

Top 10 Primer:
**What Local Elected Officials Need to Know
About Public Health and Social Services**

Jill Moore and Kristi Nickodem

Questions

What do these agencies do?

What is my role in governance and funding?

Who manages these programs in my locality?

Where do I refer people who call me for help?

Agenda – Top Ten Primer

1-3

- The Big Picture

4-6

- Public Health

7-9

- Social Services

10

- Back to the Big Picture



The Big Picture: #1 – Required by Law



- State law requires that counties
 - Provide public health and social services
 - Have an agency responsible for providing these services
 - Have a board governing these agencies
 - Have a director responsible for these agencies
- State law includes many specific details regarding the types of services that must be provided and how they must be provided





The Big Picture: #2 – Strings Attached

Strings Attached: Examples

Public Health

- **Federal**
 - Maternal and child health block grant
 - Family planning and related preventive health care services (Title X)
- **State**
 - Categorical funding

Social Services

- **Federal**
 - Supplemental Nutrition Assistance Program (SNAP)
 - Medicaid
 - Child Support Enforcement
- **State**
 - State-County Special Assistance

County agreements with the State:

- **Public Health:** Consolidated Agreement
- **Social Services:** Memorandum of Understanding

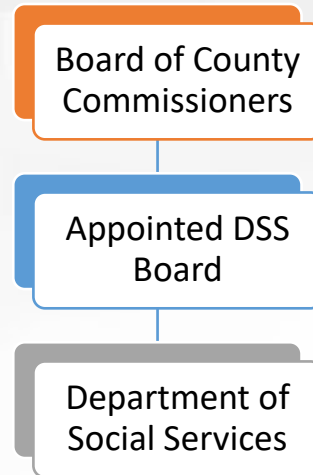
The Big Picture: #3 – Local Options



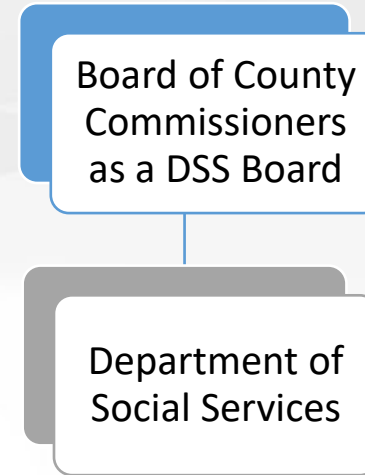
- **Agency organization**
 - Single county vs. multi-county?
 - Single agency or consolidated?
- **Agency governance**
 - Appointed board or BOCC?
- **Services provided**
 - Additional services your community needs

Social Services and Public Health Governance Models (Single County)

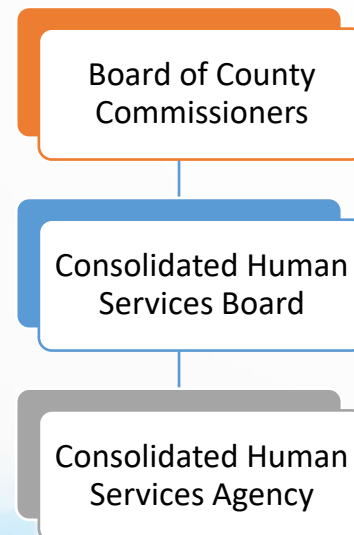
OPTION A



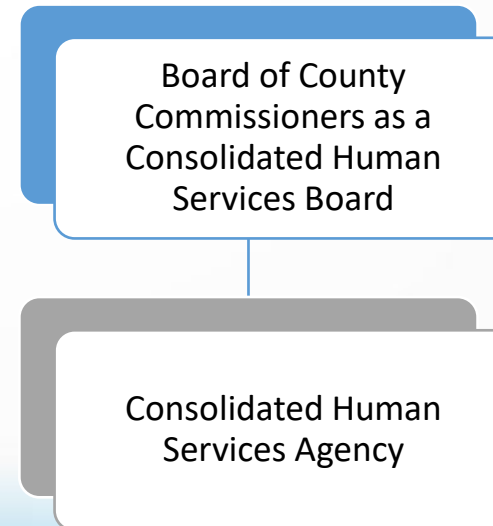
OPTION B



OPTION C

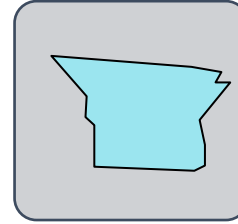


OPTION D



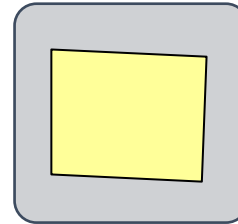
Consolidated Human Services Agencies

- Law does not require any particular mix of human services
- May include:
 - Public health
 - Social services
 - Other county human services departments or programs
- **BIG DIFFERENCES:**
 - Director reports to county manager
 - Employees: SHRA optional



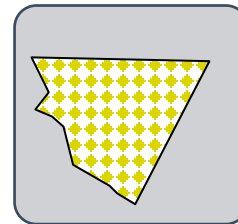
Gaston County

- PH, SS, Transportation, Aging and Adult Services, Services for the Blind



Guilford County

- PH, SS, Transportation

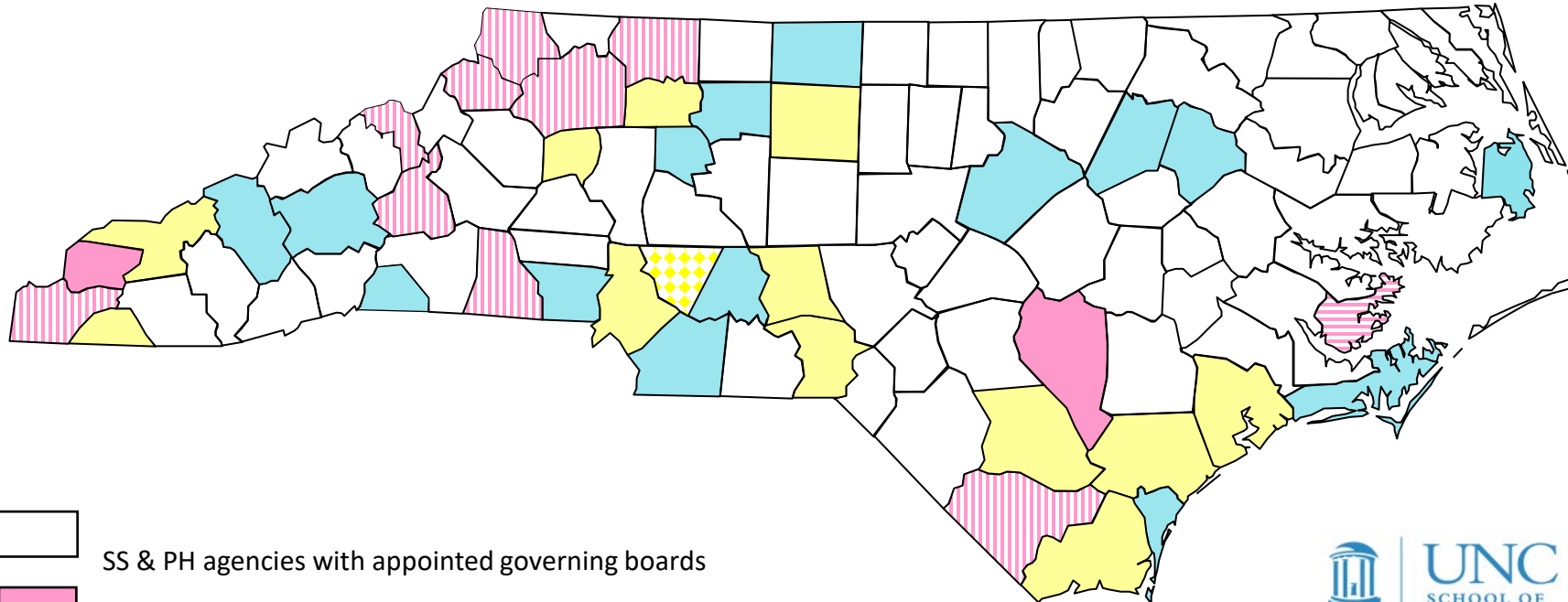









Cabarrus County

- SS, Aging and Adult Services, Transportation

Public Health and Social Services Organization and Governance

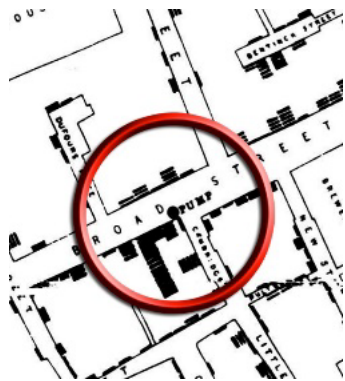
Resolutions as of October 2022



-  SS & PH agencies with appointed governing boards
-  Option 1 with both SS & PH agencies governed by BOCC (Graham, 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, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare, New Hanover)
-  Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Alexander, 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)

Public Health





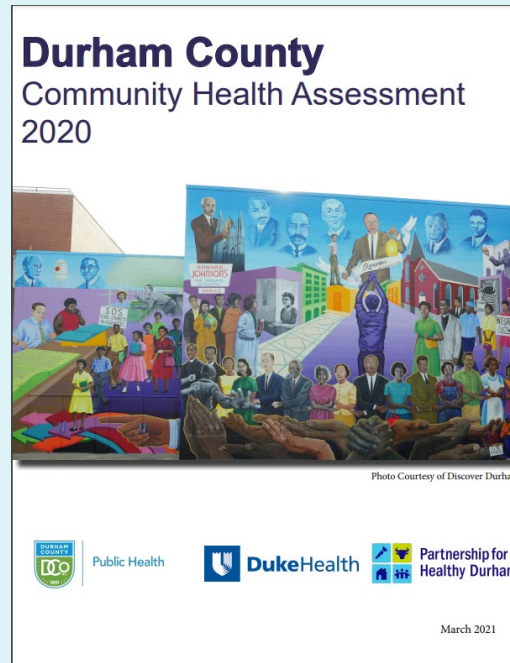
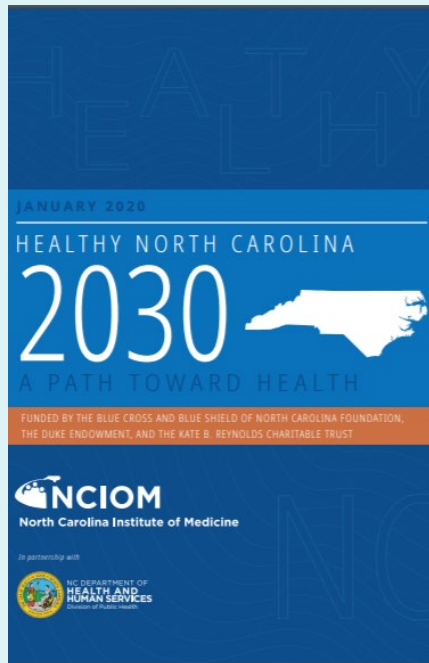
Public Health

#4 – Public health is community health

Public health is concerned with:

- Populations & communities
- Conditions that promote or threaten good health
- Prevention
- Evidence-based strategies
- Policy as well as individual behavior

Assessing & addressing community health



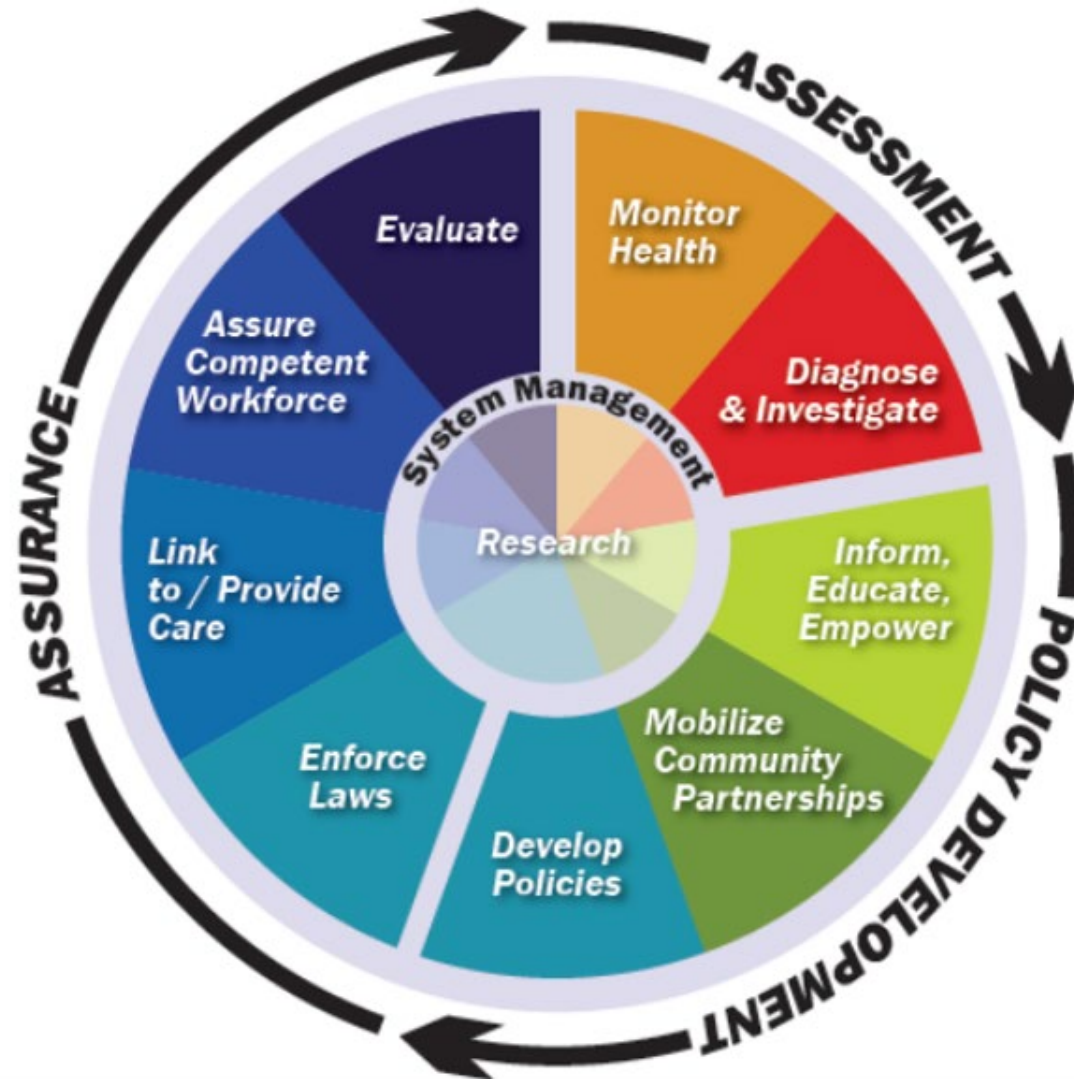
Healthy North Carolina

- Key health indicators
- 10-year plans to improve health

Community Health Assessments

- Local health data
- Local health priorities

Public Health #5 – Public health services



Each local health department is responsible for assuring the 10 essential public health services.

- G.S. 130A-1.1

NC local health department accreditation criteria are based on the 10 essential services, and each department must be accredited to receive state & federal public health funds.

- G.S. 130A-34.1; 130A-34.4

Mandated services

(N.C. Admin. Code Title 10A, Ch. 46)

Provide

- On-site water supply
- Sanitary sewage collection, treatment, & disposal
- Food, lodging, & institutional sanitation
- Communicable disease control
- Vital records registration (public health-specific responsibilities)

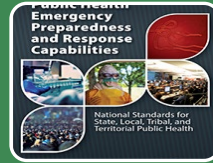
Provide or assure

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

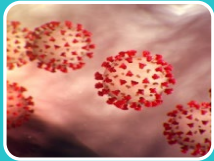
Examples of local health department programs and services



Environmental Health



Preparedness & Response



Communicable Disease



Health Promotion



Vital Records



Care Coordination & Related Services



Clinical Health Care



Compliance & Quality Assurance

Public Health

#6 – Boards, Directors, & Departments

Board of county commissioners

- Chooses department type
- Appoints board, or assumes its powers & duties and appoints advisory committee (county departments only)
- Approves agency budget, including locally imposed fees

Local board of health

Local health director

Local health department



Traditional Boards of Health

Role: “protect and promote the public health”

MEMBERSHIP

- County commissioner (for each county, if a district)
- Physician
- Dentist
- Optometrist
- Veterinarian
- Registered nurse
- Pharmacist
- Professional Engineer
- Members of the general public

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

Board of health (BOH) variations

Consolidated human services agency board

- Members appointed by county commissioners
- Membership composition different from traditional BOH
- Acquires powers & duties of a traditional BOH (except hiring/firing health director), plus additional powers & duties related to other services

Board of county commissioners serves as board

- Commissioners assume the powers and duties of the county BOH or the CHS board
- Board must appoint advisory committee with same membership as a traditional BOH (optional to include additional members)

Public health authority board

- Members appointed by county commissioners
- Membership composition different from traditional BOH
- Expanded powers and duties compared to traditional BOH

Local Health Director Powers & Duties

G.S. 130A-41

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

** In consolidated human services agencies, hiring/dismissal of employees requires county manager approval*

Elsewhere in G.S. Ch. 130A

- Rabies vaccination clinic
- Isolation and quarantine authority
- Access to records
- Specific duties associated with different programs

Elsewhere in N.C.G.S.

- Wide range of duties associated with diverse matters (relocation of graves, approval of jail medical plan, etc.)

Other

- Compliance, budget, etc.

Social Services



Social Services

#7 – Community Services

Some services are means-tested

- Food and Nutrition Services
- Medicaid
- Work First
- Energy assistance
- Child care assistance

Some services are not means-tested

- Child protective services
- Adult protective services
- Public guardianship
- Child support enforcement



Who Pays for These Services?



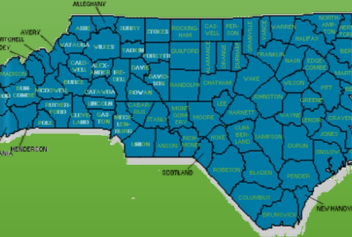
Federal

- Federal-state programs
- Grants to states



State

- Accepts federal grants
- Appropriates state and federal funding



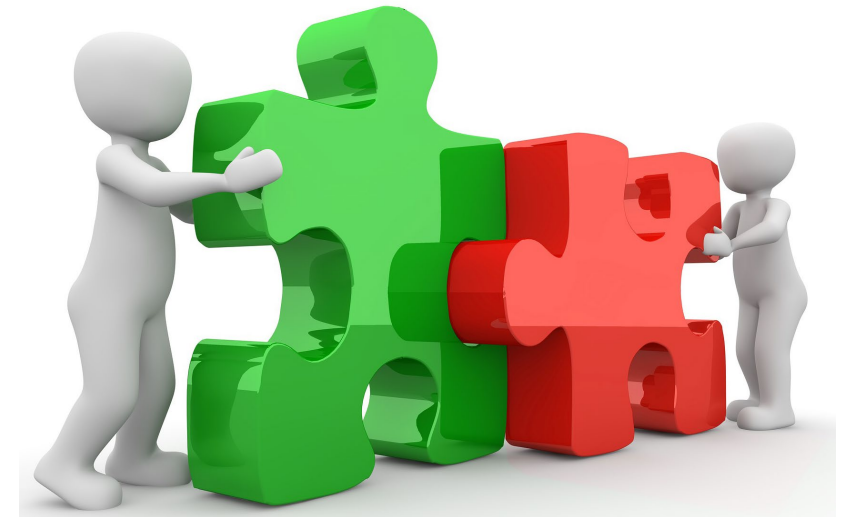
County

- Levy property tax sufficient to pay county share of mandated programs
- Non-mandated programs

Social Services

#8 – State-supervised, County-administered

- Most states have a *state-administered* system
- Implications
 - County responsibility
 - County employees
 - County budget

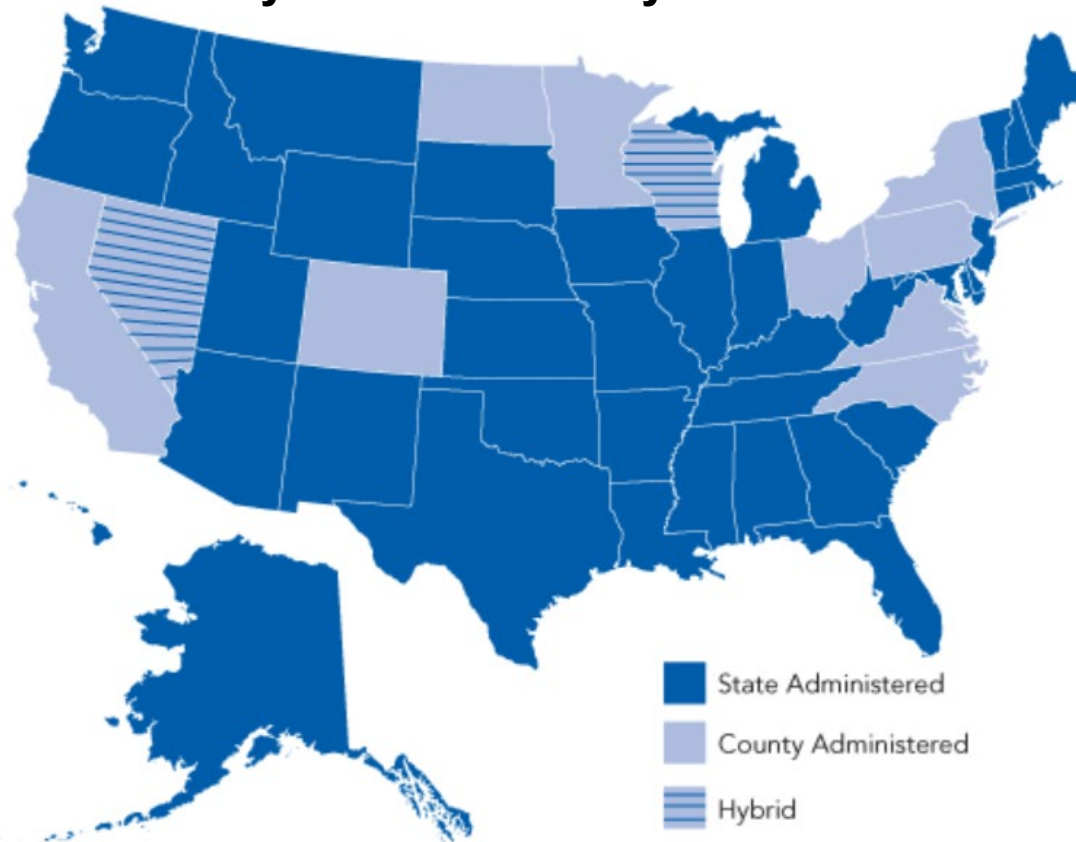


Pros and Cons – local flexibility and control vs. standardization

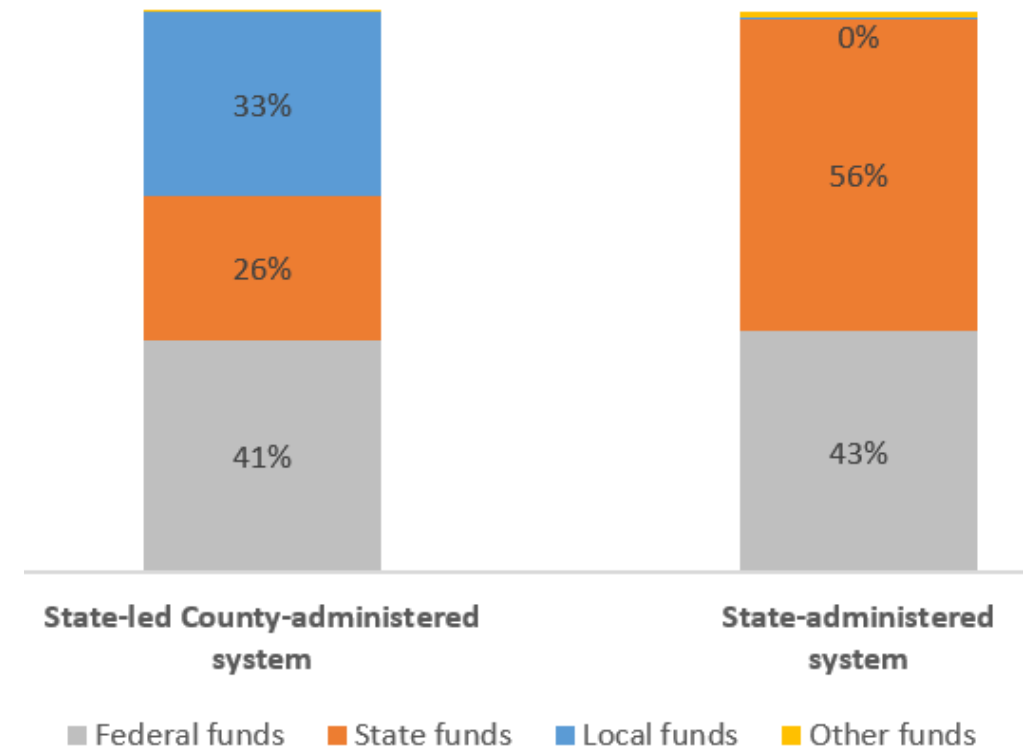
Social Services

#8 – State-supervised, County-administered

Only nine states have state-supervised, county-administered systems

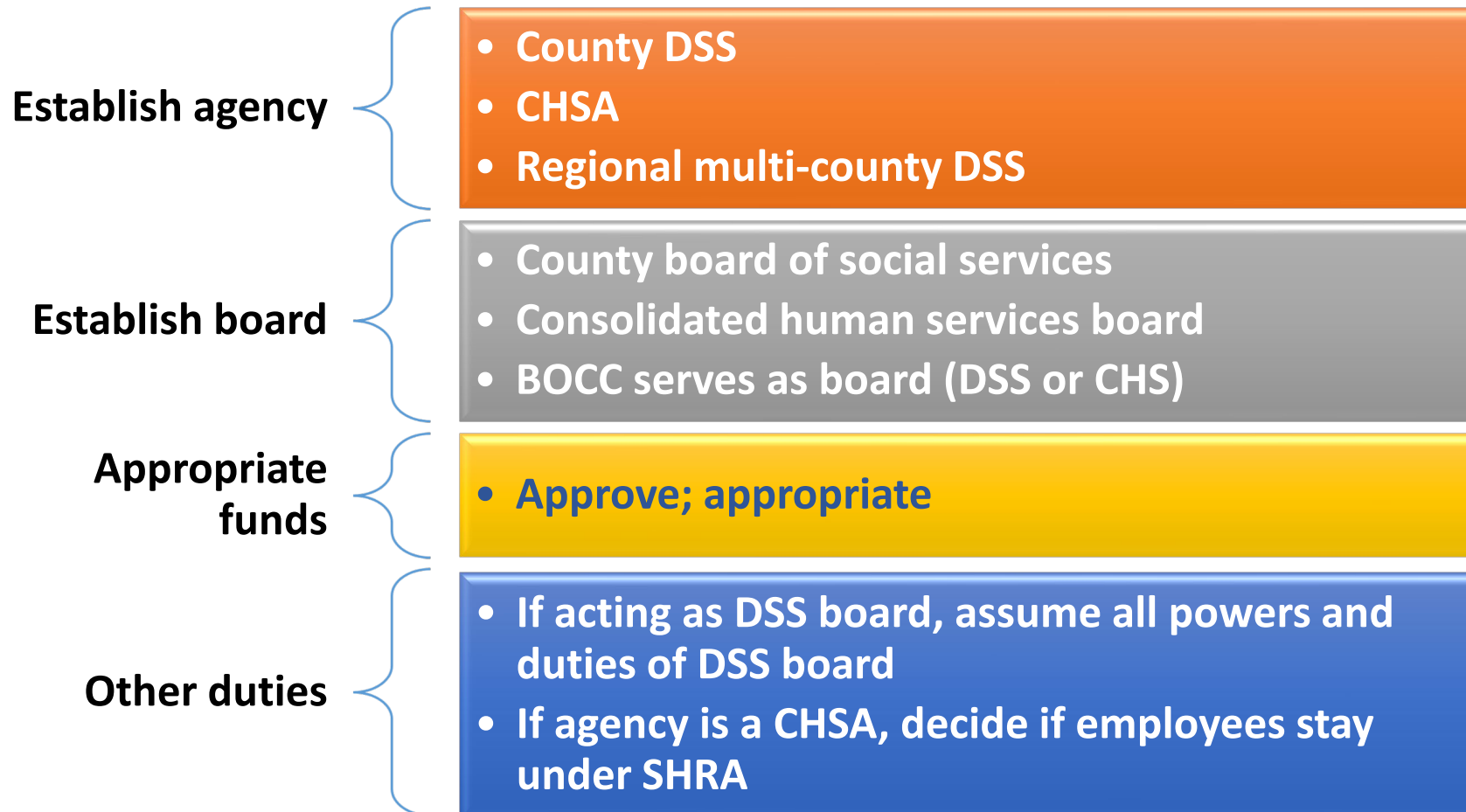


Different proportions of state investment



Sources: Child Trends "Child Welfare Financing Survey SFY2018"

What is the role of the BOCC in this system?



Social Services

#9 – Boards, Directors, and Departments

**County
Department of
Social Services**

**Appointed Board
of Social Services**

OR

**BOCC as
Governing Board**

**Consolidated
Human Services
Agency**

**Appointed CHS
Board**

OR

**BOCC as
Governing Board
(w/ advisory
committee)**

**Regional
Department of
Social Services**

**Regional Board of
Social Services**



Examples of DSS Director's Duties

- Assume custody of a child
- Ask court to terminate a parent's rights
- Serve as guardian for incompetent adults
- Investigate complaints about adult care homes
- Dispose of unclaimed bodies
- Manage large and diverse staff
- Manage complex budget

#10 – The Big Picture

Human Services Funding in Context



Who Pays for Social Services in N.C.?

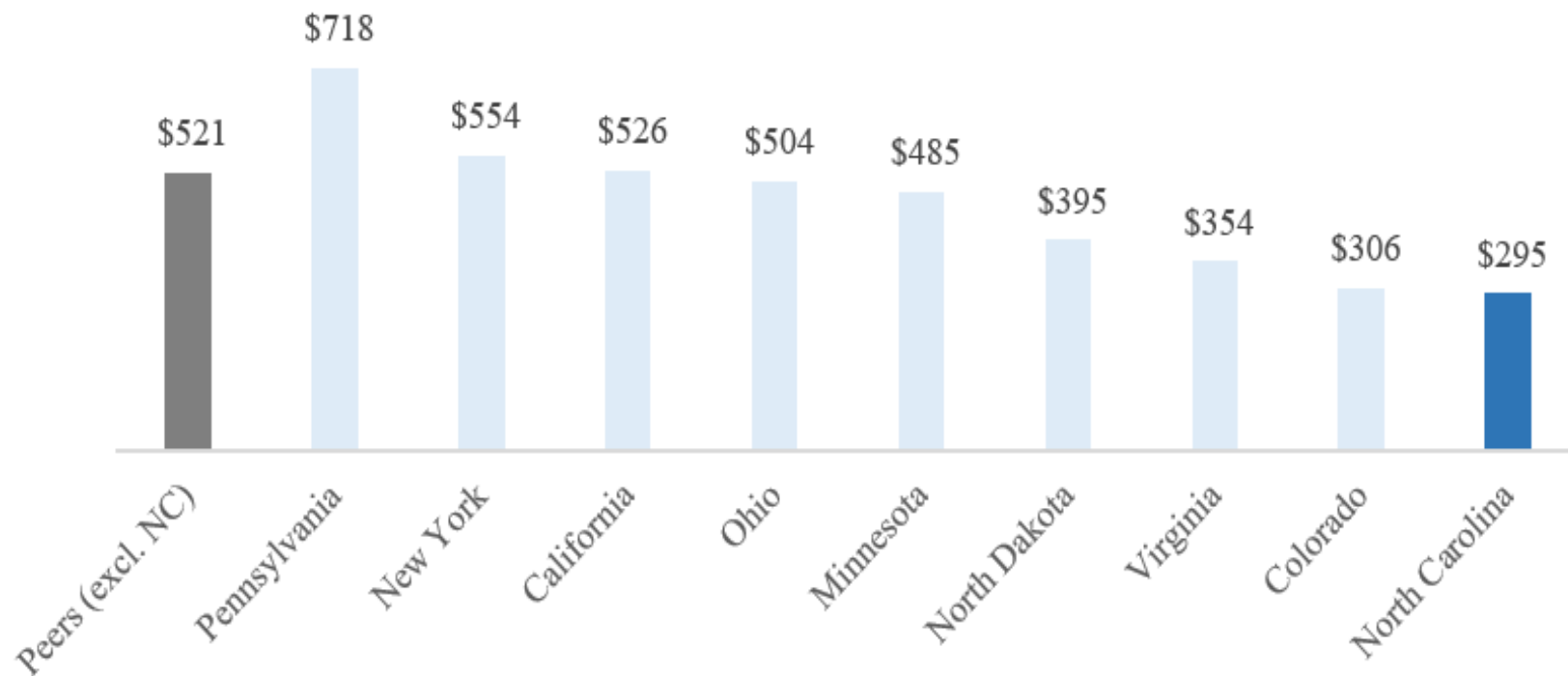
DHHS budget estimates for FY 22-23:

- The **federal government** will fund over **83%** of total statewide costs for public assistance programs, program assistance administration, and services programs.
- **Counties** - projected to provide just over **12%** of total costs
- **State** - projected to provide just over **4%** of total costs.



Among peer states, NC ranks last in child welfare investment

Annual per child¹ investment in child welfare across peers (states with state-led county-administered child welfare systems)

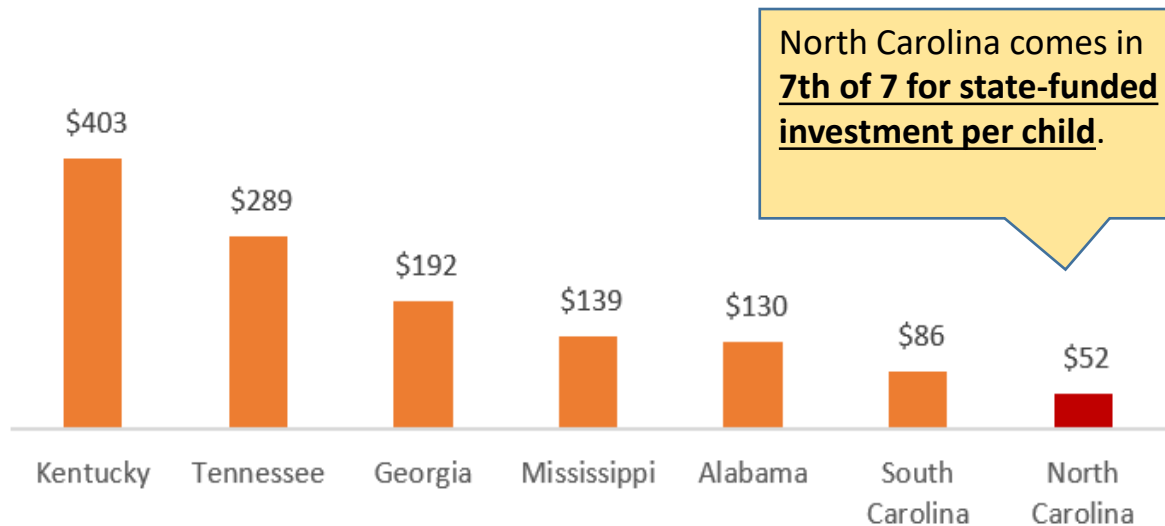


North Carolina **rank**s last (9th of 9) among peers in **child welfare investment** per child across public sources (federal, state, local)

1. Per child in state; Sources: Child Trends "Child Welfare Financing Survey SFY2018"

Among states in the region, NC ranks lowest in state investment for child welfare

Child welfare funding per child (state expenditure) regionally



Per child in state; Sources: Child Trends "Child Welfare Financing Survey SFY2018"

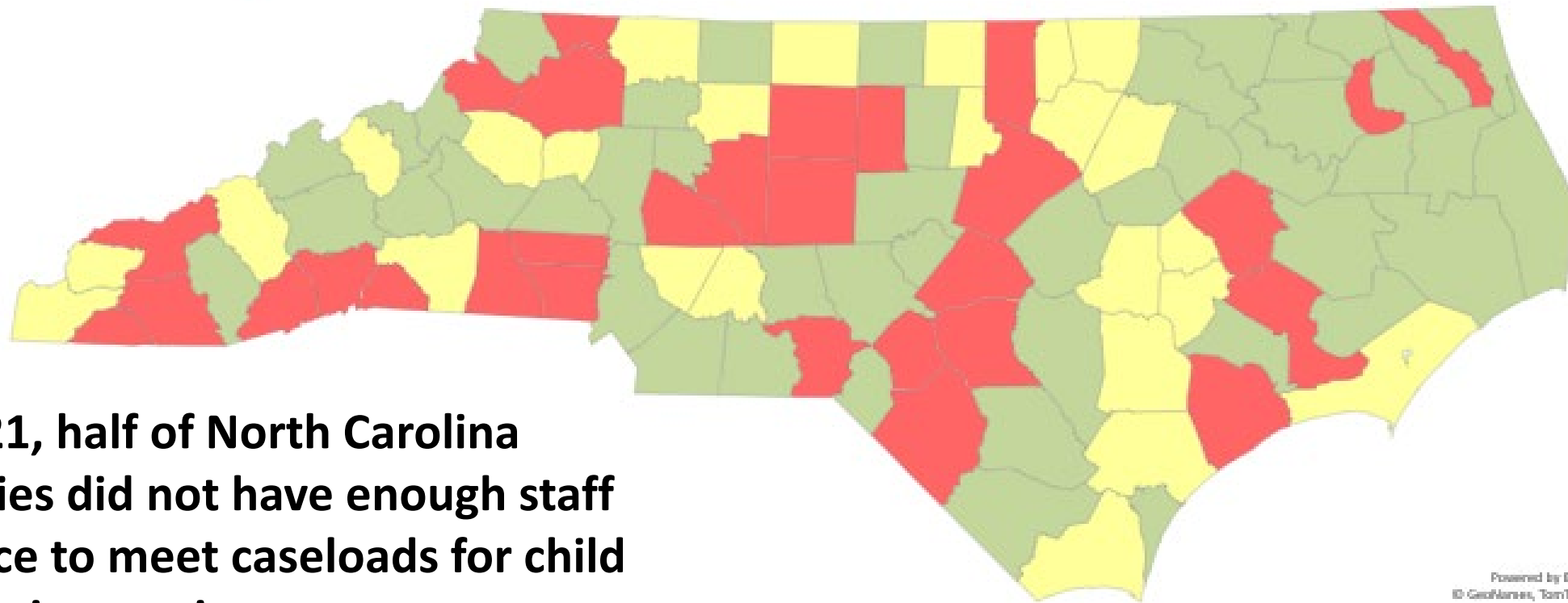
Other Data

- North Carolina is lowest among peers for each funding source (state, local, and federal), with state funding showing the biggest discrepancy.
- Counties financed 56% of NC child welfare administrative program funds during SFY20-21.

Disparate Impact to Children

Ensuring kids have social workers to support required caseloads (CPS assessments)

■ Not enough available nor budgeted ■ Enough budgeted but unavailable ■ Enough available and budgeted



In 2021, half of North Carolina counties did not have enough staff in place to meet caseloads for child protective services assessments.

Source: NC "Workforce Data" reported from counties, Dec 2021

Powered by Bing
ID: GeoNames, TomTom

NC public health funding

- Low and decreasing per capita funding
- Categorical funding
- Local variability
- Dependence on clinical revenue to support population health services
- Unpredictable funding

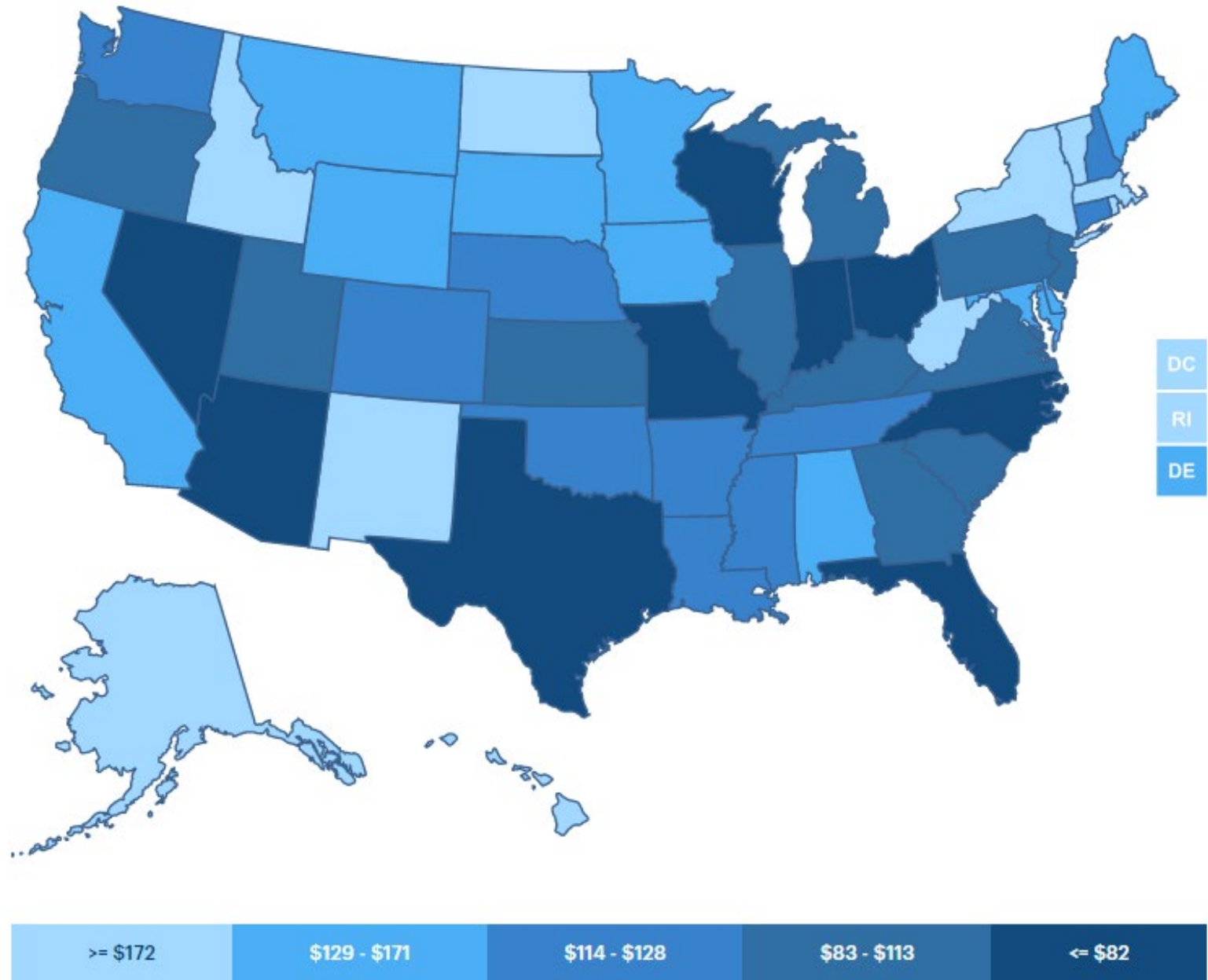
Per capita public health funding by state, 2021

National average: **\$116** per capita

North Carolina: **\$76** per capita

NC's national rank: **45th**

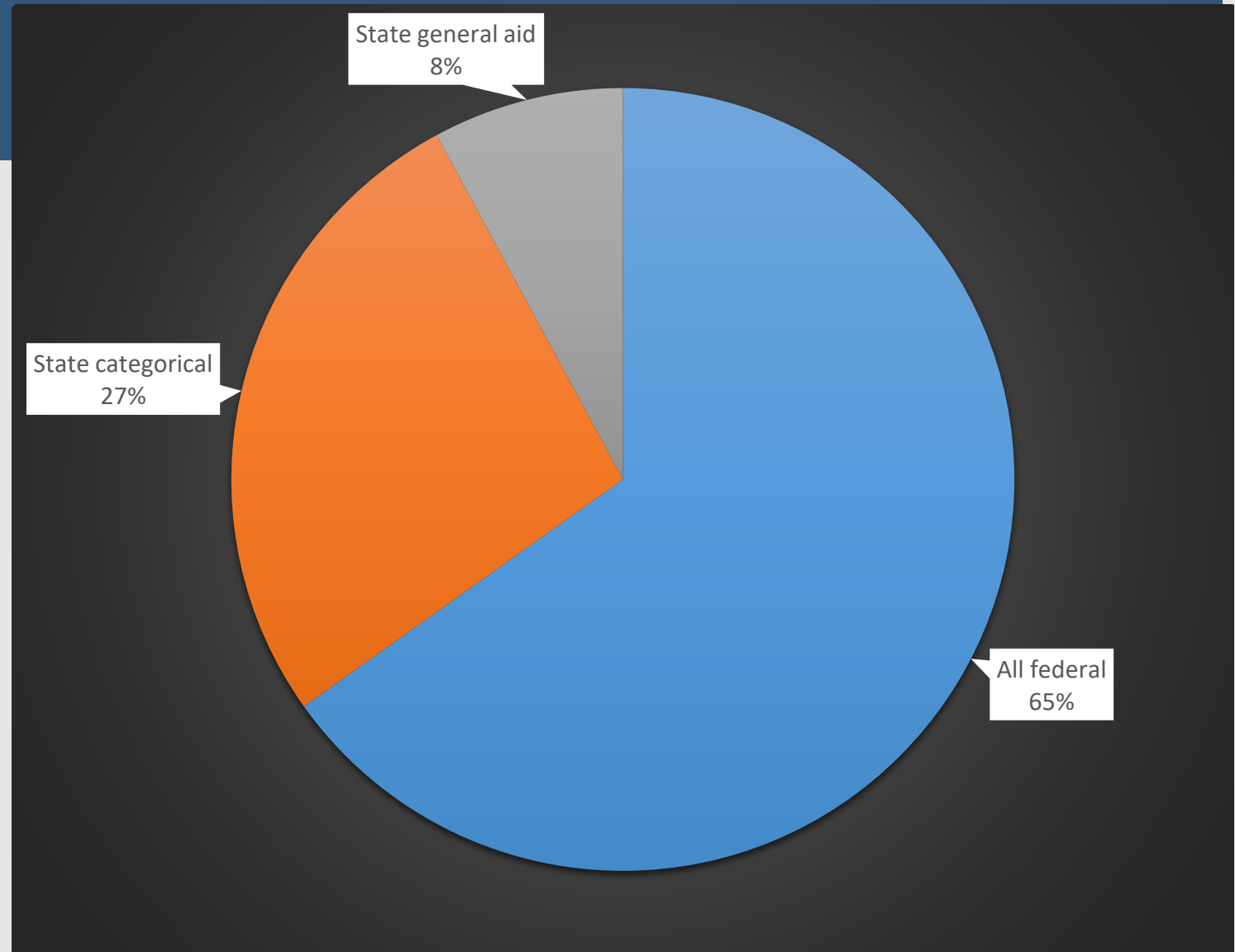
Source: United Health Foundation,
America's Health Rankings
(americashealthrankings.org)



Funding sources: Federal & state

Federal = \$93.3M
State categorical = \$38.6M
State general aid to county = \$11.3M

TOTAL: \$143.2 million





Funding sources: local and other

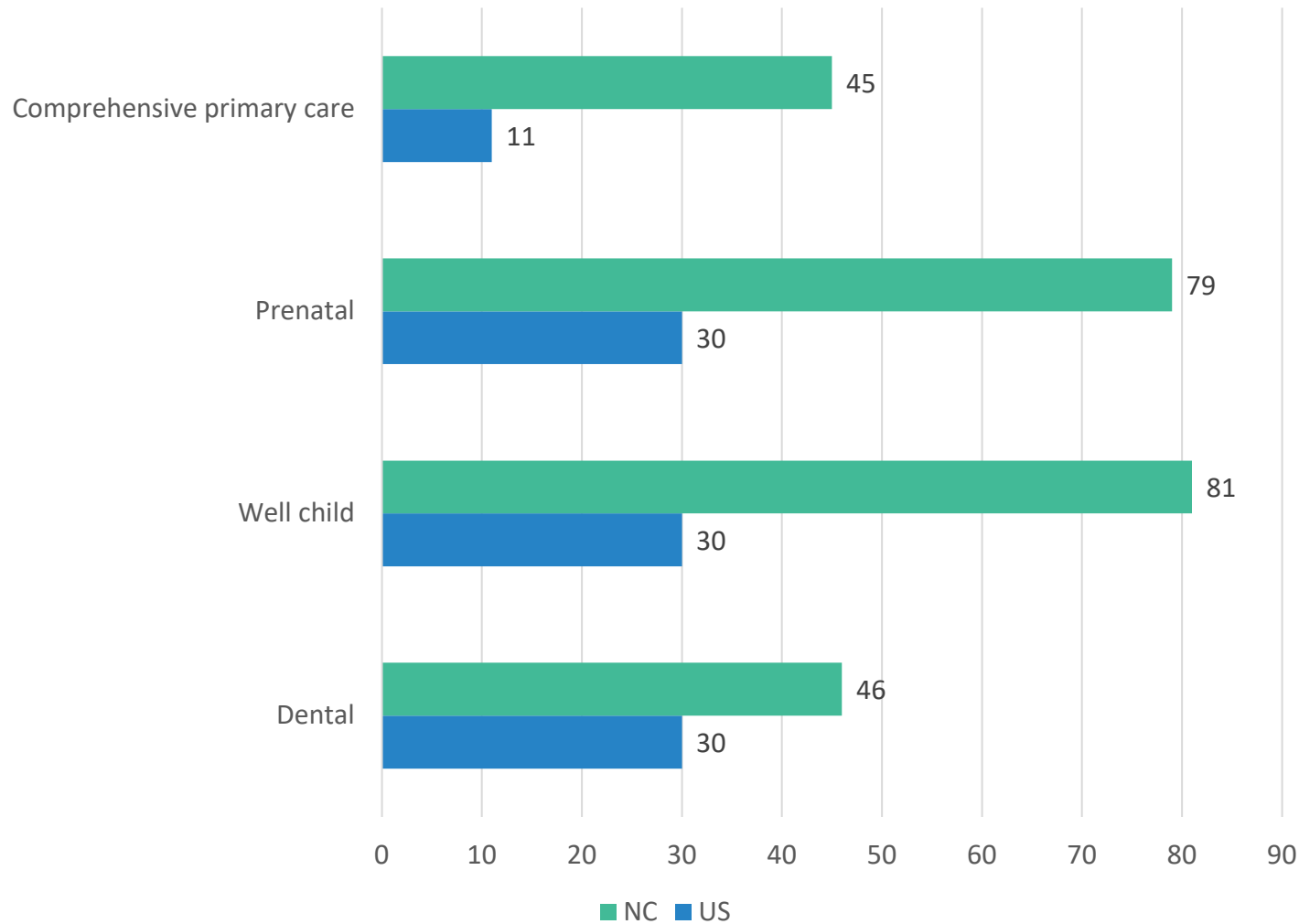
County contributions to local health department budgets vary tremendously, accounting for anywhere from **7 to 71 %** of the department's total budget*

Other funding sources include grants and fees for health department services

- State law limits some fees
- Other fees depend on Medicaid reimbursement

**Source: NC Institute of Medicine*





Percent of LHDs providing certain clinical services, NC compared to US (2017)

Source: NC Department of Health & Human Services, Division of Public Health, State Center for Health Statistics, Local Health Department Staffing & Services Summary for FY 2017.

Who Do I Call?

A local restaurant is allowing patrons to smoke indoors...

Mom's in a nursing home and I don't like what I see...

My child needs routine childhood vaccinations...

My son lost his job and needs help taking care of his family...

I'm worried about lead in drinking water...

A fox attacked a person walking on greenway trail...

My father needs help getting to his doctor's appointments...

I'm concerned that a child is being abused by his stepfather...



Questions?



Jill Moore

moore@sog.unc.edu

Kristi Nickodem

nickodem@sog.unc.edu

Visit the North Carolina Human Services Hub:
<https://humanservices.sog.unc.edu/>

