

**Social Services Working Group Stage Two**  
**Preliminary Recommendations**  
**Related to Inter-county Collaboration (with SSWG member comments)**

---

**Background**

During Stage Two, the SSWG is identifying barriers to inter-county collaboration and making recommendations for changes that may remove or reduce these barriers. Some of the recommendations require changes to the law (statutes, regulations, or both). Some changes do not necessarily require legislative change but would require the state and the counties to develop policies, guidance, and practices to effect the change. The three primary categories of recommendations address (1) conflicts of interest, (2) inter-county movement of clients, and (3) information sharing. These three categories are not distinct. The concerns and recommendations overlap to a certain extent.

In addition to the three primary categories, several additional recommendations are included. They are more general in nature but they highlight important challenges facing the social services system.

After each recommendation, there are “Homework Notes.” These are informal comments shared by SSWG members after they reviewed this document. It is important to note that this document does not reflect recommendations from SSWG. These ideas are still taking shape and the document is simply intended to serve as a springboard for brainstorming, discussion, and decision-making.

Also, note that many of the recommendations assume that the state will have a regional staff support structure in place consistent with the SSWG recommendations from Stage One. If a more robust system of regional support by the state is not in place, many recommendations may need to be reconsidered.

## 1. Conflicts of Interest

**Recommendation 1.a:** New regional DHHS staff should closely monitor how counties in the region manage conflicts of interest (COIs) to ensure all counties are responsive, follow law and policy, and cooperate with other counties. Regional staff should have the authority to intervene and provide direction if counties have disagreements (e.g., Does a conflict exist? Which county should assume responsibility?) or encounter challenges with COI case management (e.g., county that accepted the COI case is not taking action in a timely manner).

**Rationale:** Current state policy governing COIs relies on the discretion, professionalism, and relationships among the county directors. For example, the directors

- determine whether a COI exists;
- decide whether to accept a COI case from another county; and
- allocate financial responsibility between counties involved in a COI case.

Many counties have strong working relationships or formal agreements that allow them to manage COIs relatively seamlessly and efficiently. Unfortunately, some counties do not. As a result, there can be confusion and frustration when one county is seeking assistance from another county.

In addition, some counties are not seen as good partners. Other counties do not want to send a COI case to these counties for a range of reasons, including quality of work, response time, willingness to assume responsibility, and understaffing. This results in a heavier burden or a perception of a heavier burden on the “good” counties that readily accept COI cases and handle them well. It is important to have both systems in place for COI distribution that are fair and oversight to ensure that the cases are managed appropriately, consistent with law and policy.

Finally, state policies governing COIs are not comprehensive and are not interpreted and applied uniformly. It is important to have guidance and support from the state, and to equip the state with decision-making authority for difficult situations.

The regional staff will be in an excellent position to facilitate relationship building across counties, disseminate reliable and consistent information about law, policy, and best professional practices, provide guidance and support when complex COI cases exist, monitor COI behavior in the region, and make decisions when necessary. The SSWG does not want the regional staff to disrupt the systems and relationships that are working well, but it does want regional staff to create a stronger system in those areas of the state that need assistance.

### **Homework Notes:**

- Suggest that all counties in region have an MOU or some type of agreement about COIs. This is important regardless of how well legislated or prescribed by policy as counties vary in size and capacity and how they work together needs to be determined.

- There needs to be lots of training and consistency in regards to what actually constitutes a COI. A COI is interpreted very differently across all Co's. I think the regional office staff should have some authority around settling disagreements.
- I recommend our working group consider recommending a statewide tracking system for COIs. Data collected through this tracking system could be utilized to build greater system consistency in regard to what constitutes a COI and how they are managed. I recommend that one of the Regional Office Staff serve as a coordinator of COIs having regular meetings with the county COIs coordinators to review regional data and build greater quality and consistency into the COI process. I recommend that center state child welfare staff utilize the statewide COI tracking data to inform TA and policy.
- Because of the difficulties we have been identifying, it seems that the coordination of COIs should reside with one of the regional staff. I really liked the Catawba Council concept, and would be interested in exploring the details of that arrangement.
- There needs to be some way disagreements or refusals are worked through and that maybe best handled by regional staff.
- 1(a) begins with "new regional DHHS staff should closely monitor..." I take "should" to mean it is recommended but not required. I love the saying "when you've seen one county in N.C., you've seen one county" in describing how unique each of the 100 counties are. That said, unless we have clear definitions, criteria and mandates – might as well change the saying "when you've seen one region, you've seen one region." We should strive for clear/concise expectations. Should has to be changed to must or shall.
- "Closely monitor" – how needs to be defined. What yardstick can all regions uniformly follow to ensure responsiveness, that they follow law and policy and cooperate with other counties? What is the remedy/protocol for counties that do not cooperate with other counties?
- COI's should be defined. A regional staff member ("policy and operations coordinator") must have the authority to determine a COI and engage a non-cooperating county where disagreements arise between departments.
- Vermont Policy 211 was relevant. It begins: The goal of this policy is to identify expectations and responsibilities when transferring a family's care from one county DSS office to another. It then states: Conflict defined – for the purposes of this policy a conflict may exist when a child safety intervention (CSI) or family's ongoing case involves:
  - a family member of a current county DSS or regional office employee or regional DSS employee OR
  - an immediate family member of a current contract provider or community partner that works closely with the county or regional office on a regular basis OR
  - a county DSS employee OR
  - a litigant that has engaged in a criminal threat or conduct directed towards a county DSS employee or immediate family member thereof.

- Should all provisions be clear regarding applications? Meaning DSS does not just deal with CPS's. We should resolve the protocol for all cases and be clear when different services for different client populations demand distinctions.
- Perhaps a different set of timelines for action are needed.
- I feel we should stress resource allocations. What roles, financial or service resource allocations and expected?
- Attorneys at the State level (DHHS General Counsel or AG's office) should be involved with this process to ensure nuances in the statutes and rules are considered.

***Recommendation 1.b:* Each county should designate one or more staff members responsible for managing COI cases to ensure that requests are received, reviewed, and handled consistently and in a timely manner.**

***Rationale:*** COI case management and information sharing can be complicated. For counties without a central point of contact for these cases, the SSWG is concerned about variation in interpretation and application of law and policy, follow-through with cases, and information sharing. Assigning this responsibility to specific staff should improve accountability and consistency in managing COIs.

***Homework Notes:***

- Agreed this needs to be by program.
- Agree that one designated staff works best. That's how we do here if request are manageable.
- Recommend the regional office COI Coordinator and state central staff train the county COI contacts to foster greater consistency.
- There should be a single person charged with the overall responsibility within each county, but others should be trained as well to assist with the caseload or step in when necessary.
- This should be in COI policy, if so this recommendation would not be needed. Clear Policy.
- This is a good idea. I support it.

***Recommendation 1.c:* DHHS should work with the counties to revise the COI policy to ensure that the definitions, authority, and expectations are clear.**

***Rationale:*** State COI policy was revised in 2016 but additional clarifications are needed to help counties adequately apply the policy. For example:

- What constitutes a COI? For example, is it a conflict if a CPS report comes in regarding a family member of an employee in the economic services division of a large agency? Or the report relates to a staff person in a different county department? Additional detail and clarification of the definition of a COI would help promote cooperation and consistent interpretation and application of the policy.

- Who decides a COI exists? Should the receiving county be allowed to question the sending county's decision that a COI exists?
- Is it appropriate for the receiving county to screen the report if it knows that a COI exists?
- Who funds the work related to a COI case?
- What is the funding formula for each COI case (by time, function, or situation?)
- What are the expectations regarding reciprocity?

**Question to SSWG: Do you want any of this COI clarification to be put into statute or regulation? It is currently all in policy.**

***Homework Notes:***

- Agreed, to do this there must be a method of enforcement.
- I would support that COI policy be put into statutes. That's the only way you will get consistency especially around what constitutes a COI and what doesn't.
- I would support simple and clear COI directives be put in statute.
- COIs be tracked across the state
- Be evaluated for consistent application and assignment
- What constitutes a COI and what does not?
- This is an area where I feel very specific guidelines need to be issued. This could be part of the annual compliance agreement with the counties, or potentially it could be addressed statutorily. Everything I know about this area, I have learned within the SSWG, and I would defer to those who have been in the DSS administration across the state to decide the need for statutes.
- Agreed. COI policy should contain definitions, authority and expectations. If policy is written well enough, trained consistently and clarifications are clear and communicated the policy should be sufficient.
- Examples would be helpful, but the legislation/rule/policy should be flexible enough to address unforeseen circumstances.
- It would be helpful for the State to manage COI requests, serving as a central repository for data.
- Hard to say who should fund the COI work. We need a balance between fairness and minimizing administrative costs.
- It would be a good idea to put detailed requirements of COI in statute or regulation, but it might be helpful to pilot it first to allow the system to be refined.

## 2. Inter-County Movement of Clients

### **Recommendation 2.a: The legislature should clarify the law governing residency for social services (G.S. 153A-77).**

**Rationale:** State law governing county of residence (G.S. 153A-257) generates confusion. For example:

- What is the county of residence for a homeless person or family?
- What is the county of residence for a person who is in a rehabilitation facility or institution for an extended period of time?
- Should the county that initially determined Medicaid eligibility always remain the county of residence?

The legislature should revise the law to modernize the residency provisions for all social services programs and address challenges with implementation. It is possible that different programs will require different standards.

**Question to SSWG: Do you want to specify how the law should be changed?**

#### **Homework Notes:**

- If it is legislated the nuances must be clear for all programs.
- Yes, it should be the last known County of residence prior to placement.
- County of last known non-institutional residency?
- This is so desperately needed.
- Concern - May create extra cases on those Counties where facilities are located. Also how will Medicaid transformation play out when you have many different regional plans...will clients be able to get services outside of their region? DSS Directors must have input to legislature to formulate a plan that will work.
- The recommendations are sound. Should we consider "grocery listing" how many differing laws/criteria exist in defining "residency" and entitlement to services criteria. We can then develop consistency from there.
  - How shall we approach setting the criteria to transfer an ongoing case of a client that has "moved permanently"?
  - Will we accept demonstrable evidence of mortgage/rent paid for 3 consecutive months? What if the family resides in a shelter or with relatives? Do we allow any agency to retain a case "for compelling reasons"? Do we attempt to recommend what those compelling reasons may be?
- I don't think the Medicaid County of residence should become a permanent county of residence for all social services purposes. G.S. 153A-77 could be drafted better to make things clearer without changing current practice in a large way. Any major practical change may be more disruptive than helpful.

**Recommendation 2.b: DHHS should provide adequate training to counties regarding the procedures that govern transfer of cases to ensure consistency across counties.**

**Rationale:** There is a detailed state law governing transfers of child protective services (G.S. 7B-900.1) cases. The law outlines detailed procedures that the court and counties should follow. Some counties are not following these procedures. For example, an attorney may request a transfer from a judge without any discussion with or notice to the receiving county. Sometimes, the case is transferred without any additional information being shared with the new county. The lack of notice or shared information negatively affects case management by the receiving county.

There is no comparable law governing transfers in the adult protective services arena. Transfers are in the discretion of the clerk of superior court and are often done without notice and adequate information sharing.

**Question to SSWG: Do you want to recommend legislative change regarding transfers of APS cases?**

**Homework Notes:**

- This should include attorneys and judges.
- Yes, there is policy in CPS but not consistent across all programs.
- Yes, to make consistent with CPS and other programs.
- Absolutely
- Clear in Economic Services, may need clarity in CPS, APS and Child Support. Add legislation about transferring APS cases.
- Yes, a transfer of venue statute for APS/Guardianship cases would be helpful.

**Recommendation 2.c: DHHS should establish policies that set forth standard information sharing practice for transferred cases.**

**Rationale:** As discussed above, cases are being transferred without notice and often without adequate information sharing. The state should establish policies that outline the expectations for information sharing when a child support, Child Protective Services, or Adult Protective Services case is transferred.

**Homework Notes:**

- This must ensure continuity of services.
- Yes, NCFast is supposed to help this???
- Yes. This is a necessity.
- Clear in Economic Services, Child Welfare should be resolved once NCFast is fully implemented. Outliers maybe Adult Services and Child Support.
- I agree! This would be helpful.

**Recommendation 2.d:** DHHS should make changes to its Medicaid eligibility policies and practices in order to improve the accessibility of Medicaid-funded services across county lines, consistent with federal law. In particular, the state should determine whether Medicaid eligibility determinations and service approvals (medical necessity) can apply statewide, especially for individuals involved in the CPS and APS systems. If state law is a barrier, the legislature should amend the law to ensure continuity of care and improve outcomes.

**Rationale:** Behavioral health services are sometimes disrupted when an individual (1) is involved with APS or CPS, (2) is receiving behavioral health services, and (3) moves from one county to another (perhaps for a placement). This primarily happens when the individual's move involves a switch from one Local Management Entity/Managed Care Organization (LME/MCO) to another. The new LME/MCO will need to assess whether the individual needs the service ("medical necessity") and, if so, determine whether the individual can continue with the current provider (Is the provider in the new network? If not, can the LME/MCO enter an exclusive contract for this individual/provider to ensure continuity of care?). This type of disruption can be harmful to the individual so the counties work hard to maintain the therapeutic relationship, sometimes drawing on non-Medicaid funding sources to do so.

**Homework Notes:**

- Yes, law should be changed so children and adults that have Medicaid and are involved with CPS/Foster Care and APS/Guardianship can get services anywhere in NC. This issues is currently a barrier to getting services for these clients.
- This conversation was underway at the County Commissioners' Advisory Board meeting for VAYA LME/MCO just yesterday. The portability of funding is especially important for smaller counties with strained resources.
- Agreed, this is currently a barrier when children/adults are placed outside the LME/MCO system as their home LME/MCO has to authorize for payment. Also can be issues for medical necessity for the same reasons stated above. Will Medicaid transformation make accessing services more difficult? There should not have to have a redetermination of need when a child/family moves to a new catchment area.
- The SSWG should try to address this issue. Cases with this challenge often involve urgent, high-need services that are expensive.



**Recommendation 2.e: DHHS or the legislature should establish laws or policies that (1) expand and clarify the expectations for providing assistance to distant counties and (2) clarify the financial obligations of each county involved.**

**Rationale:** Staff in one county may be required to travel to a distant second county to conduct home studies for placement or visit with incarcerated individuals or those in facilities. The travel can consume significant resources from the first county. Sometimes the second county is willing and able to assist with this work but not always. Sometimes when assistance is provided, there is confusion about each county's financial obligations.

- I'm not sure what distant Co's are???
- Any help in clarifying these issues is welcome.
- We would want to think through this one before establishing laws around it. Some Co's maybe be so understaffed that they are not able to assist.
- A number of states seem to have a sending/receiving social worker attending proceedings outside of their district. Are all agencies capable of absorbing such expenses that this requirement creates? Do joint (sending and receiving agencies) home visits provide a measure of value "warm hand-offs"?
- This form exists: <https://www2.ncdhs.gov/info/olm/forms/dss/dss-1797-ia.pdf> (intercounty agreement on placement of children). Maybe it could be expanded to broaden its application.

**Recommendation 2.f:** The state and counties should take steps to maximize opportunities for incarcerated parents or other respondent parties to participate remotely in court proceedings when appropriate and feasible. This may involve investment in equipment, training, and personnel.

**Rationale:** Staff in one county may be required to travel to a distant second county to transport incarcerated parents or other respondent parties to court proceedings or meetings. The time and travel involved can consume significant resources.

**SSWG requested a presentation from AOC to discuss. Questions to explore: Would it be possible for some of these proceedings to be managed remotely? What technological solutions are available to social services agencies and the courts that will ensure (1) the parents' rights are protected and (2) resources are used as efficiently as possible.**

**Homework Notes:**

- This would minimize the travel for child welfare social workers who are required to remain in contact with incarcerated parents.
- I would be in support to exploring remote possibilities...Skype or video conferencing, webinar ???
- Yes, I fully support exploring these ideas.
- This could be significant in the ability to keep cases moving in a timely progression.
- Remote participation should be possible with current technology – AOC should seek funding.
- Criteria should be developed and funding secured to allow for remote video participation/visitation in agency related meetings, conferences, and under certain circumstances, court appearances.
- Transportation involves DPS and local law enforcement, as well as AOC.

### **3. Information Sharing**

**Recommendation 3.a:** The state should explore whether county social services agencies and attorneys can have access to information systems maintained by the judicial system (such as JWisE).

**Rationale:** The JWisE information system, which is maintained by the AOC, contains important information about the status of juvenile cases. Other court actors, such as the guardians ad litem, have access to JWisE, but county social services staff do not.

Example: With access to JWisE, county staff may be able to determine whether another court took action on a case, to confirm whether a case was transferred, to check whether a court has terminated jurisdiction in a case, etc.

Social services agencies only need access to review information; they do not need to alter or add information to the system.

If a similar information system is also available for APS, it would be helpful for social services staff to have access to it as well.

**SSWG requested presentation from AOC to discuss this issue.**

**Homework Notes:**

- If laws need to change for this I would recommend they be changed so DSS can access. Court Improvement and performance measures will not improve unless we can access this data. Not sure how correct the data in this system is as it's put in by the Clerk of Court??
- I recommend they be made accessible to social services agencies if as legally possible. If state statutes will help address this need I recommend this be seriously considered.
- Any opportunity to increase communication and understanding is a welcome change to the system. This would be yet another step to assist with timely action in custody cases.
- Absolutely, DSS should have access
- A central information depository would be prudent. Currently, we might access information through JWISE. There may be pertinent information elsewhere – Onsite Review Instrument (OSRI) data (are quarterly reports currently generated sufficiently of value?), NCFAS, CFSR data which may require multiple points of access (my impression, thus I may be mistaken!).
- Adequate funding for the technology assistance required to effectively collect accurate, timely information that is readily accessible and valued by those working in the social services realm is essential.
- This would be helpful to county agencies.

**Recommendation 3.b: DHHS should create a system that allows child welfare and child support local staff involved with a particular child or family to share information to the extent allowed by federal law.**

**Rationale:** There are important and necessary connections between the child welfare and child support systems. Staff working in each system need to share information about children and families involved in both systems but cannot because of confidentiality laws in both fields. This can create challenges both within a single county and between counties.

Example: Child welfare staff and attorneys are sometimes reluctant or unable to use “failure to pay support” as a basis for terminating parental rights because the child welfare staff does not have the necessary information from the child support program.

DHHS should create cross-divisional – rather than division-specific – policies and procedures in order to improve information sharing, coordination, and collaboration.

**Question to SSWG: Do you want to recommend that state confidentiality laws be reviewed and revised to allow for this?**

**Homework Notes:**

- Yes, these two systems need to share information. We have no problem with this however not all child support agencies are under DSS.
- Yes. I fully support. In some DSSs communication already works well. But in counties where it does not (in some counties child welfare and child support are managed by different entities).
- Absolutely
- Agreed. All confidentiality laws should be reviewed so information can be shared across DSS.
- Yes, I agree.

**Recommendation 3.c: The legislature should amend state law to require clerks of court to provide notice to a director of social services prior to any hearing in which the director may be appointed guardian.**

**Rationale:** Clerks of superior court have the discretion to appoint a social services director or assistant director to serve as the guardian of an incompetent adult (G.S. 35A-1213). The clerk may believe that the appropriate guardian may be in a different county or judicial district.

Example: An adult may be located in the clerk's jurisdiction for a short-term hospitalization but plans to move into a nursing facility close to family in another county in the near future.

Current law does not require the Clerk to provide advance notice to the director being considered for appointment. Some clerks have adopted a practice of doing so, but many have not. As a result, directors are often surprised by appointments. Advance notice to all potential social services directors will allow those directors to review the case, discuss it among themselves, plan for the responsibility, and travel to the other county to participate in the hearing if necessary.

**Question to SSWG: Do you want to recommend that state laws governing guardianship be amended to direct clerks to provide notice as described above? Alternatively, do you just want to encourage clerks to adopt the practice?**

**Homework Notes:**

- Agreed
- Absolutely, this needs to be in the law that DSS gets a number of days' notice. We need time to access if there are other appropriate guardians besides us. Many times we get no notice and after DSS is appointed it's very difficult to get anyone else to step up.
- Absolutely this needs to happen.
- I recommend this be made a statutory requirement. I would recommend a 10 calendar day notice to provide the DSS time to conduct a diligent search to see if a more appropriate guardian can be found. I also recommend that in counties where DSS has entered a contractual arrangement with a Guardianship Corporation to serve as

guardian in lieu of the DSS that this be honored by the Clerk of Court as the first appointment consideration prior to appointment of the DSS.

- Agreed, DSS needs sufficient notice (30 days) to access alternative family members/guardians. Many times after DSS is appointed it's very difficult to get anyone else to step up and assume responsibility.
- Either state law or just encouraging clerks (maybe through the rules of recordkeeping?) to provide notice would be helpful.

***Recommendation 3.d:* DHHS should prepare comprehensive guidance regarding information sharing and confidentiality for all of the social services programs. It should ensure that state representatives (including any regional staff) understand, interpret, and apply the guidance consistently.**

***Rationale:*** There are many different confidentiality laws governing social services programs. Not everyone interprets and applies them in the same way. As a result, some counties may not share information within and across programs the same way that other counties do. This can result in frustrated and fragmented support for individuals and families needing assistance from social services. Counties report confusion at both the local level and the state level. If the state is able to clarify policy and provide sound guidance, counties may be able to adopt consistent information sharing practices. Better and more consistent information sharing will lead to improved inter-county collaboration.

**Questions to SSWG: Do you want to recommend any legislation or legislative study of confidentiality laws? Should the state provide training to county staff on this?**

***Homework Notes:***

- Add training to this (“...comprehensive guidance and training...”)
- Yes, establish and do lots of training and support on this.
- Yes, I support
- I agree wholeheartedly.
- Agreed, excellent training opportunity. Would like to add Public Health as well.
- A number of localities may have approached information sharing through MOU's. I agree with the notion that comprehensive information sharing legislation may resolve. Uniformly the sharing of information among agencies and contract providers.
- I agree with this, although there is an SOG book and electronic tool that are helpful in many instances.

## 4. Other Recommendations

**Note to SSWG: When evaluating and revising these recommendations, remember to focus on improving inter-county collaboration. SSWG's work is part of a larger reform effort and some of these issues may be better addressed by other aspects of reform.**

### **Recommendation 4.a: DHHS should improve workforce development and training for county directors.**

**Rationale:** Local social services administration relies on the discretion and professionalism of and relationships among the county directors. Counties face challenges with recruiting, training and retaining leaders in their social services agencies. In order to have a strong system, the counties need strong leaders committed to developing relationships across county lines, building and supporting excellent staff, and following law and policy closely.

- Recruiting: The State should develop tools to help county hiring authorities screen and hire the highest quality candidates for the director position. The hiring authority varies from county to county (DSS board, Board of County Commissioners, county manager with the advice and consent of a consolidated human services board) so it is important to provide consistent information and support to those involved.
- Training: In order for directors to be good leaders, professionals, and partners, the State needs to commit to improving the quantity and quality of training available to them.
- Retaining: The State should support the counties' efforts to retain directors. This may include a statewide strategy for developing training or leadership, as described above, devising a mentoring or support system for directors, or assisting counties with the development of incentive or salary structures.

**Question to SSWG: Are there any legislative recommendations related to workforce development? During the last meeting, there was some discussion about creating a pipeline for more staff (community colleges?). Do you want to include anything in the recommendation related to workforce development for staff?**

#### **Homework Notes:**

- Agreed and it should align with program training. Training should also be competency based with testing at the conclusion.
- Yes, the General Assembly needs to fund this much like it used to be funded, similar to the teacher fellows, not just for child welfare but for any DSS social worker that currently works or wants to work in NC.
- I recommend that a new Child & Adult Protective Services Social Work Education Collaborative be established and funded by the NC General Assembly.
  - That funds be appropriated to fund one fulltime Coordinator at each of the NC State Universities that have an established Social Work Department.

- That funds be appropriated to provide educational stipends to fund 100 child welfare students across the state with priority given to students already working in a county social services department.
- I recommend that as a part of the Child & Adult Protective Services Education Collaborative that a Social Services Leadership Certificate for prospective DSS Directors and other senior leadership be offered as part of the statewide curriculum and taught at each of the state institutions.
- That the Social Services Leadership Certificate as part of the MSW degree be given preference for hiring by appointing authorities for County DSS Director positions statewide.
- Within our DSS, we have met to think creatively on this topic.
  - Would the state consider a program like the teaching fellow?
  - Is there a way to forgive tuition for so many years of service as a BSW or MSW in NC?
  - Can more supervisors be identified for achieving licensure?
  - Can on the job work experience be considered for credit in the pursuit of the MSW?
- Agreed, in all areas especially fiscal training.
- I think an emphasis on assisting with training and retaining would be particularly helpful.

***Recommendation 4.b: The state should find ways to increase or reallocate funding to allow social services agencies to have adequate staffing***

***Rationale:*** Inadequate staffing has a direct impact on inter-county collaboration. An understaffed department is not able to assist other counties as well as an adequately staffed one with COI cases, home visits, etc.

**Question to SSWG: This is a broad recommendation. Can it be made more specific or be related to legislative recommendations?**

***Homework Notes:***

- This is essential for CPS Assessments which do not have any options for expansion through federal funds.
- Yes, Caseload standards should be in law and re-examined on a consistent basis.
- Recommend statutory caseload limits for administering state/federal mandated programs. That these caseload limits be established by DHHS and revised every five years. That these caseload limits be a part of the state county annual agreements.
- There should also be some consistency in caseload limits.
- Agreed, should this not be tied to comparable salary structure across the state?? Create caseload standards for every program and put this in statute.
- Yes, this will be tricky, but it is so important if we really want to improve the quality of work in the low performing counties.

**Recommendation 4.c: DHHS should increase the quantity, quality and accessibility of training provided to county staff.**

**Rationale:** As discussed above, there are tremendous variations in practice and policy implementation across the state. The state should increase the quantity, quality, and accessibility of training to improve local practice and consistency across the state. Improved practice and consistency will foster greater trust among counties and willingness to collaborate.

**Question to SSWG: This is a broad recommendation. Can it be made more specific or be related to legislative recommendations?**

**Homework Notes:**

- Substitute availability rather quantity, believe that some training could be condensed so I don't think quantity is appropriate.
- Yes
- Yes, and all training be made testing and pass/fail based.
- Yes, but we have to figure out a way that this does not detract from their ability to provide timely service. Right now, it seems that my office is always understaffed due to staff attending mandatory trainings.
- Agreed, easily accessible to Co's without large travel cost burdens. Number of trainings held annually should be expanded. May mean more funding from the legislature.
- I agree with the notion of stepped up quality and quantity of training to county staff. Clearly, this applies to front-line workers but we should also emphasize improvements in managerial and human resource development.
- Generally, I think the quality of the State training is good, but quantity and accessibility are dragged down by State staffing and geographical challenges.

**Recommendation 4.d: DHHS, through both the central and regional offices, should ensure that counties receive consistent interpretations of law and policy governing social services programs.**

**Rationale:** There are tremendous variations in practice and policy implementation across the state. Counties can receive conflicting advice from different people at the state level. This variation in practice can generate a lack of trust or confidence in the work of other counties.

Examples: One county may have a significantly different approach to a parenting program (e.g., content, delivery, credentialing, or availability). County A may require parents to participate in certain training or rehabilitative functions, but County B may not.

Consistent interpretation and application of policies and expectations will foster greater trust among counties and willingness to collaborate.

**Question to SSWG: This is a broad recommendation. Can it be made more specific or related to legislative recommendations?**



### **Homework Notes:**

- This will only happen with adequate staffing.
- Yes, Co's have to have consistent, frequent contact with regional offices. This should be required by the MOU's since without requirement some Co's may not accept.
- Yes
- I feel this has been one of our primary goals as the SSWG.
- Agreed, Clear policy in manuals not admin letters and DCD letters in a timely manner. Provide advance preview through NCACDSS committee structure prior to implementation date.
- This is important, but it should be done in a way that doesn't substantially slow down the State's response time to counties that need counsel quickly.

### **Recommendation 4.e: DHHS should collect examples of positive inter-county collaborations and develop resources for other counties to help facilitate new collaborations. Regional staff should disseminate resources, identify potential collaborations, and help counties initiate new collaborations.**

**Rationale:** There is anecdotal evidence of successful and unsuccessful inter-county collaborations. The directors' association and some state programs have collected and disseminated some best practices, but it would be helpful to have the state lead an effort to collect and disseminate more comprehensive information and tools to support successful collaborations.

In the current system, collaborations develop based on (1) relationships between directors, (2) geographic proximity, and (3) historical partnerships. Lower-resourced counties are often not able to invest the time and resources necessary to initiate a new collaboration. Regional staff will be in a unique position to support collaboration by providing direction, parameters, and policies. It is important to note that this function should be supportive and not directive. **Inter-county collaboration should still be voluntary.**

**Note to SSWG: The highlighted concept was expressed in the last meeting. The content of this recommendation will likely connect with the next question SSWG will address in State Two - a vision for mandatory regional administration.**

- Yes
- Recommend inter county collaborative be placed on a best practices clearinghouse website and accessible for counties to review as they are developed. Recommend that successful collaborative be showcased and awarded at the annual Social Services Institute.
- Giving counties access to information on best practices and successful collaborations would be so helpful in raising performance levels across the state. I learn about new ideas and best practices for county governments through the NCACC communications and our annual conference. The best new ideas receive awards at a conference luncheon and displays are available to communicate the specifics of the program.

- Agreed, this would allow best practice ideas to be shared.
- This sounds like a good idea. I agree it should not be mandatory.

***Recommendation 4.f: The legislature should establish a financial incentive program to encourage counties to invest in developing new inter-county collaborations.***

***Rationale:*** In the current system, counties develop collaborations independently. The state does not incentivize or actively promote collaboration, even though such partnerships may improve service delivery or save money. Options for a new incentive program could include (1) appropriating new funding to support start-up costs, (2) affording collaborating counties preference for state grants or other funding, and (3) allowing collaborating counties to reinvest savings generated.

**Question to SSWG: Do you want to recommend legislation? Appropriations?**

***Homework Notes:***

- Yes
- Recommend that incentive start-up funding for inter-county demonstrations be appropriated by the NCGA.
  - Specifically demonstrations thought to create potential cost savings and efficiencies in social services administration such as:
    - Inter-county adult home monitoring
    - Inter-county MA Transportation Coordination
    - Inter-county Adoption /Foster Home recruitment, licensing and training
    - Inter-county application processing center
  - Recommend state regional office staff be heavily involved in the inter-county demonstrations providing TA, support and profiling the demonstration for placement on the statewide inter-county clearinghouse website.
- Financially rewarding creativity that results in efficiencies and cost-savings could elevate DSS function across the state. I am definitely in favor of this.
- This would be low on priority list, especially since financial resources will be limited. It would be more beneficial to use on staffing needs. If you want to foster collaboration then appropriations must come with it. Currently it is based on county funds.
- I'm not sure I feel strongly for or against this one. It is a good idea, but would not be as high on my priority list as some of the other suggestions.

***Proposed Recommendation 4.f: Revise SSWG Charge (From Judge Stiehl)***

I would recommend that the charge of the Legislative SSWG change. It should remain as an ongoing entity to examine current practices, evaluate and recommend the implementation of best practices in the provision of social services to N.C.'s citizens. A formal evaluative process should be deliberate, ongoing every 2-4 years. As well, a standing SSWG would exist for "legislative assignments"/specific tasks that currently may not even exist on our horizon but allow for swift task designation without the necessity of legislation anew to create, charge and report.

DRAFT