

**MINUTES OF A SPECIAL MEETING OF  
THE COUNTY OF JACKSON, HEALTH BOARD AND  
DEPARTMENT OF SOCIAL SERVICES BOARD  
HELD ON MARCH 23, 2017**

The Jackson County Board of Commissioners met in a Special Meeting with the Health Board and the Social Services Board on March 23, 2017, 6:00 p.m., at the Department on Aging Center, Heritage Dining Room, 100 County Services Road, Sylva, North Carolina.

County Board of Commissioners

Brian McMahan, Chairman  
Charles Elders, Vice Chair  
Boyce Deitz, Commissioner  
Mickey Luker, Commissioner  
Ron Mau, Commissioner  
Don Adams, County Manager  
Heather Baker, County Attorney  
Angela Winchester, Clerk

Health Board

Jerry DeWeese  
Charles Elders  
Ronald Fisher  
Doug Homolka  
Kim Woodard  
Shelley Carraway, Health Director  
Clarissa Ashe, Clerk

Social Services Board

Delos Monteith, Chairman  
Janice Wright, Vice Chair  
Juanita Burrell  
Jennie Miller  
Jennifer Abshire, DSS Director  
Diane Cauley, Clerk

County Chairman McMahan called the meeting to order.

(1) **OPENING REMARKS**: Chairman McMahan stated in attendance were various board members and key staff to join in a dialogue regarding proposed consolidated human services.

(2) **OBJECTIVES**: Margaret Henderson, Lecturer in Public Administration and Director, Public Intersection Project, stated that during the meeting, they would be receiving and digesting information to become informed about consolidation of human services.

General discussion was held regarding: one good thing they wanted to be sure to keep for the future, no matter whether or how they might decide to change the current human service system in the county and what would they hope to achieve or gain by changing the current system. Also, what they hoped to achieve or gain by changing the current system.

(3) **PRESENTATION**: Jill D. Moore, Associate Professor of Public Law and Government presented: Human Services Organization and Governance: Options under North Carolina Law:

(a) Thinking about change in county human services:

- Counties were required to provide health and social services.
- In 2012, legislation created new options for these services' departmental organization and governance.
- Was change needed in Jackson County? If so, what were the options?
  - What were their goals?
  - What were their options?
  - What were some of the lessons learned thus far?

(b) Defining Goals:

- What were the county's goals and what route would get there? Below were from 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 commissioners and the departments.
  - Identify efficiencies and reduce human services spending.

- (c) Options:
  - Stay the same.
  - Options under “old” laws.
  - Options under new law.
- (d) Options under “old” laws:
  - Public Health:
    - District health departments.
    - Public health authorities.
    - Public hospital authority (Carbarrus only).
  - Social Services: Share a director.
  - Both:
    - County departments.
    - Interlocal agreements.
    - Intra-county collaboration and consolidation.
- (e) New options – key decisions:
  - How will local human services be governed?
    - Appointed board(s).
    - BOCC assumes power/duties of board(s); advisory committee(s).
  - How will local human services be organized?
    - Separate agencies.
    - Consolidated agency (CHSA).
  - If a CHSA was created, which personnel policies apply?
    - County personnel policies.
    - State Human Resources Act.
- (f) Options under “new” law:
  - Option one:
    - Department was not consolidated.
    - BOCC assumes powers and duties of board(s) after public hearing.
    - BOCC appoints department directors.
    - If public health affected, must appoint health advisory committee.
    - Employee subject to SHRA.
  - Option two:
    - BOCC creates CHSA and appoints CHS board.
    - Manager appoints CHS director with advice and consent of CHS board.
    - CHS director appoints person with health director qualifications.
    - SHRA option.
  - Option three:
    - BOCC creates CHSA and assumes powers and duties of CHS board after public hearing.
    - Manager appoints CHS director with advice and consent of BOCC acting as CHS board.
    - CHS director appoints person with health director qualifications.
    - SHRA option.
    - If agency includes PH, must appoint health advisory committee.
- (g) PH and SS organization and governance June 2012:
  - Wake County: Consolidated human services agency (CHSA) with a consolidated human services board.
  - Mecklenburg County: CHSA with BOCC as governing board.
  - All other counties: Not consolidated.
- (h) PH and SS organization and governance resolutions as of January 2016:
  - Stokes County: Option 1 with both SS & PH agencies governed by BOCC.
  - McDowell, Watauga, Wilkes, Surry and Columbus Counties: Option 1 with SS agency governed by BOCC, PH agency with appointed governing board.

- Haywood, Buncombe, Gaston, Union, Rockingham, Wake, Nash, Edgecombe, Carteret and Dare Counties: Option 2 with consolidated HS agency including SS & PH, appointed CHS board.
- Swain, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender and Onslow Counties: Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee.
- Cabarrus and Polk Counties: Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC.

(i) Key differences:

	<b>Board</b>	<b>Hire Agency Director</b>	
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 and consent of CHS board	SHRA Optional
Three	Elected*	Manager hires with advice and consent of BOCC board	SHRA Optional

\*If public health was affected, must appoint health advisory committee.

(j) CHS Board:

- Who?
  - 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.
- What?
  - Assume all powers and duties of PH/SS boards, except hiring director.
  - Other powers and duties:
    - Advice 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.

(k) 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.

(l) Budget impact: How might a county save money in human services programs when creating a CHSA?

- Not filling vacancies, including agency director position.
- Cross-training program staff to work in both PH and SS.
- Combining back office functions such as finance, HR or IT.
- Moving operations into new, less expensive, shared space.
- Realizing efficiencies through operational changes.
- Reducing or eliminating optional services.
- Entering into interlocal agreements with neighboring counties for select services.

(m) Budget Impact: How might a county save money in human services programs *without creating a CHSA?*

- Not filling vacancies, ~~including agency director position.~~
- ~~Cross training program staff to work in both PH and SS.~~
- Combining back office functions such as finance, HR or IT.
- Moving operations into new, less expensive, shared space.
- Realizing efficiencies through operational changes.
- Reducing or eliminating optional services.
- Entering into interlocal agreements with neighboring counties for select services.

(4) **GROUP DISCUSSION: PROS AND CONS OF EACH OPTION:** Ms. Henderson facilitated a general group discussion regarding the pros and cons of the options that had been presented.

(5) **NEXT STEPS:** Ms. Henderson stated the following requests and conclusions were the result of general discussions held during the meeting:

- (a) Requested additional information on the following topics:
- Why some counties did not choose consolidation after being presented with the foregoing presentation.
  - From the counties that did consolidate, what had been the drawbacks and unintended consequences.
- (b) Explore back office functions, efficiencies and full use of reimbursement options.

There being no further business, Commissioner Luker moved to adjourn the meeting. Commissioner Elders seconded the Motion. Motion carried and the meeting adjourned at 8:27 p.m.

Attest:

Approved:

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Angela M. Winchester, Clerk  
Jackson County Board of Commissioners

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Brian Thomas McMahan, Chairman  
Jackson County Board of Commissioners