
Coates' Canons Blog: Consolidated Human Services Agencies

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UPDATE September 2013: For more recent information on this topic, click [here](#).

To consolidate or not to consolidate, that [may be] the question.

In the coming weeks, the NC General Assembly could act on legislation that would permit a county to combine its county health department and department of social services into a single consolidated human services agency. Under present law, only the three largest counties (Wake, Mecklenburg, and Guilford) may create consolidated human services agencies.

Several bills addressing this issue were introduced last year in the long session (see discussion by Jill Moore [here](#), [here](#), and [here](#)) and new legislation (H 1075/S 875) was introduced just last week. The new legislation focuses primarily on governance of local management entities (LMEs), the agencies responsible for administering public mental health, developmental disabilities, and substance abuse (MH/DD/SA) programs. But the new legislation also includes language that would allow any county, regardless of size, to create consolidated human services agencies

As the conversations continue to unfold on this subject, I thought it might be worthwhile to clarify some key concepts in the law that allows counties to consolidate human services agencies and to discuss the relevant sections of the new legislation.

Background

The School of Government recently released a report comparing the types of agencies — including consolidated human services agencies — that provide public health services in the state. The full text of the report is available [here](#) and detailed questions and answers about the different agency types are available [here](#). In order to set the stage for the discussion that follows, I'll offer the "nutshell" version of some key background information below but I would encourage interested readers to review the more detailed versions online.

In 1973, the General Assembly enacted legislation allowing counties with populations over 300,000 to allow boards of county commissioners to assume the powers, duties, and responsibilities of other county boards, including human services boards. This authority applies only if the board is appointed by the board of county commissioners or is acting under and pursuant to the authority of the board of county commissioners. To date, Mecklenburg County is the only county that has elected to exercise this option.

The population threshold increased to 400,000 in 1985 and then to 425,000 in 1987. In 1996, the statute was amended to allow counties that meets this threshold to consolidate social services, public health, and MH/DD/SA services and functions into one consolidated human services agency if it has a county manager form of government. Wake County created such an agency in 1996 and Mecklenburg County followed suit in 2008. Guilford County is the only other county in the state with a population greater than 425,000. The full text of G.S. 153A-77 is available [here](#).

What does the term "consolidated" mean?

The law does not provide a detailed definition of the term "consolidated" or "consolidated human services agency." Instead, it authorizes a county to take certain actions. The county may:

- Have a county manager appoint and supervise a single director who is responsible for overseeing the provision of various human services. This represents a significant departure from current law and practice in most

departments of social services, health departments, and LMEs where the agency directors are separate positions and are appointed and supervised by separate boards (i.e., the board of health, the board of social services, the LME board).

- Create a consolidated human services board that has certain powers and duties, including most of the duties presently assigned to boards of health, boards of social services, and LME boards (with a notable exception being the power to appoint and supervise the agency director).
- Establish a consolidated county human services agency that has the authority to carry out all of the functions of the local health department, the department of social services and the LME. The county may also assign other functions to the agency.

Once a county creates a consolidated human services agency, the employees of that agency are subject to county personnel policies and ordinances only. In contrast, employees of county departments of social services, county and district health departments, and LMEs are all subject to the State Personnel Act.

The law does not specify how the counties should or must go about consolidating their agencies. In the course of conducting several focus groups and interviews, we learned from stakeholders that the term means different things to different people. Some stakeholders focus on the major legal changes that consolidation allows – specifically, allowing the county manager to appoint and supervise the director (rather than a board) and shifting the employees from the State Personnel Act. Others focus on more detailed concepts involving integration of administrative functions and program activities. For more discussion of this finding, see pages 25-26 of the report.

It's also worth noting that some smaller counties are taking steps towards administrative "consolidation" without formally creating a consolidated human services agency. For a short summary of Buncombe County's approach, see page 13 of the report. The General Assembly's Program Evaluation Division also studied this issue in the context of social services agencies and issued a report last fall that offers some insight as well as several very helpful graphical representations of the various types of agencies.

May a board of commissioners assume the powers and duties of human services boards without creating a consolidated human services agency?

Yes. The two sections of G.S. 153A-77 stand alone. In other words, a board of county commissioners could:

1. assume the powers and duties of a single county board of health, board of social services, or LME board;
2. create a consolidated human services agency and consolidated human services board; or
3. do both 1 and 2 (create a consolidated human services agency and a board and then assume the powers and duties of the board).

Wake County has elected to do #2 and Mecklenburg County has elected to do #3. A county may elect #1 only if the human services board at issue is appointed by the board of county commissioners or acting under or pursuant to the authority of the board of county commissioners.

What would the new legislation do?

The legislation proposed last week (H 1075/S 875) would make several changes to the legal framework governing consolidated human services agencies:

- **Removes the population threshold entirely.** This change would apply to both sections of the statute – this means that any county, regardless of size, would be able to have the board of county commissioners assume the powers and duties of the human services boards and/or create a consolidated human services agency.
- **Removes mental health area authorities from the "consolidated human services" mix.** Under present law, a consolidated human services agency likely needs to include all three programs (social services, public health, and LMEs). See Q&A here for more discussion. The new legislation would amend G.S. 153A-76 to prohibit boards of county commissioners from integrating LME boards into consolidated human services boards. In addition, it amends G.S. 153A-77(b)(3) to allow a consolidated agency to include any combination of human services agencies (rather than requiring consolidation of all three). The end result would be that a county could create a consolidated human services agency that includes only public health and social services.

- **Modifies the composition requirements of a consolidated human services board.** Under present law, the board must include quite a few consumers of MH/DD/SA services. See the summary chart on page 16 of the report . The legislation would reduce the total number of consumers on the board and allow the board to include more consumers of human services other than MH/DD/SA services.
- **Modifies the duties of a consolidated human services board.** Under present law, the board is required to perform comprehensive mental health services planning. The legislation would eliminate this responsibility.
- **Allows counties to keep employees of a consolidated human services agency under the State Personnel Act.** Under present law, the employees of such agencies are automatically exempt from the Act. The legislation would make this exemption optional. The legislation also highlights the fact that if the employees are subject to county personnel policies, the county policies must comply with other applicable law related to merit personnel systems. See Q&A here for further discussion.

The proposed legislation would also amend G.S. 153A-76 to provide boards of county commissioners with new authority to change the composition and manner of selection for both boards of health and boards of social services.

What happens next?

The General Assembly may take action on any number of bills that address consolidation of human services at the local level. In addition to the legislation described above, several of the bills Jill Moore reviewed during the long session are still viable for consideration. We will be monitoring all of the bills and offering updates as appropriate. In addition, we will be offering facilitated discussions across the state this fall in connection with our public health agency study. Information about the discussions will be available online at www.ncphagencies.unc.edu in the coming months.

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