PERSON COUNTY BOARD OF COMMISSIONERS DECEMBER 10, 2012

MEMBERS PRESENT	**OTHERS PRESENT**
Jimmy B. Clayton	Heidi York, County Manager
Kyle W. Puryear	Sybil Tate, Assistant County Manager
B. Ray Jeffers	Brenda B. Reaves, Clerk to the Board
Frances P. Blalock	Angie Warren, Human Resources Director
David Newell, Sr.	

The Board of Commissioners for the County of Person, North Carolina, met in recessed session for a special called meeting on Monday, December 10, 2012 at 5:00 pm in the FEMA room at the Human Services Building for the purpose to meet jointly with the Board of Health and the Department of Social Services (DSS) Board. The meeting was facilitated by UNC School of Government representatives for the group to discuss options related to consolidating human services.

Chairman Clayton called the meeting to order at 5:04 pm.

Person County participants:

- Jimmy Clayton – Chair, Board of Commissioners
- Ray Jeffers – Vice Chair, Board of Commissioners and Commissioner Representative on the DSS Board
- Commissioner Frances Blalock, Board of Health Member (Commissioner Representative)
- Commissioner David Newell
- Commissioner Kyle Puryear
- Brenda Reaves – Clerk to the Board of Commissioners
- Heidi York – County Manager
- Sybil Tate – Assistant County Manager
- Angie Warren – Human Resources Director

- Steven Bailey – Chair, Board of Health
- Claudia Berryhill – Member, Board of Health
- Jack Hester – Member, Board of Health
- Jeff Noblett – Member, Board of Health
- Doris Pillow – Member, Board of Health
- Janet Clayton – Director, Health Department

- Angeline Brown – Chair, Social Services Board
- Dolly Denton – Member, Social Services Board
- Margaret Jones – Member, Social Services Board
- Carlton Paylor – Interim Director, Department of Social Services

UNC School of Government participants:

- David Brown – Director, Applied Public Policy Initiative
- Margaret Henderson – Facilitator
- Jill Moore – Associate Professor of Public Law and Government
- Aimee Wall – Associate Professor of Public Law and Government

Introduction and Expectations:

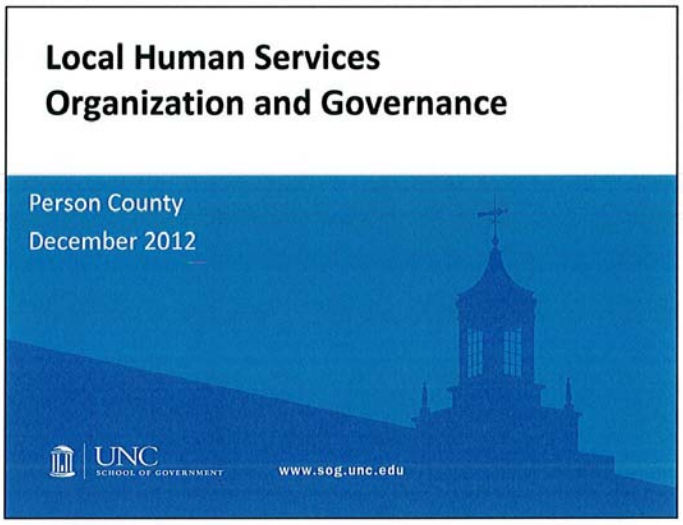
Ms. Wall introduced herself and the rest of the UNC School of Government (SOG) team, including Margaret Henderson, Jill Moore, and David Brown. Ms. Wall explained that she and others at SOG have been tracking a developing issue over the course of the past year—namely, how are human services agencies and their governing boards structured in North Carolina's counties? How are they presently organized, and what has changed in light of the recent passage of House Bill 438? This would be the topic of the evening's facilitated discussion, led by Ms. Henderson and informed by Ms. Wall and Ms. Moore. Ms. Wall emphasized that SOG staff are participating as educators in the interest of informed debate; they have no stake in whether or not Person County decides to implement changes to its human services.

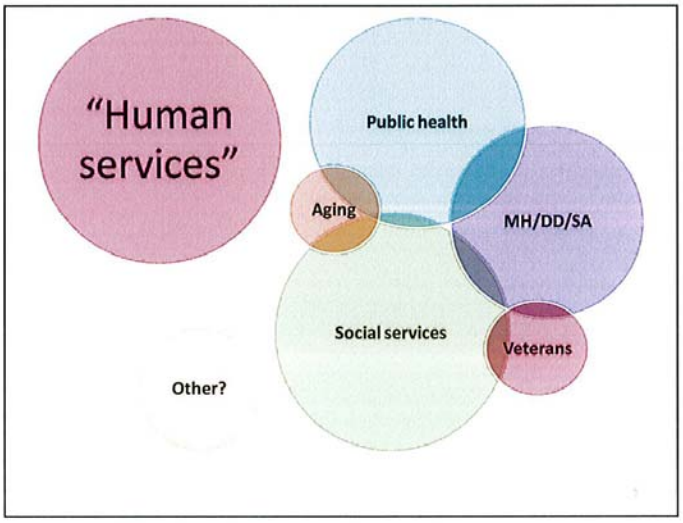
To begin the discussion, Ms. Henderson asked Person County participants to introduce themselves and to each offer at least one value or process that the group should honor. The group suggested the following:

- We have two good boards. (Commissioner Puryear)
- Don't change the things that are working now. (Mr. Hester)
- No news is good news—community seems satisfied with services. (Chairman Clayton)
- Citizen participation and input on boards. (Ms. Reaves)
- Good staff who create positive first impressions. (Ms. Tate)
- Advocacy from boards is an asset in the community. (Vice Chairman Jeffers)
- Perfect score on accreditation. (Mr. Noblett)
- Departments work well together as currently configured. (Ms. Clayton)
- Positive communication between department heads. (Ms. Warren)
- Keep the focus on Person County, not a wider region; Health and Department of Social Services (DSS) boards provide a political buffer for the Board of County Commissioners (BOCC), but BOCC has the last word. (Ms. Berryhill)
- What we have works well, so there's no reason to change. (Commissioner Blalock)
- Good customer service and working environment. (Mr. Paylor)
- Quality staff and relationships with directors. (Ms. York)
- Working relationship between directors and staff should remain as open as possible. (Ms. Brown)
- Continuing citizen participation and involvement; mandated professions on the Board of Health brings together more diverse perspectives and professional expertise. (Mr. Bailey)

Discussion of County Options:

Ms. Moore gave a presentation entitled "Local Human Services Organization and Governance":



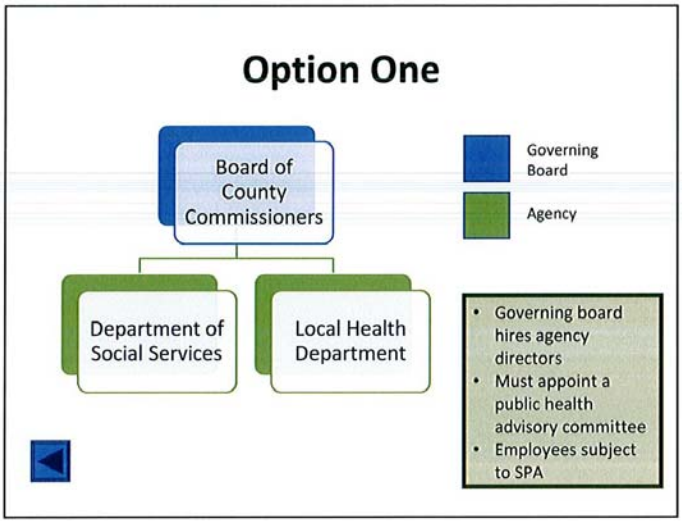


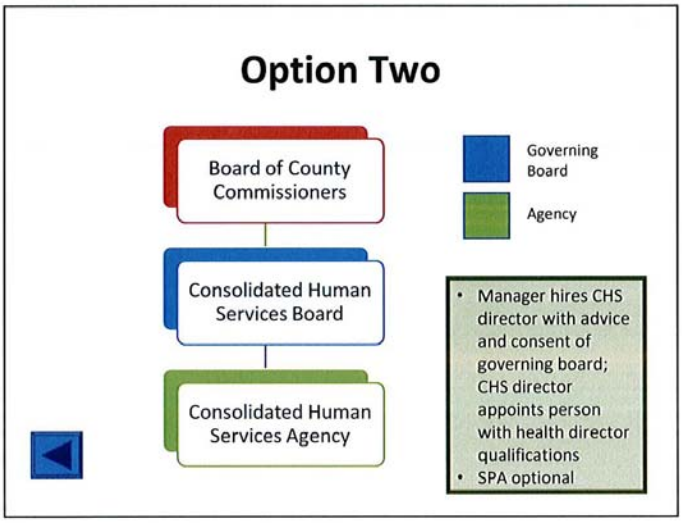
County Options

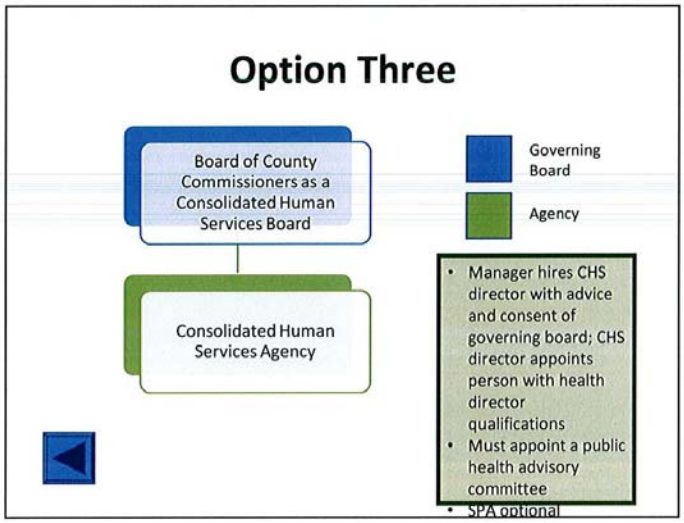
- Stay the same
- Options for local agencies under "old" laws
- Options under new legislation:
  1. Board of county commissioners (BOCC) may assume powers and duties of governing boards
  2. BOCC may create consolidated human services agency and appoint CHS board to govern
  3. BOCC may create CHSA and directly serve as governing board

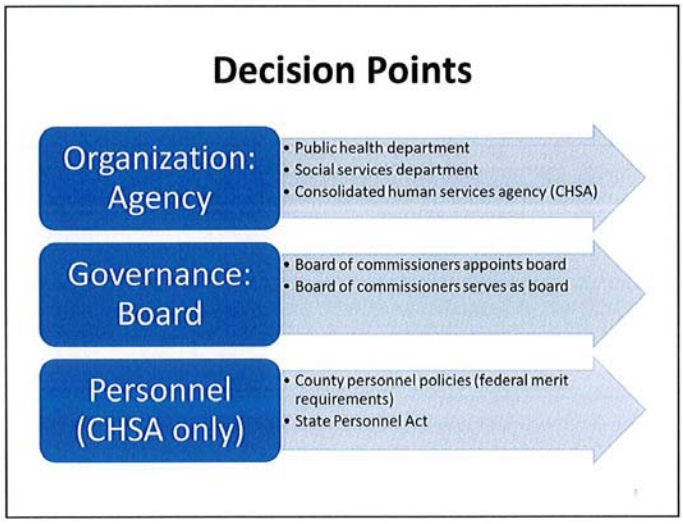
Commissioner Options Under New Legislation (House Bill 438)

1. Directly assume the powers and duties of one or more local boards. Agencies stay the same.
2. Create a consolidated human services agency (CHSA) and appoint a consolidated human services board.
3. Create a CHSA and directly assume the powers and duties of its board.


Option One
Board of County Commissioners
Department of Social Services
Local Health Department
Governing Board
Agency
• Governing board hires agency directors
• Must appoint a public health advisory committee
• Employees subject to SPA


Option Two
Board of County Commissioners
Consolidated Human Services Board
Consolidated Human Services Agency
Governing Board
Agency
• Manager hires CHS director with advice and consent of governing board; CHS director appoints person with health director qualifications
• SPA optional


Option Three
Board of County Commissioners as a Consolidated Human Services Board
Consolidated Human Services Agency
Governing Board
Agency
• Manager hires CHS director with advice and consent of governing board; CHS director appoints person with health director qualifications
• Must appoint a public health advisory committee
• SPA optional

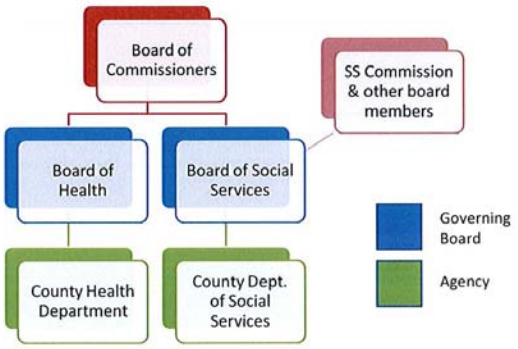

Decision Points
Organization: Agency
• Public health department
• Social services department
• Consolidated human services agency (CHSA)
Governance: Board
• Board of commissioners appoints board
• Board of commissioners serves as board
Personnel (CHSA only)
• County personnel policies (federal merit requirements)
• State Personnel Act

Decision Points

Organization: Agency

- Public health department
- Social services department
- Consolidated human services agency (CHSA)

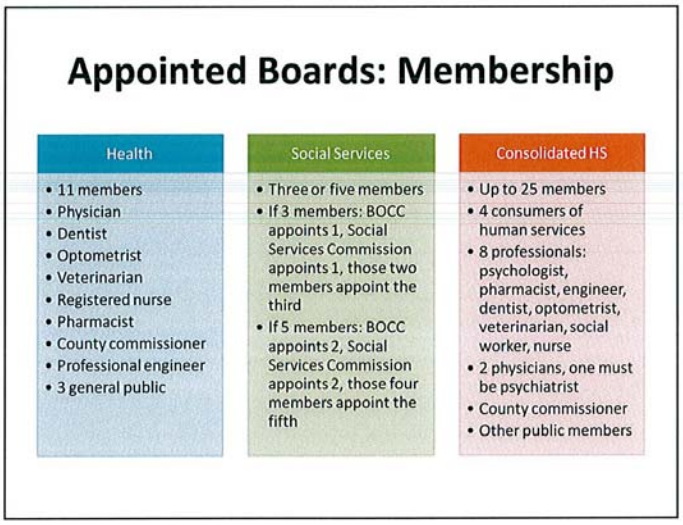
Person County

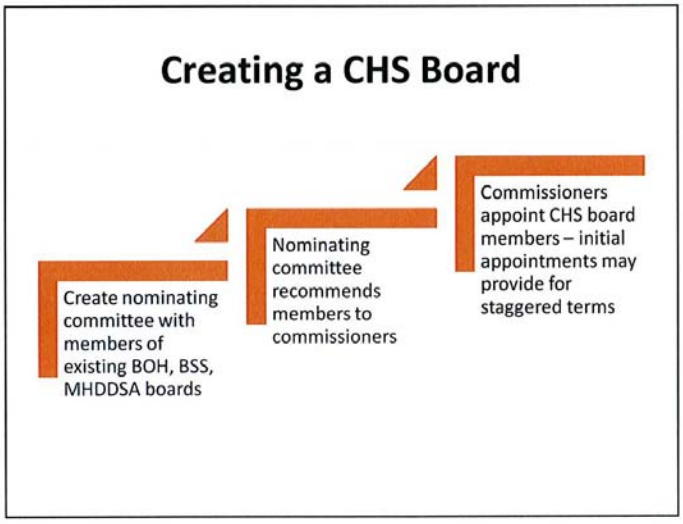


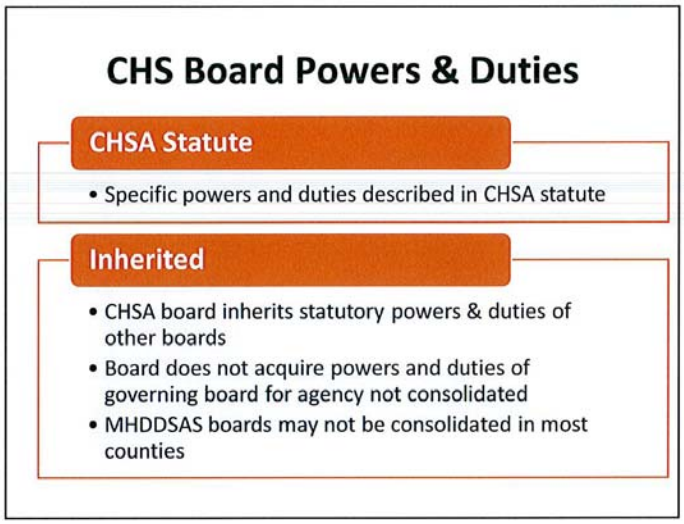
Consolidated Human Services Agency

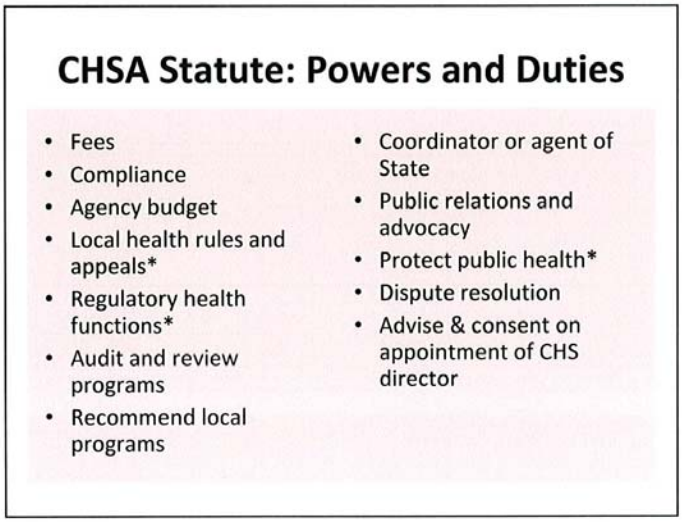
Organization	Governance
"Any combination of commissions, boards, or agencies appointed by the board of county commissioners or acting under and pursuant to authority of the board of county commissioners"	Consolidated human services board *or* direct governance by county commissioners

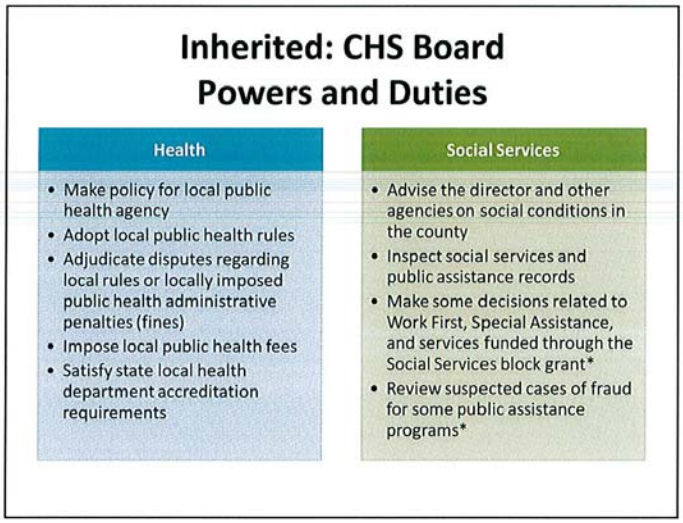
Decision Points

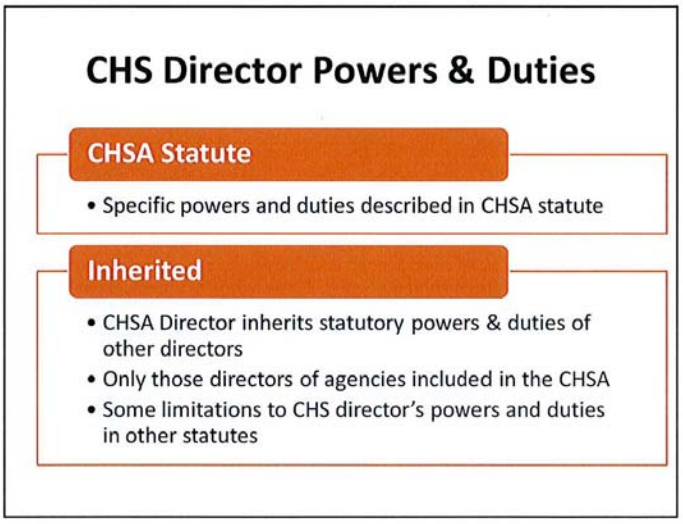

Appointed Boards: Membership
Health
• 11 members
• Physician
• Dentist
• Optometrist
• Veterinarian
• Registered nurse
• Pharmacist
• County commissioner
• Professional engineer
• 3 general public
Social Services
• Three or five members
• If 3 members: BOCC appoints 1, Social Services Commission appoints 1, those two members appoint the third
• If 5 members: BOCC appoints 2, Social Services Commission appoints 2, those four members appoint the fifth
Consolidated HS
• Up to 25 members
• 4 consumers of human services
• 8 professionals: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, nurse
• 2 physicians, one must be psychiatrist
• County commissioner
• Other public members


Creating a CHS Board
Create nominating committee with members of existing BOH, BSS, MHDDSA boards
Nominating committee recommends members to commissioners
Commissioners appoint CHS board members – initial appointments may provide for staggered terms


CHS Board Powers & Duties
CHSA Statute
• Specific powers and duties described in CHSA statute
Inherited
• CHSA board inherits statutory powers & duties of other boards
• Board does not acquire powers and duties of governing board for agency not consolidated
• MHDDSAS boards may not be consolidated in most counties


CHSA Statute: Powers and Duties
• Fees
• Compliance
• Agency budget
• Local health rules and appeals*
• Regulatory health functions*
• Audit and review programs
• Recommend local programs
• Coordinator or agent of State
• Public relations and advocacy
• Protect public health*
• Dispute resolution
• Advise & consent on appointment of CHS director


Inherited: CHS Board Powers and Duties
Health
• 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 local health department accreditation requirements
Social Services
• Advise the director and other agencies on social conditions in the county
• Inspect social services and public assistance records
• Make some decisions related to Work First, Special Assistance, and services funded through the Social Services block grant*
• Review suspected cases of fraud for some public assistance programs*


CHS Director Powers & Duties
CHSA Statute
• Specific powers and duties described in CHSA statute
Inherited
• CHSA Director inherits statutory powers & duties of other directors
• Only those directors of agencies included in the CHSA
• Some limitations to CHS director's powers and duties in other statutes

CHSA Statute: Director Powers and Duties

- Appoint CHSA staff with county manager's approval
- Administer state and local human services programs
- Secretary and staff to CHS board
- Plan CHSA budget
- Advise county commissioners through the county manager
- Perform regulatory public health functions*
- Act as agent of and liaison to state to extent law requires
- Appoint individual who meets statutory education/experience requirements for a local health director (GS 130A-40)

Inherited: CHS Director Powers and Duties

Health

- Administer public health programs
- Enforce public health laws
- Employ public health remedies, including public health nuisance and imminent hazard abatement & fines for violations of certain laws
- Investigate and control spread of communicable diseases
- Order isolation or quarantine
- Rabies control
- Investigation of other diseases
- Disseminate public health information and promote health
- Advise local officials on health matters

Social Services

- Administer social services programs
- Serve as guardians of incompetent adults
- Serve as temporary guardian of minor children
- Serve on local community child protection team, child fatality prevention team, and juvenile crime prevention council
- Arrange for the burial or cremation of unclaimed bodies of deceased persons
- Issue certificates of employment for youth
- Assist state DOC in supervision of paroled ex-prisoners upon request
- Perform functions specified under local emergency management plans

Board of Commissioners as Human Services Board(s)

Process

- 30 days notice of public hearing on assuming board(s) powers and duties
- Public hearing
- Resolution assuming all responsibilities, powers and duties of board(s)

Committees

- Must appoint advisory committee on health (same membership as county board of health)
- May appoint other advisory committees

Decision Points

Personnel (CHSA only)

- County personnel policies (federal merit requirements)
- State Personnel Act

Personnel

- State Personnel Act (SPA)
  - General rule: Employees of local public health and social services agencies are subject to the SPA
    - Exception: Public health authorities, CHSA
  - Some county personnel ordinances or policies may also apply to these employees
  - These employees are *county employees*

Personnel: CHSA Option

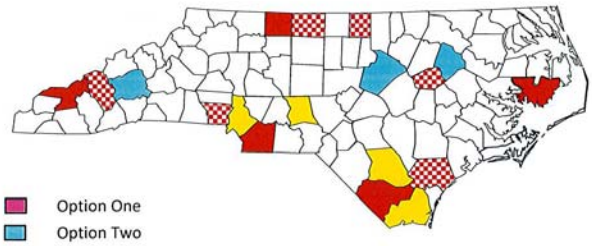
- If a county creates a CHSA that includes public health and/or social services, the county has a choice.
  - Elect to keep those employees subject to the SPA
  - Elect to remove those employees from the SPA
- County personnel policies must satisfy federal merit personnel standards, if applicable

Federal Merit Personnel Standards

- Recruiting, selecting, and advancing employees based on merit
- Equitable and adequate compensation
- Training employees
- Retaining/separating employees on the basis of performance
- Correcting inadequate performance
- Assuring fair treatment of applicants and employees
- Assuring employees are protected against coercion for partisan political purposes

5 CFR § 900.603

CHSA Status and Potential Changes



Option One
Option Two
Option Three
County considering change
County considering change; SOG Facilitated Discussion

Ms. Moore summarized that no counties are implementing Option 1 noting that Wake, Buncombe, and Edgecombe are implementing Option 2; the latter two counties have pursued this change since the passage of House Bill 438. Bladen, Brunswick, Mecklenburg, and Montgomery are implementing Option 3; all but Mecklenburg has made this change since the passage of House Bill 438 with many more counties, including Person, are evaluating their options.

Summary: County Options

- Authority under new legislation:
  1. Board of county commissioners (BOCC) may assume powers and duties of governing boards
  2. BOCC may create consolidated human services agency and appoint CHS board to govern
  3. BOCC may create CHSA and directly serve as governing board
- Options for local public health and social services agencies under other laws
- Option of staying the same

Ms. York explained that the county's Health and DSS directors each report to their respective boards. As the county manager, she does not supervise either director. Chairman Clayton added that he likewise has no direct authority over these positions; disputes are resolved by the State Personnel Board.

Ms. York said that confusion from employees has driven management to explore alternatives for change. One such alternative is to remove Health and DSS employees from State Personnel Act (SPA) jurisdiction, in favor of having them governed by the county's personnel policies. Commissioner Newell asked if SPA policies are different from Person County's. Ms. Warren affirmed that there are important differences: for example, county personnel grievances stop with the employee's manager, while SPA personnel grievances are elevated to the appropriate director and ultimately to the state. In general, there is a greater state role with SPA employees.

Ms. Moore explained that under Option 1, the BOCC is the governing board for both Health and DSS. Those departments' employees remain under the SPA's jurisdiction because there is no consolidation; by default, state law prescribes that Health and DSS employees are governed by the SPA. Under Options 2 and 3, the Health and/or DSS departments or other agencies are combined into a consolidated human services agency (CHSA), which may be governed by a newly appointed board (Option 2) or directly by the BOCC (Option 3). After consolidation, Health and DSS employees are removed from the SPA's jurisdiction and put under county personnel policies unless the BOCC affirmatively acts to keep them under the SPA. The default is for CHSA employees to go under county policies, but the law gives the BOCC the option to elect to keep them under the SPA.

Ms. Wall explained that Options 1 and 3 require the appointment of a Public Health advisory committee while Option 2 does not, and none of the three options requires the appointment of a DSS advisory committee. Ms. Wall speculated that the reason for this might be that NC law already contains a specific list of required positions the legislature could point to for existing Health boards, but no similar language for existing DSS boards.

Ms. Moore said that if the BOCC assumes the Board of Health's duties (Option 1) or the Consolidated Human Services Board's duties (Option 3), the commissioners also assume responsibility for requirements such as accreditation.

What is a human services agency? Vice Chairman Jeffers described this as "the great unanswered question." Under the new law, could Person County combine DSS with its Veterans agency, and leave the Board of Health out of this consolidated arrangement? If so, could it then remove DSS employees from SPA jurisdiction? Ms. Moore affirmed that this is an option under the new law.

Ms. Moore informed the group that no matter what agencies they may consolidate, the composition of the Consolidated Human Services Board remains the same. For example, the board must include both a psychologist and a psychiatrist who must be county residents. Also, although a normal board member's term is 4 years, the BOCC could appoint some members of the initial consolidated board to 2-year terms to create a staggered membership and ensure some continuity from one appointment cycle to the next.

Vice Chairman Jeffers noted that if the BOCC appoints a consolidated board (Option 2), the Board of Health loses very little of its powers and authorities. Ms. Moore agreed, except that unlike the current Health board, the consolidated board would not appoint the Health Director. Instead, the County Manager would hire the director with the advice and consent of the consolidated board.

Chairman Clayton announced a brief break at 6:22 pm. The meeting reconvened at 6:34 pm.

Discussion of Public Health Data:

Ms. Wall circulated a handout entitled "Person County Public Health Data.". She explained that research identifies population as a driver of lower per-capita public health costs and FTEs, presumably because of economies of scale, and that SOG's findings were consistent with this. For the purposes of this analysis, Person was grouped with 27 other counties in the "low population" cohort.

Ms. Clayton explained that Home Health and Hospice is included in the "Other Revenues" bar in the chart displaying expenditures by funding source for fiscal year 2010.

Person County Public Health Data
December 2012

Understanding the Data

What will these tell us?

- These data will NOT tell you whether converting to a particular model will save or cost your county money.
- These data will provide you good baseline information so you can make an informed decision about the future.

Data Sources

- Financial Data: NCDPH Local Health Department Revenue Source Books for FY2006-FY2010.
- FTE and Services Data: NCDPH Local Health Department Staff Survey for FY2005-FY2011.
- Limitation: Much of the data are self-reported.

Descriptive Statistics

- Medians used to minimize impact of outliers. There was a wide range of figures for data points and local health department models (LHDs).
- Descriptive statistics do not control for factors that can influence numbers.

Unit of Analysis

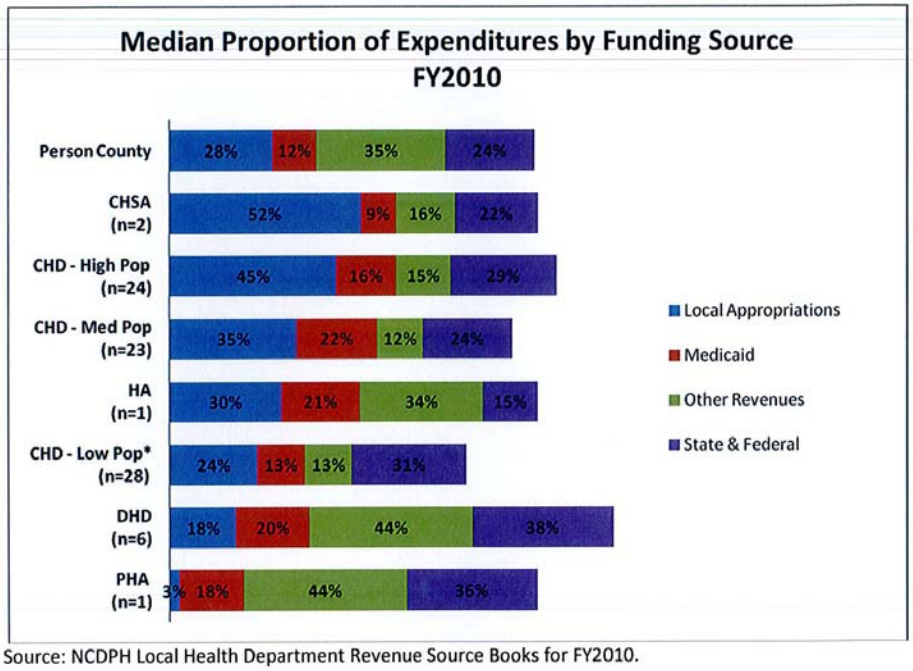
- There are five types of local health department models in operation (see table below), for a total of 85 LHDs in NC.
- There are 75 single county health departments that have a very wide range of population. It was necessary to take this wide range into account and control for it to some extent. As a result, we divided the county health departments into three categories according to the following population thresholds, which are the same thresholds used by National Association of City and County Health Officials (NACCHO).

Local Health Dept.	Acronyms
County Health Dept. High (n=24)	CHD - High 100,000-500,000
County Health Dept. Medium (n=23)	CHD - Medium 50,000-99,999
County Health Dept. Low (n=28)	CHD - Low Under 50,000
District Health Dept. (n=6) • Albermarle • Appalachian • Toe River • Polk-Rutherford-McDowell • Granville-Vance • Martin-Tyrell-Washington	DHD
Public Health Auth. (n=1) • Hertford	PHA
Hospital Auth. (n=1) • Cabarrus	HA
Consolidated Human Services Agency (n=2) • Mecklenburg • Wake	CHSA

Expenditures by Funding Sources

Local public health agencies receive funding from four main sources:

1) County appropriations—the portion of local taxes dedicated to public health services;
2) Medicaid reimbursements;
3) State and federal funds—general aid to counties, funding for environmental health, and state and federal grants; and
4) Other revenues—Medicare reimbursements for home health and diabetes care, fees from women's health services and breast and cervical cancer prevention, fees from environmental health services, grants, and other sources.



Source: NCDPH Local Health Department Revenue Source Books for FY2010.

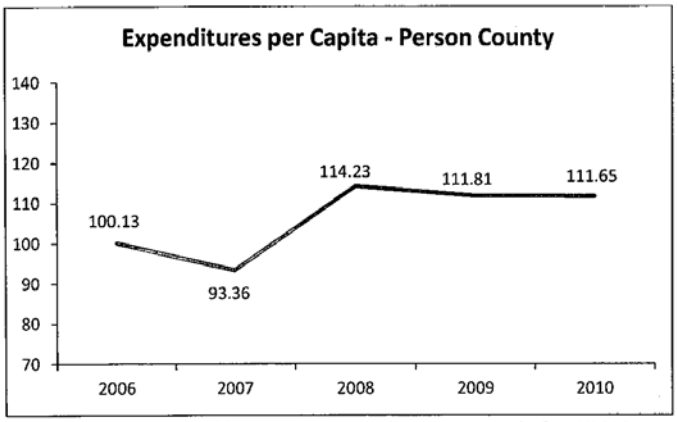
Will Person's distribution of funding sources be similar to Wake and Mecklenburg's if it converts to a consolidated human services agency? Why or why not?

- Difficult to say because 1) NC only has two counties that are consolidated, which makes it hard to generalize to other counties and 2) Wake and Mecklenburg have unique characteristics (high population and urban) that are not typical of the majority of counties in NC.
- Wake and Mecklenburg are very urban, offering residents many private providers that accept Medicaid and Medicare. Thus, residents are potentially less likely to seek clinical services at the health department.
- Since there are more private providers, setting up services, such as home health and diabetes care programs, are less necessary. These services are have been established in the single public health authority, hospital authority, and district health departments because they 1) have the flexibility in their structures to do so and 2) there may not be private providers who offer these services given that they are rural.
- Wake and Mecklenburg are counties with better health status outcomes, which make them less eligible for state and federal grants.

2010 Expenditures per Capita by Funding Sources

Median (Minimum – Maximum) Expenditures per Capita in Dollars by Funding Source, FY2010

Agency Type (n)	Median Size of Population Served	Total Expenditures per Capita	Expenditures per Capita from County Appropriations	Expenditures per Capita from Medicaid	Expenditures per Capita from Other Revenues	Expenditures per Capita from State and Federal Funds
Person County	38,272	111.65	33.27	13.07	38.47	26.84
CHSA (2)	910,311	50 (48-51)	26 (23-29)	5 (3-7)	8 (5-11)	11 (10-12)
Hospital Authority (1)	178,011	105	32	22	35	16
CHD-High Population (24)	162,878	59 (37-90)	23 (12-63)	8 (3-22)	6 (0-27)	15 (8-32)
CHD-Medium Population (23)	63,505	85 (39-129)	27 (8-48)	16 (3-57)	12 (1-48)	18 (10-39)
CHD-Low Population(28)	30,444	91 (48-282)	30 (6-89)	13 (0-83)	12 (1-73)	28 (16-89)
DHD (6)	97,427	98 (31-189)	9 (7-22)	13 (0-51)	34 (0-68)	33 (21-60)
Public Health Authority (1)	24,669	210	6	37	93	75



	Total Expenditures	Population
2006	3717398	37125
2007	3496181	37448
2008	4290207	37556
2009	4194136	37510
2010	4273191	38272

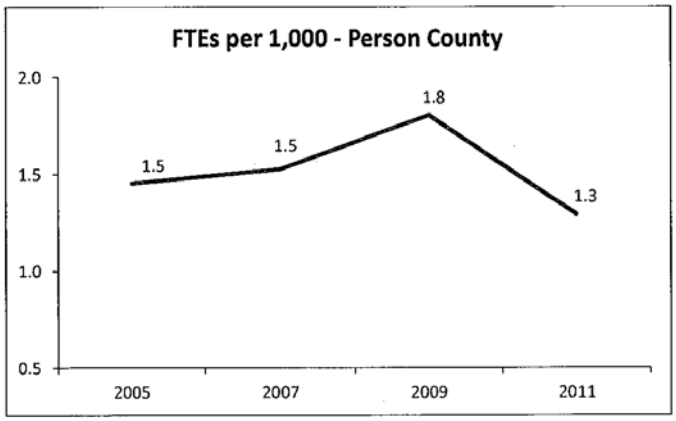
Source: NCDPH Local Health Department Revenue Source Books for FY2010.

2011 FTEs per 1,000 Population

FTE counts include funded full-time positions (filled and vacant), as well as part-time and contract positions. The total number of weekly part-time hours was converted to FTEs by dividing by 40, whereas the total number of annual contract hours was divided by 2000.

Median (Minimum-Maximum) FTEs per 1000 Population and Percentage of 127 Tracked Services Offered, FY 2011

Agency Type (n)	Median Size of Population Served	FTEs per 1000 population	Percent of 127 Tracked Services Offered
Person County	39464	1.3	58
CHSA (2)	910,311	0.7 (0.6-0.7)	72 (69-75)
Hospital Authority (1)	178,011	0.9	66
CHD-High Population (24)	162,878	0.8 (0.5-1.5)	67 (56-87)
CHD-Medium Population (23)	63,505	1.1 (0.6-2.5)	70 (49-85)
CHD-Low Population(28)	30,444	1.4 (0.8-3.5)	63 (48-91)
DHD (6)	97,427	1.7 (0.7-3.1)	70 (51-80)
Public Health Authority (1)	24,669	2.8	62



Wilson County	2005	2007	2009	2011
Total FTEs	53.694	57.158	67.659	51
Population	36985	37,448	37510	39464

Source: NCDPH LHD Staff and Service Survey FY05-11

Human Services Changes: Catalysts, Context, and Concerns:

Vice Chairman Jeffers identified a key frustration for the county under its current human services arrangement with the state: the county cannot hire a DSS director that does not meet the exact state standards, in spite of the fact that Person County provides some of the funding for DSS. Ms. York concurred, explaining that Mr. Paylor had been the "Interim" DSS Director for more than 2 years. She said that the county's largest department should have a permanent director, but the county is unable to give Mr. Paylor this designation before he meets all of the state's requirements (which he is in the process of fulfilling). If Person County consolidated DSS with another human services agency, it could remove DSS employees from SPA jurisdiction and thus acquire the ability to set its own qualifications for the position.

Aside from the ability to remove staff from SPA jurisdiction, Ms. Henderson asked participants whether they saw other advantages (or disadvantages) arising from changes in its human services structure. She encouraged the group to be clear about what could be gained and what could be lost in any change. For example, she noted that it could become more difficult to recruit senior officials and staff from counties where employees remain under the SPA. Ms. Clayton said that removing employees from SPA would be a benefit for managers, because it would mean that state approval would no longer be required for position reclassification, but the move could be detrimental for employees, because the SPA is more protective and gives employees a property right in their jobs. Ms. York noted that the county's other 280 employees do not enjoy this right, and they also differ from Health and DSS employees in that their leadership serves at the pleasure of the BOCC. Ms. Berryhill agreed with the notion that all county employees should be treated equally.

Continuing the discussion of advantages and disadvantages, Ms. Warren identified a possible efficiency gain through the elimination of human resources responsibilities in Person's DSS and Health departments, as those duties would be consolidated in her department for all county employees. However, she recognized that Human Resources could face the need to augment its staff to handle the increased workload. Turning to the subject of boards, Commissioner Puryear observed that smaller boards operate more efficiently, and it is sometimes hard to get everyone to show up.

Chairman Clayton provided important context for the discussion of personnel status and why Health and DSS employees have traditionally been considered SPA employees. He explained that in the 1950s the state first required its counties to provide Health and DSS services to their citizens. Because some county oficials did not support the new requirement, the state protected its Health and DSS employees from local control and the potential for harassment or meddling this could bring. It also seemed wise to create a buffer between those service providers and local BOCCs in order to allow space for politically or socially sensitive decisions.

Commissioner Newell asked who advocated for the new legislation. Ms. Wall replied that the NC Association of County Commissioners was its primary advocate. Vice Chairman Jeffers said that smaller counties sought changes in human services organization and governance because they wanted the same flexibility that the largest counties already had. Counties thus lobbied the General Assembly for the ability to explore efficiencies in these areas, which required the legislature to remove the population threshold it had previously established. Vice Chairman Jeffers explained that the initiative arose out of the association's legislative goals process. As the association's president-elect, he encouraged county participants to identify "what isn't working" in their departments and discuss these matters with him to determine whether the association should pursue a legislative solution.

Ms. Wall shared an example from Guilford County's experience. Although the state had deemed the county's personnel policies to be "substantially equivalent" in all six of the existing areas, county commissioners decided to leave Guilford's employees under the SPA because they wanted to retain access to the free technical assistance provided by the state's Office of State Personnel (OSP). Ms. Wall noted, however, that FTEs in that OSP group had been reduced over the past several years from 9 to 1.5.

Ms. Wall explained that the concept of "substantial equivalence" comes into play only if a county keeps its employees under SPA. If a county consolidates two or more human services agencies, employees may be placed under the county's personnel policies, and the substantial equivalence of those policies is no longer relevant.

Mr. Bailey said he understood that retirement policies would not change for employees moved from SPA to Person County's personnel system. He asked whether the same would be true for leave—would employees retain their per-paycheck accrual rates and accumulated totals? Mr. Paylor noted more information is needed from the OSP related to the leave transition for employees. The SOG representatives noted they would follow up with an SPA specialist and report back to Person County.

Mr. Hester asked about potential consequences if the county could not recruit a psychiatrist to serve on its Consolidated Human Services Board. Ms. Wall said that the body would still be considered a governing board. When asked how many vacancies could exist at any one time, Ms. Moore stated that this is an unanswered question under existing law, but it is likely that at least a majority of the positions would need to be filled in order for the board to be functional. Ms. Wall noted that DSS boards at times operate for months with selected vacancies.

Participants discussed other personnel models in the county. These include the Sheriff's and Registrar's offices, which have elected leaders and at-will employees. In addition, the ABC Board has two BOCC-appointed members, but its employees have a separate retirement system and are not really county personnel.

Participants asked about the permanence of any human services changes the BOCC may undertake. SOG staff explained that changes could be re-considered as soon as the next BOCC meeting. This could involve separating consolidated departments, re-creating separate boards, and/or returning Health and DSS employees to SPA jurisdiction.

Next Steps and Follow-ups:

Ms. York said that her impression from talks with the BOCC is that commissioners have no interest in becoming a governing board. So the choice seems to be between (a) retaining separate human services agencies and their respective boards, i.e., the status quo; and (b) consolidating certain agencies and governing them with a consolidated board, i.e., Option 2.

Ms. York said that she, Ms. Clayton, and Mr. Carlton would talk to each of their respective boards about the county's options and then report back. Vice Chairman Jeffers asked SOG staff to stand by while the county deliberates and determines whether further SOG assistance is needed.

As a follow-up, participants wanted to know more about the potential transition away from SPA, specifically the possibility of current SPA employees losing their leave if moved under the county's personnel system. As noted above, the SOG representatives will follow up with an SPA specialist and will report back.

Evaluation of the Meeting:

Like	Dislike/Proposed Change
In-person presentation easier to digest than webinar	None
Informed presenters brought needed information into the room	
SOG cleared up the "fear factor" around the unknown	
All NC counties have the same options	

ADJOURNMENT:

A **motion** was made by Vice Chairman Jeffers, **seconded** by Commissioner Blalock, and **carried 5-0** to adjourn the meeting at 7:21 pm.

_____	_____
Brenda B. Reaves	Jimmy B. Clayton
Clerk to the Board	Chairman

Note: UNC School of Government representatives contributed to the preparation of the minutes.