

PROPOSED MAPS – PUBLIC FEEDBACK

SOCIAL SERVICES REGIONAL SUPERVISION AND COLLABORATION WORKING GROUP

The Social Services Regional Supervision and Collaboration Working Group (SSWG) recently developed two regional map proposals and made them available to the public for comment. The maps were made available to the public on **Monday, February 5**. The SSWG requested that all feedback/comments be submitted no later than **Friday, February 16**. The following is a report that synthesizes the feedback/comments received by the SSWG as of Monday, February 19.

Why are these maps being proposed?

In 2017, the NC General Assembly enacted legislation directing the Department of Health and Human Services (DHHS) to develop a plan for establishing regional offices. Once established, the regional offices would work closely with the central office in Raleigh to supervise and support county administration of social services programs. The legislation also created the SSWG and directed it to develop recommendations to help guide DHHS's development of the plan. The SSWG's recommendations are required to address the size, number, and location of the regions.

What type of feedback was the SSWG seeking?

The SSWG will be releasing a full report by early April. Before finalizing its recommendations, the group wanted to hear from the public and other stakeholders specifically about the proposed maps. The group sought feedback/comments on questions such as:

- Is one map better than the other? If so, why?
- Are there minor modifications to one or both maps that would significantly improve them?
- How will the maps impact working relationships? Community relationships?
- Are there other factors in establishing regions that should take greater priority than those listed on pages 2-3 (e.g., judicial districts, population, geography, networks)?

Feedback Received

The SSWG received feedback from a number of private citizens, service providers, community leaders, county representatives¹, and additional stakeholders. As of February 19:

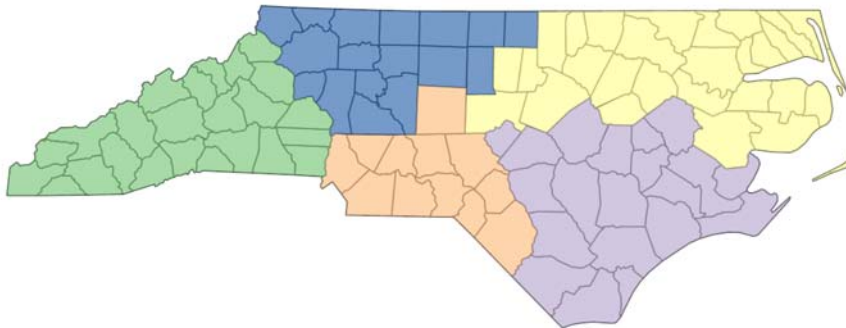
- Feedback/comments were received by a total of 40 respondents.
- Feedback/comments were received by 29 county representatives.

¹ "County representatives" denotes respondents who are involved in either county governance or in the delivery of social services at the county level (e.g., County Commissioners, County DSS Directors, and County Managers).

- Thirty-two respondents expressed a preference for one map over the other; eight respondents did not express a preference.
- In addition to/instead of expressing a preference for one of the proposals, several respondents provided feedback regarding the process by which the maps were developed and/or the factors that were taken into consideration when making regional divides:
 - The number of individuals *served* in each region should be equitable, not the total population in each region
 - Travel time (through mountain terrain in some parts of the state) should be considered, not the total geographical size of the region
 - Greater emphasis should be placed on aligning with LME/MCO districts given the possible integrated care models that are being introduced.

Proposed Regional Map 1

Description of Map 1: Five regions, optimized for strength of network relationships, tailored to conform to Judicial District boundaries and minimize population differences.

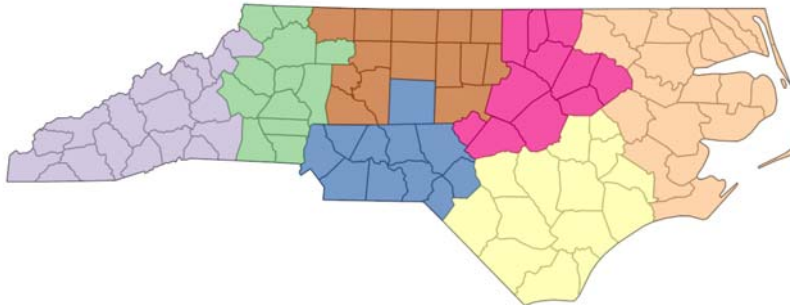


Summary of comments

- 10 commenters preferred Map 1, including 8 county representatives
- Factors/reasons commonly cited for preferring Map 1:
 - Better preserves the respondent's network relationships
 - Encourages a more efficient use of resources at the regional level
 - Better preserves military and tribal communities

Proposed Regional Map 2 (Map 2)

Description of Map 2: Seven regions, optimized for strength of network relationships, then tailored to conform to Judicial District boundaries and minimize population differences.



- 23 commenters preferred Map 2, including 18 county representatives
- Factors/reasons commonly cited for preferring Map 2:
 - Better preserves the respondent's network relationships.
 - Fewer counties per region are preferable; will increase the amount of support that the regional staff can provide to each county; concerns that regional staff would not be able to adequately supervise large regions.
- Suggested Modifications:
 - Keep Wake and Durham together.
 - Cumberland, Harnett, Moore, and Hoke counties have large military presences; grouping them together within one or two regions is preferable.
 - Move Surry County to the region with Lincoln County to simplify relationship with LME/MCO.

Organizational Feedback

Below is feedback from several organizations that offered detailed comments:

- **National Association of Social Workers, North Carolina Chapter (NASW-NC):** organization that promotes, develops, and protects the practice of social work and social workers; seeks to enhance the effective functioning and well-being of individuals, families and communities through its work and advocacy.
 - Important to staff regional offices with professionals who have the appropriate amount of knowledge and expertise.
 - A lack of appropriate funding may result in ineffective regional supervision and support.
 - Funding and resources should not be pulled from county offices to facilitate regional supervision.

- Proposed regions may conflict with 11 regions for awarding contracts to private child welfare agencies
- The SSWG should look at other regional models such as LME/MCO's, Area Agencies on Aging, Area Health Education Centers, and public health regions.
- **North Carolina Justice Center:** a non-profit, non-partisan organization working to advance economic opportunity and prosperity North Carolinians.
 - Choosing to align with Judicial Districts demonstrates a prioritization of some DSS programs and services over others.
 - Substantial changes to DSS programs are still in process (i.e. Medicaid); attempting to draw regional lines before those processes are complete may result in ineffective or conflicting regional divides.
 - Small, rural communities should be grouped in regions with large to mid-size counties to ensure the proper sharing of resources and practices across contexts.
 - A lack of appropriate funding may result in ineffective regional supervision and support.
- **Councils of Government (Western Piedmont Council of Governments and Upper Coastal Plain):** Voluntary associations of local governments.
 - The proposed regions are too large for both maps.
 - The proposed regions split regional councils of governments (COGs) where much collaboration and cooperation already exists, especially around adult services.
 - The regions should align with COG regions.
 - The workgroup should consider utilizing COG office space in lieu of new and stand-alone regional state offices.
 - WPCOG noted that the proposed regions split metropolitan areas. The Census Bureau designated 15 metropolitan statistical areas (MSA) within the state to track economic, social, and other demographic data due to the natural ties within those MSAs. Tracking the inter-county movement of DSS clients is a stated goal. Movement within MSAs is much greater than the proposed regions
- **North Carolina Partnership to Prevent Adult Abuse:** Organization promoting safe communities for older adults and adults with disabilities in NC through prevention, recognition, protection and prosecution of abuse, neglect and exploitation.
 - Will be especially difficult to ensure consistency in program administration for adult services because of disparities in funding. Very little funding is available from the federal and state governments, so programs rely on county support, which varies tremendously.
 - Alignment with judicial districts important for APS.

- **Children’s Home Society of NC:** Statewide, non-profit, private child welfare agency.
 - No opinion regarding the number of regions but places a priority on adequate funding and high quality staff for the regional offices.
 - Highlighted the existing regional system for awarding DHHS contracts to private agencies. For example, CHS has the contracts for regions 3, 4 and 8 for Intensive Family Preservation services. SSWG’s proposed regions do not align with these contracting regions. Will the contracts still be administered from the central office or will the regional offices take the lead? If the regional offices are to take the lead, how would contract administration be transitioned.



- Region 1 (Bright Turquoise)** – Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain, Transylvania, EBCI
- Region 2 – (Purple)** – Avery, Buncombe, Henderson, Madison, McDowell, Mitchell, Polk, Rutherford, Yancey
- Region 3 (Gray)** – Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Watauga, Wilkes
- Region 4 (Dark Teal)** – Cabarrus, Cleveland, Gaston, Lincoln, Mecklenburg, Stanly, Union
- Region 5 (Pink)** – Davidson, Davie, Forsyth, Iredell, Rockingham, Rowan, Stokes, Surry, Yadkin
- Region 6 (Blue)** – Alamance, Caswell, Chatham, Guilford, Orange, Person, Randolph
- Region 7 (Salmon)** – Anson, Cumberland, Harnett, Hoke, Lee, Montgomery, Moore, Richmond, Scotland
- Region 8 (Light Violet)** – Durham, Edgecombe, Franklin, Granville, Johnston, Nash, Vance, Wake, Warren, Wayne, Wilson
- Region 9 (Yellow-Green)** – Bladen, Brunswick, Columbus, Duplin, New Hanover, Pender, Robeson, Sampson
- Region 10 (Magenta)** – Bertie, Camden, Chowan, Currituck, Dare, Gates, Halifax, Hertford, Martin, Northampton, Pasquotank, Perquimans, Tyrrell, Washington
- Region 11 (Dark Turquoise)** – Beaufort, Carteret, Craven, Greene, Hyde, Jones, Lenoir, Onslow, Pamlico, Pitt

Summary

- More respondents preferred the proposed map with 7 regions than the map with 5 regions.
- Many respondents preferred the map that best preserved their network relationships.
- Many expressed concerns over staffing, resource availability, and funding.
- Some specific recommendations for changes to the 7 region map were offered.
- Several suggested that the regional alignment was not appropriate – should align better with COGs and LME/MCOs.