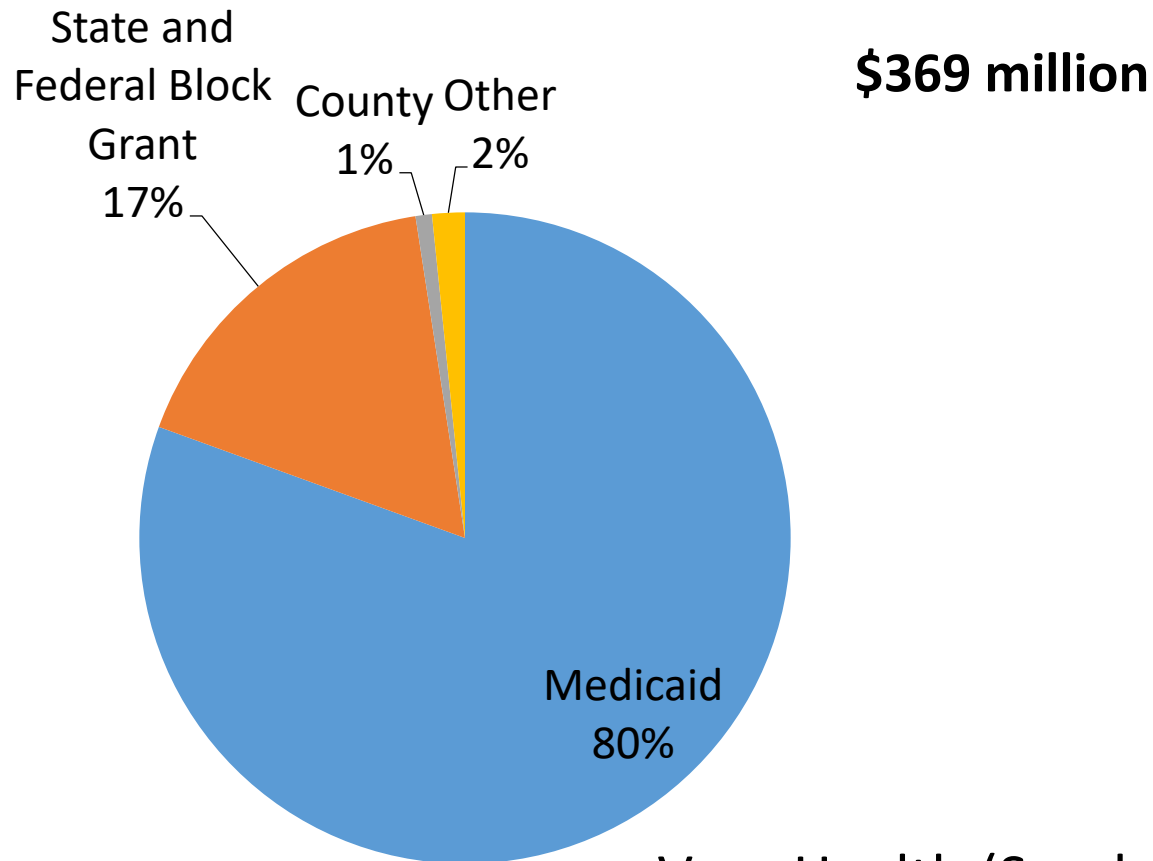
LME-MCO Regions



Map courtesy of Sandhills Center

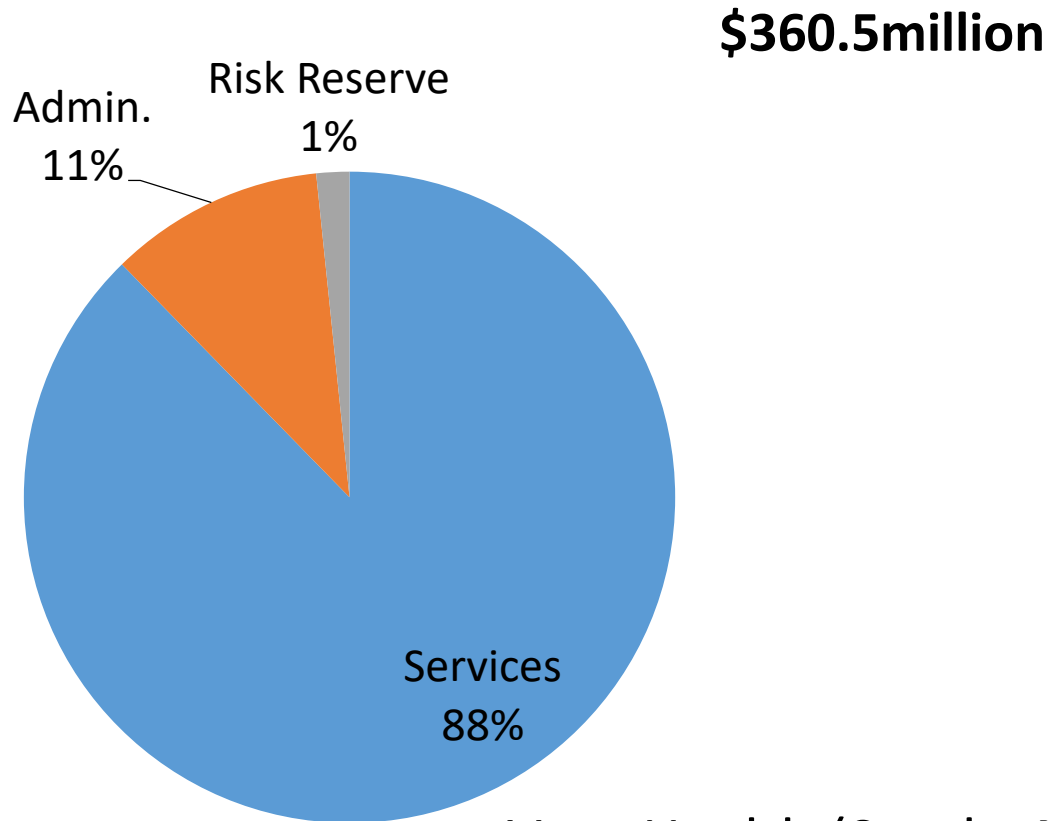


Who pays for services?



Vaya Health (Smoky Mountain Center)
FY 2015-16 Budgeted Revenues By Source

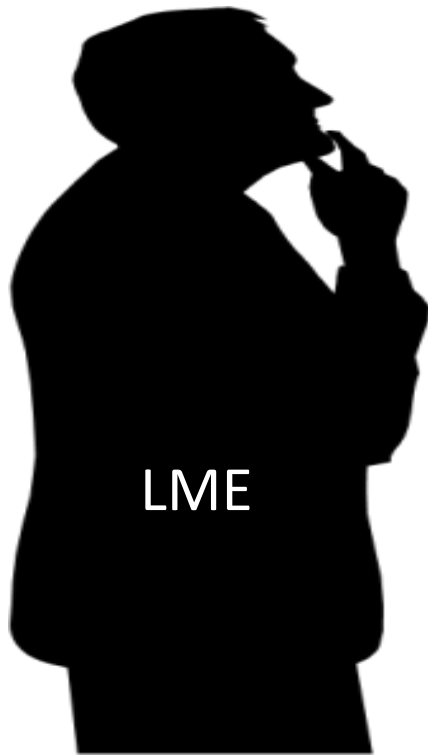
Where does the money go?



Vaya Health (Smoky Mountain Center)
FY 2015-16 Budgeted Medicaid/State/Federal Revenues

Managing Care

- Managing the quality of care
- Managing the cost of care



LME



Doctor

Patient

LME-MCO Functions

*Access

Provider Relations

- capacity
- enrollment
- monitoring

*Service Management

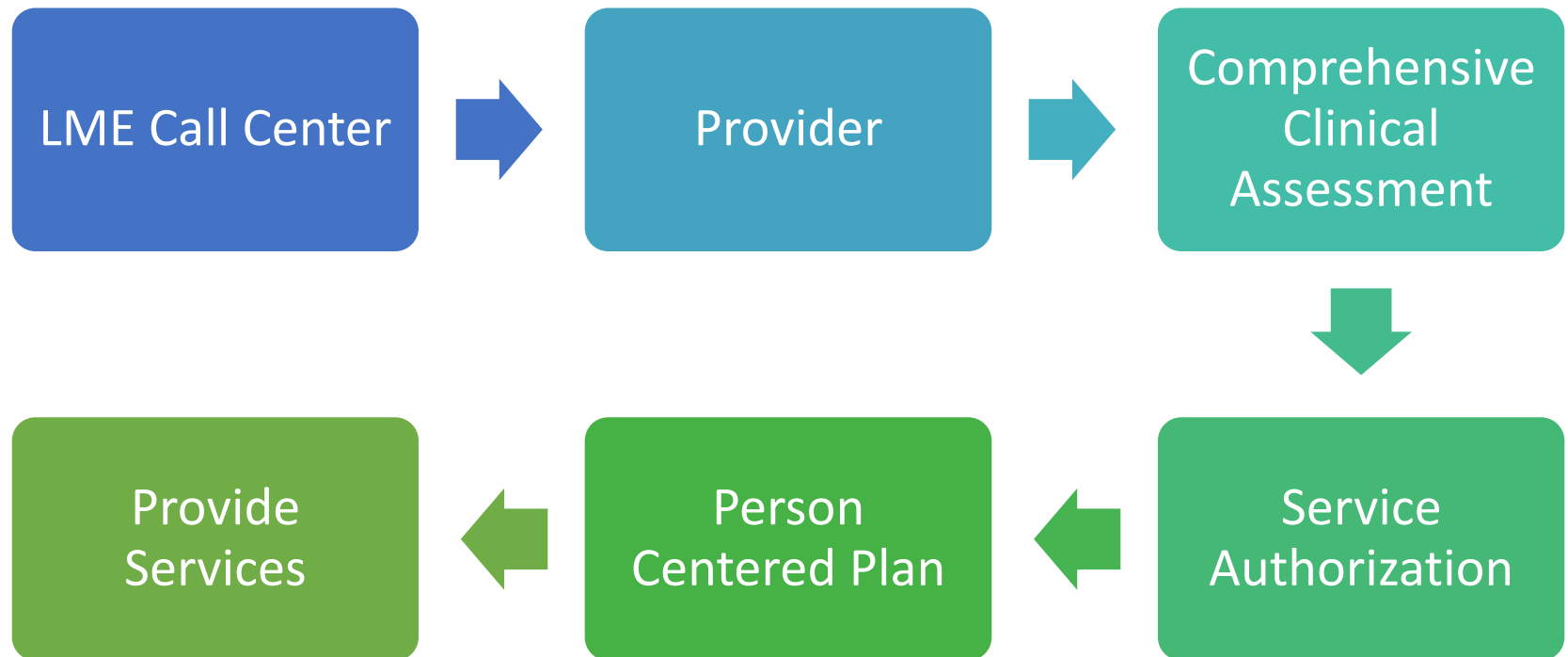
- authorization
- utilization
- care coordination

Quality Management

*Community Collaboration



Access and Service Authorization



Service Management

- Approve specific services to individual consumers—“service authorization”
- Evaluate the medical necessity, clinical appropriateness, and effectiveness of services according to state criteria—“utilization management”
- Monitor individual care decisions at critical treatment junctures to assure effective care is received when needed—“care coordination”



Service Management



LME-
MCO

Provider

- Eligible individual?
- Covered service?
- Based on clinical assessment?
- Medically necessary?
- Qualified provider?
- Evidence that treatment helps?
- Other needed services?
- Outcomes over time?



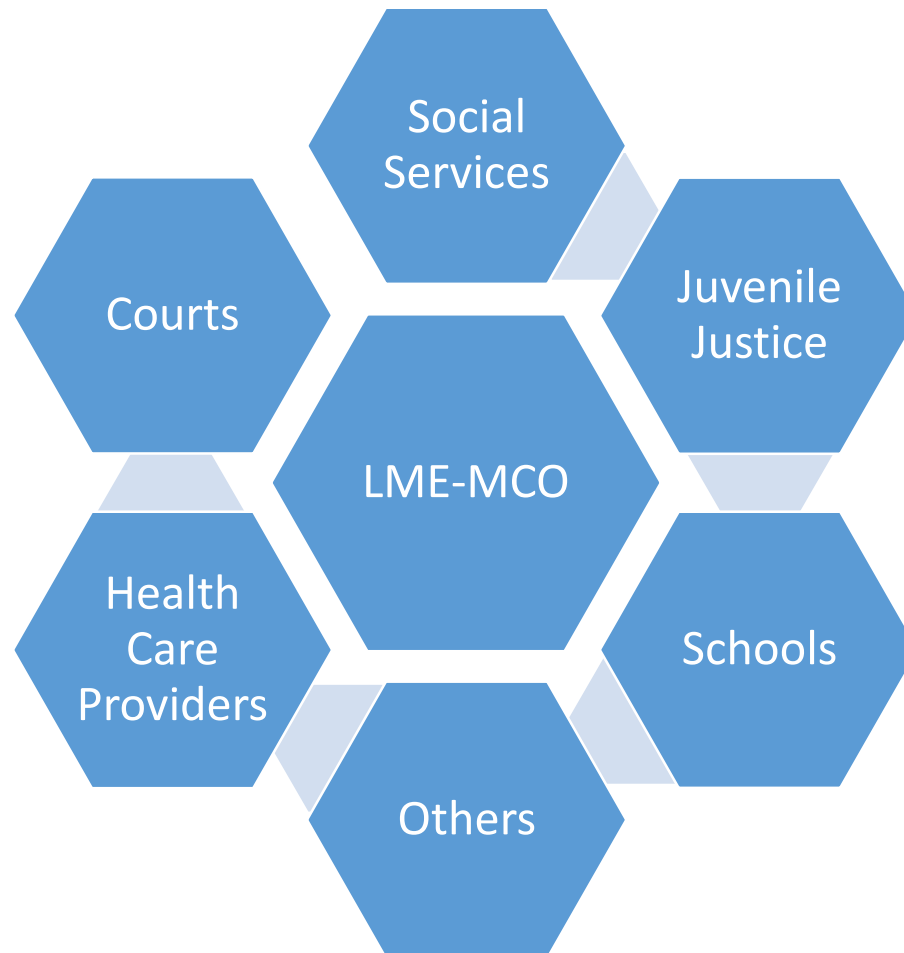
Community Collaboration

The LME must establish and maintain effective collaborative working relationships with other public agencies, health care providers, and human services agencies within its catchment area

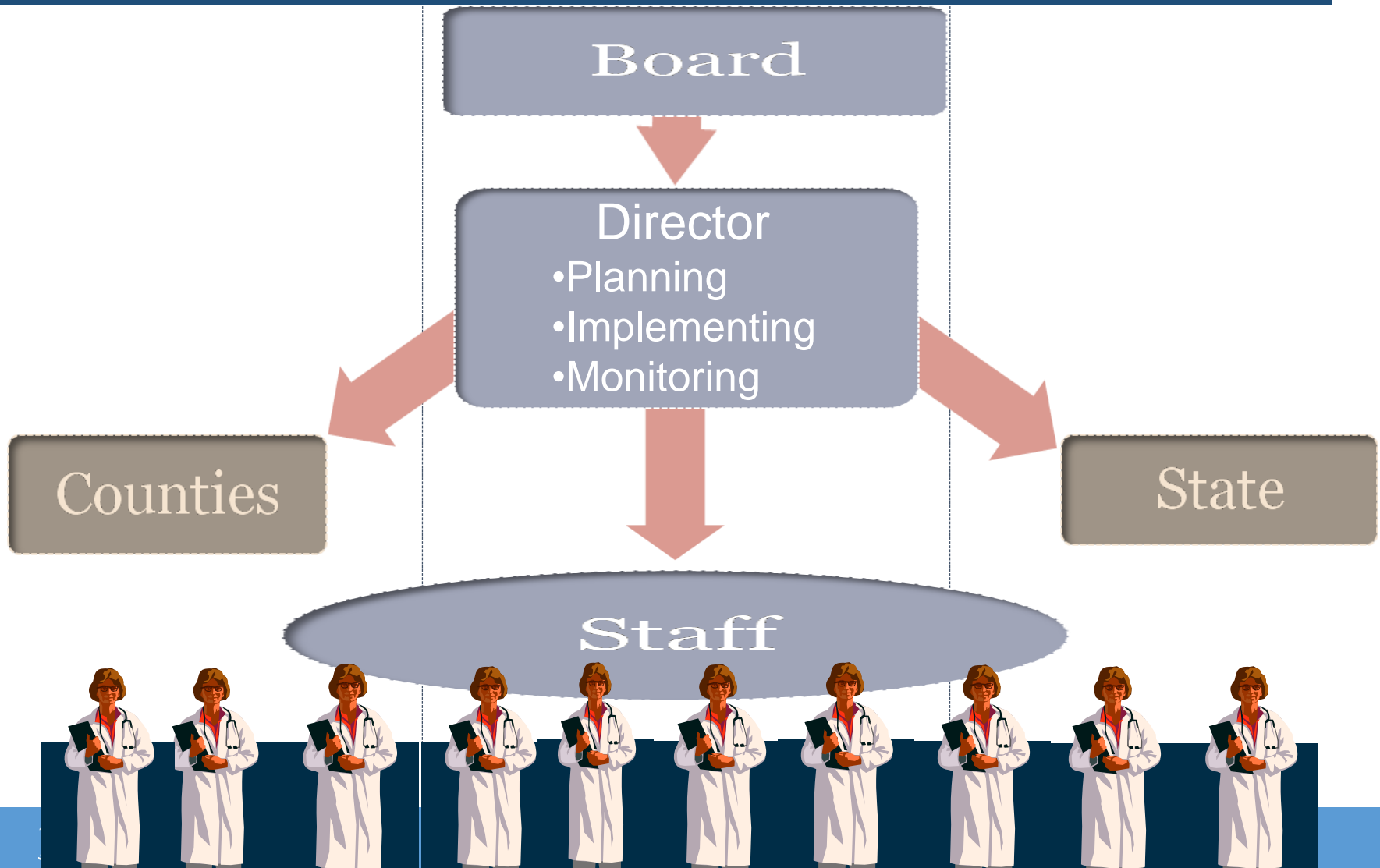
Recommendation—Ask your LME how they are collaborating with other agencies, including social services, juvenile justice, community hospitals, and the courts.



Collaborative Context



LME-MCO Organization



Counties Establish the Agency

- Two or more BCCs jointly must establish an area authority with approval of DHHS Secretary
- A county may “disengage” from one LME and “realign” with another with Secretary approval
- Two area authorities may consolidate (merge) to create one larger area authority with Secretary approval

G.S. 122C-115.

Counties Appoint the Governing Board

BCCs within the LME's catchment area must

- appoint members according to a plan jointly adopted by participating counties that describes the board composition, and appointment and selection process

LME board statute requires

- At least 11 and no more than 21 voting members
- 11 prescribed categories of professional and constituent representation

G.S. 122C-118.1, 122C-115.2

Adopt an LME Business Plan

Each county through its area authority must develop, review, and approve a business plan for the management and delivery of services that addresses

- Planning to identify service gaps and ways to fill those gaps
- Collaboration with other local service systems to ensure access to and coordination of services

G.S. 122C-115.2

Other County Roles

- ✓ Appropriate funds
- ✓ Provide input—annual review of area director
 - Developing and maintaining effective relationships with the community served and with state and local officials
- ✓ Appoint a commissioner to the county commissioner advisory board
- ✓ Assess LME's capacity to meet service needs
 - Quarterly service delivery reports
 - Annual progress report

LME-MCO Reporting to Counties

- Quarterly service delivery reports that assess the quality and availability of services
- Annual progress report assessing the LME's ability to meet the service needs of its catchment area
- Quarterly financial reports
- Approved budget and annual audit
 - Submission is for informational purposes. An LME-MCO is a “public authority” under G.S. 159 and is responsible for its own budgeting and fiscal control.

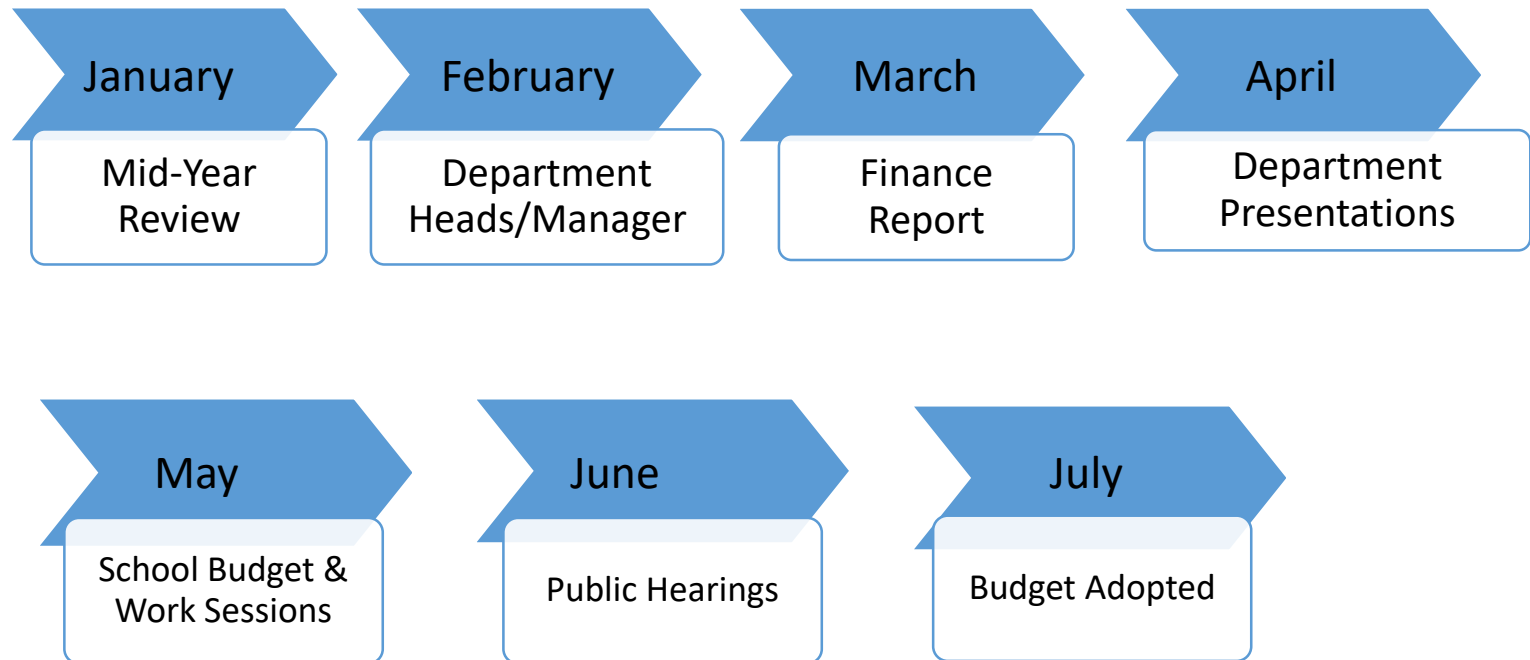
Mock Human Services Budget Work Session



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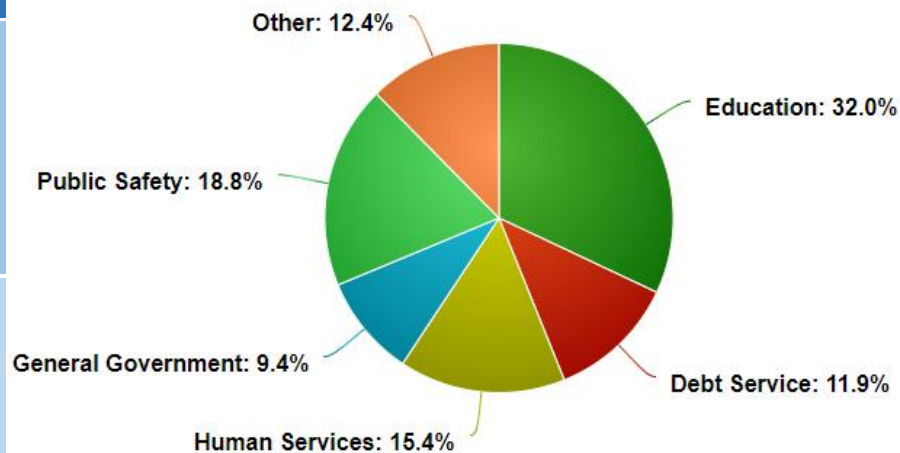


Budget Timeline

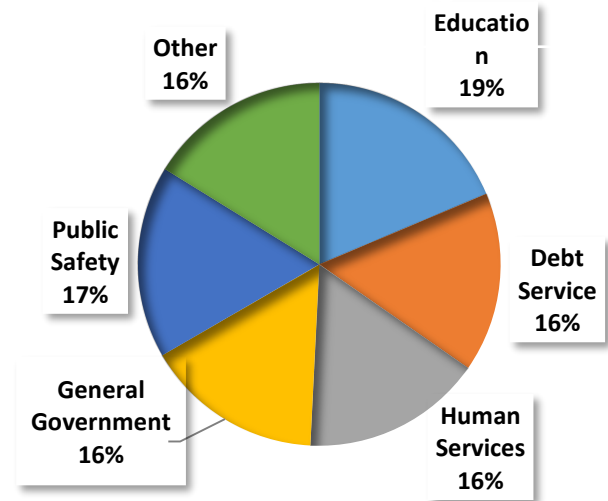


County Expenditures by Function

■ Statewide Average



■ Coates County



■ 2018-19 AFIR



MEETINGS! MEETINGS! MEETINGS!



Jason King, Education Director
NCACC

- So much to learn! So many meetings! The Manager is your FRIEND!



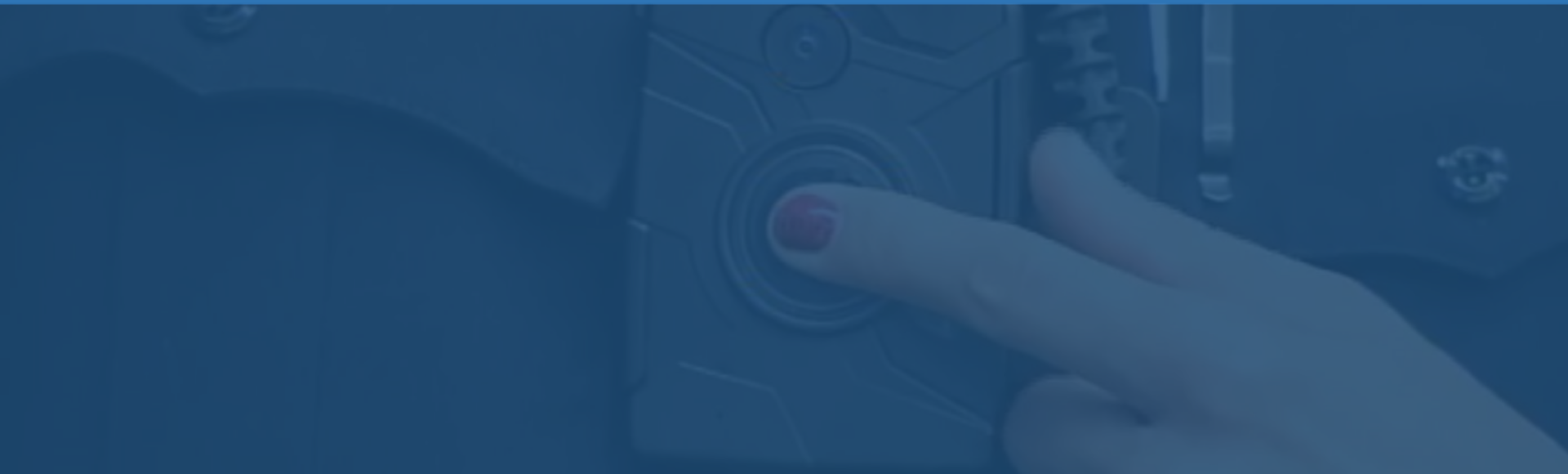
Neil Emory, NCACC
Outreach Associate

Coates County Health Department Overview

Layton Long, Public Health Director



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Coates County Health Department Programs & Services

Health Promotion and Policy Administration

Environmental Health Permitting and Inspections

Clinical Services

Animal Services



Public Health Reality Moment



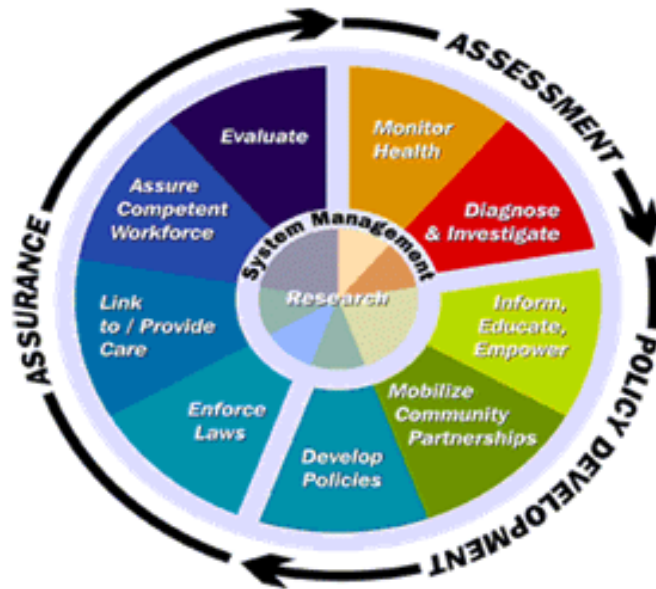
Jill D. Moore
Associate Professor of Public
Law and Government



Layton Long
Public Health Director
Chatham County

- Local Health Departments vary greatly in the services and programs they offer
- Some departments are moving away from the provision of clinical services

NC Health Department Services



Health department must provide:

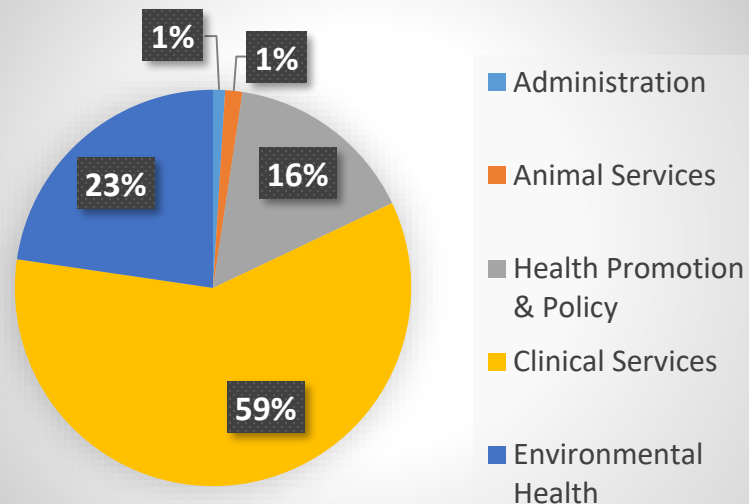
- Environmental health services (inspections & permitting)
- Communicable disease control
- Vital records services

Health department must provide, contract for, or assure:

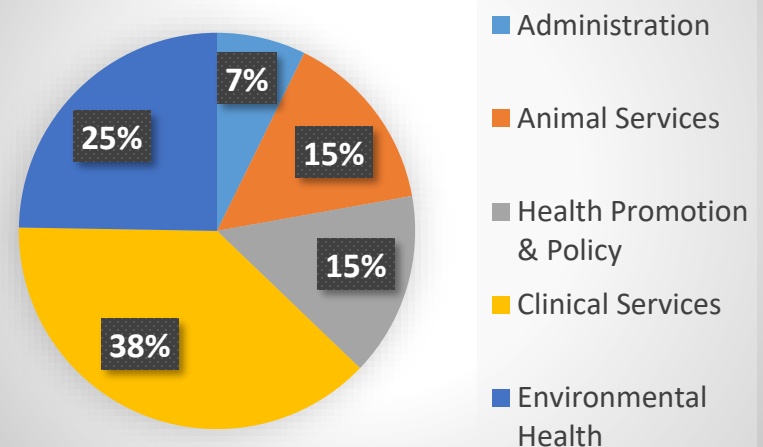
- Adult health
- Home health
- Dental public health
- Maternal health
- Child health
- Family planning
- Public health laboratory

Coates County Health Department FY2019 Estimated Revenues & Expenditures

Revenues



Expenditures



Public Health Reality Moment



Jill D. Moore
Associate Professor of Public Law
and Government

Layton Long
Public Health Director
Chatham County



- “The patient is the community”
 - Controlling disease outbreaks
 - Promoting health
 - Assuring safe water, food, etc. through environmental health functions

Questions?

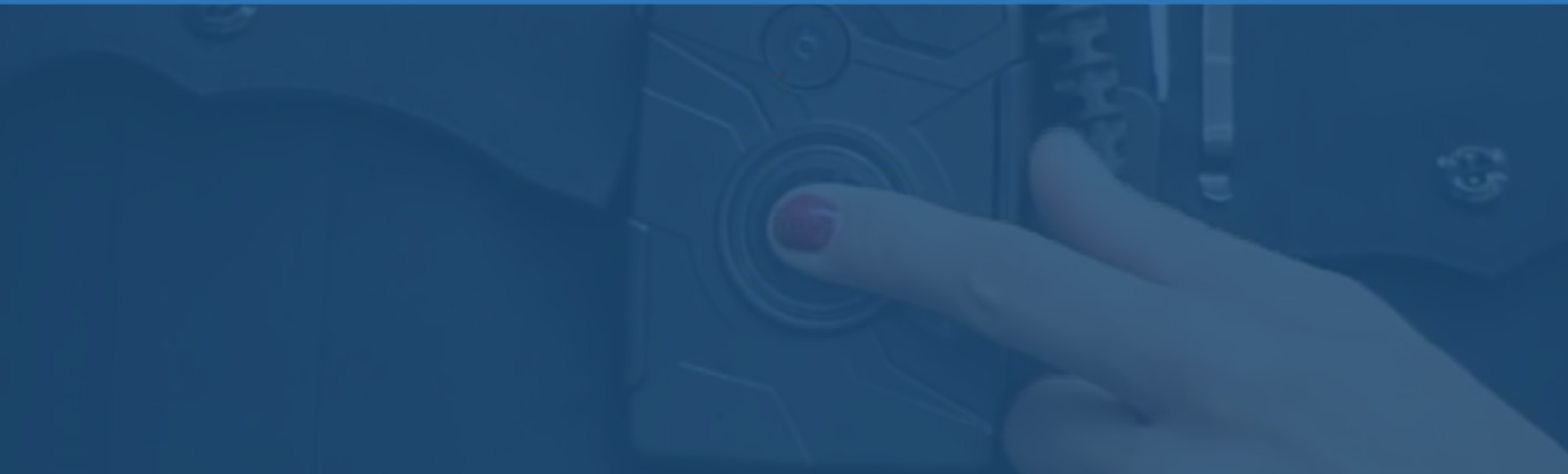


Coates County Social Services Department Overview

Nancy Coston, Social Services Director



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Coates County Social Services Programs & Services

■ Services for Children & Families

- Adoption
- Child Welfare (CPS & Foster Care)
- Independent Living for Foster Children
- Work First Family Assistance
- Adolescent Parenting Program

■ Services for Adults

- Adult Protective Services
- Guardianship
- Adult Daycare
- In-Home Aid
- Placement Services
- Representative Payee
- Services for the Blind
- Veterans Services

■ Economic Services

- Adult Medicaid
- Emergency Assistance
- Family & Children's Medicaid
- Food & Nutrition Services
- LIEAP (Energy Assistance)

■ Employment Services

- Work First
- Employment and Training
- On-the-Job Training

■ Administration

- Staffing, financial support, & operations



Social Services Reality Moment



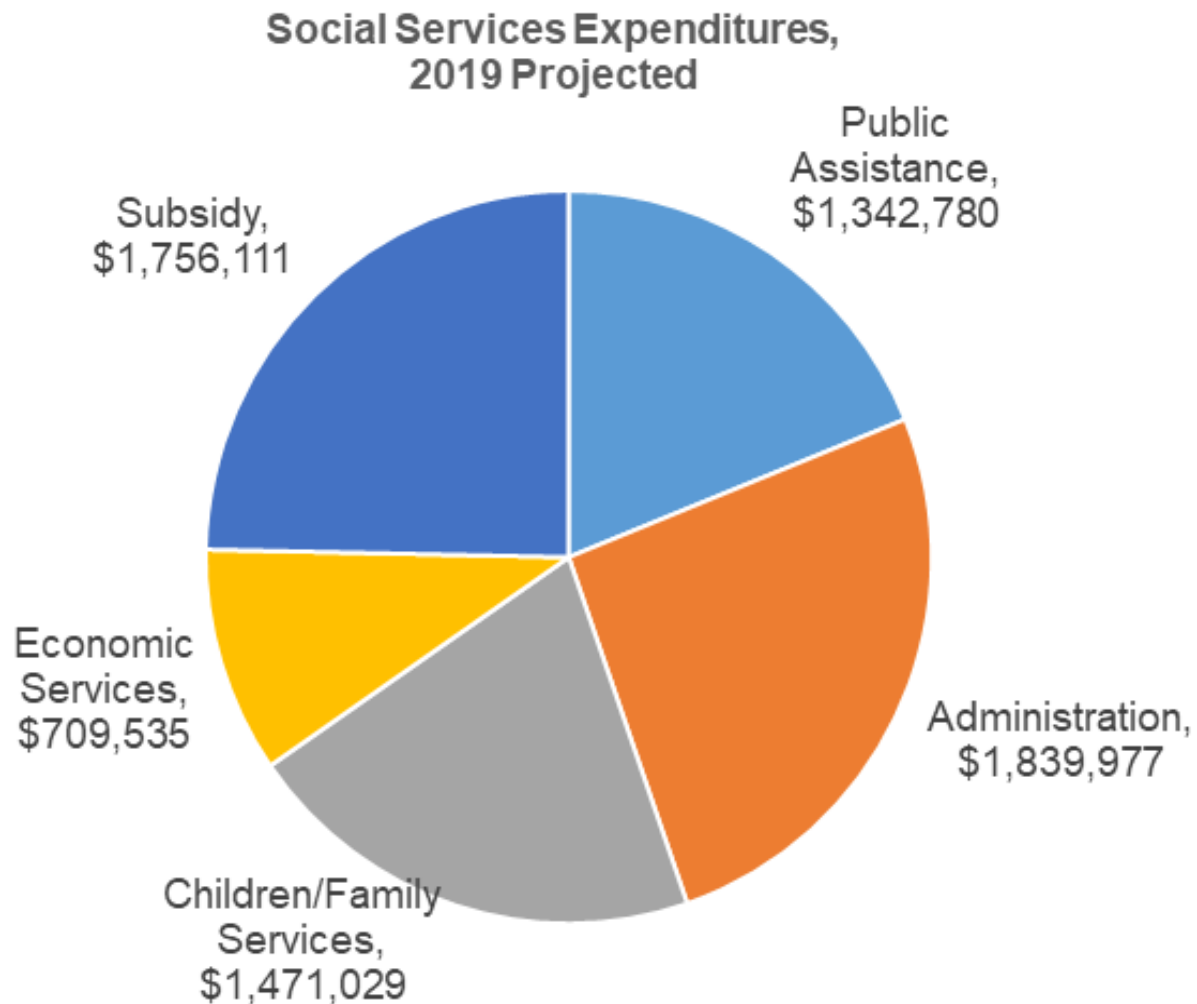
Aimee N. Wall
Professor of Public Law
and Government



Nancy Coston, Director
Orange County Department
of Social Services

- County-by-county variation
 - Most programs are available statewide but there are some local programs
 - Counties have adopted different approaches to organization and governance
 - The role of the Board of Commissioners varies

Social Services Projected Expenditures FY2019



Social Services Reality Moment



Aimee N. Wall
Professor of Public Law
and Government

Nancy Coston, Director
Orange County Department
of Social Services



- Pressure points
 - System reform and federal oversight
 - Data/NCFast/Dashboard
 - Workforce
 - Medicaid Transformation
 - Demographic trends

Questions?



The Sandhills Center Local Management Entity/Managed Care Organization

Victoria Whitt, Executive Director



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The Alphabet Soup of our System

- **LME/MCO** = Local Management Entity/Managed Care Organization
 - North Carolina's public authority responsible for community-based MH/IDD/SA services
- **MH** = Mental Health
- **IDD** = Intellectual & Developmental Disabilities
- **SA** = Substance Abuse
- **PMPM** = Per member per month = the way the State allocates Medicaid money to LME-MCOs

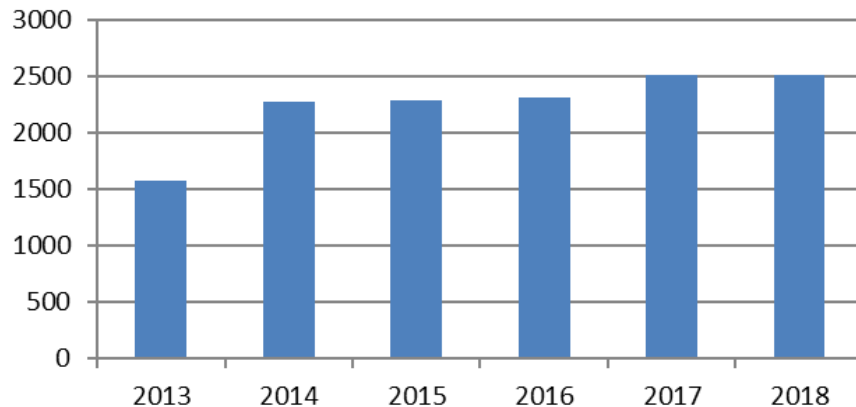




SANDHILLS CENTER

COATES COUNTY MEMBERS SERVED – In Calendar Year 2018

Members Served by Calendar Year



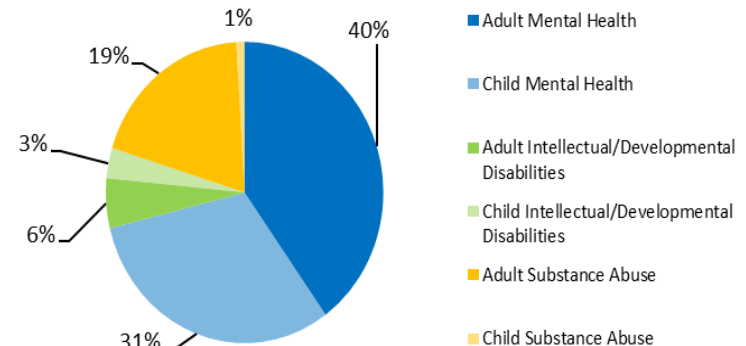
Most Frequent Behavioral Health Services Received Last Calendar Year

Service (\$14,926,932 total)	Amount Paid
Innovations Services	\$4,622,730
Intermediate Care Facilities	\$3,703,241
Outpatient Services	\$1,666,711
Intensive In-Home Services	\$1,083,081
Inpatient Hospitalization	\$1,015,214
Psychiatric Residential Treatment Facilities	\$886,883
Behavioral Health Long Term Residential	\$790,648
Assertive Community Treatment Team	\$258,630

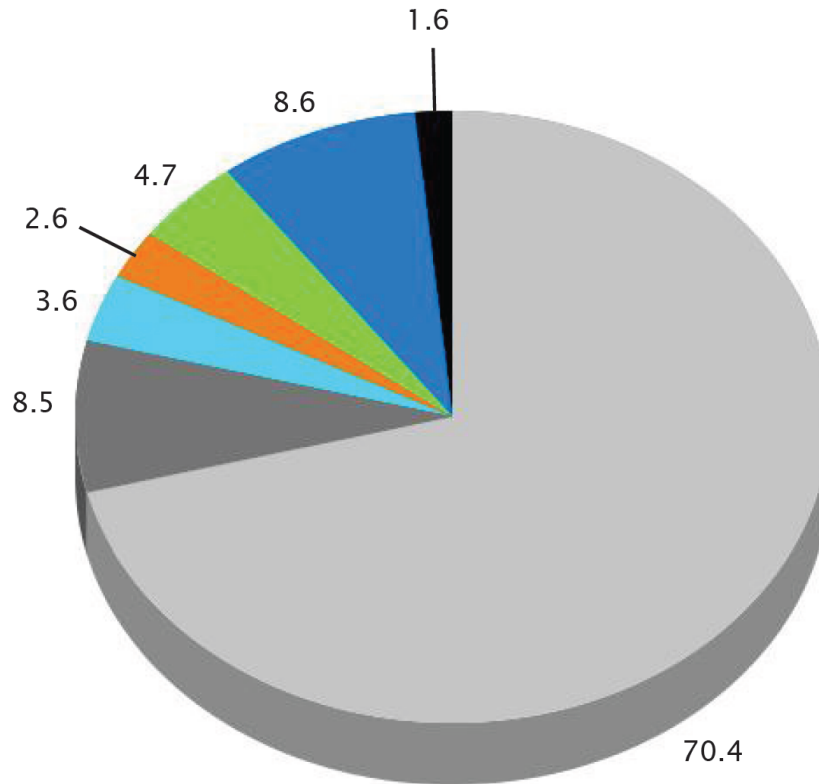
Highest Serving Behavioral Health Providers Last Calendar Year

Provider (223 providers serving local members)	Members Served
Daymark Recovery Services	805
Advanced Behavioral Center, Inc.	224
VC & Associates, Inc.	195
Therapeutic Alternatives, Inc.	152
Central Carolina Hospital	140
Carolina Behavioral Care, P.A.	111
UNC at Chapel Hill Faculty Physicians	97

Members Served Last Calendar Year



FINANCIALS



Revenues

Medicaid Service Contracts	\$235,192,635	70.4%
State, Federal Service Funds and Medicaid Flow	28,255,100	8.5%
County General and Other Local	12,016,665	3.6%
I/DD Treatment Planning Administration and MH/SA/Treatment Planning	8,587,477	2.6%
Medicaid Administration General and LME Administration	15,608,693	4.7%
Medicaid Reserve Funds	5,279,372	1.6%
Fund Balance	29,357,649	8.6%
TOTAL	\$334,297,591	100%



LME-MCO Reality Moment



Mark Botts

Associate Professor of Public
Law and Government

- County Maintenance of Effort

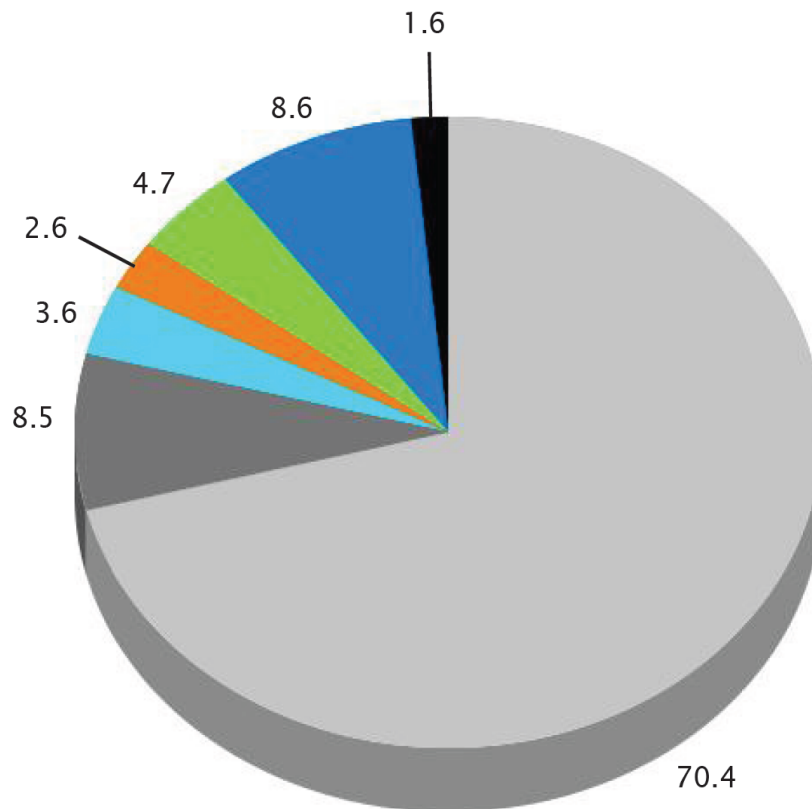
LME-MCO Reality Moment

- Counties shall appropriate funds for area authority programs.
- Counties shall not reduce county appropriations and expenditures for current operations and ongoing programs or services *because of* the availability of State allocated funds, fees, capitation amounts, or fund balance to the area authority.
- Counties may reduce appropriations previously appropriated for one-time, non-recurring needs.

G.S. 122C-115.

- *Recommendation—Ask your LME to talk about the programs or services that wouldn't be available without county dollars.*

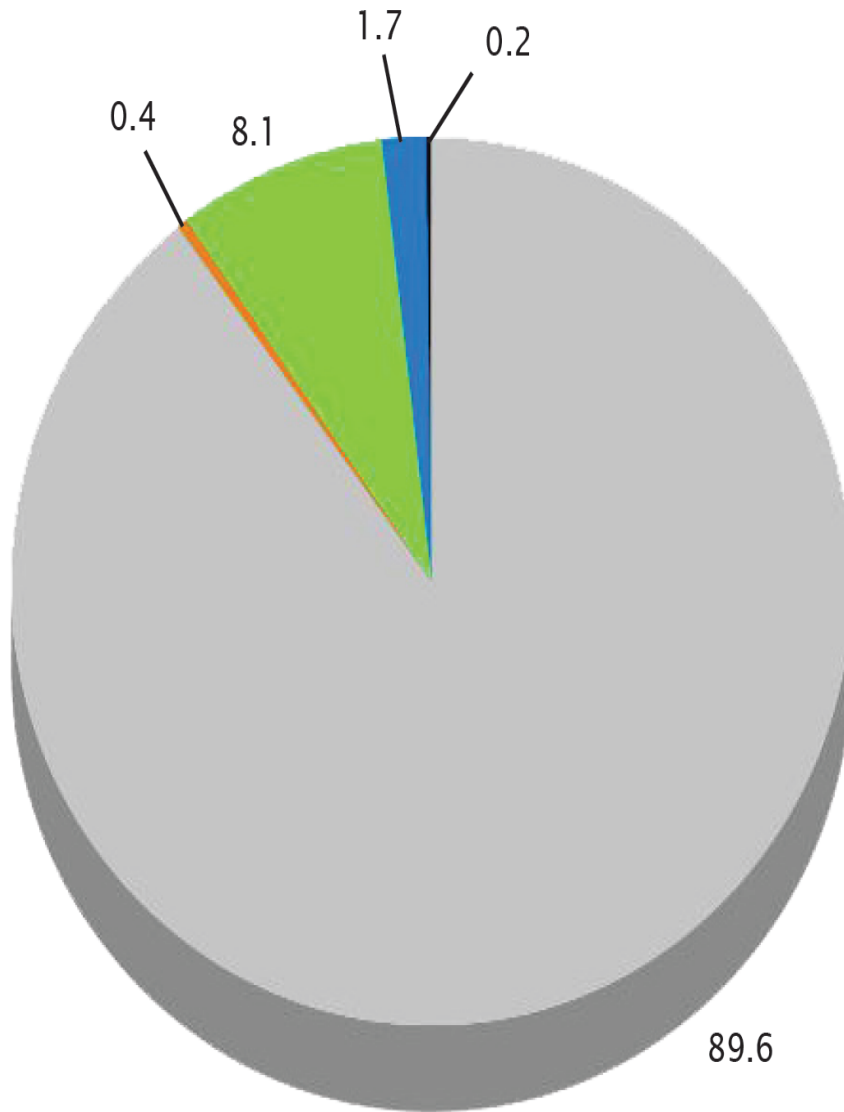
FINANCIALS



Revenues

Medicaid Service Contracts	\$235,192,635	70.4%
State, Federal Service Funds and Medicaid Flow	28,255,100	8.5%
County General and Other Local	12,016,665	3.6%
I/DD Treatment Planning Administration and MH/SA/Treatment Planning	8,587,477	2.6%
Medicaid Administration General and LME Administration	15,608,693	4.7%
Medicaid Reserve Funds	5,279,372	1.6%
Fund Balance	29,357,649	8.6%
TOTAL	\$334,297,591	100%





Expenses

Contracts	\$299,707,931	89.6%
Personnel	27,185,863	8.1%
Materials and Supplies	436,787	0.2%
Current Obligations	5,554,864	1.7%
Fixed Charges and Capital	1,412,146	0.4%
TOTAL	\$334,297,591	100%

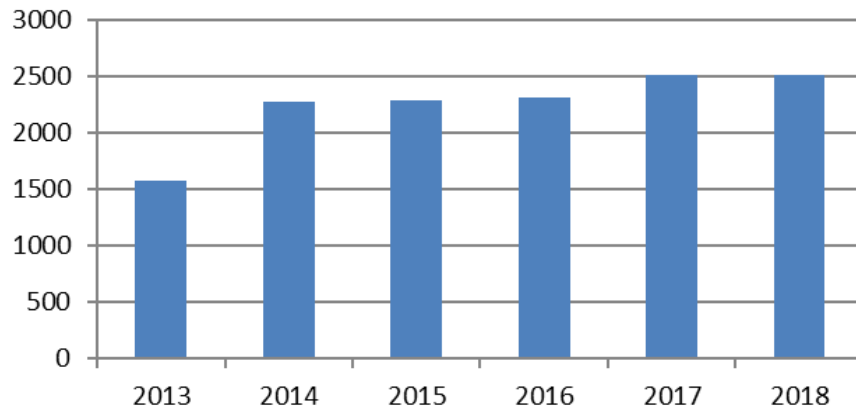




SANDHILLS CENTER

COATES COUNTY MEMBERS SERVED – In Calendar Year 2018

Members Served by Calendar Year



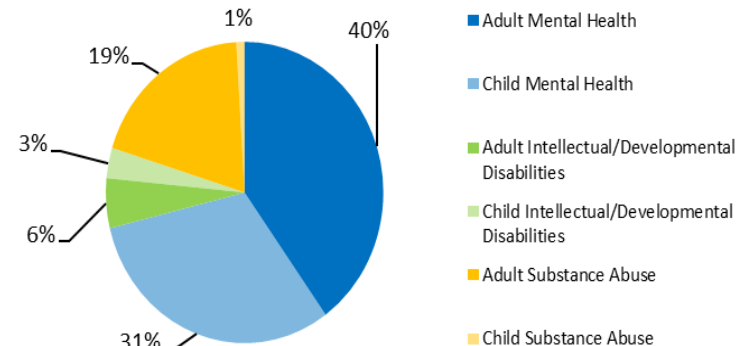
Most Frequent Behavioral Health Services Received Last Calendar Year

Service (\$14,926,932 total)	Amount Paid
Innovations Services	\$4,622,730
Intermediate Care Facilities	\$3,703,241
Outpatient Services	\$1,666,711
Intensive In-Home Services	\$1,083,081
Inpatient Hospitalization	\$1,015,214
Psychiatric Residential Treatment Facilities	\$886,883
Behavioral Health Long Term Residential	\$790,648
Assertive Community Treatment Team	\$258,630

Highest Serving Behavioral Health Providers Last Calendar Year

Provider (223 providers serving local members)	Members Served
Daymark Recovery Services	805
Advanced Behavioral Center, Inc.	224
VC & Associates, Inc.	195
Therapeutic Alternatives, Inc.	152
Central Carolina Hospital	140
Carolina Behavioral Care, P.A.	111
UNC at Chapel Hill Faculty Physicians	97

Members Served Last Calendar Year



LME-MCO Reality Moment

Each county through its area authority must develop, review, and approve a business plan for the management and delivery of services that addresses

- Planning to identify service gaps and ways to fill those gaps
- Collaboration with other local service systems to ensure access to and coordination of services

G.S. 122C-115.2

Sandhills' Reinvestment Strategies in Coates County

- Specialty Courts—UNCG (contract)
- Assessment/Treatment Planning—Specialty Courts (contract)
- Psychiatric Services/Staff Detention – Correct Care Solutions
- Piedmont Health Services and Sickle Cell Agency – Co-location of Substance Abuse Counselor/LCSW, Van driver and consumer assistance – PHSSCA
- Access2Care Screening/Kiosks – High Point Library and Guilford Public Health
- Malachi House II – Consumer Supports
- Triad Medical Group (Integrated Care & Opiate - contract)



Questions?



Looking Ahead



UNC
SCHOOL OF GOVERNMENT



MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE USE DISORDERS

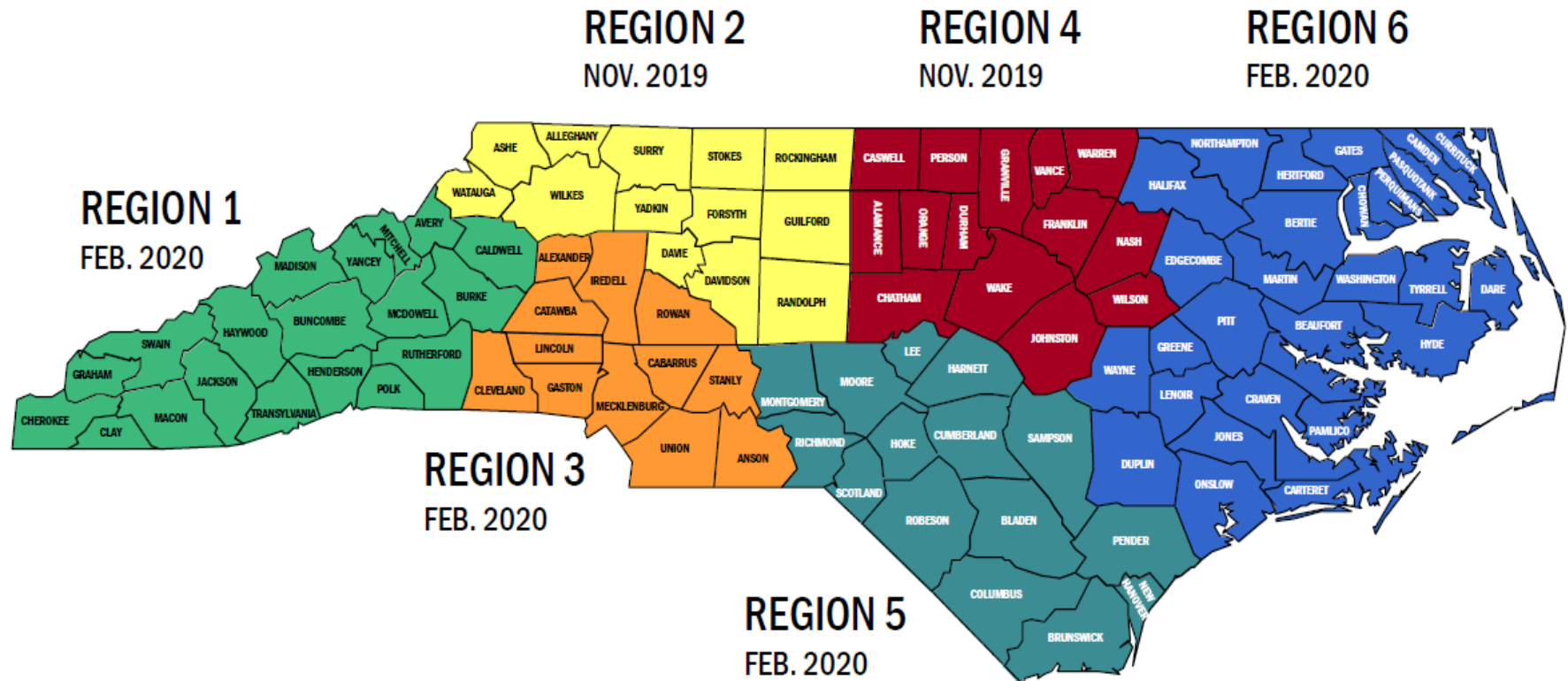


Medicaid Transformation

- Currently—Medicaid dollars for MH/DD/SA services are allocated by the State to seven public managed care organizations called LME-MCOs
 - Prepaid, capitated contracts with the state for services in a defined geographic region
- November 2019—Medicaid dollars for physical health services, prescription drugs, long-term care, and MH/DD/SA services will be allocated to private MCOs
 - Prepaid, capitated contracts with the state for services in a defined geographic region
 - Most Medicaid beneficiaries will be enrolled in these “standard” plans



Medicaid Transformation Health Regions



Rollout Phase 1: Nov. 2019 – Regions 2 and 4

Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

Standard Medicaid Plan

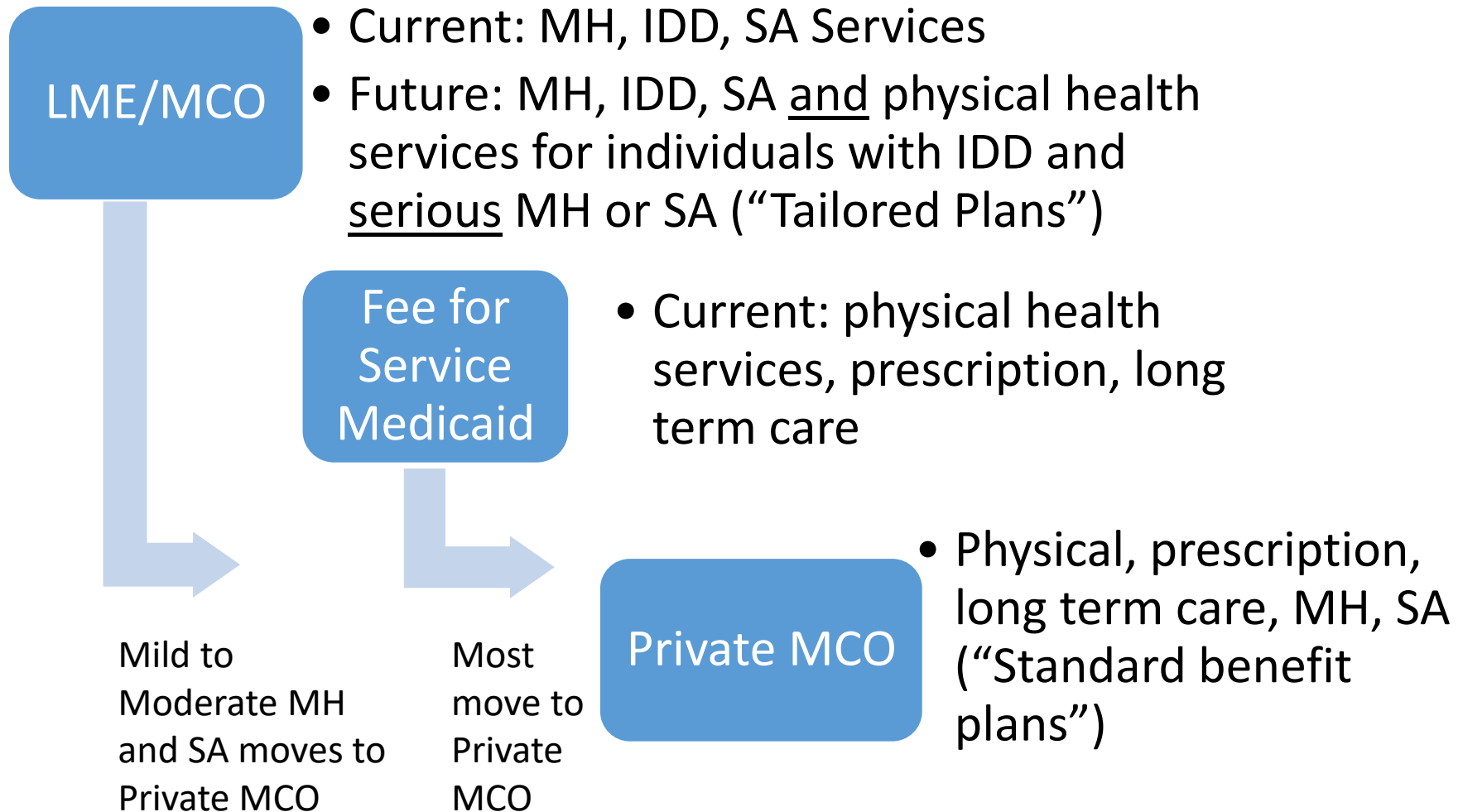
- Will serve those with lower intensity behavioral health needs.
- LME/MCOs will continue to manage services for those with more serious BH/IDD needs.
- The Standard Plans will be administered by several commercial entities.
 - AmeriHealth Caritas
 - Blue Cross and Blue Shield
 - United Healthcare
 - Wellcare
 - Carolina Complete Health (a provider led entity)



July 2021—LME-MCOs begin operating “Tailored Plans”

- Specialized Medicaid plans for those with significant behavioral health and intellectual/developmental disabilities needs (“serious” MI, “severe” SA)
- No more than 7 and no less than 5 Plans will be allowed
- LME-MCOs
 - Will manage non-Medicaid funding (federal/state/county)
 - Contract with the Standard Plans for coordination of physical healthcare for members
- After 4 years, State contracts for tailored plans will be competitively bid to non-profits and LME-MCOs

Medicaid Transformation



SOCIAL SERVICES



Tremendous Changes Underway

State efforts

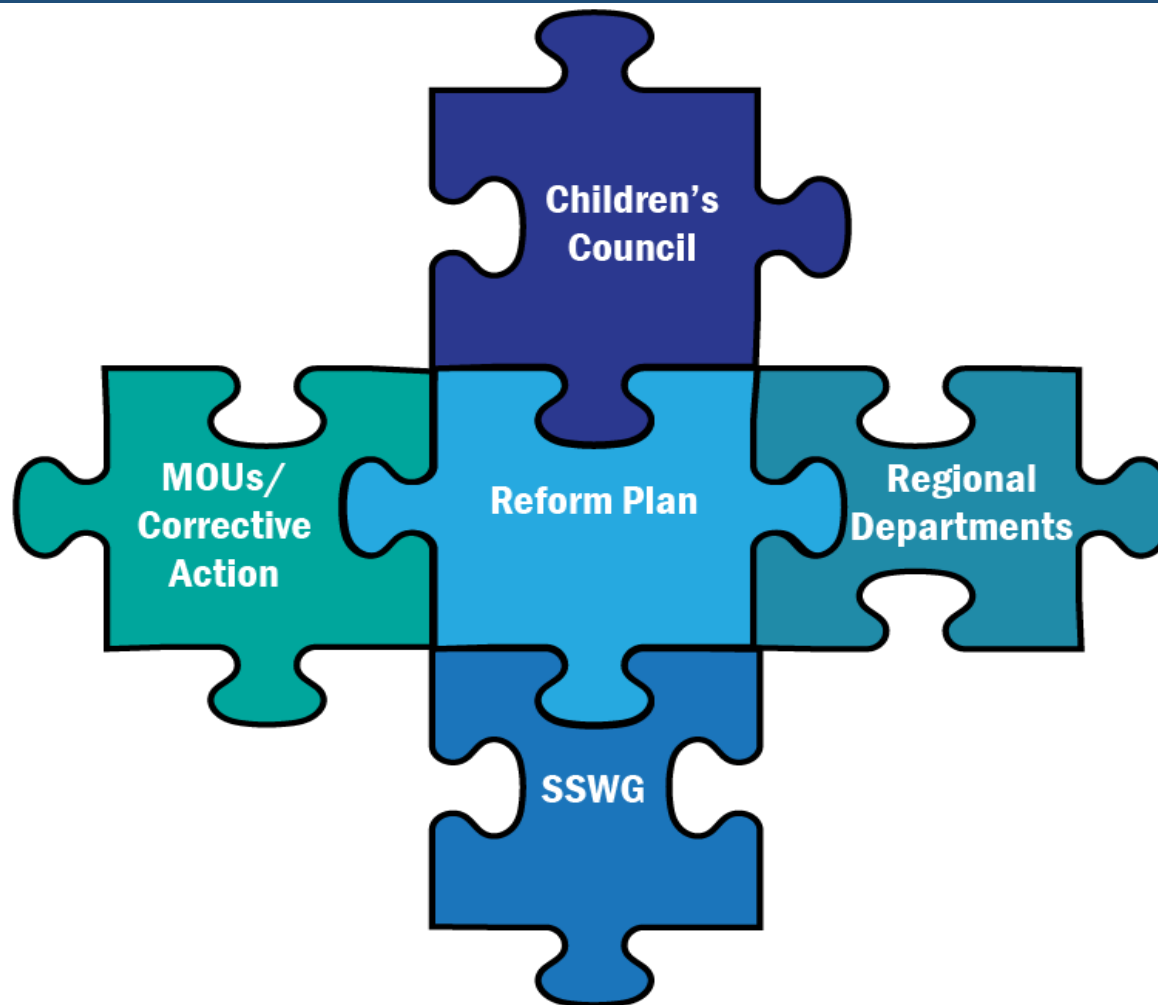
- System reform (S.L. 2017-41)
- Child welfare reform
- Guardianship reform (maybe)

Federal oversight

- Program Improvement Plan (child welfare)
- Families First implementation (child welfare)

Medicaid transformation

Overview – S.L. 2017-41 (H 630)



Context

Reform Plan

Consultant proposal for state agency and system reform; dashboard

MOUs/ Corrective Action

Agreement b/t counties and state; performance requirements; failure to comply = corrective action

Regional Departments

Option beginning 3/1/19; counties may join together to offer some or all services through regional depts

Children's Council

Improve coordination/collaboration/communication among publicly-funded child serving agencies



SSWG Charge

Regional Supervision

- Improve state supervision of county-administered agencies through more coordinated and comprehensive regional supervision

Local Involvement

- Options for increasing involvement of local elected officials in county-administered agencies

Intercounty Collaboration

- Legislative and regulatory changes necessary to improve collaboration between counties

Regional Administration

- Benefits and challenges associated with mandatory regional administration



Local Involvement

Charge

- Identify “options for authorizing the board of county commissioners to intervene in urgent situations to assume direct control of [DSS] prior to the State assuming direct control of administration.”

Work

- Discussed the full lifecycle of local social services agency organization and governance
- Identified options for increasing involvement from local elected officials as well as others

Local Involvement - Options

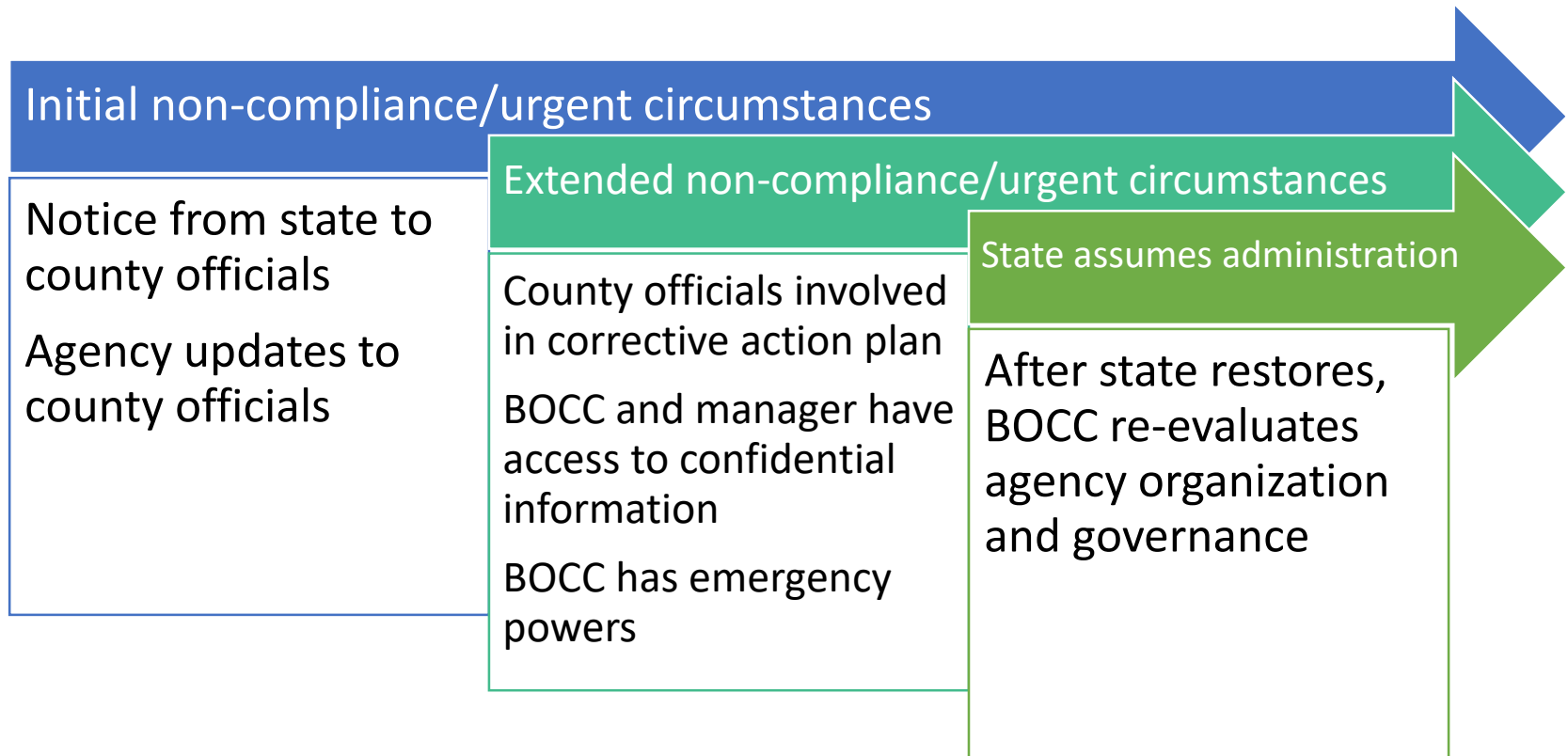
Agency formation

- Comm'r on governing board
- Composition requirements for governing board
- Governing board training
- BOCC training

Ongoing oversight

- Governing boards more proactive
- Communication
- BOCC training about budget
- Performance updates from state

Local Involvement - Options



Next Steps

DHHS

- Report to NCGA related to Stage One/regional supervision transmitted February 27

CSF

- Final report expected soon

NCGA

- May consider legislative change this session based on recommendations from DHHS, CSF and/or SSWG



CONSOLIDATED HUMAN SERVICES



Possibilities

Organization and governance

- More counties making changes
- Some counties undoing changes

Legislative changes?

- Technical changes?
- Try to facilitate information sharing in CHSAs?
- Regional consolidated human services agencies?
- Changing role of local officials (per SSWG recommendations)?
- Human resources changes?



PUBLIC HEALTH



Public Health

Medicaid transformation

- New administrative procedures
- Effects on local revenues uncertain

Continued changes to local agency/governance approaches

- Consolidation or de-consolidation

Cross-county voluntary collaborations

- Example: NC Public Health HIPAA Alliance



Public Health

Clinical services: keep or divest?

- Expect this to vary based on local needs
- Local partnership development: community health centers, hospitals

Emerging issues in population health

- Social determinants of health
- Infrastructure and health
- Controlling communicable disease in an era of vaccine hesitancy



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