

Statutory Changes Will Promote County Flexibility in Social Services Administration

A presentation to the Joint Legislative
Program Evaluation Oversight Committee

May 2011

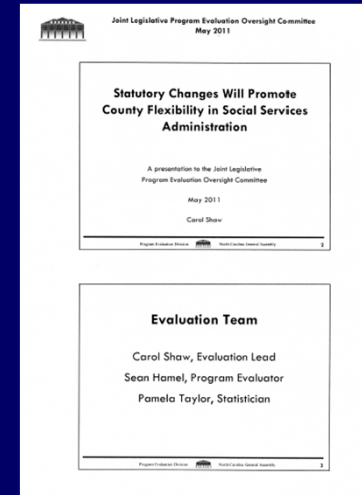
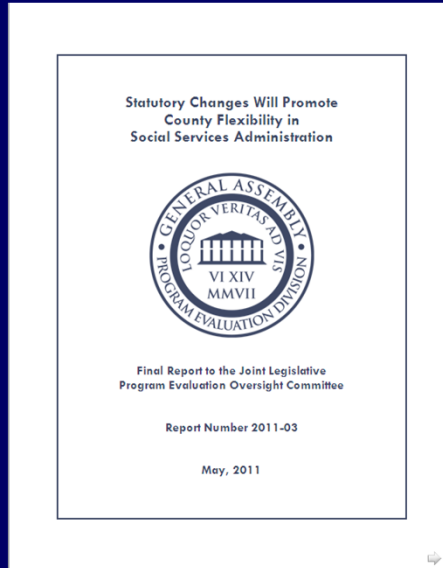
Carol Shaw



Handouts

The Full Report

Today's Slides



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Exhibit 3: Alternative Methods for Administering Social and Human Services in North Carolina

Alternative Method	Description	Applicable Statutes	Governance	Counties Implementing	Benefits	Challenges	Other States
Centralizing for Social Services Administration Exhibits 4.1 and 4.2	One county DSS services with another county DSS to administer social services	100A-481	<ul style="list-style-type: none"> The social director change law for the governance structure. Each county's DSS director is responsible that the contract is properly executed. 	<ul style="list-style-type: none"> W, H, C, G, Chatham, Currituck, Wayne, Watauga 	<ul style="list-style-type: none"> Service access to services in county Improve quality of services to citizens Cost effective use of resources Maximize county control 	<ul style="list-style-type: none"> Fragmenting current terms to benefit of counties involved 	NC, PA, VA, WI
Regional Approach – Multi-County Social Services Agency Exhibits 5.1 and 5.2	Two or more county DSS boards form a single DSS agency to administer social services	100A-720; 100A-481 through 100A-484	<ul style="list-style-type: none"> Two or more county DSS boards or one oversight to DSS director DSS director administers services for a single agency 	None	<ul style="list-style-type: none"> Reduced administrative costs Increased efficiency in allocating resources 	<ul style="list-style-type: none"> Complicated oversight structure requiring social services director to report to multiple social services boards 	CA, CO, HI, MD, NY, PA, VA, WI
Regional Approach – Public Health District as a Model for Social Services Exhibits 6.1 and 6.2	County commissioners and local public health boards here or more counties agree to form a health department district	150C-16 through 150C-26	<ul style="list-style-type: none"> One board with representation from each county One DSS director for district 	<ul style="list-style-type: none"> Allegany, Allegheny, Bertie, Camden, Chatham, Currituck, Wayne, Craven, Graham, Guilford, Halifax, Hoke, Jones, Lenoir, Martin, Wayne, Watauga, Yadon 	<ul style="list-style-type: none"> Simplified governance structures Cost savings Improved efficiency Regional service delivery Maximize access to services 	<ul style="list-style-type: none"> Counties can choose to leave the district 	CA, CO, HI, MD, NY, PA, VA, WI
Consolidated Governance – County Commissioners Serving as the Social Services Board Exhibits 7.1 and 7.2	County commissioners oversee the social services board and oversee all policy-making responsibilities of the social services board and other human services boards. This option is linked to counties meeting the 425,000 population threshold	135C-17(a) & (b)	<ul style="list-style-type: none"> County commissioners serve on the board for social services, public health and mental health services Social services, public health, and mental health provided by separate agencies 	<ul style="list-style-type: none"> Rockingham 	<ul style="list-style-type: none"> One board increasing agencies Efficiency gains from not having separate boards Reduced risk for county commissioners and managers Reduced administrative costs because functions are conducted centrally 	<ul style="list-style-type: none"> No involvement from community change in the oversight of human services for county commissioners Increased workload for county commissioners Eliminates political buffer between social services director and county commissioners 	CA, CO, HI, MD, NY, PA, VA, WI
Consolidated Governance and Administration in Human Services Agency Exhibits 8.1 and 8.2	County commissioners oversee human services board and coordinate social services, public health, and mental health services into one agency. This option is linked to counties meeting the 425,000 population threshold	135C-17(c) & (d); 100A-1.1 (j)	<ul style="list-style-type: none"> Consolidated board for social services, public health and mental health services One director for human services Social services, public health, and mental health provided by one agency 	<ul style="list-style-type: none"> Wake 	<ul style="list-style-type: none"> One board increasing agencies Reduced administrative costs Increased efficiency in allocating resources Flexibility in how services are best integrated to meet county needs Increased service access Maximize county control Opportunities for holistic service delivery 	<ul style="list-style-type: none"> Wake time and control effort to establish an consolidated agency Increased workload for human services board members 	CA, CO, HI, MD, NY, PA, VA, WI

Source: Program Evaluation Division based on interviews with participating counties, review of general statutes, and survey of other states.



Evaluation Team

Carol Shaw, Evaluation Lead

Sean Hamel, Program Evaluator

Pamela Taylor, Statistician



Our Charge

S. L. 2009-451, Section 10.52 directed the Program Evaluation Division to study the consolidation of administrative functions of social services programs among counties including

- Identifying factors affecting consolidation of programs
- Denoting opportunities for functional consolidation among counties

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Overview: Findings

- Five alternative structures for administration of social and other human services exist in NC and other states
- Statutory and perceived barriers inhibit counties from considering different structures of administering social services
- Administering programs at the county level is considered a major strength of NC's social services system



Overview: Recommendations

- Eliminate the 425,000 population threshold to establish a consolidated human services agency
- Allow formation of DSS districts using the public health district as a model
- Direct DHHS to develop a plan to simplify and streamline supervision



Background



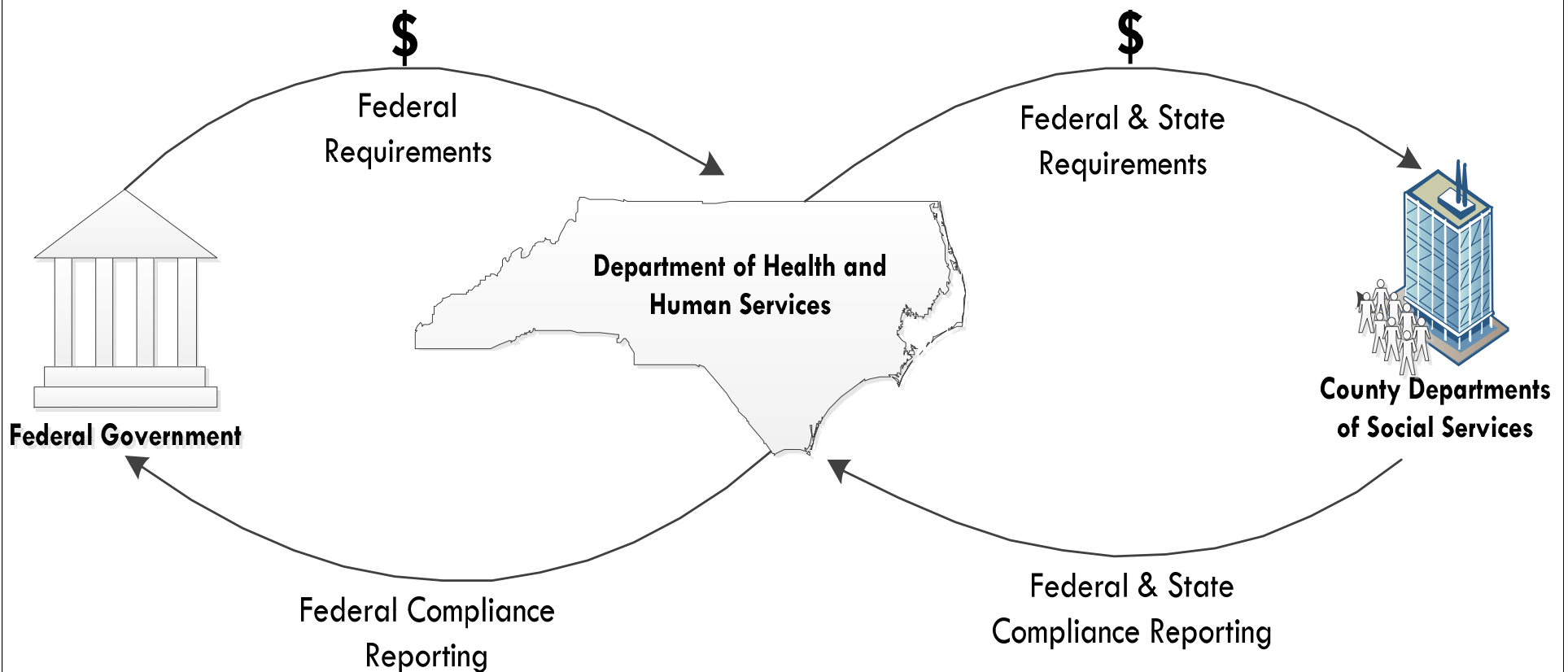
Social Services Defined

- Consists of programs and assistance provided by public and private agencies
- Meets the needs of children, families, senior citizens, persons with disabilities, and the economically disadvantaged
- Helps people achieve and maintain economic and social well-being

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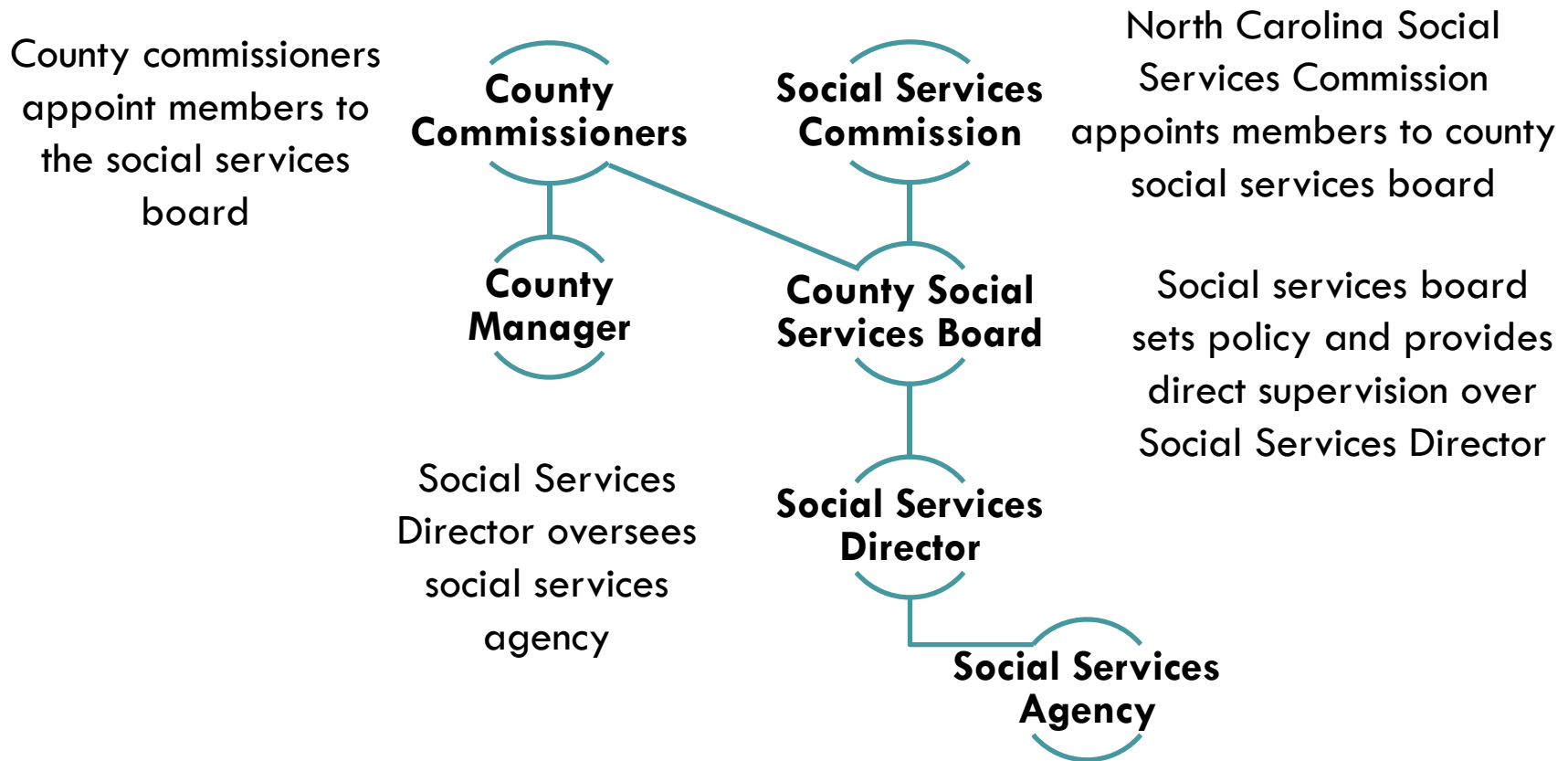


State-Supervised and County-Administered Social Services System



NC is one of 11 states providing social services programs through a state-supervised and county-administered system

Current Structure of County Social Services Administration in NC



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Findings



Finding 1.

Alternative structures for administration of social services and other human services exist in North Carolina and other states



Five Alternative Structures

1. Contracting for Social Services Administration
2. Regional Approach – Multi-County Social Services Agency
3. Regional Approach – Public Health District as a Model for Social Services
4. Consolidated Governance – County Commissioners Serving as the Social Services Board
5. Consolidated Governance and Administration – Human Services Agency

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Alternative Structures in NC

Exhibit 3: Alternative Methods for Administering Social and Human Services in North Carolina

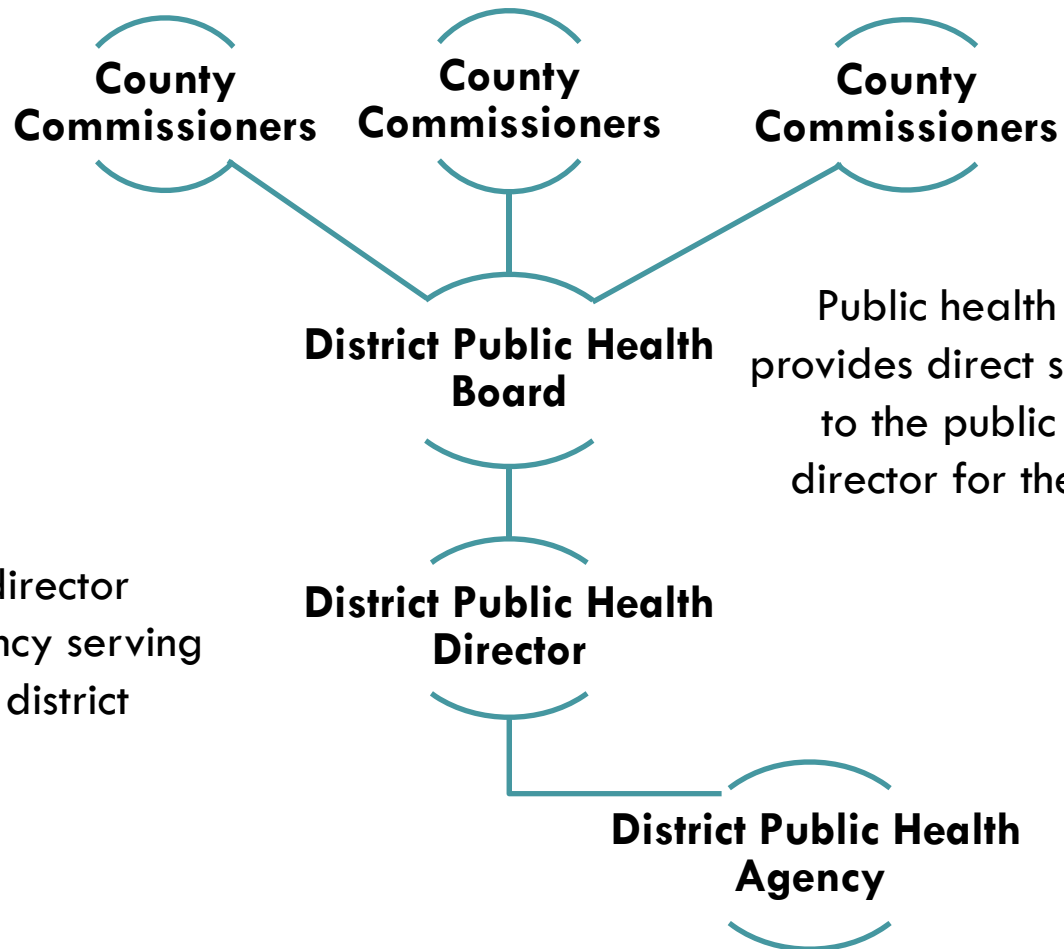
Alternative Method	Description	Applicable Statutes	Governance	Counties Implementing	Benefits	Challenges	Other States
Contracting for Social Services Administration Exhibits 4.1 and 4.2	One county DSS contracts with another county DSS to administer social services	160A-461	<ul style="list-style-type: none"> This method does not change how the governance structure. Each county's DSS director is responsible that the contract is properly executed 	Avery, Camden, Chowan, Hyde, Pasquimans, Pasquotank, Tyrrell, Washington, Watauga	<ul style="list-style-type: none"> Ensures access to services in county Improve quality of services to consumers Cost effective use of resources Maintains county control 	<ul style="list-style-type: none"> Negotiating contract terms to benefit all counties involved 	MN, PA, VA, WI
Regional Approach – Multi-County Social Services Agency Exhibits 5.1 and 5.2	Two or more county DSS boards form a single DSS agency to administer social services	108A-12(b) 160A-462 through 160A-466	<ul style="list-style-type: none"> Two or more county DSS boards provide oversight to DSS director DSS director administers services for a single agency 	None	<ul style="list-style-type: none"> Reduced administrative costs Increased efficiency in allocating resources 	<ul style="list-style-type: none"> Complicated oversight structure requiring social services director to report to multiple social services boards 	CA, CO, MN, ND, NY, PA, VA
Regional Approach – Public Health District as a Model for Social Services Exhibits 6.1 and 6.2	County commissioners and local public health boards in two or more counties agree to form a health department district	130A-36 through 130A-38	<ul style="list-style-type: none"> One board with representation from each county One DSS director for district 	Alleghany, Ashe, Avery, Bertie, Camden, Chowan, Currituck, Gates, Granville, Martin, McDowell, Mitchell, Pasquotank, Pasquimans, Polk, Rutherford, Tyrrell, Vance, Washington, Watauga, Yancey	<ul style="list-style-type: none"> Simplified governance structures Cost savings Improved efficiency Improved service delivery Maintains access to services 	<ul style="list-style-type: none"> Counties can choose to leave the district 	CA, CO, MN, ND, NY, PA, VA
Consolidated Governance – County Commissioners Serving as the Social Services Board Exhibits 7.1 and 7.2	County commissioners abolish the social services board and other human services boards and assumes all policy-making responsibilities of the social services board and other human services boards This option is limited to counties meeting the 425,000 population threshold	153A-77(a) & (f)	<ul style="list-style-type: none"> County commissioners serve as the board for social services, public health and mental health services Social services, public health, and mental health provided by separate agencies 	Mecklenburg	<ul style="list-style-type: none"> One board overseeing agencies Efficiency gains from not having separate boards Enhanced role for county commissioners and manager Reduced administrative costs because functions are conducted centrally 	<ul style="list-style-type: none"> No involvement from community-at-large in the oversight of human services agencies Increased workload for county commissioners Eliminates political buffer between social services director and county commissioners 	CA, CO, MN, NJ, PA, VA, WI
Consolidated Governance and Administration – Human Services Agency Exhibits 8.1 and 8.2	County commissioners appoint human services board and consolidate social services, public health, and mental health services into one agency This option is limited to counties meeting the 425,000 population threshold	153-77(b-f) 108A-15.1 (c)	<ul style="list-style-type: none"> Consolidated board for social services, public health and mental health services One director for human services Social services, public health, and mental health provided by one agency 	Wake	<ul style="list-style-type: none"> One board overseeing agencies Reduced administrative costs Increased efficiency in allocating resources Flexibility in how services are best integrated to meet county needs Increased service access Maintains county control Opportunities for holistic service delivery 	<ul style="list-style-type: none"> Takes time and continual effort to maintain an consolidated agency Increased workload for human services board members 	CA, CO, MN, NJ, PA, VA, WI

Source: Program Evaluation Division based on interviews with participating counties, review of general statutes, and surveys of other states.



3. Regional Approach Public Health District Model

Each Board of County Commissioners appoints members to the public health board for the district



Public health board provides direct supervision to the public health director for the district

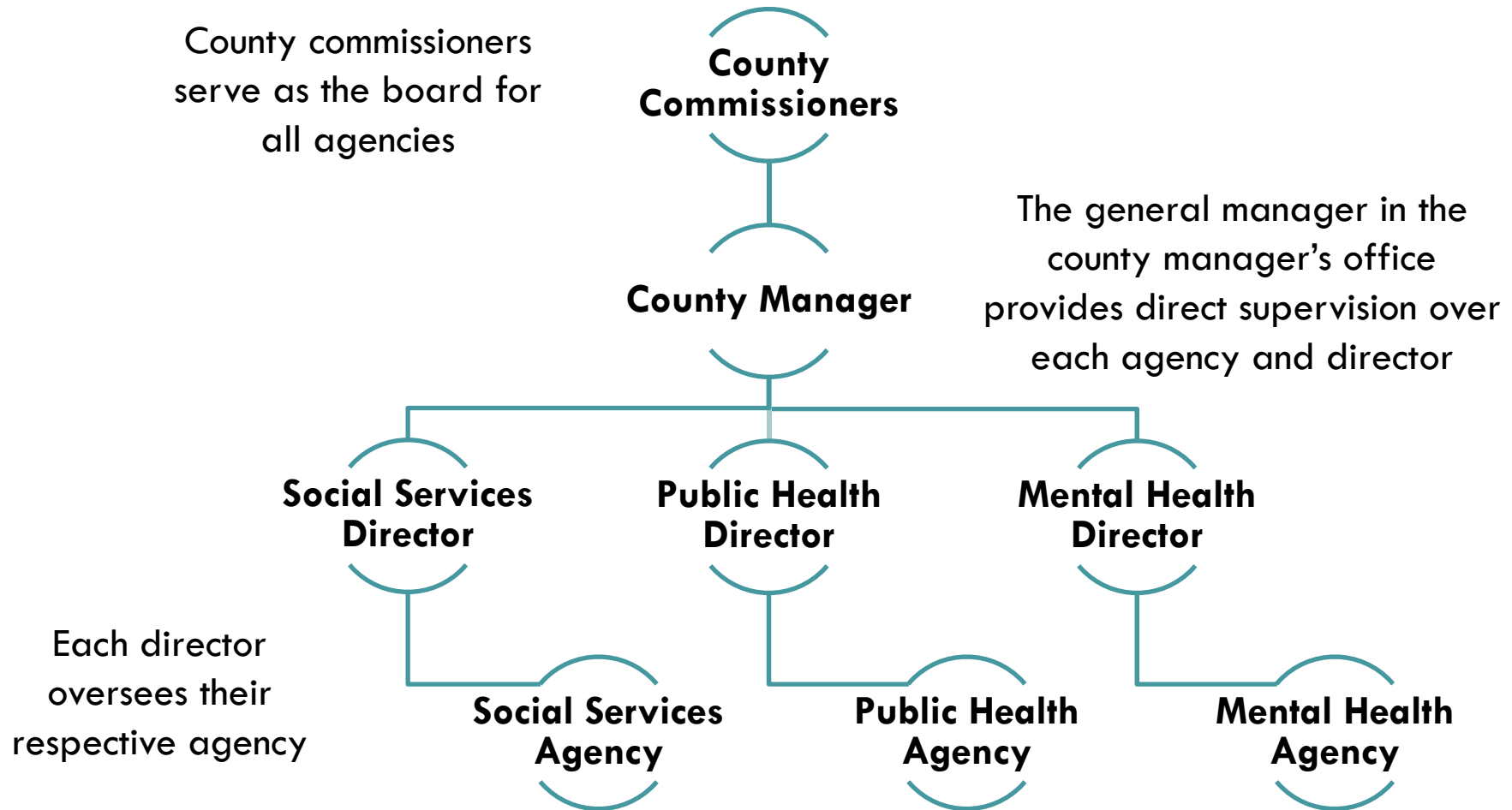
Public health director oversees one agency serving counties in the district

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4. Consolidated Governance

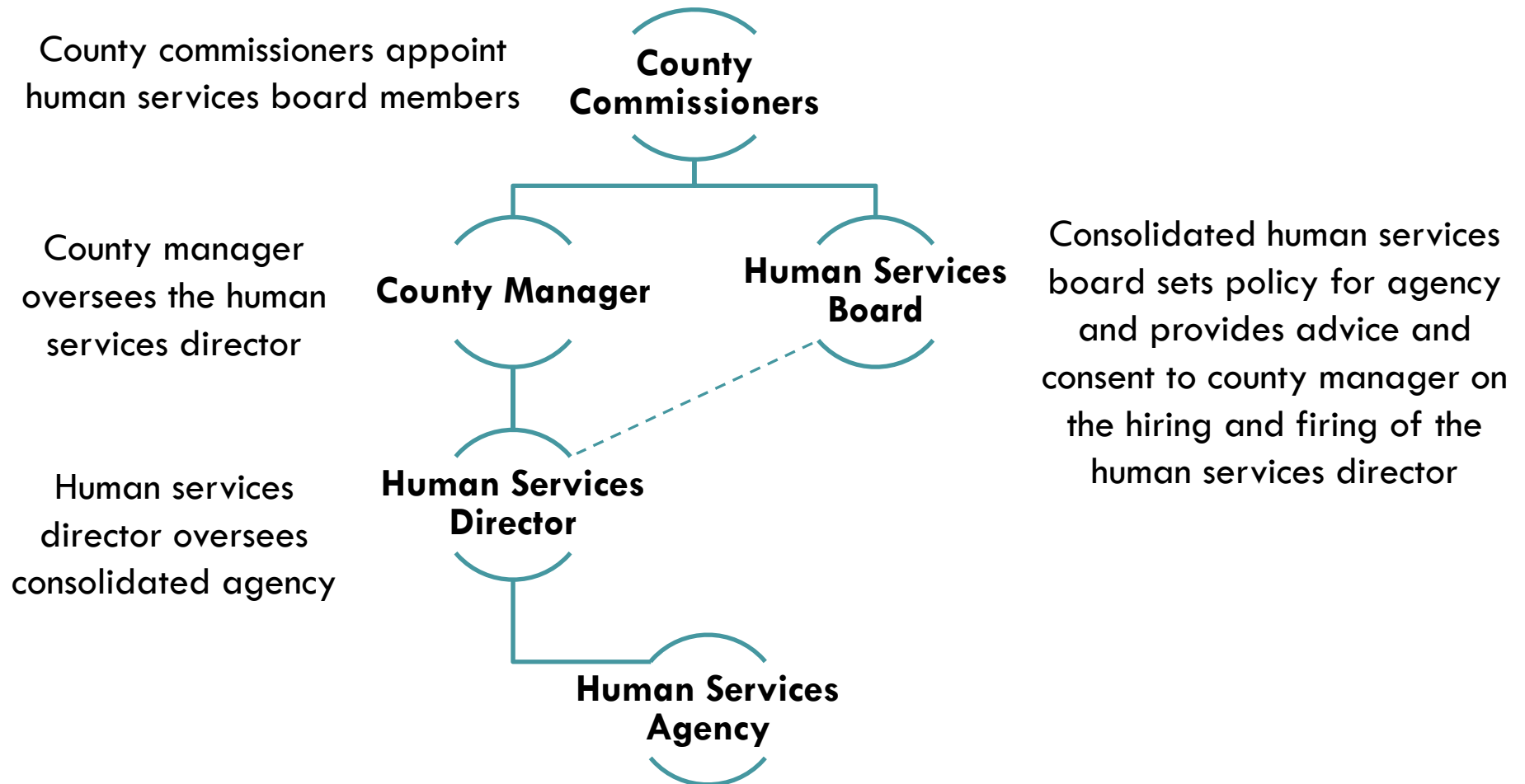
County Commissioners Serving as the Social Services Board



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5. Consolidated Governance and Administration Human Services Agency



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Finding 2.

**Statutory and perceived barriers
inhibit counties from considering
different structures of administering
social services**

Statutory Barrier

- NC Gen. Stat. §153A-77 imposes a population threshold on counties wanting to consolidate human services programs
- 97 counties do not meet the threshold
- Some counties not meeting the threshold want the option to form a consolidated human services agency

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Buncombe County

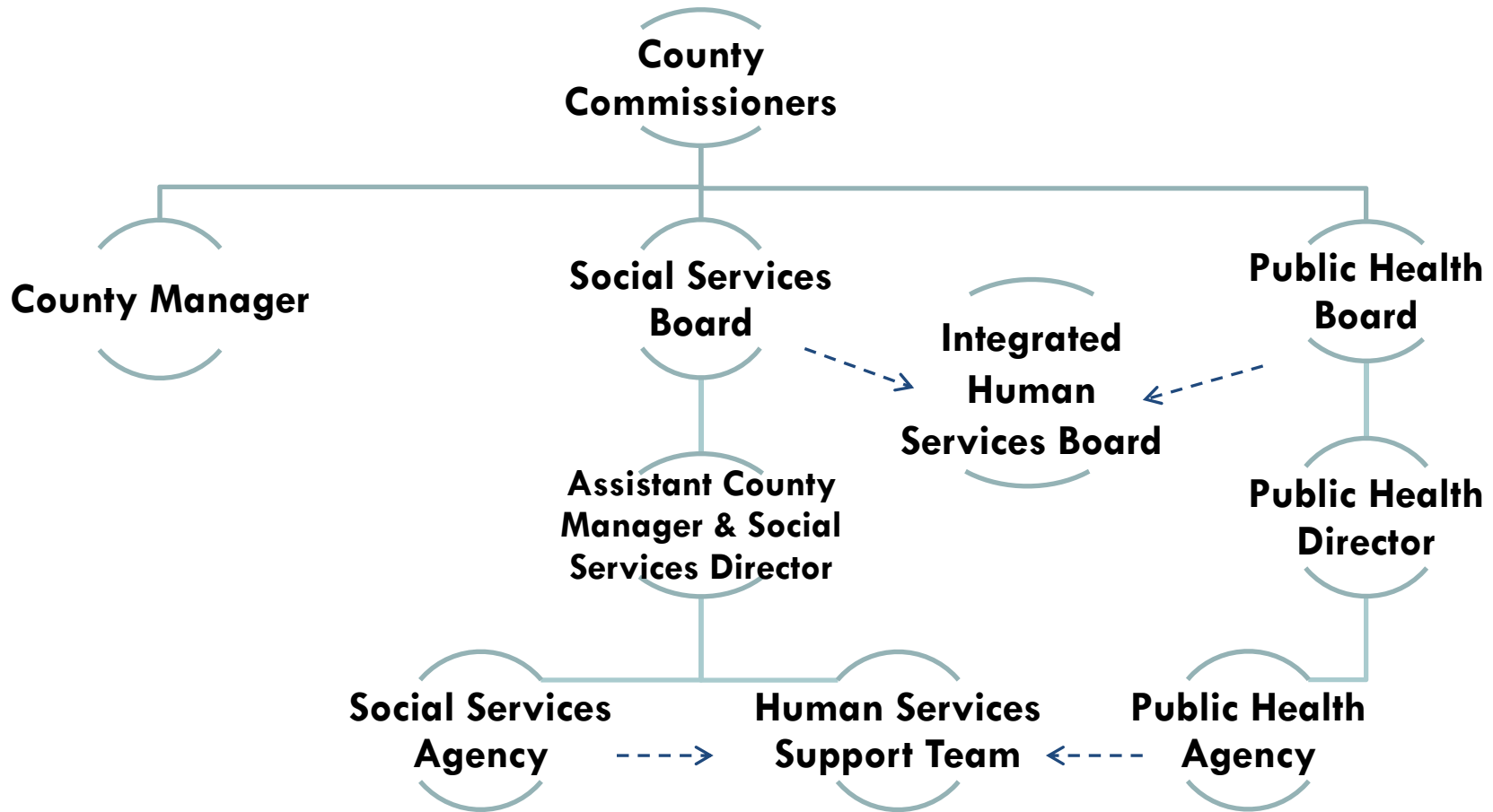
Hybrid Consolidation of Human Services

- Created a consolidation hybrid that is legally permissible
- Statutory limitations forced a cumbersome structure for managing social services and public health
- Required creation of additional layers for governance and administration

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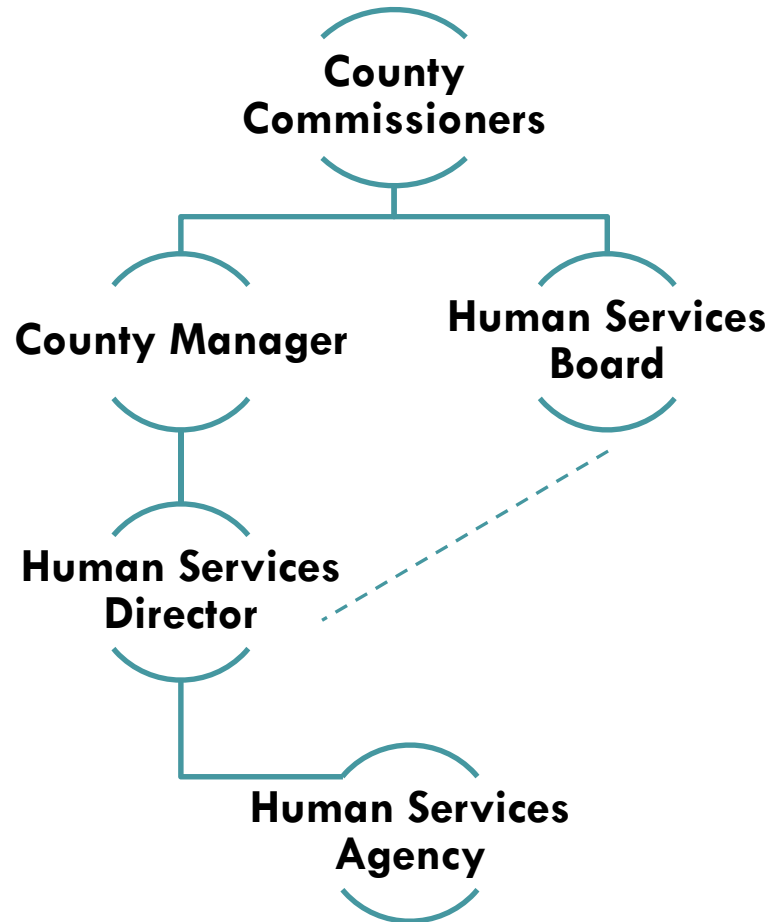
Buncombe County's Complicated Structure



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Consolidated Human Services Agency



Removing the threshold would allow a more streamlined approach

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Other Barriers

- County DSS directors' perceptions make them wary of changing the current structure
- County managers believed there was room for improvement, but they need more information about alternatives
- State leadership and supervision may inhibit counties from considering alternative structures

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Finding 3.

Administering programs at the county level is considered a major strength of North Carolina's social services system



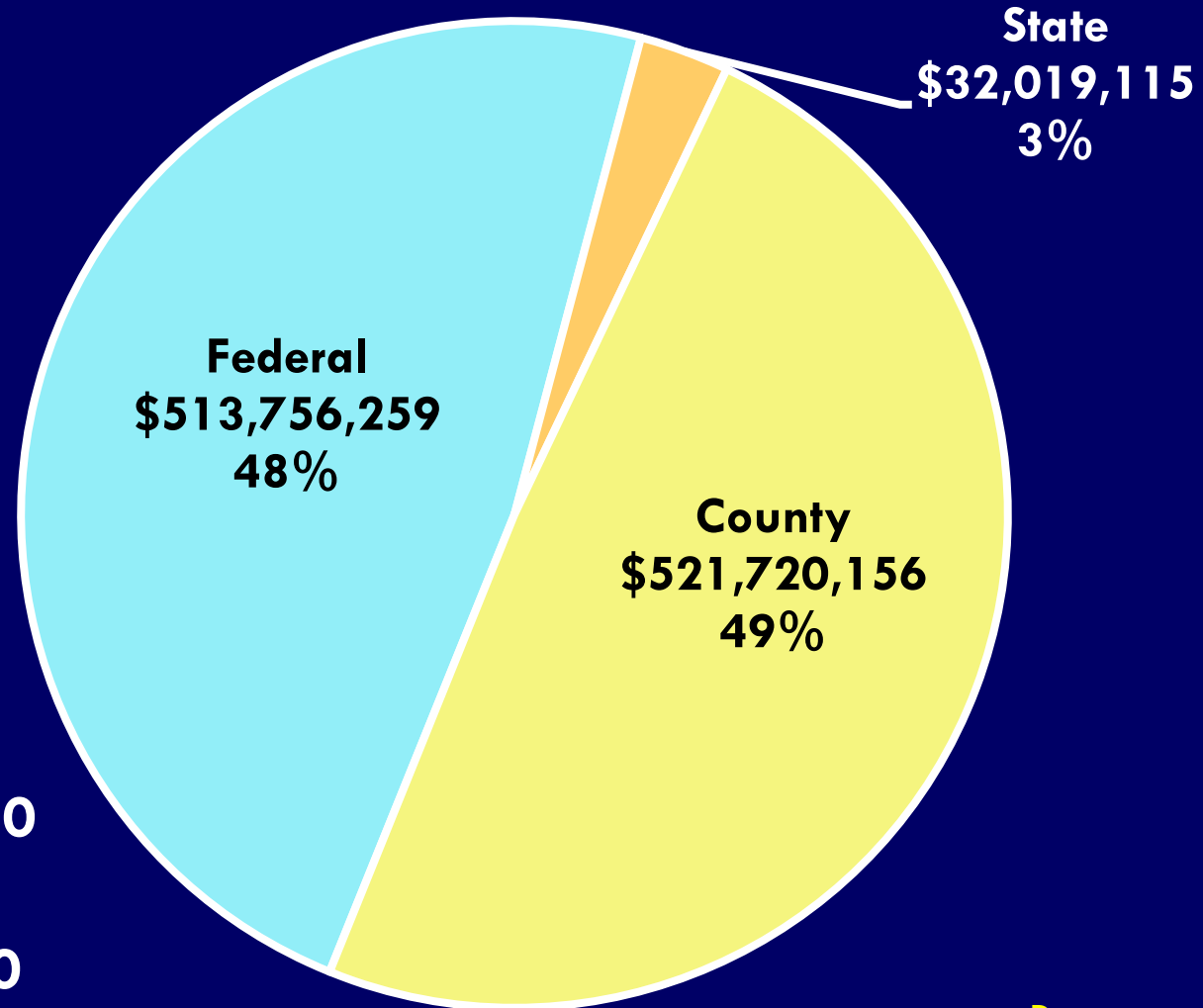
Strengths of Current System

- Local control allows county DSSs to deliver services that meet community needs
- County social services boards are important

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Counties Pay the Most for Social Services Administration



**Total FY 2009-10
Expenditures
\$1,067,495,530**

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Recommendations



Recommendation 1.

Eliminate the 425,000 population threshold for counties to establish a consolidated human services agency



Eliminate Population Threshold

- Modify NC Gen. Stat. §153A-77 so all counties have the flexibility to establish a consolidated human services agency
- The population threshold should remain in place for consolidated governance (Mecklenburg model)

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Allow Counties to Establish a Human Services Agency for Social Services and Public Health

- Counties in multi-county local management entities need authority to establish a consolidated human services agency that does not include mental health and other services
- Board composition and size will also need to be modified for a human services agency for social services and public health

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Recommendation 2.

**Allow formation of DSS districts
using the public health district as a
model**



Allow Formation of DSS Districts

- Use public health district law as a model
- Legislation for the DSS district and social services district board should include
 - Three Board members from each county in the district including one county commissioner
 - Statutory authority for the DSS district director and district board remains the same

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Recommendation 3.

Direct the DHHS to develop a plan to simplify and streamline supervision of county DSSs



Simplify and Streamline State Supervision of County DSSs

- Direct DHHS to develop a plan using its goal-oriented structure organized around infrastructure and prevention
- Plan should address issues identified by DSS directors
- Require DHHS to develop plan in consultation with NC Associations of County DSS Directors and County Commissioners
- Report due no later than May 1, 2012

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Findings Summary

- Alternative structures for administering social services exist and could improve efficiency and reduce administrative costs
- Statutory and perceived barriers inhibit counties from considering different structures of administering social services
- Administering programs at the county level is considered a major strength of NC's social services system

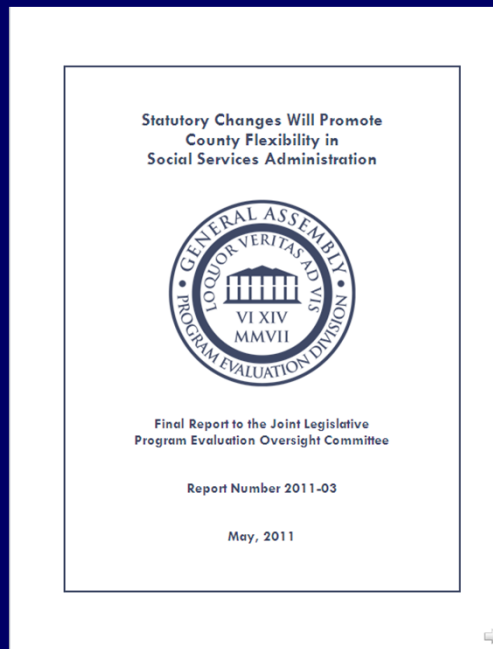


Recommendations Summary

- Eliminate the population threshold for counties to establish a consolidated human services agency
- Allow formation of DSS districts using the public health district as a model
- Direct the DHHS to develop a plan to simplify and streamline supervision of county DSS



**Report available online at
www.ncleg.net/PED/Reports/reports.html**



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