

Jackson County Human Services Board Meeting June 11, 2018

Present: Dr. David McGuire, Jerry DeWeese, Dana Tucker, Kathy Farmer, Kim Woodard, Dr. Cliff Faull, Kim Cowan, Dr. Bill Mobley, Dr. Tom Turrentine, Charles Wolfe, Mickey Luker, Sue Evans, Debbie Stanley, Clarissa Ashe, Shelley Carraway, Melissa McKnight, Danielle Wittekind, Heather Baker, Don Adams, Jennifer Abshire and Dianne Cauley.

(1) Mr. Adams, County Manager, called the meeting to order.

(2) Mr. Adams, County Manager, welcomed everyone to the meeting, thanked them for volunteering their time and introduced himself.

(3) Introductions and Background Information

Mr. Adams added to the agenda an 'Open Discussion' item to allow the board to ask questions regarding information or concerns. Mr. Adams shared he had worked closely with this Management Team, which included Ms. Abshire, Ms. Carraway, Heather Baker and staff, to put all this information together to make this transition as smooth as possible.

The first topic was to give some background information. Mr. Adams shared that in his conversations with Ms. Carraway and Ms. Abshire it had become somewhat clear there was some misinformation or information that may have been misunderstood. He suggested the board look first at who they are, what they are supposed to do and to look at the law that created this board. The board received three documents:

1. The first document was the Resolution adopted by the Jackson County Commissioners dated January 29, 2018 to create a Consolidated Human Services Board. Mr. Adams addressed the six items that were resolved by the Commissioners.
2. The second document was a simplified version of the law, which was option two that the commissioners voted to do. The document represented an organizational chart that showed that the Board of County Commissioners created the Consolidated Human Services Agency and appoints the Consolidated Human Services board. The County Manager then appoints the Consolidated Human Services Director with advice and consent of the Consolidated Human Services Board. The Consolidated Human Services Director appoints person with health director qualifications. Currently, Jackson County does not need that type of appointment because a qualified health director is already in place. The last option was the SHRA, and the commissioners voted to keep current employees under the State Human Resources Act.
3. The following sections of the law were reviewed:
 - B. The board has the right to exercise its jurisdiction over commissions, boards and agencies.
 1. Consolidate certain provisions of human services in the county under the direct control of a human services director

2. Create a consolidated human services board
 3. Create a consolidated human service agency having the authority to carry out certain functions
- C. Describes the make-up of this board which includes:
- eight persons who are professionals, each with qualifications in one of the following categories: one psychologist, one pharmacist, one engineer, one dentist, one optometrist, one veterinarian, one social worker, one registered nurse
 - two physicians licensed to practice medicine
 - one member of the board of county commissioners
 - other persons including members of the general public representing various occupations

This is state law and mandated membership of this Board.

- D. Authority of the board – powers and duties
- Set fees for departmental services based upon recommendations of the human services director
 - Assure compliance with laws related to state and federal programs
 - Adopt local health regulations and participate in enforcement appeals of local regulations
 - Perform regulatory health functions required by state law
 - Act as coordinator or agent of the state to the extent required by state or federal law
 - Plan and recommend a consolidated human services budget
 - Conduct audits and review of human services programs
 - Advise local officials through the county manager
 - Perform public relations and advocacy functions
 - Protect the public health to the extent required by law
 - Develop dispute resolution procedures for human services contractors and clients and public advocates

Mr. Adams reiterated these are not functions created by local government, the county commissioners or the county manager, these are statutory functions of this board.

Mr. Adams noted that local employees will remain under the State Human Resources Act.

The Human Services Director will be appointed by the county manager with the advice and consent of the consolidated human services board. The duties of the human services director are as follows:

1. Appoint staff of the consolidated human services agency with the county manager's approval
2. Administer state human services programs
3. Administer human services programs of the local board of county commissioners
4. Act as secretary and staff to the consolidated human services board

5. Plan the budget of the consolidated human services agency.
6. Advise the board of county commissioners through the county manager.
7. Perform regulatory functions of investigation and enforcement of state and local health regulations
8. Act as an agent of and liaison of the state
9. Appoint, with the county manager's approval, an individual that meets the requirements of the health director

Mr. Adams stated he thought this information would be helpful and it's clear about how this board was created, who you are and what the functions are as a board.

Ms. Woodard asked if the person that got the new job would report to the county manager and then the county manager report to the commissioners. Ms. Woodard also asked if that person would report to the commissioners. Mr. Adams replied that's how it's stated in the statutes, but that person will sometimes come to the commissioners meetings and give reports. Normally, a lot of issues are brought to work sessions and discussed, especially if it's regarding financial or personnel issues.

Dr. Turrentine stated he reviewed the NC law on human service organizations in government. There were several options made available that the county commissioners could have elected to do. Dr. Turrentine stated option one is what we were previously working under. Explain to me why we took option two and why we have the consolidated board. Was something amiss between the individual board's actions? Mr. Adams stated he could tell him what had occurred and where the board is at today. The Board went through different discussions regarding options one, two and three. The UNC School of Government came and fully explained the three options. I'm sure a lot of you participated in that meeting. What was chosen by the Board was the current option we are under. That option is to create a vertical line through the county manager all the way to the county commissioners and turn this agency into a department. The reality is that it still has a lot of elements that were very similar to the old system, i.e. this board. This board still has statutory functions that are very similar to the previous ones and this board has statutory functions in relations to human services. At this point it's not a debate for me. I'm trying and staff is trying to move forward and proceed as efficiently as we can.

Dr. Turrentine responded by stating he wasn't trying to debate it, he was trying to understand it. I've served 20 years on the Board of Health. I wasn't aware there were any issues with the vertical operations of the Board of Health and/or the state commission and mandates. I understand this is an option, I'm just trying to understand why that option was taken. I'm trying to understand myself so I can function better as a board member.

Mr. Adams shared the best he could tell him was that the commissioners are looking more at a vertical chain. As I understand, as we proceed forward under this consolidated agency concept that we may or may not find places of consolidation, as far as internal functions.

Dr. Faull stated he was kind of with Dr. Turrentine, the board of commissioners say it's in the best interest of the county. Is the reasoning behind it because there's a problem with quality or efficiency, are they wanting to make a bunch of money or is it improving a product to the consumer, which is the public. It would be helpful to the board to know what the commissioners have in mind for us and what they want us to get done. If they want us to do it, we need to know what to do.

Mr. Adams stated the charge is the statutory functions he just read. Dr. Faull asked if it was in the best interest to choose these statutory functions. He said he understood what's in it, but he asked what the commissioners had chosen for them to do that hadn't already been done.

Dr. Turrentine stated that statutorily it gives the commissioners the option to do it. I'm just curious why the county commissioners took that option over and above what we currently have. If currently what we had was not functioning sufficiently enough to make it more functional and have a consolidated board to make it more beneficial to the county, I don't have an argument with that. I was just trying to understand that because I wasn't aware that anything was amiss before.

Statutorily, there's no argument, it gives you the power to do it. My question is why that power was executed to have this consolidated board and is it better for the county? I'm trying to understand that, like Dr. Faull said, so I'll know what my job's going to be.

Mr. Adams stated he thought they were going to go in circles in with this conversation. When we start talking about the vertical chain and when we start taking about hopefully bringing in a new director to see if we can have some benefits to consolidation, I can only repeat some of the statements made by the board, because at this point, I'm trying to repeat the justifications put out there when the board voted to do this.

At this point where I'm at, as far as staff goes, the board has chosen to move forward with this and so the only thing I know to do is to move on to the next steps.

Dr. Turrentine stated that you can consolidate some of those things, but from the health department standpoint which he served on, it's hard to consolidate departments because the health department is mandated by the state on what services they give and report to the state. Again, he stated there are a lot of variables he was not clear on. Adding another tier of bureaucracy on top of two boards that were already functioning, I'm trying to understand the reason and rationale. That's all it is, so I can do a better job on the board. No doubt you are given the authority to do it and the commissioners are given the authority to do it. I'm just trying to understand what we are supposed to be doing and in charge of, whether it be the social services board or the health department board consolidation or under another level of bureaucracy, pure and simple.

Mr. Adams stated he was just going to keep repeating what he had said that the charge of what's next is what we are going to do and start the process. We will go through and look at the oath

of office and do some of the administrative things regarding procedures. There are director's reports from Ms. Carraway and Ms. Abshire. They will be sharing some basic information. Goals for the next three to six months will be reviewed because there will be a learning curve for everyone. When these issues come together, your charge will start to become clearer under the statutory rules.

Mr. Adams stated he didn't think there was anything he was going to say that would necessarily justify why they were here.

Dr. Turrentine stated he understood and appreciated that because they heard the same thing when the affordable care act was implemented, we heard that we have to implement it to see how it will work.

Mr. DeWeese told Mr. Adams he could respect and understand that he needed to stay neutral. He stated he was like Dr. Turrentine, he was just trying to understand why option two over chosen over option one. Mr. DeWeese told Mr. Adams he understood he couldn't address that, but then asked Mr. Luker if he could help them understand why option two was chosen over option one, the existing option.

Mr. Luker stated he would have to go back and look at his notes. He stated the commissioners just looked down through it and ultimately looked at the perspective of where we wanted to go and the reporting levels of it and how it would report, to the county manager and then to the commissioners and that would be the best option out of the three.

Dana Tucker stated they had heard about consolidation and function and could see where that could save some money. She said she wasn't sure that would help services and just wanted to know where this board wanted to go. Ms. Tucker stated she was honored to be on this board and really appreciated the opportunity. She noted she wasn't talking about what was voted on because they were here and dedicated to this board. She just asked where they needed to go in the next six months.

Mr. Adams stated there's a process to answer all that. We are not going to be able to sit here tonight and know the answers to where we are going. That would not be a realistic task for this meeting.

Mr. Adams reiterated that he, Ms. Carraway and Ms. Abshire were sworn in the same day, at the same ceremony. They have been going through this whole process together and have had open and honest communication as they have developed and moved through this process. We have even talked about these next steps and how they need to be an educational process in order to say where we are going from here.

In order to answer and proceed with that question, we all have to have the same knowledge base of the operations. Otherwise, you would be making decisions based on different levels. Some of you were Social Services Board Members and some of you were Health Department Board

Members and we would be operating at different levels of knowledge. The only thing I can talk about is where we go from here.

It's recommended we go through an education process and ultimately when we start talking about setting goals for the agency you will be in a better position. Most of you were board members and met once a month or quarterly. I'm going to be realistic in this conversation because I'm fairly knowledgeable and I've been in this business for over 20 years. I bring a little bit of experience to this conversation. You rely on management to come to you to make recommendations regarding where you go and how to move forward. I'm talking about those who were already on boards. Whether it be the Health Department Board that met quarterly or the Social Services Board that met monthly, you were heavily dependent upon this management, who is still here and who is still going to be heavily involved in this conversation to bring to you and make recommendations about what our priorities should be and where our system should go and things of that nature.

That's why it's important for me to let this board know and I believe the ladies here would completely agree that this has been an inclusive process. I recognize long-term you will have a director here and this director will be working with this upper management that's going to be working with this group. When we start talking about change, people fear change. You are still going to mainly have the management team who will still be coming and making recommendations to this group about where these systems should go. When we talk about the change of the board and the group and things of that nature, I'm telling you a lot of that is not going to change. In the past multitude of years the change of the board or what the board has been doing, you tell me if you disagree because you are the ones that were sitting on these boards for years, you relied on this management team to help you. I'm saying that's what will help you decide and answer the question of where we go from here because you are going to have a management team that's going to guide you through that.

Dr. Turrentine stated we had that. Mr. Adams stated you still have that. Dr. Turrentine stated we had it before, but now we have someone else they report to or helps make decisions. That's the whole point I was making. We have another tier of bureaucracy on top of this management team that worked before. The health department director brought information to the board. The board discussed it and made decisions and recommendations to the county commissioners. The commissioners took them or denied them. That was the way the system worked. Now we have the management team telling this board to make decisions and the new director will take them to the county commissioners, doing the same thing, but we have two boards together. I'm just confused as to why we have the consolidated board, option two over option one. Why we are here and what do we do? Again, it's already done. So it's not a question of saying do we resend this. It's already done. As I said before we have to implement and take a leap of faith that what we are doing is functional. I don't have any doubts we will be functional. I'm just interested in what our charge is over what it was before. Pure and simple. I will draw a conclusion and put that to rest and we can move on with the agenda and not hash it out.

Mr. Adams stated today the group would get to know each other and go through the agenda. He shared the board has to go through some bureaucracy and take an oath and be sworn in and go through policies and procedures. You will find that you have access to very good staff who have worked out most of this. I don't think you are going to have to sit around and worry about policy and procedures because you have very good staff to do that with you.

(4) Oath of Office: Mr. Adams asked Heather Baker, County Attorney, to give the oath. Ms. Baker asked the board to make sure they received two copies of the oath. They will be filed in two different places. Ms. Baker stated the most important thing you are doing tonight is to make sure tomorrow when staff go to work at the Health Department and Social Services that they can take care of the children and citizens of Jackson County that need help. In order to do that this board has to be sworn in and be functioning. The number one goal tonight is to make sure people in this county that need help tomorrow get the help they need.

The reason there is an oath when you are part of the public board is because you are a part of the county, which is a subdivision of the state of NC. Please stand and raise your right hand. Ms. Baker read the oath and the Board stated their names. The board was asked to sign their names and the oaths were collected.

(5) Organizational Rules: The Board received copies of the Operating Procedures of the Jackson County Consolidated Human Services Board. Ms. Baker noted these operating procedures were based on the statutes and the board would be approving them at the next meeting. The contents include Name, Object, Members, Officers, Meetings, Committees, Parliamentary Authority and Voting and Amendment to, or Suspension of, Operating Procedures.

These procedures show how and why the board was set up. This group was set up with 16 members. There was not a psychiatrist available in Jackson County to serve on the board so this position is vacant. Board members are appointed for four year terms. The management team that worked on these procedures decided it would be best to have a chair, vice chair and 2nd vice chair. These three individuals would make up the Executive Committee. The board is required to have a meeting at least quarterly, but can meet more often. The board is subject to the open meeting law. You have regular meetings, but can call special or emergency meetings. You are not required to have public comments, but most boards have in the past. The quorum is a majority of the board. This board consists of sixteen members, so therefore, nine must be present to conduct business. It is recommended the board use "Suggested Rules of Procedures for Small Local Government Boards" published by the North Carolina Institute of Government.

Ms. Baker shared that conflicts do not come up very often. A conflict is something that would have a financial impact on a board member or their immediate family. If that occurs you can ask to abstain from that vote. If not, you must vote and treat it as an affirmative vote.

There were no questions. Ms. Baker stated the plan was to adopt these procedures at the next meeting.

Mr. Adams told the board to keep all their handouts in the folder they were given tonight, but long-term plans are to, especially during the health department accreditation process, provide the board a notebook for their documents.

(6) Board Goals for next three to six months: This is something that Ms. Carraway, Ms. Abshire and I discussed. We want to recommend to meet monthly for the first six months and then possibly quarterly. That will be up to the board to decide.

These are the goals.

- a) Elect Chair, Vice Chair and 2nd Vice Chair
- b) Adopt Policies and Procedures
- c) Consent to Hiring HS Director
- d) Complete Orientation of Public Health and Social Services

Mr. Adams shared the directors will be providing a short report tonight, but will do a complete orientation on the health department and social services within the next three to six months.

Dr. Turrentine asked if the person hired for the director position would be presented to the Board with qualifications or would the commissioners just hire the person. Mr. Adams shared that Danielle Wittekind, HR Director, would be presenting the qualifications for the director position. The county commissioners have already set the qualifications for what is needed. The human resources department has gone through and determined the job title and job description. The salary has been set by the board of commissioners.

Mr. Adams, Ms. Carraway and Ms. Abshire have discussed this and want to have staff input in the interview process. Mr. Adams shared he plans to use the process he's used to hire new department heads. If you want them to succeed, you need to have input from the stakeholders. That's why he has brought Ms. Abshire and Ms. Carraway in on this conversation because they report directly to him, as well as the other department heads. This person needs to have partnerships.

Mr. Adams shared he plans to develop an interview process that's going to include input from stakeholders. He wants to discuss this more with the board. We want this person to be successful and want to set up the appropriate interview process to get the best person for the position. Mr. Adams stated he would like to sit down with the Executive Team, which is the chair and vice chair, and have these conversations. Then you as a board would recognize that we would come back and tell you what the process would be. As long as you know that the process is fair and has appropriate input from the stakeholder, then I would hope you as a board would accept that process and eventually the final say. It's not the county commissioners approving this position, it's actually the county manager approving this position with the consent of this board. From that perspective, it's really me standing before this board and developing a process to achieve that. It's not really any different than working with the county commissioners, and I do this with other department heads. Ultimately, the commissioners are involved in appointment of the department heads, but they don't necessarily get involved in the interview process. They rely on

staff to develop a professional process that allows us to get the most qualified person to do the best job.

Dr. Turrentine stated this is a human services board so will this person be educated and versed in human services or someone just acting as a director. Mr. Adams said yes. Dr. Turrentine said he didn't see that spelled out and he wanted to know what he was consenting too. Mr. Adams said they weren't consenting to anything at this time. It will be a process to eventually lead you as a board to consent. Ms. Wittekind will present a very comprehensive job description that the human resource department has put together with education requirements. We will advertise and see what type of applications we get.

Mr. DeWeese asked for some clarification. I understand the previous boards were governing board. We adopted policy and those were the rules. Do I understand that this board is an advisory board?

Mr. Adams stated the laws that he gave the board were statutory, their role is not an advisory role. The laws we just read over are statutory responsibilities, that's not advisory. Ultimately, what happens is that this board will even be involved with hiring the director, as far as consenting to this person. An advisory portion of it is not an accurate statement because you are a policy making board and can set fees and you have statutory authority. This board all the authority of the previous health department board. Sometimes there is confusion as to whether it's the health director's authority or the board's authority, and a lot of time it goes back to the health director, especially with the communicable diseases and things of that nature. But if I'm not mistaken the way the law reads is that this board has that authority. When you look at the different options, the option of an advisory board was where the commissioners actually assumed the direct role of these boards. If that option had been chosen, then this board would have been an advisory board, but the commissioners didn't assume that direct role, the commissioners appointed this board to have their statutory duties.

Dr. Mobley stated he fully supported this idea of delegating this decision to staff and the Executive Team, but asked if it wouldn't be too much to ask for this board to see the qualifications that have been set for this director.

(8) Human Services Director Position: Danielle Wittekind, HR Director, shared with the board three documents. The first document was the job posting to publicize the position. Ms. Wittekind shared a little background information. The employees in the consolidated human services agency are subject to the State Human Resources Act. That actually structures the process of how we want to recruit for this position and how this positions job description and classification is set with coordination from the State Office of Human Resources.

Mr. Adams shared he doesn't want to move quickly past that statement Ms. Wittekind just made. He asked the board to remember how he referenced the State Personnel Act and how the county wants to stay with this process. He reiterated all of this is dictated by a state mandated process. How this person is put on a grade and step is all being followed by Ms. Wittekind. Ms. Wittekind

shared what this process looks like to the state. There are two forms: one is a PD-118 – requesting a new position to be established and the recommended salary grade, as well as the title for the position. With this document, the PD-102R form is also submitted to the state, which is the job description. The job description is heavily referencing NC General Statutes 153A7, which is the statute that allows for consolidation. The state reviews the drafted job description and this form and approves the establishment of this position under the consolidated human services board.

The state has authorized this position as a Grade 37 and it is in compliance with classifications here on a local level and also in compliance with the Office of State Human Resources classifications. The state has approved the position description and salary grade for this position. What you see on the job description for education and experience is that the position requires a minimum of a master's degree in human services, public health, social services, public administration or related field and three years of experience in public sector management work planning, administrative and budgetary responsibilities or a bachelor's degree in those areas with five years of experience, or a combination of either one of those. That outlines the minimum responsibilities. Obviously, to qualify for the position this person is required to have some experience in the health department, social services or the human services fields.

Mr. Adams stated that was the job description with the minimum qualifications, but what will happen at the end of the day is that myself and executive management will sit down and talk about things that are specific to what we need in Jackson County. Yes, we have the minimum qualifications, but depending on the applicant pool, we can start targeting some of the issues that are needed here.

Dr. Mobley asked what the reasonable target date was for filling this position. Mr. Adams stated three months. Ms. Wittekind shared the county is advertising this position on the county website, in the Sylva Herald, list serves for public health and social services, NC Association of County Commissioners, as well as SCC, WCU, and other NC regional campuses that have the degrees which meet the minimum qualifications. The county started advertising today and usually starts receiving applications within the first two weeks of advertising. The minimum starting salary is \$74,156.75. The Board of Commissioners are slated to pass the budget on Monday.

Mr. Adams stated for the last couple of years Jackson County has been trying to complete a salary study that was done about five years ago. It's actually implementing a career path by giving current employees pay based on their years of service. The board has been receptive by empowering management to use this tool for recruitment. For example, if the Sheriff's Department is trying to get a road deputy with five years of experience from Haywood County and the board passes this policy, then this would enable management to work with the Sherriff to bring this person in at a higher pay grade. It's an automatic policy versus it being a board decision every time an exception needs to be made. The board received that very well. What does it mean here? That could potentially mean the executive board here will be empowered to

look at this person and negotiate the salary. This will enable us to get a qualified person with experience.

Dr. Turrentine asked why the section regarding additional/equivalent training and experience had “not applicable” on the State Human Resources position description form. He asked if they did we not ask what experience they’ve had or where they worked before or what’ve they’ve done.

Ms. Baker stated she would have Ms. Wittekind answer that question, but that this is the state form the county is required to use. Ms. Wittekind shared the reason non-applicable is there is because this classification description was done in such a manner to mirror the existing classification of the Office of State Human Resources for a Health and Human Services Director, which does not require specific additional requirements. If you put it here as an additional requirement and the candidate does not have it then they are no longer qualified for that position. What will happen when we get the applications, the search committee will have their top candidates they want to interview. No one in this room will be qualified to say this person is qualified to do this job. Under Office of State Human Resources and the State Human Resources Act, we will have to send a copy of their application to the State Office of Human Resources in Raleigh with the job description to see if this person meets the minimum qualifications. If you include anything there, and you have someone with 10 years of human services experience and you put something like CPR certified and that’s an additional requirement and they don’t have it, then they do not meet your minimum experience and education and they would be disqualified.

Dr. Turrentine asked if it would not be wise to know what previous experience they had. Ms. Wittekind responded that would be on the application for employment, as well as their resume. The application for employment is for someone applying for the position which details their professional history of education and experience. You don’t have a copy of the application, but it would require their education, certifications and summaries of duties and responsibilities at previous places of employment.

Mr. Adams asked that they go back to the goals. He stated he believed this process should be completed within three months. The executive team has discussed this. I want to emphasis again that this information you have received is from the people sitting right here too. There has been input and discussion regarding what we think can get accomplished within three to six months. We believe this is a reasonable expectation for this group to accomplish. We’ve gone through the human services director position and what we thought would be good today is to give this board a little summary from the health department and social services to get a taste of what you are getting into.

(7) Directors Reports: Ms. Abshire thanked everyone for coming out and being a part of this team. I know it’s new for all of us, but I’m going to be very optimistic about it and I think that with all the brilliant minds in the room, we will be able to come up some ways to possibly streamline some services we haven’t thought about before. I think this is one of the reasons the commissioners wanted to do this was to try to see if we could streamline. If there’s a way

to do it, I think this group will do it. Thank you for willing to be a part of it. Many of you I don't know so if you will bear with me I will give you a brief history about myself. I've been at Social Services for 26½ years. I came in 1992, worked as a Child Protective Services worker in Cherokee for 3 years and then I transferred to Child Support. Then I moved to supervision where I supervised Child Support, Work First, Emergency Services and Adult Services. Then I moved back into Child Welfare as a Supervisor, then Program Manager in Child Welfare and then became Director about two years ago. So, I have just about touched every program in social services except Medicaid and Food and Nutritional Services. Currently, we have 71 full time employees, 1 contract worker, 1 temp worker and 1 part time worker. We have been in this location since 2005. We get to thank the commissioners and the board at that time for getting us this building. As you can see it's a beautiful building and if you've not been here, we would be glad to give you a tour sometime. Everyone's able to have an office and we are not crowded like where we used to be in the building with the health department. The major programs we offer are Medicaid, Food and Nutritional Services, Child Welfare which is Investigations, In-Home Services, Foster Care and Adoptions, Adult Protective Services where we do Investigations, Guardianships, Payeeships and Child Support.

Mr. Adams asked Ms. Abshire to share some challenges that we may face in the next 6 -12 months. Ms. Abshire talked about the NCFAST System which is the new computer system for state programs. NCFAST was implemented about 4 years ago and there were a lot of problems with the system. Child Welfare starts in NCFAST in November. The good thing about the child welfare program is there were five pilot counties beginning this process. They will be working out the kinks and we will not move forward until the program is working well. This is the biggest change that is coming soon for the agency.

Mr. Adams shared that he and Ms. Abshire just signed off on a state contract. The state is really, at this point, mandating a significant number of measurable goals for social services. One of the board's functions is advocacy and you will need to advocate for social services. The reason I wanted to mention child services is because with the contract we just signed off on, the goals for a couple of the areas are going to be difficult to achieve for multiple reasons. Just having said that with these challenges, we want to reach goals and I believe we can do it. Several of you have been on these boards and participated in this role for several years and one of your strongest attributes is to be advocates for the services we are dealing with and we are going to ask you to continue to do that, especially on the regional and state levels.

Ms. Carraway shared she started in public health in 1992 working part-time with policies and procedures. She had a good mentor who was a health director that encouraged her and started her on the path to go back to school. That was at Appalachian Health District. Basically, she was over Home Health, Hospice and Health Services. She got her Master's in Public Administration and became Health Director of Alexander County. When her husband had a job transfer, she worked in Raleigh as Director of Operations for the prison system health system. Then she became OMS Hospital Preparedness Coordinator for the state. She then went back to public health and was most recently Chief of Health Care Planning in charge of the governor's annual

state facilities plan. That was her job prior to coming to Jackson County. She wanted to get back into public health on the local level. Ms. Carraway shared she has been here for two years.

Ms. Carraway stated that Clarissa Ashe is not just the food person, she is the financial person and does management support with the health department. She also noted that Melissa McKnight is the Deputy Health Director.

The board received a copy of the health department's annual review in their packets. We have a lot of different functions at the health department, we are not just a clinic and give immunizations. They have 58 employees with 54 of them being full-time and 4 being part-time. We have 20 job classifications with a lot of different professions. They have a budget of a little over 4.8 million. Funding sources come from federal, state, local dollars, insurance reimbursements, fees paid, donations and they write a lot of grants. The problem with a lot of diverse funding sources, is that the agency has a lot of accountability in a lot of areas. There are numerous funding mandates that tell us what to do. We have NC statutes, NC administrative codes and rules, federal laws and sometimes the health department is bound by the grants they have.

Ms. Carraway reiterated what Mr. Adams said about the law really dictating what the board's charge is in regards to the responsibilities and their powers to do it. I apologize to my past board members if I didn't explain well enough. I really want you to know you are still a very powerful board and you still have a lot of authority. The only thing that was changed to a different level was the hiring of the director, but you will still be able to participate in that, but it was previously totally up to you. This is still a very powerful board.

By law all health departments have to be accredited. It's a four year cycle and it takes four years to get there and every four years there is a site visit and this coming year will be their site visit. The staff is very well prepared, but because of this consolidation we will have a lot of work to do to catch this board up. Within the next six months, Ms. Carraway shared she would be bringing policies that need the board's approval related to the accreditation. It will be a great time to learn what we do and why we do it.

Ms. Carraway shared she knows the board understands doctors and patients. What they like to say in public health is that clients and patients are their customers and they take good care of them. We think about what we are doing for them and how it impacts the community. Ms. Carraway closed by saying we are all in this together.

Mr. Adams noted that as far as goals for the health department goes, the county commissioners did vote to approve renovation of the current facility at an estimated cost of 6 million. Mr. Adams shared that he, Ms. Carraway and some staff will be going to tour some other facilities on Thursday. The challenge now will be to look for space to temporarily move them out while renovations take place. This will be challenging, interesting and exciting. There will be the One Stop Shop which will include Building Inspectors, Code Enforcement and Planning. Also, Environmental Health will be there. Not only are we getting the One Stop Shop, but also the

clinical space will be updated. Mr. Adams stated he thought this was a positive move for the health department and hopefully, within two years everything will be located in the new renovated facility.

Ms. Stanley asked if the health department would be moving before the accreditation. Ms. Carraway stated, no, it would not be until after the accreditation takes place. Mr. Adams stated it actually worked out as far as the moving and construction starting after the accreditation. The challenge is now to find available space. The building will be new in every aspect.

Dr. Mobley asked about a satellite office in the southern part of the county. Mr. Adams shared that once they transition with the One Stop that would cause the county to have more conversations about the possibility of having a satellite office in the southern end of the county. Now is the time to holistically look at other options.

(9) Election of board chair and vice chair: Mr. Adams shared there had been some conversations regarding the board chair, vice chair and 2nd vice chair. These individuals would be part of the executive team and would have to spend more time working with staff to have conversations before board meetings. Mr. Adams asked if there were nominations or how did they want to proceed in this conversation.

Ms. Carraway and Ms. Abshire shared they had talked with some of the board members, but the floor was open for nominations.

Ms. Farmer stated she would be willing to serve as Board Chair because these agencies have two amazing directors to work with.

Dr. Mobley made a motion to nominate Kathy Farmer as Board Chair. Debbie Stanley seconded the motion and the motion passed unanimously. Mr. Adams thanked Ms. Farmer for her willingness to serve.

Ms. Abshire shared they had talked with Charles Wolfe about being the Vice Chair. Mr. Wolfe said he believed in the services of these agencies and had learned how social services works since serving on that board. He stated he was willing to serve.

Dr. Turrentine made a motion to nominate Charles Wolfe as Vice Chair. Ms. Stanley seconded the motion and the motion passed unanimously. Mr. Adams thanked Mr. Wolfe for his willingness to serve.

(Recording stopped at this point)

Ms. Abshire shared she had talked with Kim Cowan about the possibility of being 2nd vice chair. When asked if he would be willing to serve, Mr. Cowan responded at this time he didn't think he would be able to serve due to the time involved.

Mr. Adams asked that the board and staff discuss who might be willing to serve as 2nd vice chair and vote on this at the next meeting.

(10) Develop Meeting Schedule and Set Next Board Meeting: Mr. Adams asked about the second Monday of each month for the meetings. Monday did not work for several members so it was decided the meetings would be on the second Tuesday of the month at 6:00 pm at Social Services. The next meeting will be on July 10th.

(11) Mr. Adams asked for a motion to adjourn the meeting.

Mr. Turrentine made a motion to adjourn. Dr. Mobley seconded the motion and the motion passed unanimously.

Mr. DeWeese asked to speak. He shared that improving machinery was part his job. He said to do that, he had to understand what was wrong and see what he could do improve it. He stated he didn't try to fix something until he knew what to do.

These two boards that have been consolidated and have continuously looked for feedback and still can't find out why we are doing this. He stated it's a waste of all our time. It's a waste of time for the county to waste tax dollars, salary and benefits of \$120,000 - \$150,000 for this new position.

Going back to my original statement, I don't know what we are supposed to do, and therefore, I would like to resign my position.

Dr. Mobley stated he didn't know why the commissioners did this. As a retired physician, I don't like bureaucracy. After someone had surgery, he thought it was DSS' responsibility to take care of them. I see that it could be good to have the social services and health department pieces together.

Dr. McGuire stated he was willing to devote time and energy to this board, but asked if the commissioners could give the board a written statement as to why they wanted to do this. He stated he thinks they owe the board that much.

Mr. Adams stated he recognized this was a charged discussion. The Board has gone through multiple meetings. If a letter came back it would say the purpose is for the vertical chain of command and that it would be beneficial for the two agencies to become consolidated. From that standpoint, I look at this that the community went through their debates and at this point, the board made a decision. I would hate to set us up in a confrontational situation from the beginning. I think the answers would be the same and not sure it would help.

Dr. Turrentine stated we've had that. What was broken and what needed to be fixed. We spent six months on animal control. They didn't do anything. It's not helping, it's not that they don't have the authority, they do. I didn't see a broken system. There's no question about the

legislative power, but I just don't see why they did this. Like the affordable care act, we have to see if it works. I'm willing to move forward to see if it works out.

Dr. McGuire made a motion that the County Commissioners give the Human Services Board a letter explaining why they voted to do this. Dr. Faull seconded the motion.

Dr. Turrentine, Dr. Faull, Dana Tucker, Kim Woodard, Dr. McGuire, Kim Cowan, Charles Wolfe, Sue Evans voted in favor of requesting the letter. Kathy Farmer, Dr. Mobley and Mickey Luker opposed the motion to request the letter.

The meeting was adjourned.

Secretary to the Board

Chair of the Board