

History of Human Services - Mecklenburg County

January 21, 1974

supporting documents pgs. 3-21

Unanimous vote to assume all powers and duties of the Board of Health.
Unanimous vote creating Health Commission (advisory board of health matters)

Board members: W. T. Harris, Liz Hair, Peter Foley, Philip Gerdes, J. Alex McMillan, III

July 2, 1984

supporting documents pgs. 22-25

Unanimous vote to assume all powers and duties of Social Services Board

Unanimous vote to assume all powers and duties of Mental Health Board

Unanimous vote appointment members to newly formed Human Services Council

Board members: Tom Ray, Robert Walton, Marilyn Bissell, Susan Green, Fountain Odom

September 3, 1985

supporting documents pgs. 26-46

Vote to reorganize some DSS services following recommendation of Human Services Council

Board members voting yes: Rod Autrey, Jerry Blackmon, Carla Dupuy and Bob Walton

Board members voting no: Fountain Odom

June 6, 2000

supporting documents pgs. 47-48

Unanimous vote to reorganize the Human Services Council

Board members: Becky Carney, Tom Cox, Parks Helms, Bill James, Margaret Markey, Norman Mitchell, Jim Richardson, Lloyd Scher, Darrel Williams

August 9, 2005

supporting documents pgs. 49-51

Analysis of Human Services Council

No formal vote. Minutes note consensus

Board members: Dan Bishop, Dumont Clarke, Bill James, Norman Mitchell, Jim Puckett, Wilhelmenia Rembert, Jennifer Roberts, Valerie Woodard

11/07/2007

supporting documents pgs. 52-54

Unanimous vote requesting the development of a plan to create a consolidated Human Services Agency in Mecklenburg County. This action was prompted by changes in state personnel rules that were deemed by the Board to be less favorable for County employees than the current County human resources policies and procedures. The Human Services Agency will not be subject to the State Personnel Act.

Board members: Karen Bentley, Dan Bishop, Dumont Clarke, Parks Helms, Bill James, Dan Ramirez, Jennifer Roberts and Valerie Woodard

2/05/2008

supporting documents pgs. 55-59

Unanimous vote to adopt of resolution to create a consolidated Human Services Agency in Mecklenburg County.

Unanimous vote to assume all duties of the Human Services Agency Board.

Board members: Dan Bishop, Dumont Clarke, Parks Helms, Bill James, Norman Mitchell, Dan Ramirez, Jennifer Roberts and Valerie Woodard

of the main reasons for adopting a state-wide set of swimming pool regulations is that the swimming pool industry is having considerable difficulty in operating because of the many different and numerous local codes. A uniform code for swimming pools would be advantageous both to industry and to the consuming public by resulting in the most economical construction, operation, and maintenance.

On motion by Mr. Harris, seconded by Dr. Nicholson, it was unanimously

RESOLVED to rescind the Mecklenburg County Board of Health regulations relating to swimming pool construction, operation and maintenance promulgated in 1960.

On motion by Dr. Nicholson, seconded by Mr. Rorie, it was unanimously

RESOLVED that the Mecklenburg County Board of Health adopt the recommended regulations promulgated by the State Board of Health by virtue of the amended Chapter 130 of the General Statutes of North Carolina, by adding a new Article following Article 14, to be designated as Article 14A and to read: "Design, Construction, Operation and Maintenance of Public Swimming Pools", which is a revision of G. S. 130-169, by record.

A copy of the new swimming pool regulations is on file at this office.

HEALTH LEGISLATION - HOUSE BILL 811

At the present time there are several bills in the legislative hopper relating to local Boards of Health. One that is of immediate importance and was introduced by the Mecklenburg County Delegation during the week of

March 20, 1973, is one relating to the jurisdiction of the Mecklenburg Board of County Commissioners over commissions, boards and agencies whose members are appointed by the Board of County Commissioners. This bill would enable the County Commissioners to assume the powers, responsibilities and duties of such boards. In effect, the bill transfers the duties, powers and responsibilities of the Mecklenburg County Board of Health to the Mecklenburg County Board of Commissioners, and would change the Board of Health from a fairly autonomous policy-making board to an advisory one.

Mr. Harris said the reason the Board of County Commissioners wanted to have this bill enacted was because it was in line with its thinking that there should be more direct communication with the Health Department and the other agencies involved. Specifically, Mr. Harris said there was no intent of making the Health Department a political football. He believes the present Board would continue to serve in an advisory capacity and he hoped it would continue to do its present effective job.

Dr. Austin said that he is not afraid of the situation at this time, but looking down the road, he is afraid the Health Department may become politically oriented. He said he is not opposed to change, but in his long experience on this and previous Boards of Health, he recognizes that the proposed bill desired by the Board of County Commissioners implies no criticism of this Board of Health, but for future operation, he has much misgivings about changing the present Board of Health from a policy-making one to an advisory one, and therefore, he feels legislative approval of this bill is inadvisable. He said that the proposed bill appears to be merely an effort to secure better administration of the Health Department on the part of the Board of County Commissioners since it provides about 72% of the funds for the operation of the Health Department, but the end result might not be simply an administrative or management change. He deplored the fact that so little public notice was given concerning this bill, and although it has already received the approval of the Mecklenburg County Delegation, he can see no extreme urgency to make a change at this time. He indicated the County Commissioners have never stated they were dissatisfied with the administration and operation of the Health Department under the present Board of Health, and unless the Commissioners have reason to question the competence and administrative operation of the Health Department, it appears to him that a change-over should not be made at this time.

Dr. Nicholson, too, said he felt a change was not advisable because the whole health picture is in such a state of rapid change, that it is almost

imperative to have a policy-making board of health which can provide continuity as well as expertise in health matters and programs. He pointed out that with only five County Commissioners on its Board, one could well wonder if they would have the time or the necessary manpower to properly supervise an agency as large and complex as the Health Department. In addition, there is such a very rapid turnover of County Commissioners, whose term is only two (2) years, that one can question whether County Commissioners in their short term of office would be able to learn the needs and programs of the Health Department in order to provide effective supervision. He further stated that local health departments are intimately tied in with state and federal health departments and authorities, relating to program operation, consultation, and effective carrying out of health matters, especially of the environment, which are directly promulgated by the higher levels of governmental authority. The proposed bill if carried out, would make Mecklenburg County the only one in the entire state with a free standing new type of policy board for a local health department. He questions whether this is the best type of set-up for effective public health operation and programming.

Mr. Harris said he has no quarrel with this particular Board, and for this reason, he invites their frank discussion and would understand their desire to oppose the promulgation of H.B. 811. He further stated that one reason the Board of County Commissioners desired this bill was to prevent overlapping and duplication of the service agencies and the services they provide to the community. Mr. Harris was told that a considerable amount of functional coordination is already in existence among the various service agencies at the operating level. For example, he was told the Health Department, this year has already incorporated the Department of Social Services staff in helping to prepare the budget for family planning, as well as to actively participate in its operation, because so many of the clients of this program are also Department of Social Services clients. In addition, plans are underway for working more closely with the Department of Social Services in their operation of day care centers. The Health Department has always worked with the Department of Mental Health locally and efforts are underway to increase this cooperative and coordinated working together.

Dr. Austin stated that the present statutory local health board has members from the various professional health disciplines who are able to provide the highest order of competence and know-how for policy making of the

Health Department operation. An advisory board, even though it was professionally representative, would not have the same impact, or in reality, would it be able to draw from the same high professional level, now secured by members asked to serve on a policy health board.

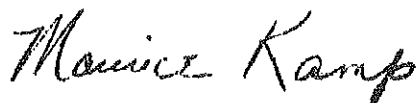
It was also pointed out by the Board that there are several bills introduced in the General Assembly by the State Board of Health affecting the operation of local health departments. In particular, House Bill 107, which has already passed the House, would establish by state law the composition of a policy-making board of a county health department. This law designates the policy-making county board of health shall include a physician, a dentist, a pharmacist, one county commissioner, and five persons appointed from the general public. It appears that if this bill is passed it will provide a legal bar to implementing the proposed Mecklenburg County bill, and, one can question if the local bill would have any legal status.

There was much discussion related to the statements brought out, and it was the concensus of the Board that the advantages of the proposed change do not seem to outweigh the benefits the community can receive by maintaining the present statutory policy-making local board of health. It was decided to send a letter to Mr. Harris, Chairman of the County Commissioners, explaining the reasons the Board of Health believes that the proposed bill should not be enacted, and to enlist his good offices with the other county commissioners to understand the position of the Board of Health. The Board of Health strongly believes the present operation of the policy-making Board of Health is in the best interests of health operation in the community, and it hopes it can convince the Board of County Commissioners to see their stand in this light.

There was no further business to come before the Board. At this time, Dr. Austin again thanked the Board for his appointment as chairman, and expressed his appreciation for this honor. He pledged his full active support for carrying out the responsibilities of his office, saying he would do everything in his power to make the Board of Health and its Health Department carry out their health responsibilities and duties in the best manner possible for the good of all the citizens in Charlotte and Mecklenburg County.

There being no further business, the meeting was adjourned at 6:10 P.M.

Respectfully submitted,



Maurice Kamp, M. D., Secretary

Pollution Control, which are funded for the most part from federal funds. The Board agreed that it was of value to continue these programs in light of their generous federal funding, because they served a useful purpose, and some of them maintain hiring of disadvantaged citizens for carrying out the work of the programs.

On motion by Mr. Cline and seconded by Mr. Rorie it was unanimously

RESOLVED to approve the budget request proposal for 1973-74 as presented, and to submit this to the Board of County Commissioners for their approval and action.

A copy of this budget request with supporting validation is on file in this office.

REPORT OF VISIT WITH COUNTY DELEGATION AT RALEIGH

Dr. Nicholson told the Board that Dr. Austin, Dr. Kamp and himself had visited the Mecklenburg County Delegation about two weeks ago to enlist their support and cooperation in not approving House Bill 811 which would have transferred the policy making responsibilities of the present Board of Health to the Board of County Commissioners. Both Dr. Austin and Dr. Nicholson related that the reception by the Delegation of their presentation was favorable, and they were led to believe that the Delegation would not push for ratification of this bill. Dr. Austin then stated that he had learned a few days ago that this bill had indeed been ratified and passed by the General Assembly on May 11, 1973, or approximately three and one-half weeks after their visit with the Delegation. This bill will convert the present policy making Board of Health into an advisory one, and transfer all of the policy making authority and responsibilities as well as direct supervision to the Board of County Commissioners. He went on to state that he was not very happy with this change in status and read a statement he had prepared affirming this stand and giving his reasons for it. He was particularly unhappy about the fact that so little public exposure of the proposed bill had been made prior to its ratification, and he believes that more public discussion and evaluation would be very helpful. The gist of Dr. Austin's statement related to the fact that he did

not like the political overtones that were implied in phasing out the present Board of Health, and he did not believe that proper public health operation, especially as it related to the environment, could be carried out under the changed status. He said that before this law becomes active, it will be necessary to hold a public hearing. He strongly urged all the Board members to attend this public hearing with him in order to continue the protest against the change, in an effort to stay implementation of this law. In addition, he hoped that sufficient notice could be given through the news media to secure more discussion and thought from the general public about the change.

Dr. Austin forcefully emphasized that there was no personal element of disaffection with the present Board of County Commissioners, and he did not feel there would be any drastic changes with the present Board of County Commissioners in office. However, he was fearful that with the short tenure of County Commissioners and their fairly rapid turnover, there was no way of knowing what would happen in the future. In addition, he questioned whether a five member Board of County Commissioners with all of the many problems and work over which they have direct control, could put in the necessary time to supervise the large Health Department operation, which is growing more complex and complicated in its adjustment to the many state and federal health legal changes. In addition, he wondered whether an advisory board, which in effect was an agency to secure support for County Commissioner action, could secure members with the high professional competence that prevails at the present time on the policy making local Board of Health. Statements by some of the other Board members underlined and reaffirmed Dr. Austin's beliefs and statements.

On motion by Dr. Nicholson, seconded by Mr. Cline it was unanimously
RESOLVED to send a copy of Dr. Austin's statement to each member
of the Board of County Commissioners as well as to each member
of the Mecklenburg County Delegation.

Mecklenburg County Health Department and available to the general public from the Superintendent of Documents, Washington, D. C. If both a percolation test and a soil analysis are conducted, the soil analysis shall take precedence over the percolation test. Lots and/or plots of ground shall be unsuitable for a septic tank system as defined in these regulations if soil permeability, as determined by soil analysis, is less than moderate (i.e. less than 0.5 inch per hour).

- D. Sanitary Sewage disposal: Any person owning or controlling any residence, place of business, or place of public assembly shall provide a sanitary system of sewage disposal consisting of an approved privy, an approved septic tank system, or a connection to an approved sewerage system.

Septic tank systems shall be maintained at all times to prevent seepage of sewage or effluent to the surface of the ground. Where septic tank effluents seep to the surface of the ground, the property owner shall repair the system and abate the nuisance within ten (10) days after notice from the Health Director.

There was much discussion by the Board concerning this matter and it was agreed by all the members that this updated method of soil quality analysis would be more accurate and be fair to both the builders and to the Health Department in carrying out its responsibilities to the citizens of the community.

On motion by Dr. Nicholson, seconded by Mr. Rorie, it was unanimously

RESOLVED that in lieu of the percolation test requirements for soil absorbability, subsection C of Section 14 of the Mecklenburg County Water Pollution and Liquid Waste Disposal Regulations be amended by a subsection C and subsection D as presented to the Board at this meeting.

LEGISLATIVE STATUS OF THE MECKLENBURG COUNTY BOARD OF HEALTH

Dr. Austin told the Board there is much confusion at the present time concerning the exact position and status of the local Board of Health as a result of two

apparently conflicting statutes passed by the 1973 General Assembly. The two conflicting pieces of legislation are:

1. H.B. - 811

This Bill was enacted into law and ratified on May 11, 1973, by the General Assembly and is known as the Mecklenburg County Commissioners Bill. The effect of this Act is to transfer the policy-making authority and other supervisory responsibilities from the present local Board of Health to the Board of County Commissioners. This Act will be fully implemented upon adoption by the County Commissioners, and a public hearing to be held before it, after a public notice of 30 days in the newspapers.

2. H.B. - 107

This Bill was enacted into law and ratified by the General Assembly on April 5, 1973. This Act which rewrites the G. S. 130-13 (the previous statute regulating local Boards of Health), was sponsored by the State Board of Health and in effect establishes a policy-making county Board of Health with a membership of nine, all appointed by the Board of County Commissioners.

Since the County Commissioners have not adopted their Act, H.B. 811, the only legal county Board of Health in effect now, is the one ostensibly operating under the State Board of Health law H.B. 107. This law, too, will not be fully implemented until January 1, 1974, when the term of one public member of the present Board expires and he is replaced or reappointed. At this time, the other members of the policy Board will have to be appointed by the County Commissioners. The positions and terms of office of the ex officio members: Mayor of the city of Charlotte, Superintendent of Schools, Chairman of the County Commissioners, were abolished by the enactment of the State Board of Health law, H.B. 107, on July 1, 1973. (This was a ruling from the State Attorney General's office).

At present, the four public members of the old Board are legally continuing in office under the State Board of Health law, H.B. 107. As mentioned above, this curtailed Board is and will function until January 1, 1974. It has been indicated that the County Commissioners have no plans to implement their Bill, H.B. 811, in the foreseeable future. However, the situation will have to be clarified one way or the other no later than January 1, 1974, if a legal local Board of Health is to be in operation.

One other matter that muddies the situation, is the fact that the Constitution of North Carolina, Article 2, Paragraph 29, places limitations upon the power of the General Assembly to enact private or special legislation. The Constitution states: "That the General Assembly shall not pass any local, private, or special act or resolution relating to health, sanitation, and abatement of nuisances." Since the Commissioners Act H.B. 811, is specifically written to include only Mecklenburg County (any county with population over 325,000), the Commissioners Act constitutes a piece of special legislation. The Attorney General's office does not care to make a ruling or judgement upon this matter. He believes that any legislation passed by the General Assembly is done so in good faith, and the only way to determine constitutionality, is to take the matter into the courts.

Dr. Austin went on to explain that he consulted with the attorney for the Mecklenburg County Board of Health and was informed that no court action could be taken, even if it was contemplated, until the County Commissioners acted to adopt their Act. In addition, since he was a member of the same law firm as the County Attorney, he felt that he could not with propriety entertain entering a suit against the County Commissioners. Dr. Austin quickly went on to state that it was not the intent of the Board of Health to enter the courts or to start a great confrontation, but rather a desire to determine where the position of the Board of Health was and how the present Board could properly carry out its responsibilities.

There was much discussion at this point and it was the consensus that a positive approach, in a friendly manner, be utilized in an effort to resolve this situation.

On motion by Mr. Rorie, seconded by Dr. Nicholson, it was unanimously

RESOLVED that the Chairman of the Mecklenburg County Board of Health write to the Board of County Commissioners and recommend the implementation of House Bill 107, presently in legal effect, and to enlist their good offices for this implementation by preparing to appoint the additional six members of the nine member board called for by H.B. 107, no later than December 31, 1973.

TERMINATION OF MECKLENBURG COUNTY BOARD OF HEALTH

The General Assembly during its session of 1973 passed H.B. 811. This bill was sponsored by the Mecklenburg County Board of Commissioners and applies only to Mecklenburg County. This bill was enacted and ratified on May 11, 1973. The act transferred all the duties and responsibilities of a local policy making Board of Health to the Board of County Commissioners. The matter of whether this act violates the State Constitution (Article II, Paragraph 29), was not passed on by the State Attorney General's office, because this office feels that all legislation enacted by the General Assembly is done in good faith, and if anyone questions the legality of such legislation, it is necessary to take the matter into the courts. There was no intent or desire upon the part of anyone in Mecklenburg County to test the constitutionality of H.B. 811 in the courts.

During the same 1973 session of the General Assembly, H.B. 107, sponsored by the State Board of Health, was passed and became effective April 5, 1973. This act rewrote G.S. 130-13 which previously provided the statutory approval for all local policy making county boards of health. The act expanded the membership of local policy making boards of health from seven to nine all to be appointed by the County Commissioners and removed the ex officio members. After a ruling by the Attorney General's office, H.B. 107 became effective on July 1, 1973.

The Mecklenburg County Board of Health after July 1, 1973 consisted of four members since the three ex officio members were now removed from office. This did not permit a quorum for the nine member board called for by H.B. 107, and since H.B. 811 had not been fully implemented, there was no legal local policy making board of health from July 1, 1973 to the end of this calendar year. The Board of County Commissioners at a meeting held on October 8, 1973 called for a public hearing on H.B. 811 to be held on November 13, 1973. The public hearing was held on November 13, 1973 and the County Commissioners presented their points of view and Dr. E. U. Austin, Chairman of the Mecklenburg County Board of Health, presented his views for the continuation of a local policy making board of health as now outlined under H.B. 107. The Commissioners took no further action during and immediately after this hearing.

At a meeting of the County Commissioners on December 17, 1973, the County Manager and the County Attorney were asked to draw up an ordinance implementing H.B. 811 to transfer the legal responsibility of the Mecklenburg County Board of Health to the County Commissioners, and prepare the details for the establishment of a local advisory board of health. This action, in effect completed the necessary requirements of a hearing and a resolution by the County Commissioners of adoption to fully implement H.B. 811.

Therefore, the previous Mecklenburg County Board of Health was officially terminated on December 17, 1973, and its legal responsibilities transferred to the Mecklenburg County Board of Commissioners.



Maurice Kamp, M. D.
Director of Health

MK:bjb

1/2/74

The Commissioners approved the regulation for a Health Commission that will serve as an advisory body for the County Health Department on Monday, January 21, 1974. Through this action, the Board assumed direct control over the department to become effective January 31, 1974.

The Knight Publishing Co.

Charlotte, N. C.

AFFIDAVIT OF PUBLICATION

North Carolina }
Mecklenburg County } SS

NOTICE OF PUBLIC HEARING BY THE MECKLENBURG COUNTY BOARD OF COMMISSIONERS TO CONSIDER WHETHER THE BOARD OF COUNTY COMMISSIONERS SHALL ASSUME DIRECT CONTROL OF THE MECKLENBURG COUNTY BOARD OF HEALTH

NOTICE IS HEREBY GIVEN that in accordance with Chapter 454 of the 1973 Session Laws of the General Assembly of North Carolina, a public hearing will be held by the Mecklenburg County Board of County Commissioners in the Commissioners' Room on the second floor of the County Office Building, 700 East 4th Street, in the City of Charlotte, North Carolina, on November 13, 1973 at 3:30 P. M. to consider whether the Board of County Commissioners shall assume direct control of the Mecklenburg County Board of Health by transferring upon itself all powers, responsibilities, and duties of said Board.

Parties in interest and citizens shall have an opportunity to be heard.

W. T. Harris, Chairman
Board of County Commissioners N-10-13

Before the undersigned, a Notary Public of said County and State duly commissioned and authorized to administer oaths, affirmation, etc personally appeared Sus Powell who, being duly sworn or affirmed, according to law, doth depose and say that he is Bookkeeper THE KNIGHT PUBLISHING CO., a corporation organized and doing business under the Laws of the State of Delaware, and publishing newspapers known as THE CHARLOTTE OBSERVER and THE CHARLOTTE NEWS, in the City of CHARLOTTE, County and State aforesaid, and that as such he make this affidavit; that he is familiar with the books, records and business of said Corporation and by reference to the files of said publication the attached advertisement of Mecklenburg County of Notice of Public Hearing - Board of Health was inserted in 40 Lines in space, and on dates as follows October 13, 1973 News

The above is correctly copied from the books and files of the aforesaid Corporation and publication.

Title Bookkeeper
Sworn or affirmed to, and subscribed before me, this 24th day of October A. D. 19-73.

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and year aforesaid.

[Handwritten signature]

A) 0110-0111

Motion was made by Commissioner McMillan, seconded by Commissioner Foley and unanimously carried for adoption of the following resolution:

B) Bd of Health
Duties

BE IT RESOLVED, that pursuant to authority conferred upon the Board of Commissioners of Mecklenburg County by the 1973 General Assembly in Chapter 454 of the Session Laws (House Bill No. 811), the Board of County Commissioners of Mecklenburg County does hereby assume and confer upon the said Board of County Commissioners all powers, responsibilities and duties of the Board of Health of Mecklenburg County. Provided, that this action shall become effective on the 31st day of January, 1974.

C) Health Board

1/21/74

ge 404

405 1/21/74

0110-0111

Motion was made by Commissioner Foley, seconded by Commissioner McMillan and unanimously carried for adoption of "A REGULATION RELATING TO THE HEALTH COMMISSION OF MECKLENBURG COUNTY", effective as of January 31, 1974.

Regulations Health Com ✓

Health Com Regulations

Regulations recorded in full in Minute Book No. 22-A.

Agencies Howl As County Moves

BY J. L. WATKINS
 District Staff Writer

Mecklenburg County commissioners moved Monday to carrying out proposed takeover of semi-independent public agencies, including the library.

Speaking loudly, the chair of the three appointed that now run the largest agencies continued to hat the move is a bad rough with shortsight-

Commissioner Alex Mc-

reactivated the sensi-

Monday by suggest-

ordinances be drafted

the health department,

ial services department

library system directly

the commissioners.

commissioners got the

y for these takeovers

it their request, the

Carolina General As-

passed enabling legis-

Mecklenburg County

this year.

AT THAT TIME, the commissioners said the agencies would be served only by advisory boards, but Monday, McMillan said that the commissioners would delegate considerable authority to the boards they appoint, one to oversee each agency.

McMillan said the boards would execute policy under his plan, and had no difficulty persuading the commissioner to okay the drafting of the health and social services ordinances, with the understanding that nothing would be final until the commissioners voted on the ordinances themselves.

But Commissioners Peter Foley and Liz Hair didn't even want a takeover ordinance drafted on the library. Phil Gerdes, a commissioner who earlier had been against changing the library operation, changed his mind, however, leaving Mrs. Hair and Foley as the lone dissenters when the vote was called. The drafting

"If someone wants to build a development, they (the commissioners) are going to bend that law so that we could see raw sewage floating over a part of Mecklenburg County."

—Dr. B. G. Austin

of the ordinance thus was approved 3 to 2.

Library trustees and others concerned about the library system have charged that elected bodies are too political to have direct control over libraries.

THEY CITE what they say are censorship dangers, raising the specter of "book burn-

ing" if decisions on book selection are not made by people more detached from politics

Nearer Takeover

an county commissioners, McMillan stressed Monday at his ordinance would give a new library board the authority to select books.

His assurances, however, don't satisfy the opposition — either from the library board or from the other two boards involved.

James R. Bryant, chairman of the library system's board of trustees, said in an interview Monday, "I'm opposed to any change from its present status." Bryant has said contently that he can't see why the commissioners want to take over the libraries in view of their admitted satisfaction with the way the operation is run.

"I THINK it's illegal," said Dr. B. G. Austin, chairman of Mecklenburg County Board

of Health, speaking about the takeover of his agency.

Austin said he could foresee the day when a board of commissioners might pay political favors at the expense of the public's health.

"If someone wants to build a housing development . . ." he said, as an example, "they (the commissioners) are going to bend that law so that we could see raw sewage floating over a part of Mecklenburg County."

He said he wasn't worried about the integrity of the present commissioners, but he did criticize them for what he said was the "creative manner" in which they obtained their necessary state legislation to take the agencies.

James P. Richardson, chairman of the social services board, was softer in his criti-

claim of the takeover, but warned that the commissioners didn't know what they were getting by grabbing the welfare operation.

FOR PRACTICAL, and legal reasons, he argued, the commissioners will find that they can't delegate as much power to the new social services board as they would like.

"They're going to find that people will come to them," Richardson said, adding that the commissioners "just don't have time to spend on it."

The commissioners maintain that since they provide major funding for the three agencies, they should have direct control. Opponents have been quick to counter that by their funding alone, the commissioners already have sufficient control.

- A) 0110-0139 Motion was made by Commissioner Hair, seconded by Commissioner McMillan and unanimously carried that the county procedures for preservation of trees be followed for Petition No. 73-75(c) by Phillip A. Browning, Jr. and Striton Properties on property located south of Sharon Road West and east of Sugar Creek.
- B) Pat Zon
73-75(c)
- C) Trees
Preservation

- A) 0160-2111 Thomas B. Harris, member of the Charlotte-Mecklenburg Board of Education, appeared before the Board to request an appropriation of \$15,990 from the contingency fund to cover emergency repairs to the ceiling in the auditorium at Piedmont Junior High School.
- B) Trans of Funds
- C) Piedmont Jr
High - Repairs

Motion was made by Commissioner McMillan, seconded by Commissioner Foley and unanimously carried for approval of transfer of funds from the contingency fund in the amount of \$15,990 to provide funds for emergency repairs to the ceiling in the auditorium at Piedmont Junior High School.

Budget transfers No. 139 and 140, showing details, is on file in the office of the Clerk to the Board.

- A) 0160-1625 Upon the recommendation of the County Manager, motion was made by Commissioner Gerdes, seconded by Commissioner Hair and unanimously carried for approval of budget amendment to provide funds to operate the Drug Education Center from February 1, 1974 through January 31, 1975, total amount of \$238,889, with \$220,972 state and federal funds and \$17,917 matching county funds.
- B) Transf of funds
- C) Drug Education
Center

Budget Transfer No. 135, showing details, is on file in the office of the Clerk to the Board.

- A) 0160-0166 Upon the recommendation of the County Manager, motion was made by Commissioner Foley, seconded by Commissioner Gerdes and unanimously carried for adoption of a resolution declaring the intention of Mecklenburg County to become a prime sponsor for Manpower Programs. Also, that a copy of the resolution and proposed program plans be submitted to all members of the Manpower Area Planning Council for their recommendations.
- B) Mecklenburg Co
Prime Sponsor
- C) Manpower
Program

Resolution recorded in full in Minute Book No. 22-A.

- A) 0110-0111 Motion was made by Commissioner McMillan, seconded by Commissioner Foley and unanimously carried for adoption of the following resolution:
 - B) Bd of Health
Duties
 - C) Health Board
- BE IT RESOLVED, that pursuant to authority conferred upon the Board of Commissioners of Mecklenburg County by the 1973 General Assembly in Chapter 454 of the Session Laws (House Bill No. 811), the Board of County Commissioners of Mecklenburg County does hereby assume and confer upon the said Board of County Commissioners all powers, responsibilities and duties of the Board of Health of Mecklenburg County. Provided, that this action shall become effective on the 31st day of January, 1974.

405
1/21/74

- A) 0110-0111 Motion was made by Commissioner Foley, seconded by Commissioner McMillan and unanimously carried for adoption of "A REGULATION RELATING TO THE HEALTH COMMISSION OF MECKLENBURG COUNTY", effective as of January 31, 1974.
- B) Regulations - Health Com
- C) Health Com Regulations Regulations recorded in full in Minute Book No. 22-A.

- A) 0110-0111 Motion was made by Commissioner Hair, seconded by Commissioner Gerdes and unanimously carried that the matter of regulations relating to the Social Services Commission of Mecklenburg County, be deferred until the next meeting of the Board, February 4, 1974.
- B) Regulations - Social Services
- C) Social Services Reg. Defer

- A) 0110-0111 Motion was made by Commissioner Gerdes, seconded by Commissioner McMillan and unanimously carried that the matter of regulations relating to the Library Commission of Mecklenburg County, be deferred until the next meeting of the Board, February 4, 1974.
- B) Regulations - Library Com
- C) Library Com Reg. Defer

The Chairman called a five minute recess at 11:10 A.M. and reconvened at 11:15 A.M.

- A) 0160-0169 Dr. Elizabeth C. Corkey, Chairman of the Council on Aging, presented the following recommendations of the Council on Aging for consideration and recommendation by the Board to the Mecklenburg County Legislative Delegation:
- B) Council on Aging
- C) Legislation Recommendations
1. Total or partial repeal of the sales tax on food.
 2. Opposition to the passage of S51 which would permit people to be able to renew their driver's licenses without written or oral tests.
 3. State-approved non-cancellable insurance for persons 65 years of age or older holding driver's licenses.

The Chairman stated that the Board would take these recommendations under consideration.

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A REGULATION RELATING TO THE HEALTH

COMMISSION OF MECKLENBURG COUNTY

ARTICLE I, COMPOSITION: Said Health Commission shall consist of:

(a) Regular Members. The said Commission shall consist of nine (9) members who shall be appointed by the Board of County Commissioners. When initially constituted, three of said members shall be appointed for terms expiring on June 30, 1975, three for a term expiring June 30, 1976, and three for a term expiring June 30, 1977. Thereafter, all appointments shall be made for three year terms; provided, however, that each member shall hold office until his or her successor has been appointed and installed in office. No member may serve more than two full consecutive terms.

(b) Ex Officio Members. The following may serve as ex officio members of the Health Commission: Mayor, a member of the Board of Commissioners (to be designated by the Chairman), the County Manager or a staff member, and the Health Director. Ex Officio members shall have an active voice in all meetings, but shall not have the right to vote on Commission matters or serve as Chairman or Vice Chairman.

ARTICLE II, VACANCIES. Any vacancy occurring in the membership of the Health Commission shall be filled by the Board of Commissioners.

ARTICLE III, OFFICERS. The officers of the Health Commission shall consist of a Chairman, a Vice Chairman and a Secretary. The Chairman shall be designated by the Board of County Commissioners. The Vice Chairman shall be elected by the members of the Health Commission at the annual meetings of the commission held in the month of March of each year. The Health Commission may designate the Health Director or other qualified person to serve as Secretary for the Commission.

ARTICLE IV, MEETINGS.

(a) Annual Meetings and Regular Meetings. The annual meeting of Health Commission shall be held in March of each year. In addition to the annual meeting scheduled for March of each year the Health Commission shall hold monthly meetings pursuant to a schedule adopted by the Commission. Notice of the time and place of annual meetings and the regular meetings shall be mailed to each member at least ten (10) days prior to the date of scheduled meetings.

(b) Special Meetings. Special meetings of the Commission may be called by or at the request of the Chairman or any three members of the Commission. Notice of the time and place of each special meeting shall be given to each member of the commission at least three days prior to the meeting, which notice shall be in writing.

(c) Quorum. A simple majority of the regular members of the Commission shall constitute a quorum.

ARTICLE V. DUTIES OF OFFICERS.

(a) Chairman. The Chairman shall preside at all meetings of the Commission and shall appoint such committees as he or the Commission shall consider expedient or necessary.

(b) Vice Chairman. The Vice Chairman shall perform the duties of the Chairman in the absence of the Chairman and in the absence of the Chairmand and Vice Chairman, an acting chairman shall be elected by the regular members in attendance at said meeting.

(c) Secretary. The Secretary shall keep the minutes of all meetings of the Commission, shall mail notices of meetings of the Commission and shall perform such other duties as may be required by the Chairman or Vice Chairman or by the Commission. Copies of minutes and record of attendance of Commission members shall be provided the Board of County Commissioners.

ARTICLE VI. FUNCTION: The Health Commission shall:

(a) Continually study and review the total health program designed to promote the public health and to protect the people of Mecklenburg County from all hazards, threats or influence which might undermine, place in jeopardy, in anyway impair, damage or adversely effect the health of individuals or the safety and security of the community in all matters relating to health and to recommend County policies and changes whenever and wherever appropriate.

(b) Continually study methods to protect the community from pollution and from any elements that might cause or result in contamination of the soil, air, streams or other waters which might undermine, place in jeopardy, or in anyway impair, damage or adversely affect the environment.

(c) Continually study and review methods of waste disposal, sediment contraol and any activities which are recognized as constituting threats to the health of the community or to the environment for the purpose of advocating methods of disposal and/or control made possible or to be made possible by advanced technology. The Commission shall have broad authority to investigate and the further authority to interpret the regulations enacted by said Commission and to act as a board of review of staff decisions made by the Health Department in matters effecting health, to the extend permitted by law.

(d) Continually review the location of existing health services and facilities and to plan such additional and/or new facilities as may be required to best serve the health needs and interests of the community.

(e) Review the proposed annual budget with the Director of Public Health and make recommendations thereon to the Board of County Commissioners to the end that the Board of County Commissioners may be informed of the financial support necessary to adequately provide for the continued development and maintenance of an adequate health program for Mecklenburg County.

(f) Provide maximum cooperation and coordination in matters of health with agencies of the State and Federal governments, with municipalities in Mecklenburg County and with the Board of County Commissioners of Mecklenburg County.

(g) Generally interpret the health program of the community to encourage active understanding and support of such program and the attainment of its continued objectives.

(h) To have such other duties and responsibilities as the Board of County Commissioners may assign to it.

This Resolution shall become effective on January 31, 1974.

Read, approved and adopted by the Board of County Commissioners of Mecklenburg County, North Carolina, in meeting on the 21st day of January, 1974.

Clerk, Board of County Commissioners

7/2/84
392

- A) 0110-1111 Motion was made by Commissioner Bissell, seconded by Commissioner Walton and unanimously carried, to open the scheduled hearing on the Hampton Church Road Water Final Assessment Roll Resolution.
- B) Resol Final Assess Roll Water " No one appeared to speak in favor of or in opposition to the Final Assessment Roll Resolution.

- C) Hampton Church Rd Water Motion was made by Commissioner Walton, seconded by Commissioner Ray and unanimously carried, that there being no one wishing to be heard that the public hearing be closed.
- Community Development Director Janet Morrison certified to the Board that letters were mailed by Certified Mail to all involved property owners on June 6, 1984, notifying them of the assessments.

Motion was made by Commissioner Walton, seconded by Commissioner Ray and unanimously carried, for adoption of a Final Assessment Roll Resolution for Hampton Church Road Water Extension.

Resolution recorded in full in Minute Book No. 28-A beginning at page 1353.

- A) 0110-1111 Motion was made by Commissioner Walton, seconded by Commissioner Ray and unanimously carried, to open the scheduled public hearing relative to the Mecklenburg County Board of Commissioners assuming direct control of the activities heretofore conducted by/through the Social Services Board.

- C) BCC Social Svcs Bd. No one appeared to speak in favor of or in opposition to the Board of County Commissioners assuming the duties of the Social Services Board.
- Motion was made by Commissioner Walton, seconded by Commissioner Ray and unanimously carried, that there being no one wishing to be heard that the public hearing be closed; and for adoption of a Resolution assuming and conferring upon the Mecklenburg County Board of Commissioners all powers, responsibilities and duties of the Social Services Board effective August 13, 1984.

Resolution recorded in full in Minute Book No. 28-A beginning at page 1354.

- A) 0110-1111 Motion was made by Commissioner Ray, seconded by Commissioner Walton and unanimously carried, to open the scheduled public hearing relative to the Mecklenburg County Board of Commissioners assuming direct control of the activities heretofore conducted by/through the Area Mental Health Authority.

- B) Resol Abolish Area Mental Hlth Auth Area Mental Health Authority members, Cathy Hughes and Thomas Fennimore, spoke concerning the abolishment of the Area Mental Health Authority. Ms. Hughes stated she is currently Secretary/Treasurer of the North Carolina Council of Community, Mental Health, Mental Retardation and Substance Abuse.

Motion was made by Commissioner Ray, seconded by Commissioner Bissell and unanimously carried, that there being no one else wishing to be heard that the public hearing be closed; and for adoption of a Resolution assuming and conferring upon the Mecklenburg County Board of Commissioners all powers, responsibilities and duties of the Area Mental Health Authority effective August 13, 1984.

Resolution recorded in full in Minute Book No. 28-A beginning at page 1355.

RESOLUTION ABOLISHING THE MECKLENBURG COUNTY BOARD OF SOCIAL SERVICES

WHEREAS, N.C.G.S. 153A-77 provides that in counties with a population in excess of 325,000 persons, by adoption of a resolution the board of county commissioners may assume direct control of any activities conducted by or through the social services board and may assume and confer upon the board of county commissioners all powers, responsibilities and duties of the social services board; and

WHEREAS, N.C.G.S. 153A-77 provides that the board of county commissioners may exercise the power and authority to abolish the social services board only after a public hearing held by said board pursuant to thirty days' notice of such public hearing given in a newspaper having general circulation in the county; and

WHEREAS, the County of Mecklenburg has a population in excess of 325,000 persons; and

WHEREAS, on May 21, 1984, the Mecklenburg County Board of Commissioners adopted a motion setting a public hearing for 10:00 a.m. on July 2, 1984, in the Fourth Floor Board Room of the Education Center, 701 East Second Street, Charlotte, North Carolina, relative to abolishing the Mecklenburg County Board of Social Services; and

WHEREAS, a notice of public hearing on said subject was published on May 31, 1984, a date more than thirty days prior to July 2, 1984, in the The Charlotte Observer, a newspaper having general circulation in Mecklenburg County; and

WHEREAS, at 10:00 a.m. on July 2, 1984, in the Fourth Floor Board Room of the Education Center, 701 East Second Street, Charlotte, North Carolina, the Mecklenburg County Board of Commissioners did conduct a public hearing pursuant to N.C.G.S. 153A-77 relative to assuming direct control of all activities conducted by or through the Mecklenburg County Board of Social Services and assuming and conferring upon the Mecklenburg County Board of Commissioners all powers, responsibilities and duties of the Mecklenburg County Board of Social Services; and

WHEREAS, the Mecklenburg County Board of Commissioners has considered the comments of all persons appearing at said public hearing and speaking on said issue and, after due consideration of said comments and the recommendation of the Ad Hoc Committee on Human Services Assessment, Reform and Coordination, has determined that it is in the best interest of the residents of Mecklenburg County that the Board of County Commissioners exercise the power conferred upon it pursuant to G.S. 153A-77 and assume and confer upon the Board of County Commissioners all powers, responsibilities and duties of the Mecklenburg County Board of Social Services; now, therefore,

BE IT RESOLVED that pursuant to the authority granted in N.C.G.S. 153A-77, and after the duly noticed public hearing as provided therein, the Mecklenburg County Board of Commissioners does hereby assume direct control of all activities conducted by or through the Mecklenburg County Board of Social Services and does hereby assume and confer upon itself all powers, responsibilities and duties of the Mecklenburg County Board of Social Services, such actions to be effective the 13th day of August, 1984.

This resolution adopted the 2nd day of July, 1984.

RESOLUTION ABOLISHING THE MECKLENBURG COUNTY
AREA MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE BOARD

001355

WHEREAS, N.C.G.S. 153A-77 provides that in counties with a population in excess of 325,000 persons, by adoption of a resolution the board of county commissioners may assume direct control of any activities conducted by or through the county area mental health, mental retardation and substance abuse board and may assume and confer upon the board of county commissioners all powers, responsibilities and duties of the county area mental health, mental retardation and substance abuse board; and

WHEREAS, N.C.G.S. 153A-77 provides that the board of county commissioners may exercise the power and authority to abolish the county area mental health, mental retardation and substance abuse board only after a public hearing held by said board pursuant to thirty days' notice of such public hearing given in a newspaper having general circulation in the county; and

WHEREAS, the County of Mecklenburg has a population in excess of 325,000 persons; and

WHEREAS, on May 21, 1984, the Mecklenburg County Board of Commissioners adopted a motion setting a public hearing for 10:00 a.m. on July 2, 1984, in the Fourth Floor Board Room of the Education Center, 701 East Second Street, Charlotte, North Carolina, relative to abolishing the Mecklenburg County Area Mental Health, Mental Retardation and Substance Abuse Board; and

WHEREAS, a notice of public hearing on said subject was published on May 31, 1984, a date more than thirty days prior to July 2, 1984, in The Charlotte Observer, a newspaper having general circulation in Mecklenburg County; and

WHEREAS, at 10:00 a.m. on July 2, 1984, in the Fourth Floor Board Room of the Education Center, 701 East Second Street, Charlotte, North Carolina, the Mecklenburg County Board of Commissioners did conduct a public hearing pursuant to N.C.G.S. 153A-77 relative to assuming direct control of all activities conducted by or through the Mecklenburg County Area Mental Health, Mental Retardation and Substance Abuse Board and assuming and conferring upon the Mecklenburg County Board of Commissioners all powers, responsibilities and duties of the Mecklenburg County Area Mental Health, Mental Retardation and Substance Abuse Board; and

WHEREAS, the Mecklenburg County Board of Commissioners has considered the comments of all persons appearing at said public hearing and speaking on said issue and, after due consideration of said comments and the recommendation of the Ad Hoc Committee on Human Services Assessment, Reform and Coordination, has determined that it is in the best interest of the residents of Mecklenburg County that the Board of County Commissioners exercise the power conferred upon it pursuant to G.S. 153A-77 and assume and confer upon the Board of County Commissioners all powers, responsibilities and duties of the Mecklenburg County Area Mental Health, Mental Retardation and Substance Abuse Board; now, therefore,

BE IT RESOLVED that pursuant to the authority granted in N.C.G.S. 153A-77, and after the duly noticed public hearing as provided therein, the Mecklenburg County Board of Commissioners does hereby assume direct control of all activities conducted by or through the Mecklenburg County Area Mental Health, Mental Retardation and Substance Abuse Board and does hereby assume and confer upon itself all powers, responsibilities and duties of the Mecklenburg County Area Mental Health, Mental Retardation and Substance Abuse Board, such actions to be effective the 13th day of August, 1984.

This resolution adopted the 2nd day of July, 1984.

The Board recessed at 10:15 A.M. and reconvened at 10:35 A.M.



- A) 0110-1111 Motion was made by Commissioner Ray, seconded by Commissioner Walton and carried 4-1, with Commissioner Bissell voting "No", to increase the membership of the Human Services Council from 17 to 19 members.
- B) Appmt Human Svc Council
- C) Human Services Council

Motion was made by Commissioner Ray, and seconded by Commissioner Walton to appoint the following persons to the newly formed Human Services Council:

- | | |
|---------------------------|-----------------------|
| Julian S. Albergotti, Jr. | George E. Battle, Jr. |
| Don Davidson | Ange DeVivo |
| James C. Ellafrits | Fay Grasty |
| Arthur Griffin | Jane Harper |
| Jennie L. Holt | Cathy C. Hughes |
| Fred T. Lowrance | Robert Miller |
| Melvin T. Pinn, Jr. | Anne W. Register |
| Cullie Tarleton | Ann Thomas |
| James B. Whittington, Jr. | |

A substitute motion was made by Commissioner Green, seconded by Commissioner Bissell and failed 3-2, with Commissioners Odom, Ray and Walton voting "No", to appoint the 17 members named in Commissioner Ray's motion and to increase the membership of the Council by an additional three (3) members to include Ronald L. Chapman, Charles M. Harris, Sr. and Patricia A. Lloyd.

A substitute motion was made by Commissioner Green, seconded by Commissioner Bissell and failed 3-2, with Commissioners Odom, Ray and Walton voting "No", to vote on the above named persons in Commissioner Ray's motion on a name by name basis.

The vote was taken on the motion made by Commissioner Ray and carried 4-1, with Commissioner Bissell voting "No".

Motion was made by Commissioner Ray, seconded by Commissioner Green and unanimously carried, to appoint Robert Albright as Chairman and Anne W. Register as Vice-Chairman of the newly formed Human Services Council.

Effective date of the Human Services Council will be August 13, 1984, and terms of the members will be set at that time.

- A) 0110-1111 Motion was made by Commissioner Walton, seconded by Commissioner Ray and unanimously carried, to add an item to the agenda.
- B) NC Council Comm Mental Hlth Motion was made by Commissioner Ray, seconded by Commissioner Walton and unanimously carried, to designate Cathy Hughes to represent the Board of Commissioners on the North Carolina Council of Community Mental Health, Mental Retardation and Substance Abuse effective August 13, 1984.
- C) Hughes, Cathy

Commissioner Ray left the meeting at this time and was absent until noted in the Minutes.

9/3/85
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The vote was taken on the original motion and carried on the following vote:

Ayes: Commissioner Autrey, Blackmon, DuPuy and Walton
Noes: Commissioner Odom

Purchase Agreement recorded in full in Minute Book No. 29-A beginning at page 503.

- A) 0110-1111 Rachel McLain, President of the Alliance for the Mentally Ill appeared before the Board concerning a proposed contract and memorandum of understanding with the Charlotte-Mecklenburg Hospital Authority for the provision of mental health services. She advised the Board that her group will be actively involved in the process of implementation, and requested that they be allowed to have a representative of the consumers on the governing body.
- B) Agree-
Mental
Hlth Svcs
- C) Charlotte
Memorial
Hosp

Dr. Robert Albright, Chairman of the Human Services Council, presented an overview of the proposal.

Motion was made by Commissioner Odom, seconded by Commissioner Autrey and unanimously carried, to authorize the Chairman of the Board of County Commissioners and the County Manager to negotiate and execute a final Service Agreement, a Lease Agreement and a Memorandum of Understanding with Charlotte Memorial Hospital and Medical Center for the provision of mental health services, based generally upon the documents submitted with this agenda item, and incorporating as many of the concerns of the Human Services Council as possible.

The documents referred to above are on file in the Office of the Clerk to the Board.

Service Agreement No. 6286, is recorded in full in Minute Book No 29-A beginning at page 516.

Lease Agreement ~~No. 6286~~ is recorded in full in Minute Book No. 29-A beginning at page 535.

Memorandum of Understanding is recorded in full in Minute Book No. 29-A beginning at page 536.

- A) 0160-1515 Dr. Robert Albright reviewed for the Board the plan for reorganization of Human Services in Mecklenburg County, which was approved by the Human Services Council on August 27, 1985.
- B) Human Svc
Reorganiza-
tion
- C) Human Svc
Reorganiza-
tion
- Motion was made by Commissioner Autrey, seconded by Commissioner Walton to approve the plan for reorganization with two exceptions as follows:
1. Bring intact the conceptual model of the Youth and Family Services back in under the Department of Social Services;
 2. Rename the Adult Services area as Senior Citizens' Services and make sure that all the programs that serve the senior citizens in this community are coordinated under that area and under that director.



A substitute motion was made by Commissioner Odom, seconded by Commissioner Blackmon to approve the Human Services reorganization plan as submitted by the staff and as recommended by the Human Services Council and direct the staff to implement that plan.

The vote was taken on the substitute motion and carried on the following vote:

Ayes: Commissioners Blackmon, DuPuy and Odom
Noes: Commissioners Autrey and Walton

Reorganization Plan is recorded in full in Minute Book No. 29-A beginning at page 537.

The Board recessed at 12:30 P.M. and reconvened at 12:40 P.M.

- A) 0120-1238 Motion was made by Commissioner Walton, seconded by Commissioner Blackmon and unanimously carried, for denial of a request by Alcan Aluminum Corporation for tax refunds in the amount of \$11,664.24 for 1982 and \$8,946.00 for 1983.
- B) Tax Refund
- C) Tax Refund Denied

- A) 0110-1111 Motion was made by Commissioner Odom, seconded by Commissioner Blackmon for approval of the 1986-87 Budget and Capital Improvements Calendar.
- B) Budget Calendar 1986-87

- C) Budget Calendar A substitute motion was made by Commissioner Walton, seconded by Commissioner Autrey for approval of the 1986-87 Budget and Capital Improvements Calendar, and that the County Manager submit to the Board all betterment requests along with his recommendations.

The vote was taken on the substitute motion and carried on the following vote:

Ayes: Commissioners Autrey, Odom and Walton
Noes: Commissioners Blackmon and DuPuy

- A) 0110-1111 Motion was made by Commissioner Autrey, seconded by Commissioner Walton and unanimously carried, for adoption of an amendment to the March 5, 1984 County Building Capital Project Ordinance.
- B) Ordin Capital Proj-County Bldgs Amendment recorded in full in Minute Book No. 29-A beginning at page 556.

- C) County Bldgs Capital Proj Amend Budget Transfer No. 45, showing details, is on file in the Office of the Clerk to the Board.

- A) 0110-1111 Motion was made by Commissioner Autrey, seconded by Commissioner Walton and unanimously carried, for adoption of an amendment to the September 7, 1982 Sanitary Landfill Capital Project Ordinance.
- B) Ordin Capital Proj-Landfill

Amendment recorded in full in Minute Book No. 29-A beginning at page 557.

- C) Landfill Capital Proj Amend Budget Transfer No. 44, showing details, is on file in the Office of the Clerk to the Board.

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DATE: August 22, 1985

TO: Human Services Council

FROM: Marie Shook, Assistant County Manager

SUBJECT: Structuring a More Responsive Human Services System:
Reinvesting in Children, Their Families and Ourselves

I. INTRODUCTION

In April, 1985, I shared with you and you endorsed the "problem oriented" model of human services delivery for Mecklenburg County. Since then, I, together with County staff and a number of dedicated members of your Council, have been working to translate that model into a human service delivery system that will work well for Mecklenburg County clients. Criteria for the new system are to ensure:

- ° Increased accessibility to services for clients with multiple problems;
- ° Reduced fragmentation and discontinuity of services;
- ° Increased overall responsiveness of County agencies and contract agencies to client needs;
- ° Increased accountability of service providers for attending to the full scope of client needs.

The system proposed here satisfies each of these criteria.

The more I learned about how our current human service delivery system works, and sometimes fails to work, the more evident it became that a pure problem oriented model will not be the most appropriate strategy. Instead, I believe a "mixed model" - one that blends the target and problem models - will be the most effective manner of delivering human services. It is through a mixed model that the County can most effectively marshal the diverse resources at hand to better the quality of life for troubled children and their families.

needed to assist the elderly to remain in their own homes and outside of institutions. (NOTE: For these and other relocation of administrative responsibility, see appended chart.)

The Health and Mental Health Departments will reflect a program/problem oriented approach. The Health Department will remain in its present form, with the exception of administering two programs currently located in Social Services: Teenage Parents (TAPS) and the Community Alternative Program (CAP). The latter, it will be recalled, is designed to maintain the elderly in their homes.

Implementation of the mixed model for human service delivery will lead to changes in the Area Mental Health Authority. Most significant, Specialized Youth Services will be incorporated in the Department of Special Youth and Families Services. This step will bring together a continuum of strategies for serving youth and their families under one department.

IV. QUALITY ASSURANCE

No matter how well designed or executed, the mixed model of human services delivery will not function as intended without a quality assurance (QA) component. Quality assurance is a complex and developing expertise, and it means different things to different people - professionals and lay persons alike. Briefly, quality assurance activities in human services represent the "quality control" function of the service delivery system. We have included a separate discussion of quality assurance as prepared by staff and a sub-committee of the Council's Systems Evaluation and Planning Committee.

A Quality Assurance Department is proposed that will include the following components: Human Services Planning, Quality Assurance Coordination, Complex Case Management, Client Representative (Ombudsman), and Staff Development.

A primary focus of Human Services Planning will be to assure the provision of a continuum of care. The unit will be alert in particular to service gaps and overlapping. By being located within the Department of Quality Assurance, planning staff will be more likely to determine where and when such voids and duplications

II. SPECIAL YOUTH AND FAMILIES

Mecklenburg County has a very complex network of resources serving troubled children and families. Some services are provided directly by the County, others by not-for-profit agencies, and still others by the courts. Literally dozens of separate service agencies or programs are involved. We know the strengths and weaknesses of both our programs and the social policy assumptions on which they are grounded. Using this knowledge, we need to enhance the health and well-being of poor and troubled children and the strength and self-sufficiency of their families. We believe the family, no matter what its form, continues to be the basic building block of society. It is within the protection of family that children are nurtured, learn about their roles in society, and prepare to meet the challenges of adulthood. An investment in a strong, healthy, productive family is an investment in ourselves and in the society we seek to maintain and enhance. Therefore, I propose we establish a "Department of Special Youth and Families Services" to provide strong, coordinated services to our children and their families in need.

The department will include the Mental Health's Specialized Youth (Willie M) Services, Gatling Center detention programs, Division of Juvenile Services programs, and the Department of Social Services' children and family services. Details of the proposed Department of Special Youth and Families Services are included in a departmental organizational chart appended.

III. CHANGES IN THE DEPARTMENT OF SOCIAL SERVICES, THE HEALTH DEPARTMENT, AND THE AREA MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE AUTHORITY

The new mixed model of human service delivery calls for the Department of Social Services (DSS) to undergo some changes. Assuming that the necessary legal and funding issues can be resolved, DSS will delegate responsibility for certain children and family services to the Department of Special Youth and Families Services. Further, DSS will assume administrative responsibility for the Senior Citizens Nutrition Program, which serves hot meals to the elderly. Senior Nutrition fits within DSS in that it provides a key link in the continuum of services

emerge. The data coming in to the quality assurance, case management, and client representation components will easily flow to the planners and enable them to incorporate the findings in the System's process of developing service plans.

Complex Case Management will be reserved for clients with multiple and/or complex problems whose full range of needs cannot be handled through existing practices. At this time the size of the population that will require complex case management cannot be estimated with accuracy. Therefore, further study will be undertaken to determine the type of case management that will be appropriate (among the questions to be addressed will be those centering on appropriate model, staffing requirements, and costs).

Client representation is envisioned as a range of intervention activities to help clients get the services they need and for which they qualify. Client representatives will ensure that problems between clients and service providers are resolved at the lowest possible level of responsibility within a County human services department. Stationed at the agencies, the representatives will serve to ease interaction between clients and program staff. They will administratively report to the head of the Quality Assurance Department, who will report to the Assistant County Manager for Human Services.

Within the Quality Assurance Department the quality assurance coordination component will bring a measure of consistency to the quality assurance activities that currently go on within direct service programs. Additional research is required to determine how many employees will be needed for this activity.

Further, staff development will be the critical key to the smooth functioning of the new human services system. Through staff development, personnel in separate agencies will learn more about services available outside their department and learn how to help clients move through the entire social service delivery system. At the same time a team spirit and common values will be developed among the Human Services departments. As specific training needs are defined, priorities will be set, alternatives developed and priced, and staff development will be implemented.

In sum, the Quality Assurance Department will help to strengthen program monitoring, which is essential to a truly responsive system of human services delivery.

V. MANAGEMENT SUPPORT

The Management Support Unit will be responsible for standardizing, to the extent possible, the method by which major administrative/support activities are performed among the Human Services departments. In addition, this unit will be responsible for automating those activities that have been standardized. Examples of activities that may be standardized include: a system of client records, reception responses to client inquiries, and procedures of client appointment scheduling.

Other Management Support activities will include: Budget and Finance, Grants and Contracts, Purchasing, Data Management, Personnel/Payroll, Public Information and Transportation.

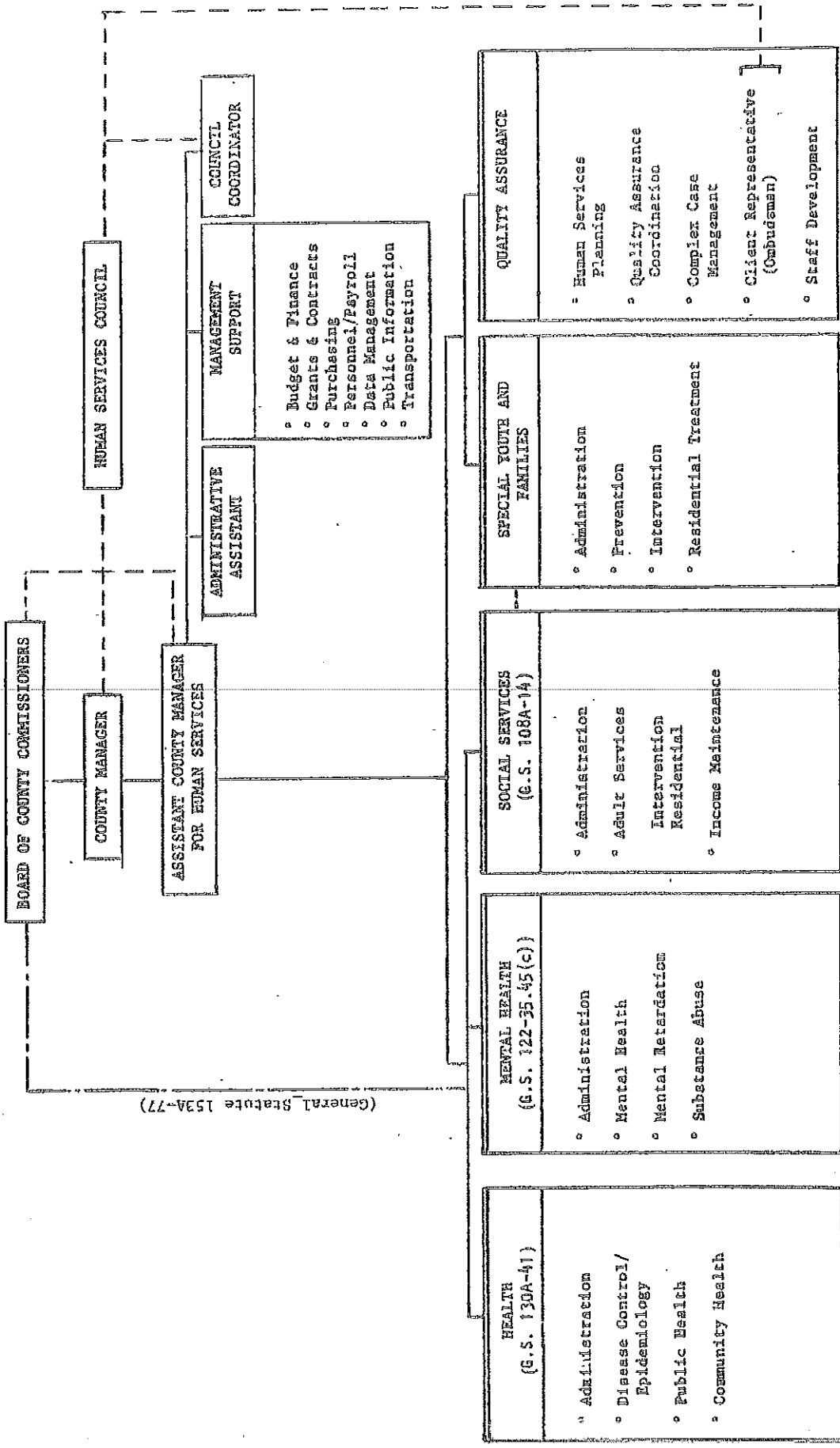
A Human Services Council Coordinator is also proposed to assist Council members and committees in their work by scheduling meetings, preparing minutes, drafting correspondence, preparing mailings, editing reports, maintaining files, and otherwise providing administrative services. Due to the number of meetings held by the Council's committees, the volume of paperwork and the complexity and the importance of the Council's advisory role to the Board of Commissioners, a new full-time position is required.

VI. IMPLEMENTATION TEAM

A great deal of work remains to be done to bring the proposed human service delivery system to working order. To accomplish this work I plan to draw upon the staff of Budget and Resource Management, Personnel, all of the Human Services departments and consultants. The composition of the Implementation Team will change as the nature of the tasks change during the reorganization process.

VII. REQUEST FOR ACTION

On August 27 at the Human Services Council meeting you will have the opportunity to act on the recommendations presented in this report. Depending on the Council's decision at that time, I will move expeditiously to implement the program as directed.



(General Statute 153A-77)

HEALTH DEPARTMENT

The proposed departmental structure makes no fundamental changes in the present program/problem-oriented organization.

The following service units will be integrated with existing programs:

1. T.A.P.S.: Teenage Parents

Transferred from the Social Services Department (one Nurse and two Social Workers) and will be administered as a unit of our Maternity Care and Family Planning Program.

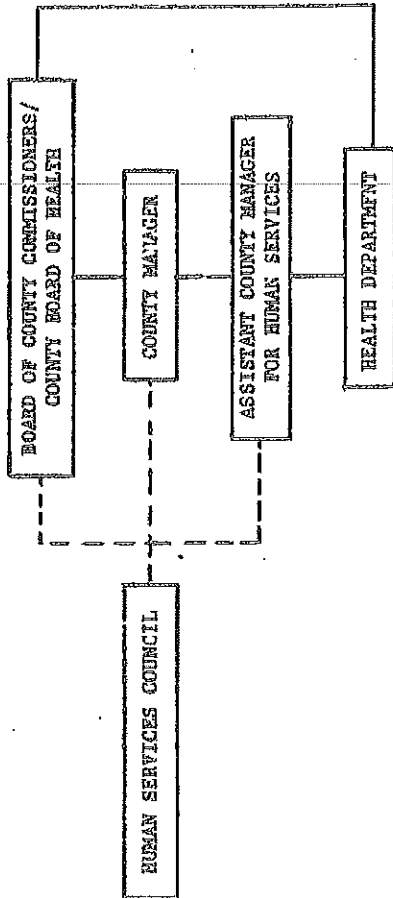
2. C.A.P.: Community Alternatives Program

The Social Services Department component of the program (one Social Worker and one Secretary) will be combined with the Health Department's component (one Public Health Nurse) into a single unit within our Home Health Program.

In addition, part of the staff of the specialized in-home services (budget unit \$766 of DSS) will be transferred to the Health Department to provide screening and patient care/case management through Community Alternatives Program.

Legal Authority

T.A.P.S., which is a local program, may be administered by the Health Department. The C.A.P. program may be administered by the Health Department or by the Department of Social Services, according to program regulations.



ADMINISTRATION	DISEASE CONTROL/ EPIDEMIOLOGY	PERSONAL HEALTH	COMMUNITY HEALTH
<ul style="list-style-type: none"> ◦ Management Support (Budget & Fiscal, etc.) ◦ Vital Records ◦ Medical Records ◦ Health Education 	<ul style="list-style-type: none"> ◦ Sexually Transmitted Disease Control ◦ Tuberculosis Control ◦ Communicable Disease Control ◦ Chronic Disease Control and Occupational Health ◦ Laboratory 	<ul style="list-style-type: none"> ◦ Child Health ◦ Crippled Children ◦ Dental Health ◦ Nutrition and Dietary Services ◦ WIC ◦ Family Planning ◦ Maternity Care (TAPS) 	<ul style="list-style-type: none"> ◦ Field Nursing ◦ Home Health (Medical Social Work, C.A.P.) ◦ School Health

AREA MENTAL HEALTH, MENTAL RETARDATION,
AND SUBSTANCE ABUSE AUTHORITY

Several significant changes are proposed for the Area Authority's service delivery responsibilities. Mental Health Services will be contracted to Charlotte-Mecklenburg Hospital Authority. Responsibility for contract administration will remain with the Area Authority.

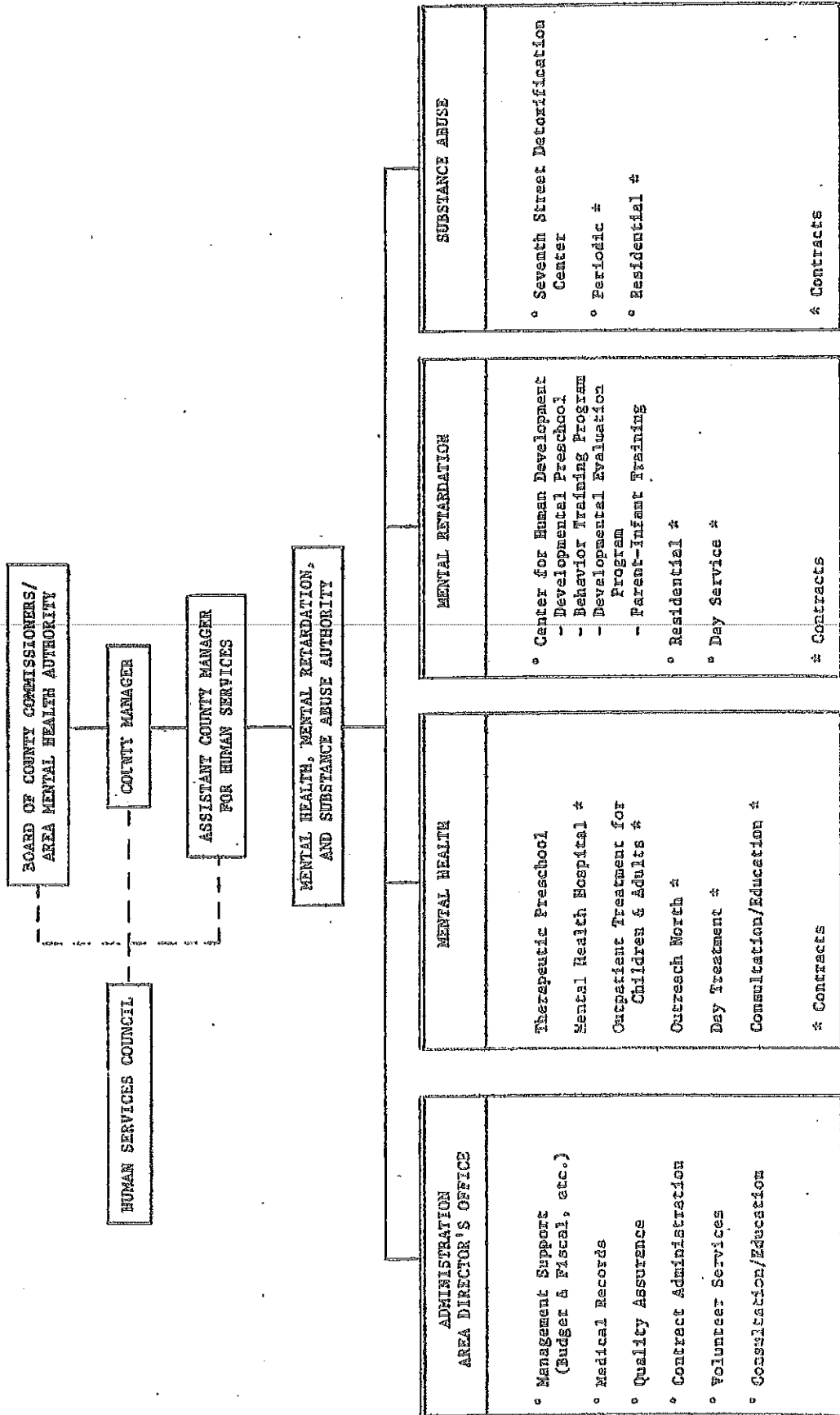
The Specialized Youth Services unit (SYS) which serves the class of disturbed youth known commonly as "Willie M," will be moved to a Special Youth and Families Department. Within this new unit "Willie M" and other troubled families will receive the services they need in a more holistic manner. In the past, services available to children and their families have been somewhat fragmented within the County. It is envisioned that a unit focused on their special needs will be a more efficient and effective provider of these much needed services. By doing a better job of attending to their needs now, the County may lessen the severity of problems this population can be expected to have in adulthood.

Substance abuse and mental retardation services will continue to be provided by the Area Authority - some directly, and other services by contract.

Legal Authority

The Area Mental Health, Mental Retardation, and Substance Abuse Authority may contract with Mecklenburg County to provide the services required for the "Willie M" population.

Similarly, the Authority may contract with the Charlotte-Mecklenburg Hospital Authority to provide inpatient and outpatient psychiatric services.



DEPARTMENT OF SOCIAL SERVICES

The aged or disabled adult usually enters the human services system through the activities of a host of private non-profit organizations in the community. These organizations are directed toward achieving objectives which address a number of high priority problems and issues for the aged or disabled adult populations. In very general terms, these objectives are to maintain self-sufficiency as long as possible and to prevent institutionalization.

Many county human services programs are directed toward maintaining self-sufficiency and preventing problems which adversely impact that state of being. Program participation is usually voluntary at this level.

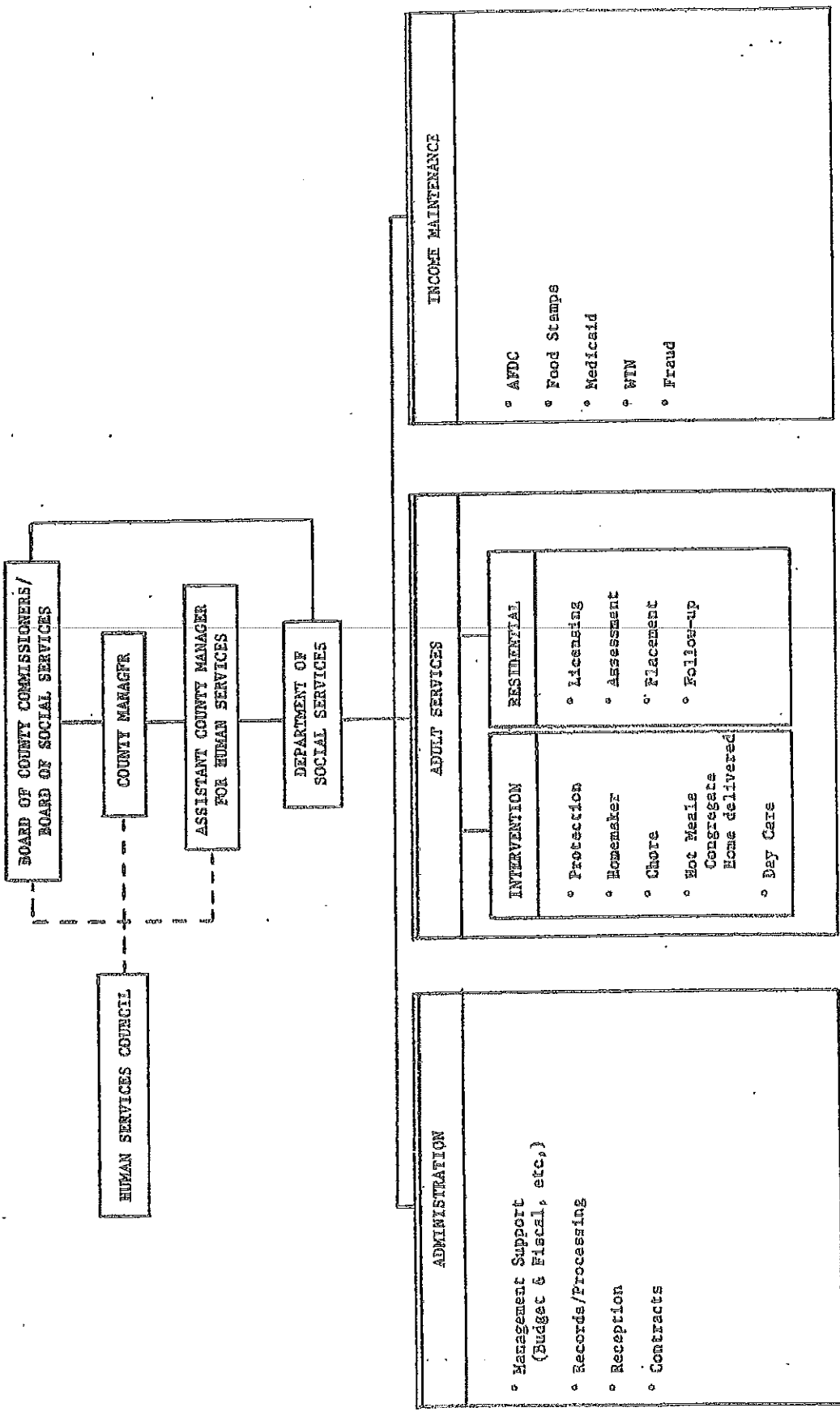
The Mecklenburg County Department of Social Services carries statutory responsibility under Article 6, Chapter 109A, to provide protection to adults who are disabled because of physical or mental incapacity. That "protection" begins when there is reasonable cause to believe that abuse, neglect or exploitation exists and a report is made to the Department. If the allegation is substantiated, the Department must offer protection. If the person is competent, he or she has the option of rejecting services. If the individual is incompetent, services must be provided.

Movement of the individual from his or her own home is the last resort. Options exist for the provision of services aimed at protection. Chore, homemaker, day care, health care and hot meals are tangible services the County offers which may be provided in an effort to prevent removal from the home. The adult participates in the plan of care/service provision as long as he or she has the capacity to do so. The question of capacity is resolved legally and, under some circumstances, an employee of the Department may become guardian of the person.

When placement outside the home must occur, the medical findings and recommendations dictate the level of care to be provided. The recommended level of care may not be available, however, and the individual may be maintained in an inappropriate placement. If appropriate placement is available, the chances are very high that it will be outside Mecklenburg County.

Legal Authority

The Senior Citizens Nutrition Program can be administered through the Department of Social Services, or through any other department, as determined locally.



BOARD OF COUNTY COMMISSIONERS /
BOARD OF SOCIAL SERVICES

HUMAN SERVICES COUNCIL

COUNTY MANAGER

ASSISTANT COUNTY MANAGER
FOR HUMAN SERVICES

DEPARTMENT OF
SOCIAL SERVICES

ADMINISTRATION

- Management Support (Budget & Fiscal, etc.)
- Records/Processing
- Reception
- Contracts

ADULT SERVICES

INTERVENTION	RESIDENTIAL
◦ Protection	◦ Licensing
◦ Homemaker	◦ Assessment
◦ Chore	◦ Placement
◦ Hot Meals Congregate Home delivered	◦ Follow-up
◦ Day Care	

INCOME MAINTENANCE

- AFDC
- Food Stamps
- Medicaid
- WTN
- Fraud

DEPARTMENT OF SPECIAL YOUTH AND FAMILIES SERVICES

The Department of Special Youth and Families Services will pull together a wide variety of resources devoted to improving the lives of young people and families in Mecklenburg County. By coordinating these resources, the County will be able to provide a continuum of services for those in need. There will be a dual focus for this new department -- to protect and to nurture -- so that to the greatest extent possible families may remain intact, and their dignity may be preserved. Clients of the Special Youth and Families Services Department will include "Billie B" individuals and other youths who have had some contact with the courts.

By categorizing services in functional terms, i.e., Non-Residential and Residential; Prevention; Intervention; Non-Secure and Secure, the negative effects of labeling individuals as "problemated" will be reduced. The focus will be on constructive activities instead.

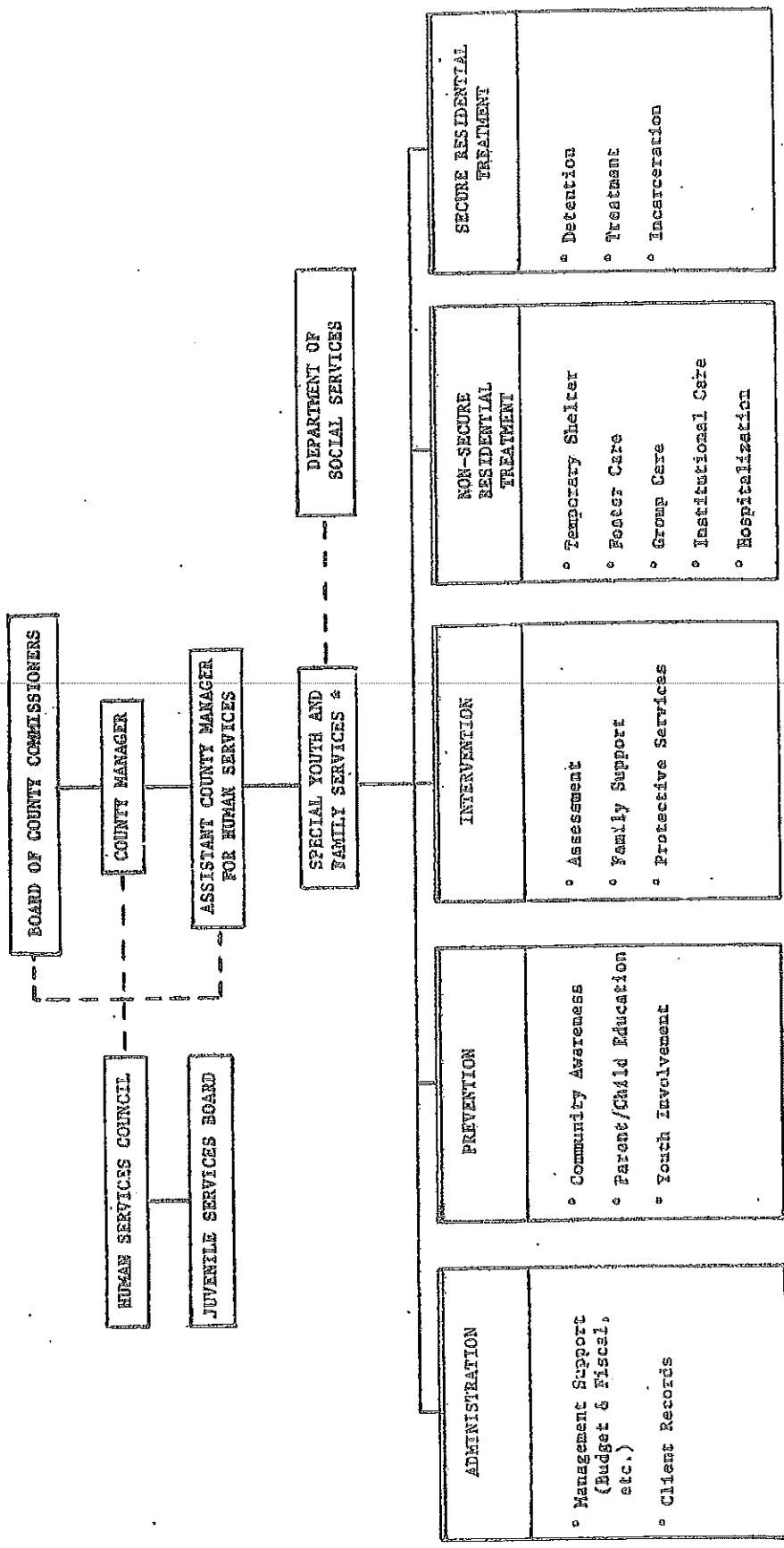
Currently, services are provided by the County, by not-for-profit agencies and by the courts to youth and families. What is needed is coordination among these service providers to ensure that clients do not fall through the cracks, and that appropriate services are easily accessed. By providing a spectrum of services and a way to move clients along that spectrum, the needs of this population can be more effectively met.

The new department will achieve the benefits of consolidation by centralizing responsibility previously dispersed throughout Social Services, Mental Health and Juvenile Services. Gaps in service strategies, and likewise overlaps, will be more readily identifiable by a centralized group. Thus, services will be planned for and budgeted on a more rational basis.

Legal Authority

The Area Mental Health Authority may contract with Mecklenburg County to provide the services required for the "Billie B" population.

The Social Services Director may delegate responsibility to the director of the Special Youth and Families Department to provide certain services required by North Carolina statute: protective services, foster care and adoptions.



* Final name to be determined.

QUALITY ASSURANCE

Quality Assurance activities in human services represent the "quality control" function of the service delivery system. These activities can be separated into two broad areas: A) Direct Client Care and Service Delivery and B) Client Representative (Ombudsman) Services.

A. Direct Client Care and Service Delivery

Quality Assurance establishes and supports criteria which will insure quality care and quality service delivery. Direct client care and program functioning are evaluated against these criteria and recommendations for improvement are made. Quality Assurance activities are ongoing throughout the year, providing information to both direct care staff and management to insure that services provided are of high quality and are responsive to individual client's needs.

The types of criteria established address:

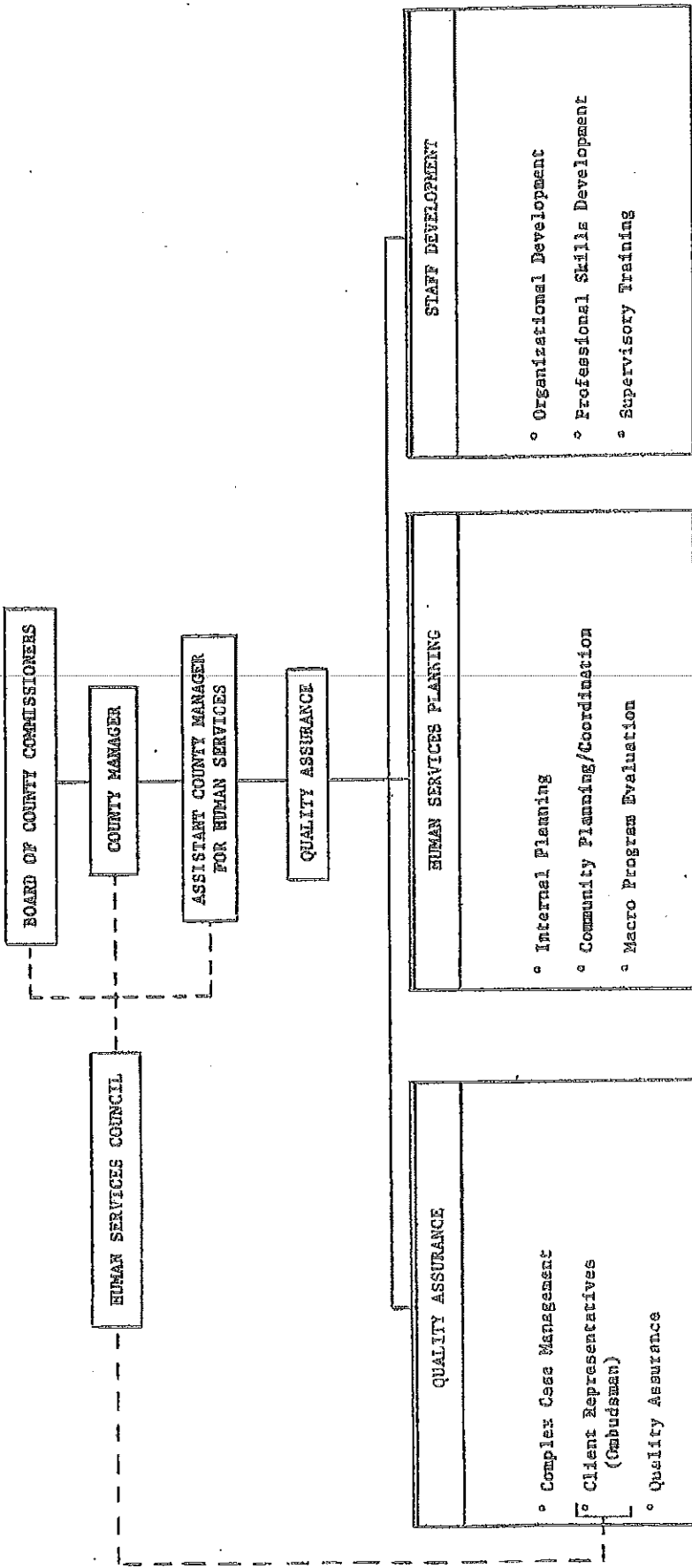
- 1) Professional standards for direct care staff, i.e., minimum educational requirements and ongoing training requirements necessary to provide direct care services.
- 2) Professional supervision requirements.
- 3) Client record documentation.
- 4) Compliance with applicable Federal, State, and Local program standards.
- 5) Direct care and service delivery.
- 6) Responsiveness to consumers.

The types of monitoring activities which occur on an ongoing basis include:

- 1) Peer review - review of individual cases by professional staff to determine the quality of service delivery as judged within the guidelines of current acceptable professional practice.
- 2) Utilization review - retrospective review of individual cases to determine if the services offered to the client were best suited to meet the client's service needs.
- 3) Record review - review of client records to determine the completeness and adequacy of direct care documentation.
- 4) Program review - review to determine that the program is in compliance with all applicable service delivery standards.
- 5) Supervisory review - review of the performances of individual direct care staff in their provision of services.

Recommendation:

It is recommended that Quality Assurance activities as described above be implemented within all County Human Service Departments and all agencies providing services to clients through a contractual relationship with the County. It is also recommended that a Human Services Quality Assurance Administrator be appointed who is responsible not only for the development and ongoing guidance and coordination of Quality Assurance activities within all Human Services Departments and contract agencies but also for reporting on these activities to the Department Heads, Assistant County Manager, and the Systems Evaluation and Planning Committee of the Human Services Council.



5) Provide assurance to management and the community that County human services departments are being responsive to client needs.

Recommendation

It is recommended that a client representatives unit be established under the supervision of the Assistant County Manager. These representatives would be located in the various Human Services Departments to be easily accessible to clients. Upon receiving a request for assistance from a client, a release of information would be obtained giving the representative permission to access any information necessary to assess the situation and represent the client. The representative would contact staff working with the client to try to resolve whatever problems or concerns that may exist. Should the representative be unable to resolve the issue at one level of the department, he/she would move to the next level. If the issue were not resolved, it would ultimately reach the Department Head(s). Should the Department Head(s) be unable to resolve the issue, it would then be brought to the Assistant County Manager who would objectively review information presented by both the representative and the Department Head(s) and make recommendations for resolution. Should the clients' concerns not be resolved by the Assistant County Manager, the representative may contact the chairperson of the Systems Evaluation and Planning Committee immediately to request a review of the case by that committee.

The client representatives would submit monthly reports of their activities to the Department Heads, the Assistant County Manager, and the Systems Evaluation and Planning Committee. Included in this monthly report would be any case in which a client is not satisfied with the resolution recommended by the Assistant County Manager. The SEP Committee would review these cases and decide if further action should be taken.

A Quality Assurance manual should be developed to define Quality Assurance activities and the policies and procedures governing those activities for all Human Services Departments and contract agencies. This manual should also specify the documentation of Quality Assurance activities and the process to be followed for reporting those activities on a regular and systematic basis.

Quality Assurance activities within each Department would be performed under the guidance and coordination of the Quality Assurance Administrator by lead direct care staff of each Department. Required linkages with the Regional and State offices differ with each Department and would continue to be the responsibility of each Department. Any reports generated through these linkages would be shared with the Quality Assurance Administrator, the Assistant County Manager, and the Systems Evaluation and Planning Committee (SEP).

B. Client Representative (Ombudsman) Services

Client representatives perform several important functions within a human services system:

- 1) Provide resources within the system to assist clients in resolving any issues and/or concerns they may have about the system.
- 2) Provide additional means for management to identify problem areas within the Department and to correct them.
- 3) Provide the opportunity for the majority of individual client concerns to be resolved at the lowest level of service delivery.
- 4) Provide another avenue for additional service needs to be identified for management and funding sources.

It is recommended that the client representatives have access to programs and agencies providing services to clients through a contractual relationship with the County. It is also recommended that a contractual agreement be reached with the Charlotte-Mecklenburg School System, the Housing Authority, and other key agencies, as needed, which identifies a process whereby representatives can interact with them to obtain information, when necessary, to assist them in representing their clients.

It is possible that over time, the representatives and the SEP Committee may identify groups of people for whom no services or inadequate services presently exist. Should that occur, the assistance of outside advocacy programs may be desired to pursue additional funding, i.e., private, public, State, Federal or local. Contact with advocacy groups in the community will also provide peer support and training opportunities for the client representatives.

	HEALTH	MENTAL HEALTH	DSS	SPECIAL YOUTH & FAMILIES	SENIOR NUTRITION	JUVENILE SERVICES	GATLING	HUMAN SERVICES PLANNING	QUALITY ASSURANCE
Child and Family (Support Services)			X	0					
Teenage Parents (TAPS)	0		X						
Community Alternatives Program (CAP)	0		X						
County Hot Lunch Program (includes Administration)			0		X				
Transportation (Hot Lunch)			0		X				
Contract Hot Lunch (Day Care)			0		X				
Juvenile Services: Youth Services Bureau Youth Homes Relatives Partners Family Outreach Youth Involvement Council Professional Parenting Psychological Services Non-Secure Shelter (Transition House) Administration						X X X X X X X X X X			
Gatling/Secure Detention (Includes Administration)				C			X		
Human Services Planning/ Program Monitoring								X	0
Staff Development									X
Complex Case Management									X
Quality Assurance									X
Client Representative (Ombudsman activities)									X

June 6, 2000

(3G) HUMAN SERVICES COUNCIL

Motion was made by Commissioner Cox, seconded by Commissioner Carney and unanimously carried with Commissioners Carney, Cox, Helms, James, Markey, Mitchell, Richardson, Scher, and Williams voting yes, to receive the report from the Human Services Council Reorganization Task Force, adopt the Task Force's recommendations and approve Restated Bylaws of the Mecklenburg County Human Services Council.

Recommendations:

1. That the Human Services Council consist of three standing committees - one for Health, one for Social Services and one for Mental Health.
2. That members of these standing committees be appointed by the Board of Commissioners.
3. That standing committee membership shall be as follows:
 - a. Health - Two professionals with demonstrated knowledge and interest in health care and six members from the general public
 - b. Social Services - Two professionals with demonstrated knowledge and interest in health care and six members from the general public
 - c. Mental Health - Two professionals with demonstrated knowledge and interest in mental health, developmental disabilities, or substance abuse and six members from the general public
4. That the Chair and Vice Chair of the standing committees will be selected by the committees from among its members.
5. That the Board of Commissioners will appoint for each committee three members for a three-year term, three members for a two-year term, and two members for a one-year term.
6. That the attendance policy of the Board of Commissioners and the Open Meetings law will apply to the standing committees.
7. That the Human Services Council will be composed of the Chair and Vice Chairs of the three standing committees and one County Commissioner serving as a non-voting ex-officio member. Chairmanship of the HSC will rotate among the chairs of the three standing committees.
8. That the Human Services Council will develop a 12-month work plan using input from the Board of Commissioners and staff.
9. That the HSC will meet at least quarterly with all members of the standing committees.

10. That each member of the HSC, except for the chair, will be entitled to one vote and the chair will vote only in the event of a tie.

11. That the minutes and agendas of each subcommittee will be sent to all members of the three subcommittees.

12. That with respect to policy making authority:

a. The HSC should not have the authority to hire or fire directors, but should be included in the selection process.

b. The HSC should not have the authority to award and execute contracts but should participate in the process by making recommendations through staff.

c. The HSC should not have the authority to adopt ordinances or policies but should be allowed the opportunity to comment.

August 9, 2005

(6) MANAGER'S REPORT - HUMAN SERVICES COUNCIL UPDATE *Prior to giving the Manager's Report, County Manager Jones thanked Brenda Jackson for serving as Acting Director of Social Services during the absence of Director Richard Jacobsen. He also welcomed Director Jacobsen back. County Manager Jones reported on staff's analysis of the Human Services Council.*

Highlights:

It was noted that over the past several months, a review of the current structure of the Human Services Council (HSC) was conducted to determine whether the Council was fulfilling its stated charge which was "to be responsible for the review and evaluation of County human services programs, and make recommendations to the Board of County Commissioners concerning Mecklenburg County human services and human services programs" and to determine the legitimacy of the Council as an advisory board to the Mecklenburg County Board of County Commissioners.

The Council was reorganized in 2000 and has existed under its current structure for nearly five years. However, many of the issues that led to the Council being reorganized continue to be issues nearly five years after the reorganization.

Comparative analysis from the reorganization of 2000 and the 2005 interview responses indicated that many of the issues that created a need for reorganization remain unresolved.

Based on the information gathered from the members of the Council and from the Board of County Commissioners, a lack of communication exists between the Board and the Council.

Possible Outcomes

Disband the Human Services Council Restructure the Council Allow the Council to continue under its current structure

Staff Recommendations

- 1) Restructure the Council by making minor adjustments, such as, reduce the size of the subcommittees from eight to six.
- 2) Let the subcommittees serve as ad hoc committees and meet only when there are specific matters to review.
- 3) Use the Board's Community Health and Safety Committee and the Youth and Families Committee to improve communication between the Council and the Board and to generate work assignments for the Human Services Council.
- 4) Engage the Human Services Council, the Board, and staff in recruiting members for the Council.
- 5) Use the Human Services Council as an umbrella organization for various task forces and for conducting special studies in the human services arena. The Council would be represented on these task forces.

A copy of the report is on file with the Clerk to the Board. 182

Mark Sloan, a member of the Human Services Council and chair of the Social Services subcommittee addressed this issue. He spoke in support of the County Manager's assessment. Mr. Sloan gave the Board a memorandum expressing his thoughts with respect to the future of the Human Services Council. ***A copy of Mr. Sloan's memorandum is on file with the Clerk to the Board.***

Chairman Helms said he supported the restructure as recommended by staff. Commissioner Clarke suggested that the Human Services Council have one designated chair that would serve a two-year term as chairman, rather than the chairmanship rotating among the subcommittee chairs. County Manager Jones noted for the record that he supports the involvement of citizens in the affairs of government. He said the County when involving citizens, should be clear in the method and manner that the citizens' groups are used and in the goals and objectives that the County wants them to achieve. County Manager Jones noted also that when the Board went to its committee structure that changed the dynamics relative to certain advisory boards and in particular, the Human Services Council. It was the consensus of the Board to support the County Manager's recommendations and instruct the County Manager to 1) make the structural changes that he recommended, 2) to review the by-laws and make conforming changes, 3) align the members of the Council as recommended, and 4) to bring that information back to the Board for further consideration. In addition, and at the County Manager's suggestion that the County Manager work in collaboration with the members of the Human Services Council as he prepares to report back to the Board. Commissioner Rembert expressed her support for the Human Services Council and the restructuring as recommended by the County Manager. She also suggested that perhaps the Board's Community Health and Safety Committee and Youth and Families Committee should meet jointly to discuss the County Manager's subsequent report, prior to it being presented to the full Board. Commissioner Rembert noted that there was overlap between the two committees and the Human Services Council's current mission.

d. The HSC should not be responsible for implementation and monitoring of programs,

but should be informed by department directors of implementation and material modification of existing programs in order to provide comment.

Deputy County Attorney Sandra Bisanar who was called upon by Commissioner Richardson, chairman of the Task Force, gave the report.

A copy of the report is on file in the Office of the Clerk to the Board.

Public Inspection Status	
(A) Must Remain Confidential _____	
or	
(B) Confidential Pending Release _____	<div style="text-align: right;"> Release for Public Inspection <u>MABethune</u> Release Authorized by: County Attorney/Board of Commissioners </div> <div style="text-align: right; margin-top: 5px;"> <u>11-24-08</u> Date </div>

**MINUTES OF CLOSED SESSION OF
MECKLENBURG COUNTY BOARD OF COMMISSIONERS**

NOVEMBER 7, 2007

5:00 P.M.

**NORTH CAROLINA
MECKLENBURG COUNTY**

The Board of Commissioners of Mecklenburg County, North Carolina, met in Informal Session in the Meeting Chamber Conference Room of the Charlotte-Mecklenburg Government Center located at 600 East Fourth Street at 5:00 p.m. and in Formal Session in the Meeting Chamber of the Charlotte-Mecklenburg Government Center at 6:00 p.m. on Wednesday, November 7, 2007.

ATTENDANCE

Present: Chairman Jennifer Roberts and Commissioners Karen Bentley, J. Daniel Bishop, Dumont Clarke H. Parks Helms, Bill James, Dan Ramirez and Valerie C. Woodard
County Manager Harry L. Jones, Sr.
County Attorney Marvin A. Bethune
Clerk to the Board Janice S. Paige

Absent: Commissioner Norman A. Mitchell, Sr.

Also Present: General Managers Janice Jackson and John McGillicuddy, Associate General Manager Michelle Lancaster, Deputy County Attorney Sandra Bisanar, Assistant County Attorney Bob Thomas, Human Resources Director Chris Peek, and Manley Roberts (son of Chairman Roberts)

(2B) CONSULT WITH ATTORNEY – STATE PERSONNEL COMMISSION RULE CHANGES

Deputy County Attorney Sandra Bisanar and General Manager John McGillicuddy addressed State Personnel Commission Rule Changes applicable to employees of local health departments, social services departments, and area mental health authorities.

The following was noted:

- The history of the County with respect to having a Board of Health, Social Services Board, and Area Mental Health Authority Board. It was noted that in 1973 as the result of legislation sought by Mecklenburg County and approved by the General Assembly (G.S. 153A-77(a), Mecklenburg County was allowed to and did assume the duties of its Board of Health, Social Services Board, and Area Mental Health Authority Board.
- In 1986 the County petitioned the State Personnel Commission for "substantially equivalent" status and it was granted. *Note: G.S. 126-11(a) provides that local boards of commissioners may establish and maintain a personnel system for all employees of the county and, if approved by the State Personnel Commission as being "substantially equivalent", said system is exempt from the provisions of the Chapter 126, the State Personnel Act, except for Article 6, which deals with equal employment opportunity.*
- Having the designation of "substantially equivalent" allowed the County to have all of its employees under one system of local administration, instead of what was occurring, which was two systems, one for human services employees (DSS, Mental Health, & Health) who were subject to State rules and one for non-human services employees, who were governed by rules established by the County.
- New changes have occurred in the State Personnel Act applicable to human services employees, i.e. DSS, Mental Health, & Health, unless these employees fall under a human services agency as permitted under G.S. 153A-77(b)-(e). *Note: Mecklenburg County's human services departments are not organized in this manner.*
- Under the Human Services Agency concept and for counties that have a county manager, those counties can do the following:
 - Consolidate the provisions of human services in the county under the direct control of a human services director appointed and supervised by the county manager ;
 - Create a consolidated human services board;
 - Create a consolidated county human services agency having the authority to carry out the functions of the local health department, social services, and area mental health, developmental disabilities, and substance abuse services authority; and
 - Assign other county human services functions to be performed by the consolidated human services agency under the direction of the human services director, with such policy-making authority granted to the consolidated human services board as approved by the board of county commissioners.

Commissioner Clarke entered the meeting during this time.

Staff recommends that the County organize its human services departments under the Human Services Agency concept and confer the duties of the human services director upon the County Manager, who would in turn appoint the current Health Director, Social Services Director, and Area Mental Health Director as deputy Human Services Directors in addition to their current titles. Further, that although the County Manager would have the ultimate responsibility for their actions, they would continue to carry out the functions of their positions in essentially the same way as they do currently.

It was explained that if the County does not reorganize in this manner, it will result in the County again having two separate personnel systems to manage, one for human services employees and one for non-human services employees.

Examples were shared regarding how disciplinary matters would be handled for human services employees vs. non-human services employees.

The new rules went into effect November 1, 2007 but the County requested and received an extension until February 1, 2008.

In their closing remarks it was noted that if the Board desires to preserve the status quo in human resources policy and procedures, particularly relating to employee relations, that the most effective way to accomplish this is to reorganize the human services departments under the Human Services Agency concept.

It was noted that Wake County is organized under the Human Services Agency manner already.

A copy of a handout regarding this subject matter is on file with the Clerk to the Board.


Commissioner Ramirez asked if this reorganization would impact the Human Resources Director. *The response was no.*


Commissioner Bishop asked were there other implications that the Board needs to be aware of that's not listed in the handout because a lot of detail was given for what he feels is a simple matter. *The response was that this change could be challenged. Staff said it recalled receiving some negative comment in the past when the Board did a way with its Boards of Health, Social Services, & Area Mental Health and assumed those duties itself.*

General Manager McGillicuddy said per conversations with the State Personnel Commission, their okay with the County being exempt.

Motion was made by Commissioner Helms, seconded by Commissioner Woodard and unanimously carried with Commissioners Bentley, Bishop, Clarke, Helms, James, Ramirez, Roberts, and Woodard voting yes, to concur with staff's recommendation and direct staff to move forward with developing a plan for the Board's consideration to organize the County's human services departments (Health, Social Services, & Area Mental Health) under G.S. 153A-77(b)(1) so that the County is exempt from the provisions of Chapter 126, the State Personnel Act.

Motion was made by Commissioner Clarke, seconded by Commissioner Woodard and unanimously carried with Commissioners Bentley, Bishop, Clarke, Helms, James, Ramirez, Roberts, and Woodard voting yes, to end the Closed Session.


Janice S. Paige, Clerk


Jennifer Roberts, Chairman

Public Inspection Status	
(A) Must Remain Confidential _____	
or	
(B) Confidential Pending Release <u>MAB 2/5/08</u>	Release for Public Inspection <u>MABethune</u> <u>11-24-08</u> Release Authorized by: Date County Attorney/Board of Commissioners

**MINUTES OF CLOSED SESSION OF
MECKLENBURG COUNTY BOARD OF COMMISSIONERS**

DECEMBER 18, 2007

5:00 P.M.

**NORTH CAROLINA
MECKLENBURG COUNTY**

The Board of Commissioners of Mecklenburg County, North Carolina, met in Closed Session in the Charlotte-Mecklenburg Government Center during its Regular Meeting held Tuesday, December 18, 2007. These Closed Session minutes are part of the minutes of that meeting and should be read in that context.

ATTENDANCE

Present: Chairman Jennifer Roberts and Commissioners Karen Bentley, J. Daniel Bishop, Dumont Clarke H. Parks Helms, Norman A. Mitchell, Sr. Dan Ramirez and Valerie C. Woodard County Manager Harry L. Jones, Sr. County Attorney Marvin A. Bethune Clerk to the Board Janice S. Paige

Absent: Commissioner Bill James

Also Present: General Managers Janice Jackson, John McGillicuddy and Bobbie Shields, Deputy County Attorney Sandra Bisanar, Human Resource Director Chris Peak, Assistant County Attorney Robert "Bob" Thomas, Attorney James Kooney, Attorney Mike Barnhill, Director of Social Services Richard Jacobsen, Director of Area Mental Health Grayce Crockett, and Health Director Wynn Mabry

(2B) CONSULT WITH ATTORNEY – STATE PERSONNEL COMMISSION RULE CHANGES

Deputy County Attorney Sandra Bisanar and Human Resources Director Chris Peak addressed State Personnel Commission Rule Changes applicable to employees of local health departments, social services departments, and area mental health authorities.

The following was noted:


- The history of the County with respect to having a Board of Health, Social Services Board, and Area Mental Health Authority Board. It was noted that in 1973 as the result of legislation sought by Mecklenburg County and approved by the General Assembly (G.S. 153A-77(a)), Mecklenburg County was allowed to and did assume the duties of its Board of Health, Social Services Board, and Area Mental Health Authority Board.
- In 1986 the County petitioned the State Personnel Commission for “substantially equivalent” status and it was granted. *Note: G.S. 126-11(a) provides that local boards of commissioners may establish and maintain a personnel system for all employees of the county and, if approved by the State Personnel Commission as being “substantially equivalent”, said system is exempt from the provisions of the Chapter 126, the State Personnel Act, except for Article 6, which deals with equal employment opportunity.*
- Having the designation of “substantially equivalent” allowed the County to have all of its employees under one system of local administration, instead of what was occurring, which was two systems, one for human services employees (DSS, Mental Health, & Health) who were subject to State rules and one for non-human services employees, who were governed by rules established by the County.
- New changes have occurred in the State Personnel Act applicable to human services employees, i.e. DSS, Mental Health, & Health, unless these employees fall under a human services agency as permitted under G.S. 153A-77(b)-(e). *Note: Mecklenburg County’s human services departments are not organized in this manner.*
- Under the Human Services Agency concept and for counties that have a county manager, those counties can do the following:
 - Consolidate the provisions of human services in the county under the direct control of a human services director appointed and supervised by the county manager;
 - Create a consolidated human services board;
 - Create a consolidated county human services agency having the authority to carry out the functions of the local health department, social services, and area mental health, developmental disabilities, and substance abuse services authority; and
 - Assign other county human services functions to be performed by the consolidated human services agency under the direction of the human services director, with such policy-making authority granted to the consolidated human services board as approved by the board of county commissioners.
- Staff recommended on November 7, 2007 that the County organize its human services departments under the Human Services Agency concept and confer the duties of the human services director upon the County Manager, who would in turn appoint the current Health Director, Social Services Director, and Area Mental Health Director as deputy Human Services Directors in addition to their current titles. Further, that although the County Manager would have the ultimate responsibility for their actions, they would continue to carry out the functions of their positions in essentially the same way as they do currently.
- If the County does not reorganize in this manner, it will result in the County again having two separate personnel systems to manage, one for human services employees and one for non-human services employees.
- Examples were shared regarding how disciplinary matters would be handled for human services employees vs. non-human services employees.
- The new rules went into effect November 1, 2007 but the County requested and received an extension until February 1, 2008.
- It was noted that Wake County is organized under the Human Services Agency manner

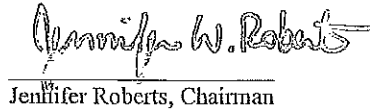
- already.
- The Board was reminded that at its November 7, 2007 meeting the Board directed staff to move forward with developing a plan for the Board's consideration to organize the County's human services departments (Health, Social Services, & Area Mental Health) under G.S. 153A-77(b)(1) so that the County is exempt from the provisions of Chapter 126, the State Personnel Act.
 - Per that direction a Steering Team was formed and charged with the responsibility of identifying the necessary framework for the proposed change.
 - The recommended framework was shared with the Board.
 - It was noted that the County has essentially been operating as a consolidated human services agency since 2002 with the creation of the Community Health and Safety Focus Leadership Team structure. This team is responsible for collaborative strategic planning and resource allocation for the human services areas. Thus, the consolidation under a Human Services Agency will require minimal change from the current structure while enabling the Board and the County Manager to develop and administer human resource policies and procedures that are relevant, fair and equitable for County employees.
 - The recommendation of the Steering Team is that the Board moves forward with creating and assuming the duties of a Consolidated Human Services Board.
 - The timeline for moving in this direction was reviewed.
 - It was noted that the Board would still be responsible for appointing deputy Human Services Directors of Health, Social Services, and Area Mental Health.

A copy of a handout regarding this subject matter is on file with the Clerk to the Board.

Commissioner Mitchell asked would the Board have the flexibility to say which directors they would like to hire. *The response was it depends on how the Board structures the Human Services Agency.*

No action was taken or required at this time. Staff will continue to move forward.


Janice S. Paige, Clerk


Jennifer Roberts, Chairman

February 5, 2008

(4) Public Hearings Mecklenburg County Consolidated Human Services Board

Motion was made by Commissioner Helms, seconded by Commissioner James and unanimously carried with Commissioners Bishop, Clarke, Helms, James, Mitchell, Ramirez, Roberts and Woodard voting yes, to open a public hearing on the Board of County Commissioners exercising its powers under G.S. 153A-77 to assume control of the activities of a consolidated human services board.

No one appeared to speak.

Motion was made by Commissioner Helms, seconded by Commissioner Bishop and unanimously carried with Commissioners Bishop, Clarke, Helms, James, Mitchell, Ramirez, Roberts and Woodard voting yes, to close the public hearing on the Board of County Commissioners exercising its powers under G.S. 153A-77 to assume control of the activities of a consolidated human services board; and approve the exercising of the Board of County Commissioners' powers under G.S. 153A-77 to assume control of the activities of a consolidated human services board by adopting a resolution entitled, *Resolution Of The Mecklenburg County Board Of Commissioners Exercising Its Powers To Assume Control Of The Activities Of A Consolidated Human Services Board*.

Note: This decision was prompted by recent changes in state personnel rules that were deemed by the Board to be less favorable for county employees than the current County Human Resources policies and procedures. The consolidated human services agency will not be subject to the State Personnel Act and will allow Mecklenburg County to continue to develop and maintain policies that are in the best interests of its employees.

**RESOLUTION OF THE MECKLENBURG COUNTY BOARD OF COMMISSIONERS
EXERCISING ITS POWERS TO ASSUME CONTROL OF THE ACTIVITIES
OF A CONSOLIDATED HUMAN SERVICES BOARD**

WHEREAS, since 1985 Mecklenburg County has operated a personnel system that has been designated by the State Personnel Commission pursuant to G.S. 126-11 as being substantially equivalent to the State system of personnel administration as the same applies to certain employees of the Department of Social Services, the Health Department, and the Area Mental Health Authority; and

WHEREAS, the State Personnel Commission has made recent changes to the rules with respect to substantial equivalency that would necessitate changes to the County's personnel policies and procedures that the County believes would be less favorable for county employees than the current policies and procedures; and

WHEREAS, pursuant to G.S. 153A-77(d), local employees who serve as staff of a consolidated county human services agency are subject to county personnel policies and ordinances only and are not subject to the provisions of the State Personnel Act; and

WHEREAS, accordingly the Mecklenburg County Board of Commissioners has considered creating a consolidated county human services agency governed by a consolidated human services board, pursuant to G.S. 153A-77(b), and assuming the power, responsibilities and duties of the consolidated human services board in accordance with G.S. 153A-76 and 153A-77(a); and

WHEREAS, before the Board of Commissioners may exercise the power and the authority contained in G.S. 153A-77 to assume the power, responsibilities and duties of the consolidated human services board, it must hold a public hearing pursuant to 30 days' notice given in a newspaper of general circulation, which public hearing has been held at this meeting upon notice duly given. Now, therefore

BE IT RESOLVED by the Mecklenburg County Board of Commissioners that pursuant to G.S. 153A-76 and G.S. 153A-77:

1. It creates a consolidated county human services agency having the authority to carry out the functions of the local health department, the county department of social services, and the area mental health, developmental disabilities, and substance abuse services authority; and
2. It creates a consolidated human services board having the powers conferred by subsection (c) of G.S. 153A-77, and further assumes all power, responsibilities and duties of said consolidated human services board pursuant to G.S. 153A-76 and G.S. 153-77(a) upon notice duly given of a public hearing conducted this day; and
3. It consolidates the provision of human services in Mecklenburg County under the direct control of the County Manager who shall exercise all power, responsibilities and duties of a human services director as the same is described in G.S. 153A-77(b).

Resolution recorded in full in Minute Book 44-A, Document # _____.