
Coates' Canons Blog: Organization and Governance of Social Services: New Options for Counties

By Aimee Wall

Article: <https://canons.sog.unc.edu/organization-and-governance-of-social-services-new-options-for-counties/>

This entry was posted on August 10, 2012 and is filed under Agency Administration, Agency Administration, Agency Administration, Board Structure & Procedures, Boards Of Public Health, Boards Of Public Health, Boards Of Social Services, Boards Of Social Services, Public Health, Social Services

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

There was a lot of activity this past legislative session around the issue of local human services organization and governance. In the final weeks of the session, the General Assembly enacted S.L. 2012-126 (H 438). Jill Moore's summary of the legislation is available [here](#) but I wanted to take an opportunity to answer some of the questions that are coming up about the impact of the legislation on county departments of social services and their boards.

Before I get into the details, I would like to provide just a bit of background information about social services in general.

How are counties involved with social services programs?

In most states the state, rather than local government, administers social services programs. By contrast, in North Carolina most social services programs are administered by counties under the state's supervision. This means that the state has the primary responsibility for oversight of the programs and services but the counties are on the front lines managing and delivering programs and services to individuals.

Most North Carolina counties have a department of social services that administers programs that can be divided into two primary categories: economic services and social work services. The first category of programs help eligible people by providing money payments and other economic supports such as food and nutrition benefits (food stamps), child care subsidies, and employment services. Eligibility for most of these programs is determined on the basis of a person's or family's income and resources. The second category consists of programs that assist people, including many who are at risk of abuse or neglect, in a variety of ways and often without regard to income.

Each county has a board that hires the department's director, advises the director on policy, and assumes other responsibilities as required by law. In most counties, it is the county board of social services that fulfills this role. In Mecklenburg County, the board of county commissioners (BOCC) has assumed this role, and in Wake County the role has been assigned to a consolidated human services board.

Who serves on a county board of social services?

County boards of social services are appointed boards that have either three or five members. Most county boards have five members. On a five member board, two of the board members are appointed by the BOCC, two are appointed by the state Social Services Commission, and one is appointed by the other four members of the board of social services. All board members must be county residents.

How does the new legislation change things?

The new legislation (S.L. 2012-126) allows the BOCC in any county to make two significant changes related to county departments of social services. First, the BOCC may choose to abolish the county board of social services and assume its powers and duties. Second, the BOCC may choose to create a new consolidated human services agency (CHSA) that includes the department of social services.

If the BOCC creates a CHSA that includes the department of social services, the BOCC may decide to either (1) appoint a

consolidated human services board (CHS board) to serve as the governing board or (2) abolish the CHS board and assume its powers and duties.

Before the legislation was enacted, these options were available only to counties with populations over 425,000. For more details, see my earlier post on consolidated human services agencies here.

If a BOCC abolishes a county board of social services and assumes its powers and duties, what responsibilities would the BOCC be taking on?

The most significant responsibility the BOCC would assume is the authority to appoint the social services director. The BOCC would also assume the implicit authority to discipline or fire a director if necessary, and a responsibility to evaluate the director's performance.

The other powers and duties of a county board of social services are primarily advisory. The statute that provides for their creation (G.S. 108A-1) states that social services boards are to establish policies for programs administered by the department. Those programs, though, are largely defined by applicable federal and state statutes, regulations, and policies so there is little room for county boards to engage in programmatic policy-making. The boards do, however, advise the director and other local officials on social services programs and social conditions in the county (see G.S. 108A-9). Board members also may inspect confidential county social services records relating to public assistance and services (see G.S. 108A-11).

If a BOCC assumes the role of a county board of social services, must the BOCC appoint an advisory committee on social services?

No. The new legislation provides that if a BOCC abolishes a local board of health and assumes its powers and duties, it *must* appoint an advisory committee on public health. For social services, the BOCC *may* appoint an advisory committee but it is not required to do so.

If the BOCC creates a CHSA and appoints a consolidated human services board, what powers and duties will that board have?

A CHS board's authority is more expansive than that of a DSS board in many regards. At the outset, the statute describes the board as the "the policy-making, rule-making, and administrative board" of the agency. This language is similar to language found in the law governing local boards of health (see G.S. 130A-35(a)). While this broad language generally characterizes the nature of the board, its powers and duties are specified in more detail in other sections of the law.

The law states that, except as otherwise provided, the CHS board assumes all of the powers and duties granted by law to the boards that it supplants – specifically naming the board of health, the county board of social services, and the area mental health, developmental disabilities, and substance abuse services board. (Note that a CHSA is not required to include all three agencies.) Unlike county boards of social services and local boards of health, the CHS board does not have the *direct* authority to appoint the director of the CHSA. Rather, the county manager has the authority to choose the director but may only do so "with the advice and consent of the consolidated human services board."

The law also goes on to spell out specific authority granted to the CHS board, in some instances repeating authority that is granted now to other local boards but shifting it from the particular type of agency (e.g., health, social services) to the more general "human services" umbrella. The law states that the CHS board has the authority to:

- Set fees for departmental services (primarily an issue for public health services);
- Recommend the creation of local human services programs;
- Adopt local public health rules (i.e., regulations);
- Hear appeals related to the enforcement of local public health rules;
- Plan and recommend a consolidated human services budget;
- Advise local officials through the county manager; and
- Perform public relations and advocacy functions.

The law specifies other duties, including some that suggest the board could play a fairly significant role in oversight of the

agency. For example, the law authorizes the board to conduct audits and reviews of human services programs and to “assure compliance with laws related to State and federal programs.” Those functions alone would require boards to have close working knowledge of the agency’s operations and programs and possibly play a more integrated role in the agency than many existing county boards of social services.

How are members of a CHS board appointed? Will the CHS board include representatives with expertise in social services?

A CHS board may have up to 25 members, all of whom are appointed by the BOCC. At a minimum, the CHS board must include:

- Four consumers of human services;
- Eight professionals: a psychologist, a pharmacist, an engineer, a dentist, an optometrist, a veterinarian, a social worker, and a registered nurse;
- Two physicians, including one psychiatrist; and
- One county commissioner.

No similar compositional requirements apply to appointments to county boards of social services. Local boards of health, by comparison, are subject to a very specific law that outlines the types of professions and expertise that must be represented (see G.S. 130A-35(c)). The composition requirements for a CHS board mirror many of the board of health composition requirements.

Because the law outlines requirements for only 15 of the 25 potential board appointments, the BOCC will have flexibility to appoint additional board members with backgrounds in social services or other fields.

If the BOCC creates a CHSA, will the agency still have someone serving in the role of DSS director?

As mentioned above, the director of a CHSA is appointed by the county manager with the advice and consent of the CHS board. If the CHSA includes the county department of social services, the CHS director assumes most of the powers and duties granted to a DSS director (see GS 108A-15.1). The CHS director would be allowed to exercise all of that authority or to delegate some of it to others within the agency. See G.S. 108A-14 for a list that includes some of powers and duties of a social services director, but additional duties and responsibilities are scattered across other statutes and regulations.

Can’t get enough?

If you just can’t get enough of this subject, please think about participating in a free webinar scheduled for August 30. More information is available [here](#). In addition to the webinar, we will be offering free technical assistance this fall in selected counties or regions that are considering making a change to human services organization and/or governance. More information on technical assistance can be found [here](#).



Links

- canons.sog.unc.edu/?p=7090
- www.ncleg.net/Sessions/2011/Bills/House/PDF/H438v5.pdf
- [www.sog.unc.edu/sites/www.sog.unc.edu/files/additional_files/Summary of SL 2012-126 \(H438\).pdf](http://www.sog.unc.edu/sites/www.sog.unc.edu/files/additional_files/Summary_of_SL_2012-126_(H438).pdf)
- canons.sog.unc.edu/?p=6674
- www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108A/GS_108A-1.pdf
- www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108A/GS_108A-9.pdf
- www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108A/GS_108A-11.pdf
- www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_130A/GS_130A-35.pdf
- www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108A/GS_108A-15.1.pdf
- www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_108A/GS_108A-14.pdf
- www.sog.unc.edu/courses/webinars/nc-local-public-health-and-human-services-what-might-new-legislation-mean-your-county
- www.sog.unc.edu/resources/microsites/nc-public-health-systems-research/facilitated-discussions-regarding-h-438