

Health and Human Services and Resources: Structure and Background

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Plan

Context

- What is “health and human services?”

Structure

- How are health and human services programs funded and delivered in North Carolina?

“Health and Human Services”

Mission is to enhance and protect the health and well-being of all Americans.

Focusing on prevention as well as remediation of problems

Meeting human needs through an interdisciplinary knowledge base

Maintaining a commitment to improving the overall quality of life of service populations



Public and Private

What are examples of HHS functions that are done by:

- Both the public and private sectors?
- Only the public sector?
- Only the private sector?
- Together?

Historical Perspective

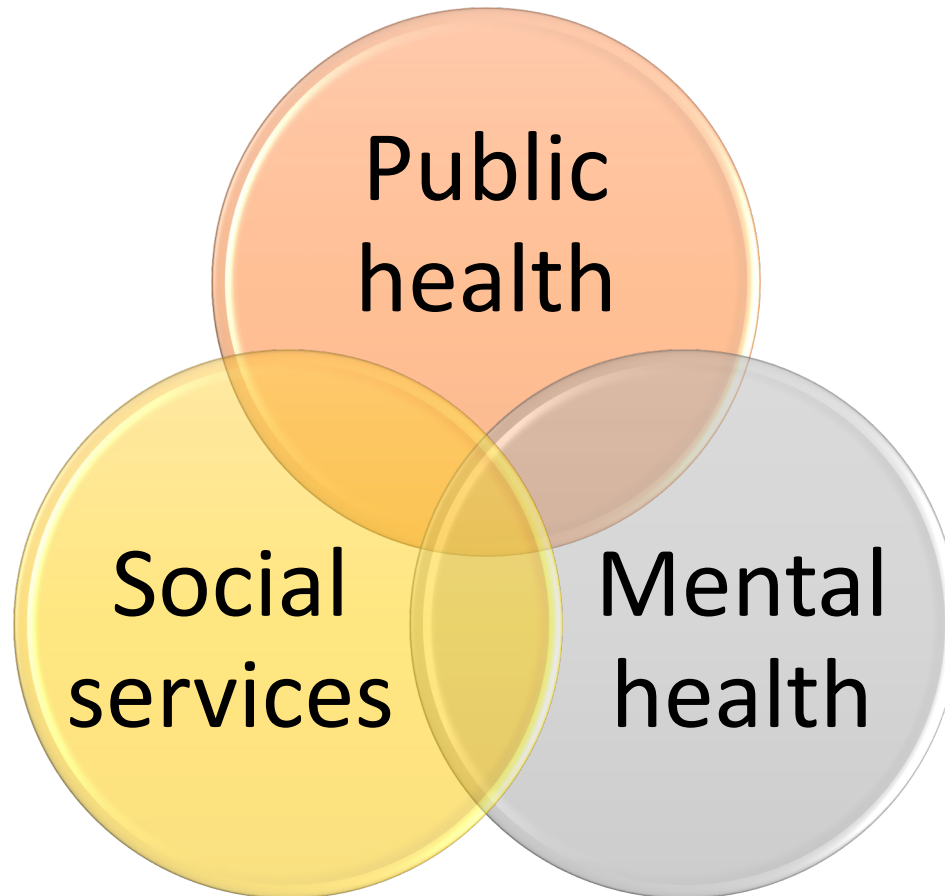
Local government
and
charitable/religious
organizations

Growing role for
state

Growing role for
federal (SSA)

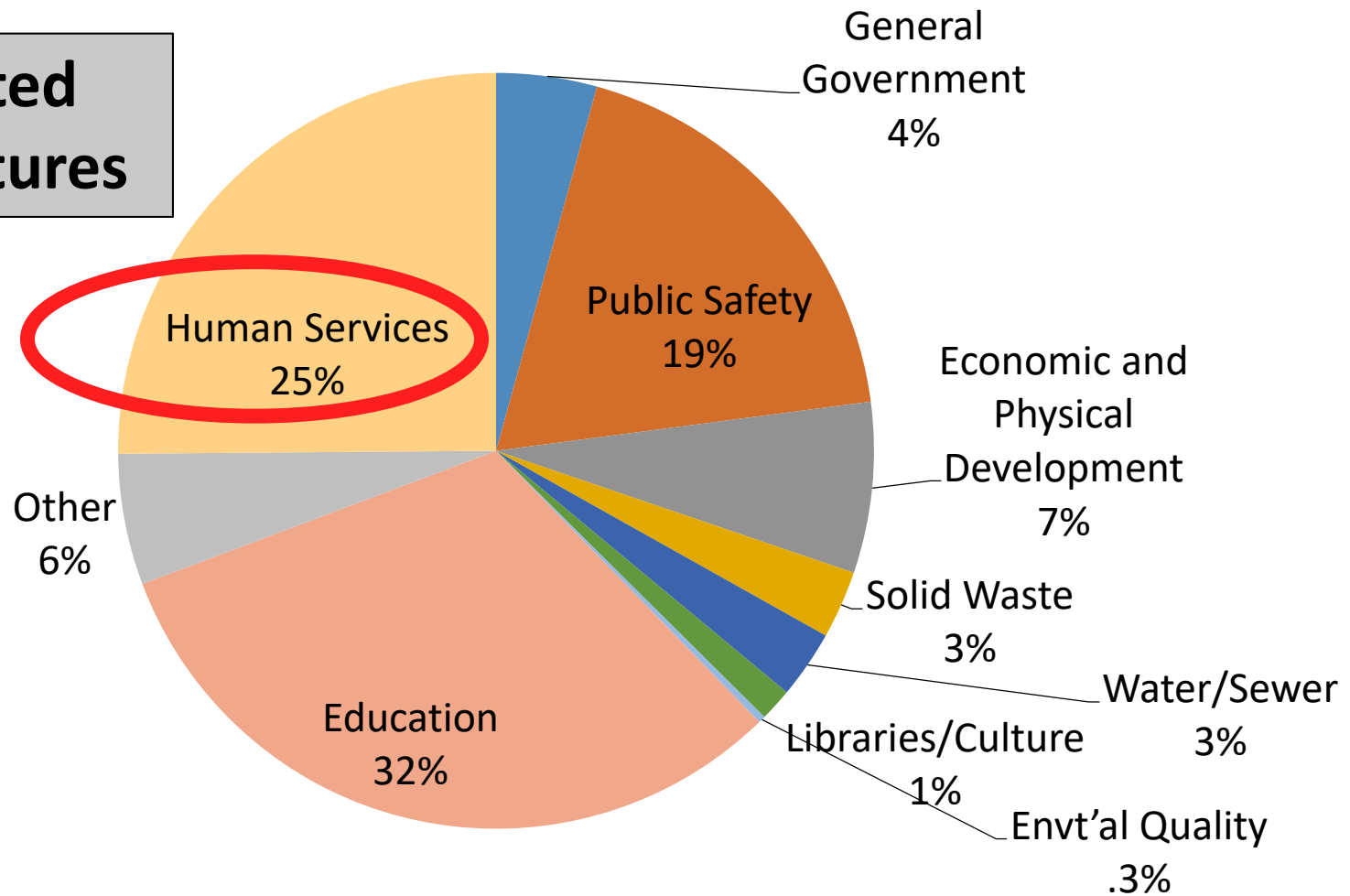


Focus on North Carolina: The Big Three

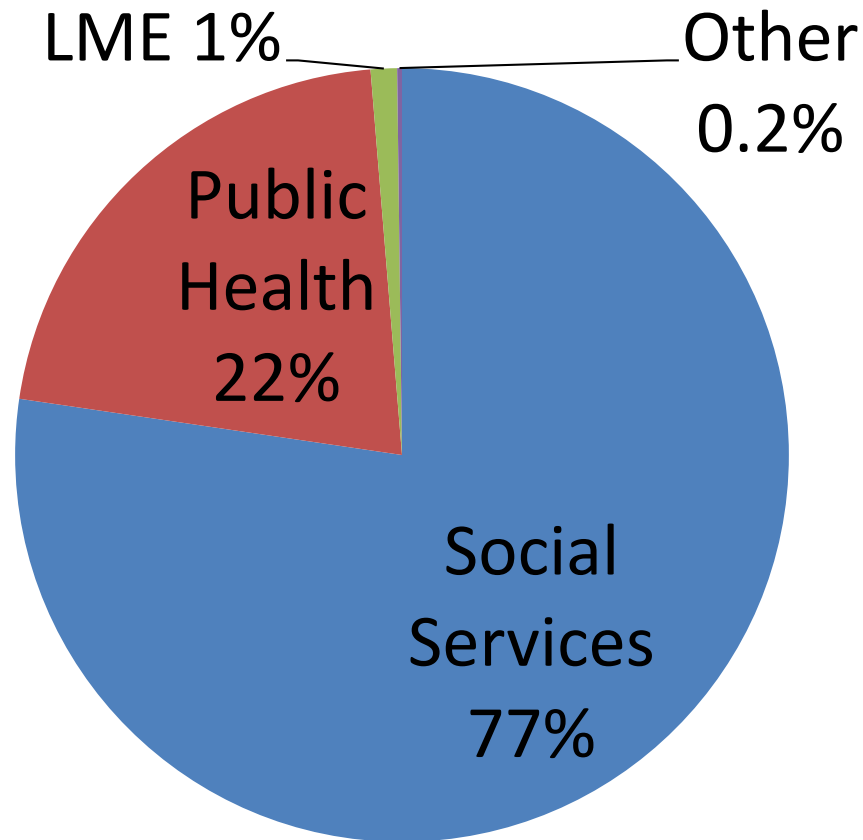


Sample County Budget

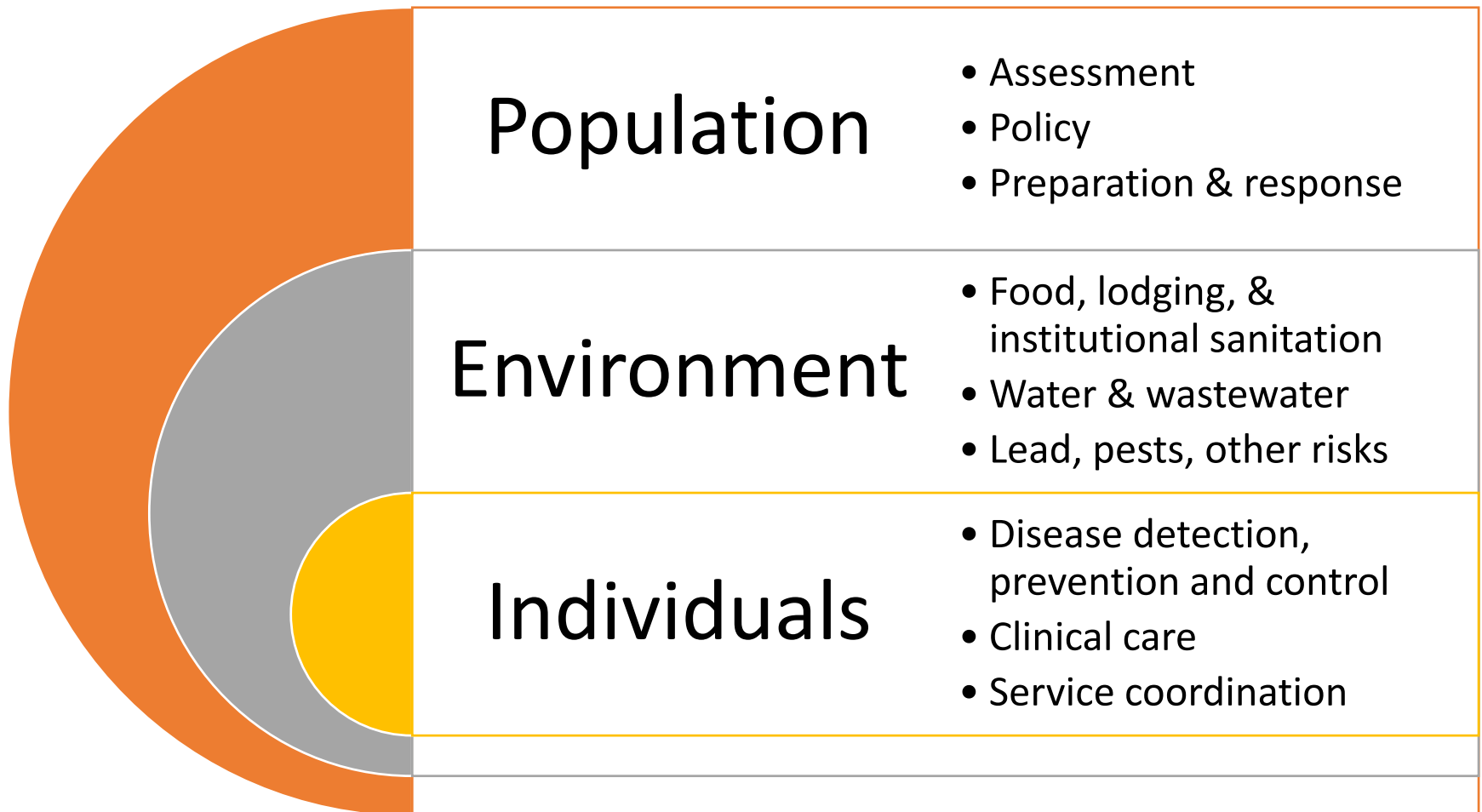
Projected Expenditures



Sample County – Human Services



What does public health do?



What does social services do?

Our Budget

How Our Money Is Spent



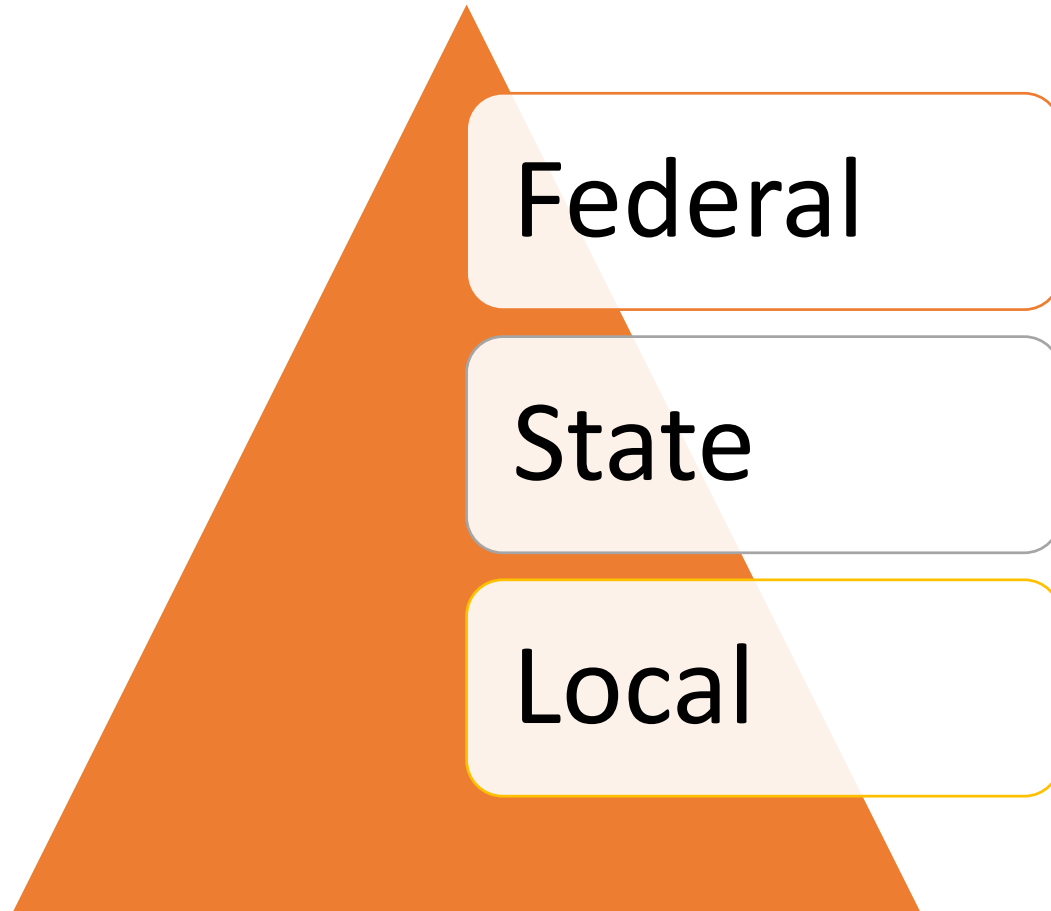
What does an LME do?

Local management entities are responsible for the management and oversight of the public system of MH/DD/SA services at the community level.

An LME shall plan, develop, implement, and monitor services within a specified geographic area to ensure expected outcomes for consumers within available resources.

THE STRUCTURE

Intergovernmental Roles



Example of Roles – APS

	Federal	State	County
Funding	Limited – some block grant funds	Very limited	Significant
Policy	Limited – tied to grant funding	Significant – legislation, regulations, policy, oversight	Limited
Implement	None	Limited to supervision	Significant



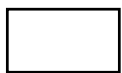
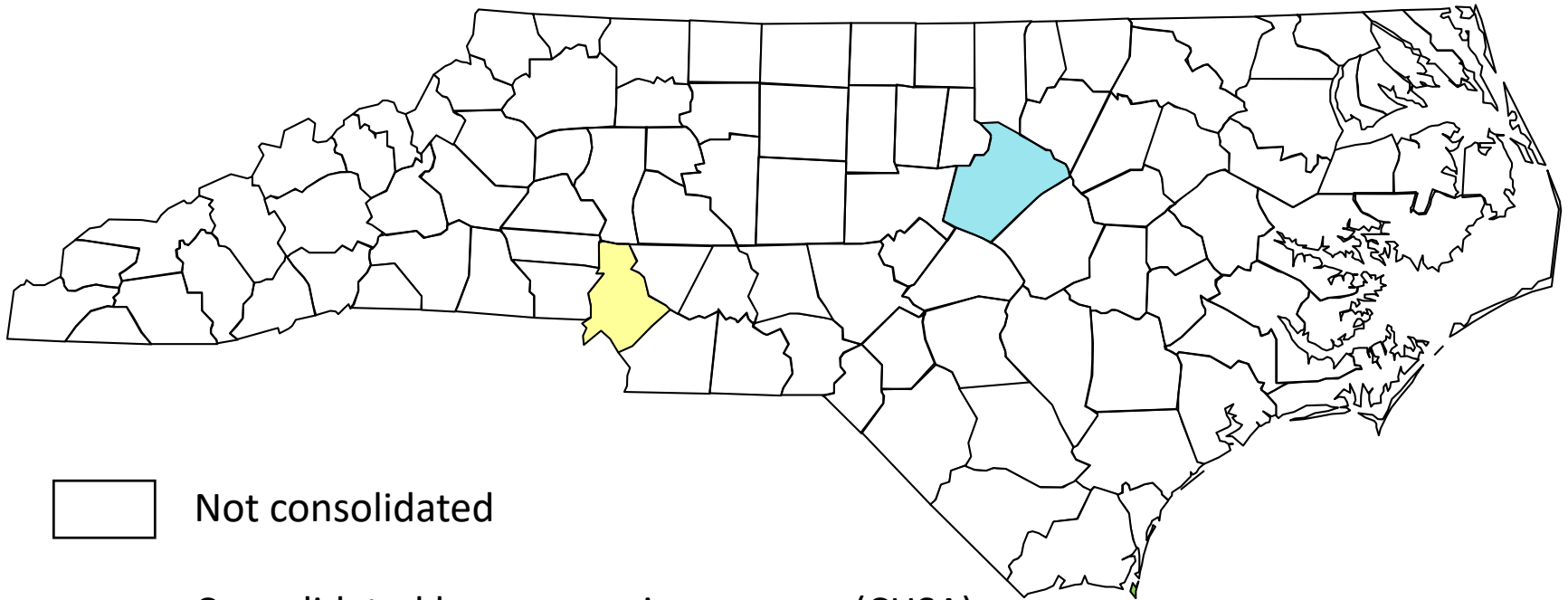
Local Government Structure

- Funding varies program to program
- Different types of government entities
 - County departments
 - Regional departments
 - Public authorities
- Different types of governance structures
- Different types of connections with private sector



PH and SS Organization and Governance

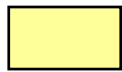
June 2012



Not consolidated

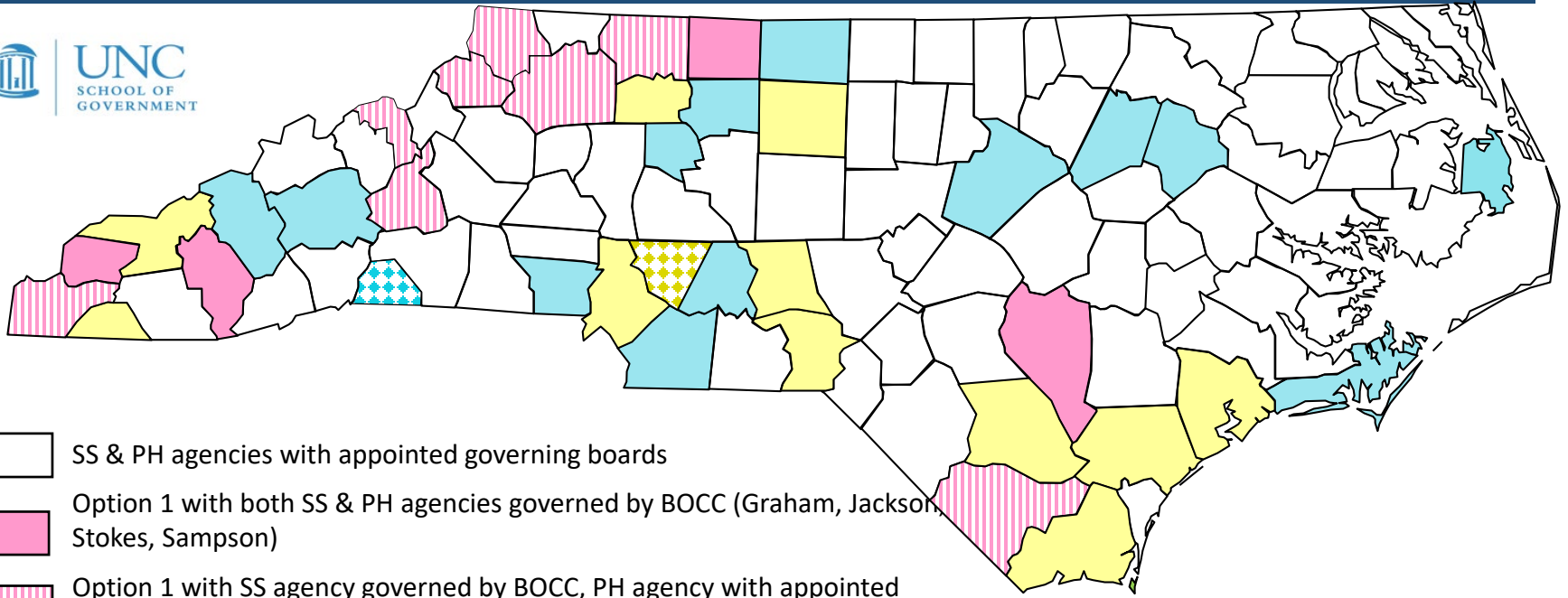









Consolidated human services agency (CHSA)
with a consolidated human services board (Wake)



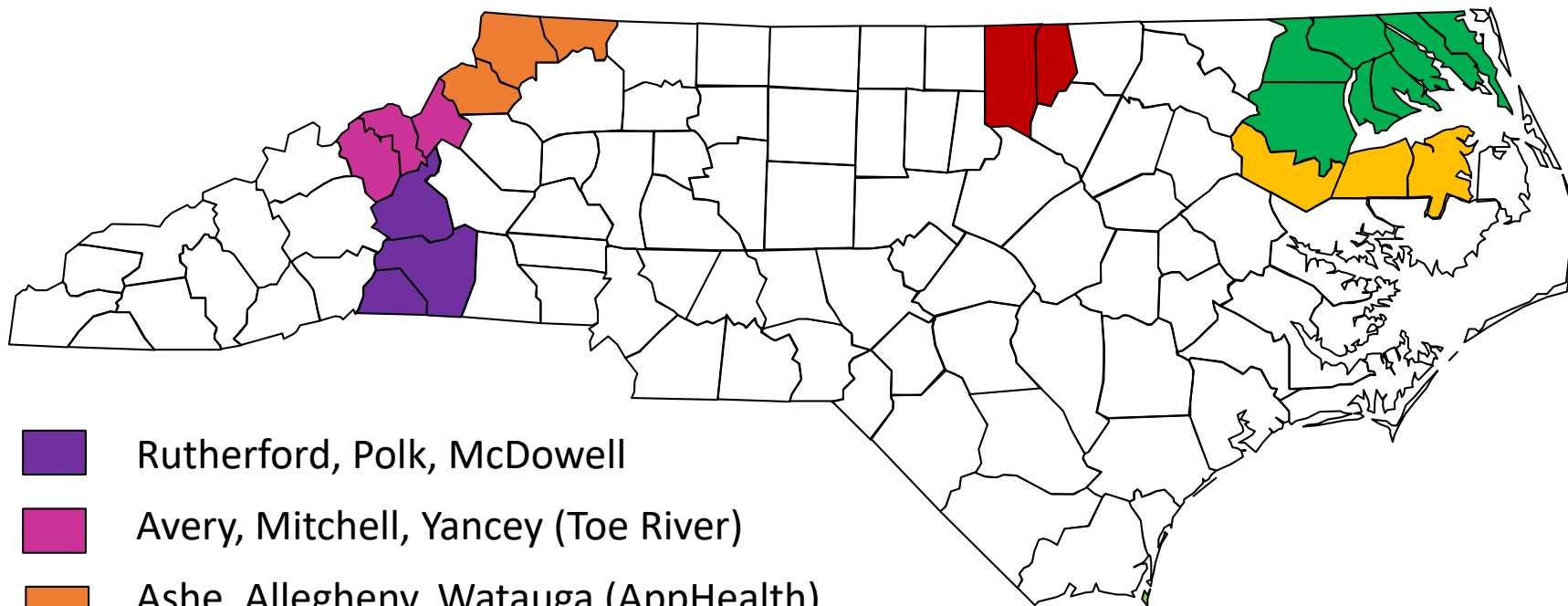
CHSA with BOCC as governing board (Mecklenburg)

PH and SS Organization and Governance September 2018



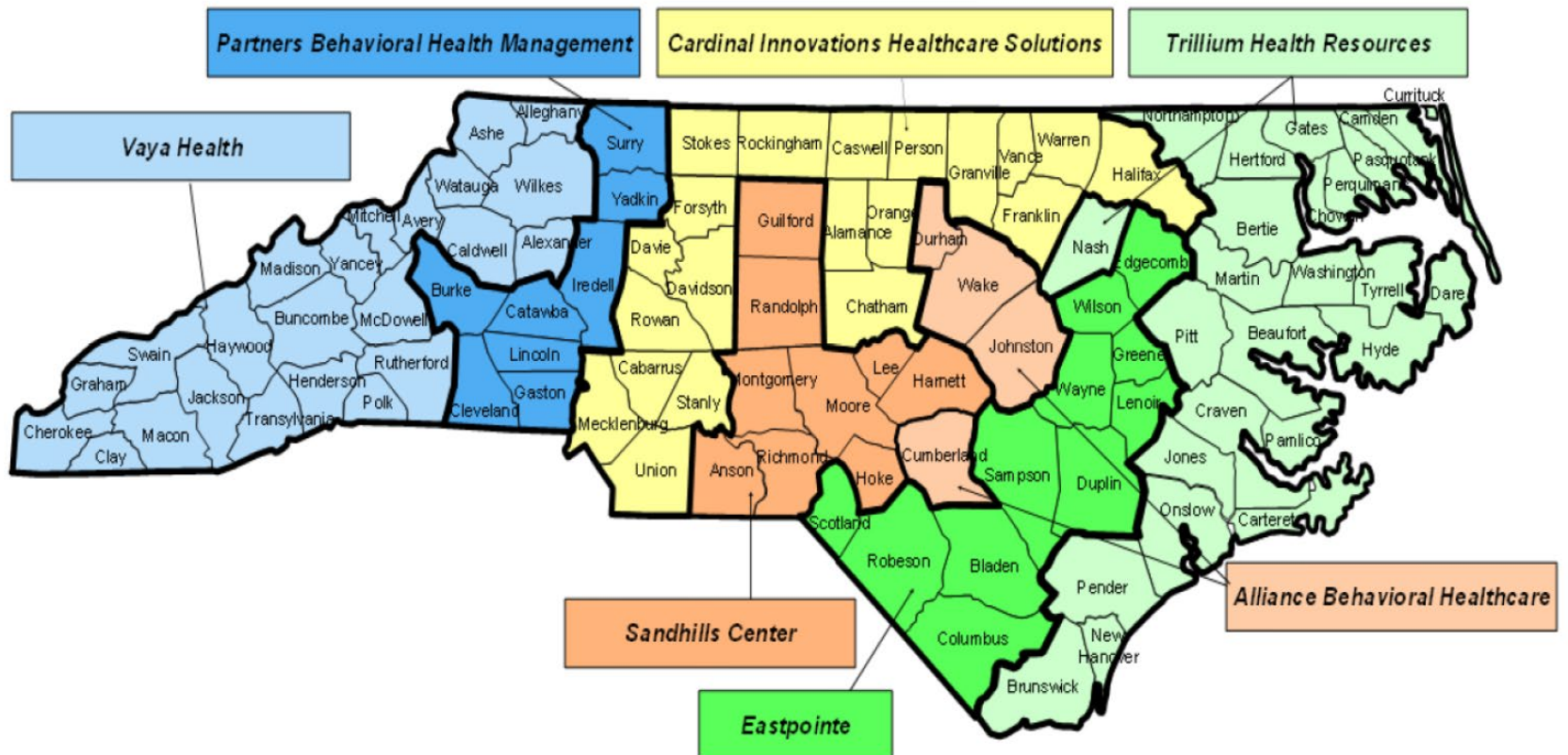
-  SS & PH agencies with appointed governing boards
-  Option 1 with both SS & PH agencies governed by BOCC (Graham, Jackson, Stokes, Sampson)
-  Option 1 with SS agency governed by BOCC, PH agency with appointed governing board (Cherokee, Ashe, McDowell, Mitchell, Watauga, Wilkes, Surry, Columbus)
-  Option 2 with consolidated HS agency including SS & PH, appointed CHS board (Haywood, Buncombe, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, Carteret, Dare)
-  Option 2 with consolidated HS agency include SS and other human services but not PH, governed by appointed CHS board (Polk)
-  Option 3 with consolidated HS agency including SS & PH, governed by BOCC, health advisory committee (Clay, Swain, Yadkin, Mecklenburg [no advisory comm.], Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow)
-  Option 3 with consolidated HS agency including SS & other human services but not PH, governed by BOCC (Cabarrus)

Regional Public Health (Districts)



-  Rutherford, Polk, McDowell
-  Avery, Mitchell, Yancey (Toe River)
-  Ashe, Allegheny, Watauga (AppHealth)
-  Granville, Vance
-  Martin, Tyrell, Washington
-  Hertford, Gates, Perquimans, Pasquotank, Camden, Currituck, Bertie (Albemarle)

LME/MCO Catchment Areas As of 7/1/17



LME-MCOs Operate Under the 1915 (b)(c) Waiver

Regional Social Services?

Optional

- Counties may join together to create regional social services agencies
 - Legal framework similar to public health
- Separate legal entities (public authorities)
- Key differences
 - May be limited programs or services
 - County financial contribution to be specified by Social Services Commission regulation
- Option available beginning in March 2019



Motivations for Change



- 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 county commissioners and the departments
- Identify efficiencies and reduce human services spending

Questions?

