
Consolidated Human Services Agency A Second Look

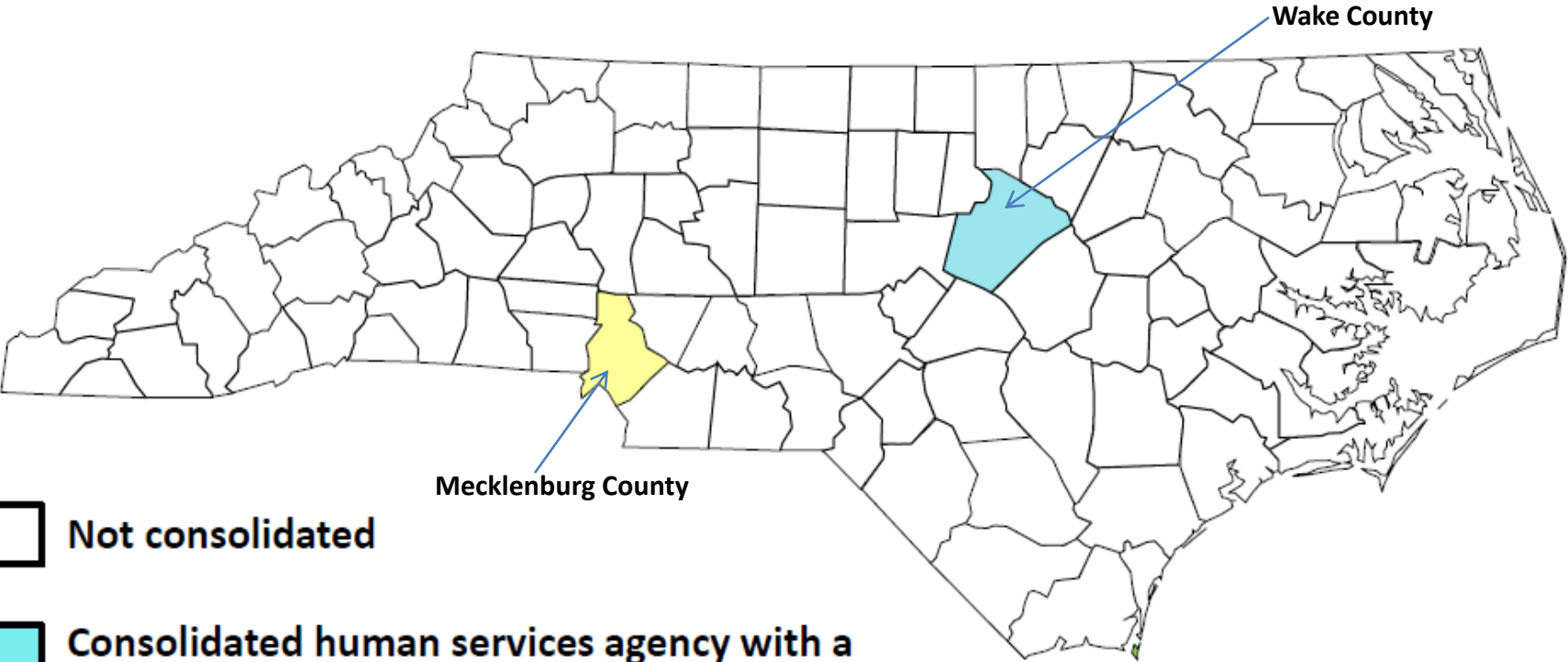
Historical Perspective

General Statute §153A-77

- Imposed a population threshold in order to consolidate human services programs
 - 1973 – 300,000 population
 - 1985 – 400,000 population
 - 1987 – 425,000 population
- Only Wake, Mecklenburg, and Guilford counties met population thresholds
 - Prior to 2012, only Mecklenburg and Wake had consolidated
- Human Services considered Public Health, Social Services, and Mental Health

HS Organization and Governance

June 2012



Wake County

Mecklenburg County



Not consolidated



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



Consolidated human services agency with BOCC as governing board (Mecklenburg)

Legislative Change

HB 438 (S.L.2012-126) enacted June 29, 2012

“An Act to Promote Efficiency and Effectiveness in the Administration of Human Services and to Strengthen the Local Public Health Infrastructure by Establishing a Public Health Improvement Incentive Program and Ensuring the Provision of the Ten Essential Public Health Services”

- Altered NCGS General Statute §153A-77
- Removed the population threshold
- Provided three options for consolidating Human Services

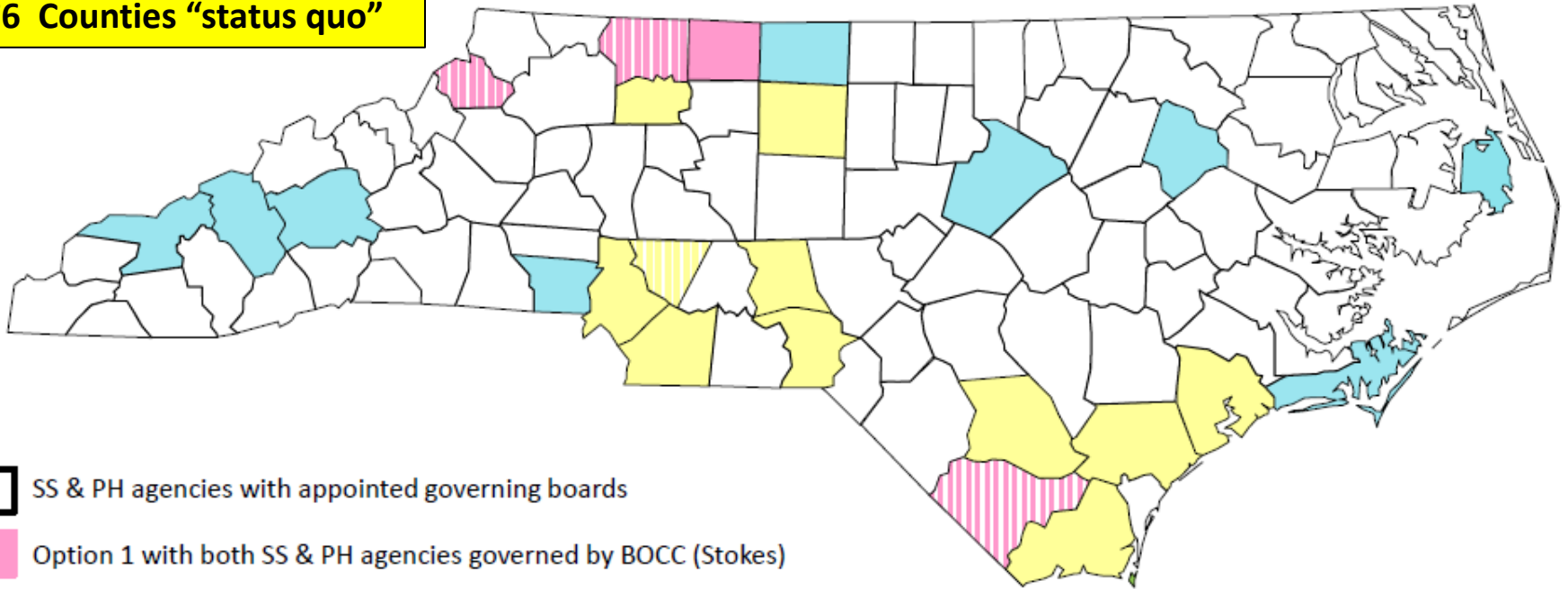
Available Options

Option 1	Option 2	Option 3
<p>Organization: BOCC does NOT change overall organization structure</p>	<p>Organization: BOCC creates new CHSA by combining 2 or more agencies</p>	<p>Organization: BOCC creates CHSA</p>
<p>Governance: BOCC assumes powers and duties of one or more of the governing boards</p>	<p>Governance: BOCC appoints new CHS Board as governing board</p>	<p>Governance: BOCC becomes governing board (assumes powers/duties of CHS Board)</p>
<p><u>Counties Electing Option 1:</u> <i>Stokes</i> – for both PH & DSS <i>Columbus, Wilkes, Watauga McDowell, Surry</i> – for DSS only</p>	<p><u>Counties Electing Option 2:</u> <i>Buncombe, Gaston, Union, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare, Haywood</i></p>	<p><u>Counties Electing Option 3:</u> <i>Swain, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow</i> – for DSS & PH – health advisory committee <i>Cabarrus, Polk</i> – for SS & other Human Services agencies but not PH</p>

Public Health & Social Services in NC

May 30, 2014

24 counties with CHSAs
76 Counties "status quo"



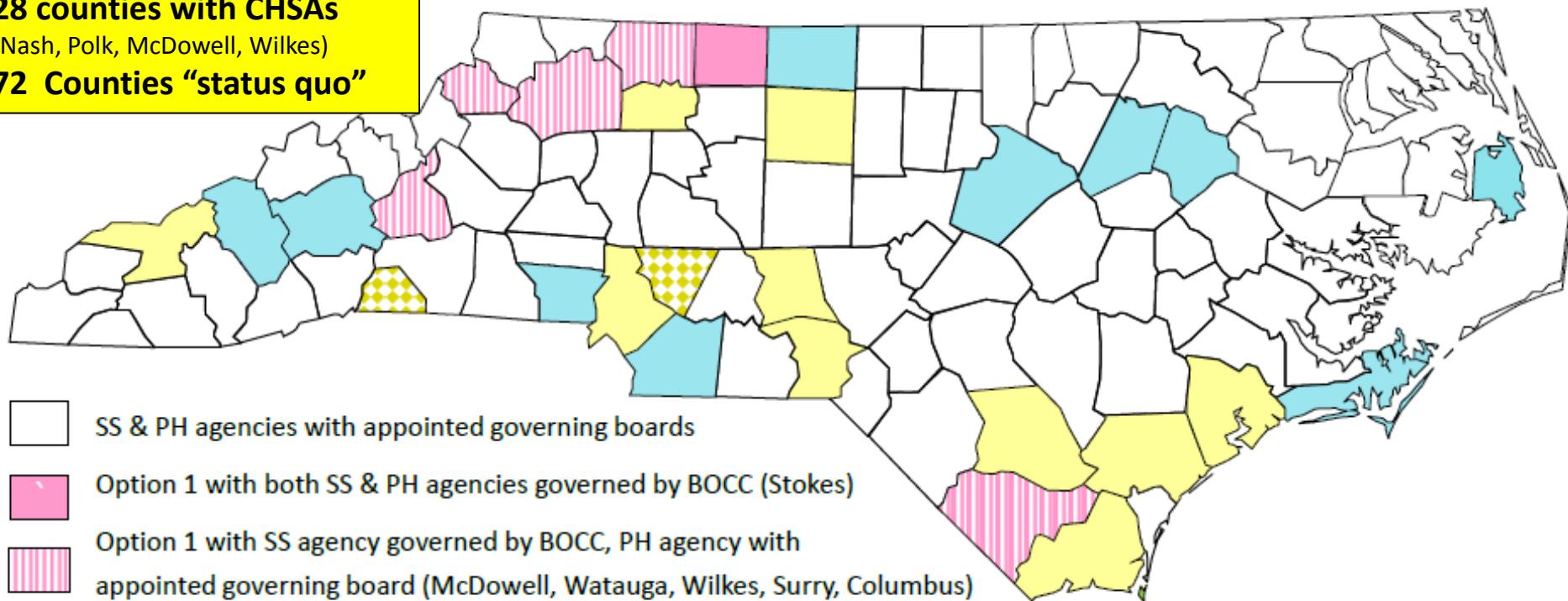
- SS & PH agencies with appointed governing boards
- Option 1 with both SS & PH agencies governed by BOCC (Stokes)
- Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Watauga, Surry, Columbus)
- Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Swain, Haywood, Buncombe, Gaston, Rockingham, Wake, Edgecombe, Carteret, Dare)
- Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Yadkin, Mecklenburg, Union, 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)

PH and SS Organization and Governance Resolutions as of January 2016

28 counties with CHSAs

(Nash, Polk, McDowell, Wilkes)

72 Counties "status quo"



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 (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)

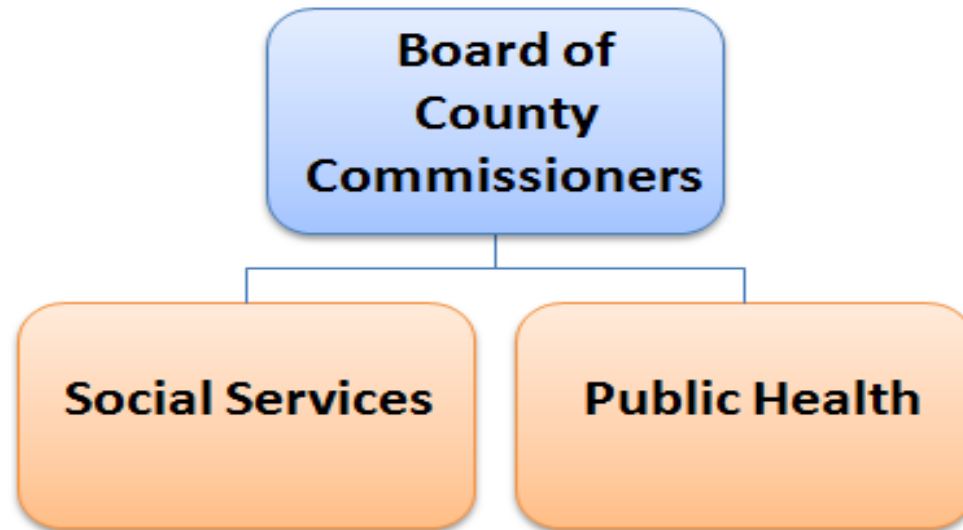


Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Swain, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)



Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus, Polk)

Option 1

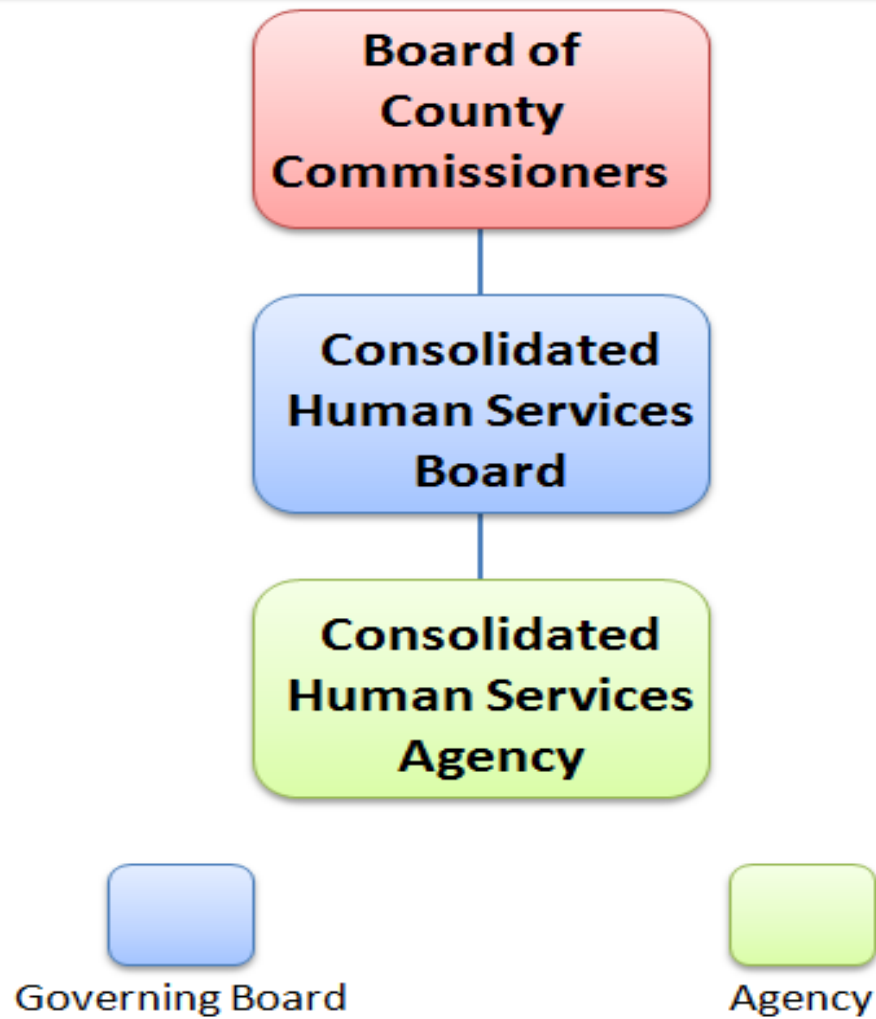


Governing Board

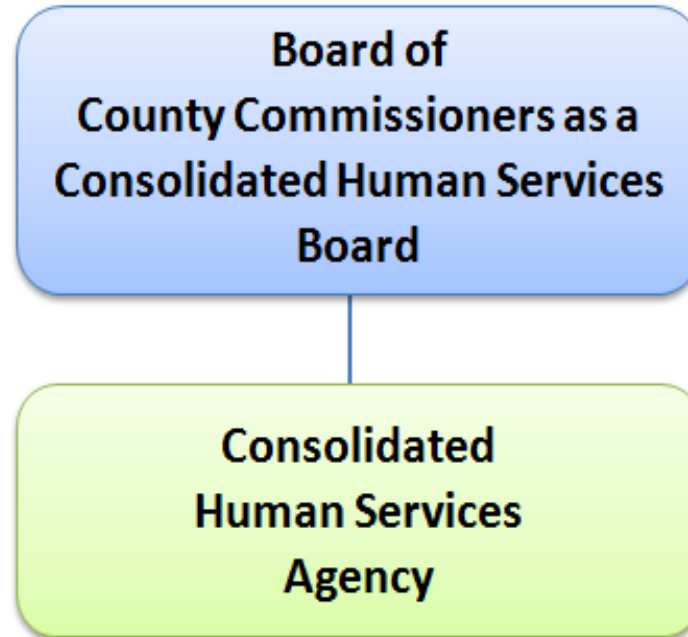


Agency

Option 2



Option 3



Governing Board



Agency

Other Impacts

Option 1	Option 2	Option 3
<p>Employee Impact: Employees subject to the State Human Resources Act</p>	<p>Employee Impact: Optional - State Human Resources Act</p>	<p>Employee Impact: Optional - State Human Resources Act</p>
<p>Department Impacts: Departments (SS & PH) remain separate</p>	<p>Department Impacts: CHS director appoints person w/ Health Director qualifications</p>	<p>Department Impacts: CHS director appoints person w/ Health Director qualifications</p>
<p>Department Head Appointment: BOCC appoints department directors</p>	<p>Department Head Appointment: Manager hires CHSA director on advice & consent of CHS Board</p>	<p>Department Head Appointment: Manager hires CHSA director on advice & consent of CHS Board</p>
<p>If Public Health affected: BOCC must appoint health advisory committee</p>	<p>Department Head Appointment: BOCC appoints department directors</p>	<p>If Public Health affected: CHS board must appoint health advisory committee</p>

Why Counties Opt for CHSA?

Efficiencies gained through:

- consolidation of back office functions (i.e. purchasing, finance, other administrative functions)
- cross training of staff to work in areas of PH & SS (particularly case management)
- other operational changes

Key Differences

	Board	Hire Agency Director	Employees Under
DSS	Appointed; 3-5 members	DSS Board hires	State HR Act
Public Health	Appointed; 11 members	Board of PH hires	State HR Act
Option 1	BOCC*	BOCC hires	State HR Act
Option 2	Appointed; Up to 25 members	County Manager hires w/ advice & consent of CHS Board	State HR Act Optional
Option 3	BOCC*	County Manager hires w/ advice & consent of BOCC	State HR Act Optional

*If Public affected, a health advisory committee must be appointed.

Recommended Next Steps

- Engage the services of *Cansler Collaborative Resources* to provide consulting services to:
 - Assist Forsyth County in determining whether consolidation is best for our community
 - Assist in navigating how to consolidate if found to be feasible
 - Help navigate structural & organizational changes



Discussion/Questions