



**What is the nature of your current or former connection with Departments of Social Services? (Check all that apply)**

Other
attorney
Private child placing agency
Adoptive parent

#	Answer	Bar	Response	%
1	Service recipient		1	3.13%
2	Staff member		25	78.13%
3	Board member		0	0.00%
4	Volunteer		1	3.13%
5	Staff or volunteer of another organization with parallel or overlapping interests or service populations		3	9.38%
6	Concerned citizen		3	9.38%
7	Elected official		0	0.00%
8	Other local/state government employee		3	9.38%
9	Other		3	9.38%
	Total		39	100.00%

**In your experience, what are the specific challenges you see in collaboration between counties? (p. 1 of 2)**

- **For example, the challenges might relate to relationships, information sharing, information technology, differences in philosophies or practices among counties, lack of trust or reciprocity, etc.**

**Text Entry**

all of the above listed. Difference in services available in each county.

Current technology makes it difficult to share information - NCFAST does not work for Child Welfare. Vacancies and volume of work in a county sometimes makes it difficult to reciprocate, share or assist. I believe state support rationalization will make this more difficult. Neighboring counties potentially in different regions will have guidance from their state rep who may or may not share the same views as the county needing assistance. Add to that the new regions created by Medicaid transformation and you have counties working out of several regions for the families Medicaid, for the child welfare services, and then they are probably in a different court district.

Collaboration between my county and surrounding counties works really well with COI cases, sharing information and movement of clients. On occasion we encounter challenges with policy interpretation and practice.

Relationships, information sharing, communication, policy interpretation.

Counties do not have enough staff to send to other counties to help. Counties interpret and follow Child Welfare Policy differently. Counties do not communicate effectively with one another and do not listen to each other as they are sharing information with one another. Counties have had bad experiences with one another and there is a trust issue among some of the counties.

dumping Some counties may rent motel rooms for teens instead of providing services. Usually an adjoining county is notified of the need for services

There are a variety of challenges that we have experienced. One is a lack of willingness to collaborate. A feeling of us vs them - for example, not wanting to use their families for a child from another county. There is often very different cultures within the counties that may not mesh well. There is also added complication to collaboration when you cross over MCO catchment areas - making it more difficult to provide services to children and families. There also can be a large discrepancy between resources available to one county vs another that adds to a difficulty in collaborating.

1. Inconsistent practices among counties - some counties are more likely to follow policies and guidance from the child welfare manual, whereas others are more lenient in their interpretation. 2. Some smaller counties consider any employee at their agency to be a Conflict of Interest, whereas a larger county may not. 3. When requesting a child welfare assist from another county, some counties decline assists or prioritize them behind their own county's work, instead of prioritizing by safety and risk to children. 4. When a family moves to another county or a CPS report is received in one county and in an attempt to initiate that county learns the family actually resides in another county, it is NEARLY IMPOSSIBLE to get some counties to accept the case as a transfer. This is a large area of contention among counties.

The lack of a statewide automated case management paralyzes a county when needing information and support, especially after-hours. While the forms are consistent, the assessment of kin placement varies greatly based on the individual county's culture and practice. In addition, given the limited resources and increasing expectations, the support of another county's practice often is not prioritized, to no fault of the receiving county. Conflicts of interest are always challenging given the sensitive nature of the engagement. We work closely with the counties near us. In all of these circumstances, there is a willingness to help out, but we all struggle with a lack of resources.

**No problems ever collaborating with two counties as that relationship is not legal binding until all parties agree. However if regionalization is mandated the challenges would be working with two different Board of Social Services, Commissioners and County Managers related to budget, supervision/oversight, governance and missions. Who would decide what. Who would be the controlling entities**

In my experience, collaboration between counties has been good. Counties often make contact with their counterparts to discuss policies/procedures &/or best practices. The only challenges I faced in a few rare instances where one county may have implemented a process or change in policy based on an interpretation they received when another county received a different interpretation and was completing the process a different way.

Services available between counties, different models currently between counties, discrepancies between pay for employees in different counties, differences between leadership structure and job responsibilities between counties for same position

DHHS policy and guidance is vague when it comes to interagency collaboration other than encouraging it, so often people don't know their roles. There is a mistrust between other counties, though that is legitimate when we receive the quality of their work and it is concerning.

Other county DSS agencies in the east do not honor the conflict of interest policy and regularly refuse to assist our DSS. We do a lot of work for those counties and they refuse. They say they do not have the manpower to do this work. I know of one situation where the county DSS made a wrong case decision and failed to take a child into foster care when it was needed. I wish something could be done to get them to honor their responsibilities.

Relationships are based on resources. Often the lack of trust or reciprocity are the result of a county wanting the other to provide resources or services not available in the original county. Further, the lack of statewide true case management software does not allow ease of sharing information, nor reporting to provide real time data by which to make sound decisions. Finally, the lack of consistency across county lines is unfair to both clients and workers, whether it is pay, practice, philosophy or services provided.

resources, relationships, practice differences and reciprocity.

**In your experience, what are the conditions that create or enable the challenges in collaboration? (p. 1 of 2)**

**Text Entry**

Relationships with other counties. Other counties push back when offered to collaborate due to all staff being overworked and county services being maxed out.

I believe state support being regionalized could make this more difficult. Neighboring counties potentially in different regions will have guidance from their state rep who may or may not share the same views as the county needing assistance. Add to that the new regions created by Medicaid transformation and you have counties working out of several regions for the families Medicaid, for the child welfare services, for their mental health needs, and then they are probably in a different court district. Staff vacancies in a county needing or requesting assistance creates additional issues - in my experience no county has ever declined to help because they just don't want to it is usually about their own lack of resources

Inconsistency in policy application, level of expertise and interpretation from state staff.

Lack of communication between counties. Not enough face to face interaction. Boggled down with work lack of time to interact.

There is no penalty for a county not to follow policy. Policy says that you cannot refuse an assist request. I have had many counties refuse saying they have a lack of staff, to busy doing their own cases or just flat out refusing to help. When you get guidance from the state they will say well you can go do it yourself or try to get the client to come to you instead of forcing the county to help. I helped a county with a Conflict of Interest case after 5 other counties refused to help which should never happen. This type of thing causes hard feelings and counties not wanting to help one another.

Money!!!

The culture of the county is one of the biggest items that contribute to their ability to collaborate or not. Some counties are very closed and unwilling to collaborate and others are much more open to it. Additionally the discrepancy in resources is also creates a challenge in collaborating. Sometimes there is also a differing interpretation of policy and procedure that can hamper collaboration.

The training provided by NC DHHS is very general in nature and does not provide guidance about how to really put the bookwork into practice with families. The training provided by the Division needs a complete overhaul to meet the workforce needs. Agencies spend a significant amount of money sending employees to these trainings, that more often than not, aren't particularly beneficial. Those trainings don't highlight best practices, teach staff have to prioritize the work, etc. Mandated trainings within the first year for a new CPS Investigator totals a month of training and time away from the agency (156 hours of training = 19.5 days), and agencies then still have to invest a very large amount of time doing hands-on training to fully equip staff to deliver services to families. The nature of the trainings provided by the Division then results in each county's interpretation of policy and differences in best practices. The Children's Program Representatives are supposed to help counties manage disagreements such as counties refusing to accept a transfer of a case, but often they are not familiar with policy and this is more often handled at the Program Manager and Director level.

A lack of staff, vacancies, geographical proximity, lack of information, lack of access to technology, competing priorities, and increasing expectations challenge the collaboration.

**The jockey for funding and control. Different missions and philosophies**

There are fewer instances where counties come together for training or review of policies. While there are fewer opportunities to come together for training as compare to years past, there are also time constraints - more time is spent working in a "new" system leaves less time to get away from the office for a meeting. Budget constraints can also contribute to having less opportunity for this as well.

Leadership perception/communication causing challenges with county cooperation Budgeting issues Discrepancies between large and small counties

-lack of guidance in policy. For example- foster children live all over NC- so county employees are driving all over the state to see children. State guidance (not clear in policy) is that assists do not have to be provided in foster care, therefore people reject them. The state has the DSS 1797 about the intercounty agreement of the placement of children and they feel that this will remedy the situation. There needs to be training of this form and some guidance, because it is not user friendly and we have never received one from another county.

Excessive amount of work and not enough staff

See above. State DHHS has been unwilling to be the arbiter of decisions that are difficult between counties...such as which county has jurisdiction in questionable cases, or which county must accept a COI request. Further, the state is unable or unwilling to set service standards around staffing, etc. to assist county directors in seeking additional resources from their county budgets.

**In your opinion, what are the potential changes that could improve intercounty collaboration? (p. 1 of 2)**

- **For example, the changes might relate to legal or informal expectations, physical resources, differences among counties, etc.**

**Text Entry**

Standardizing services available, additional staff, easier ways to share information.

Additional funding for counties to obtain the staff and work resources they need, a technology system that works - The state has spent \$300 Million (I believe this is the figure but would venture that cost to counties is much higher - the loss of staff, new staff training, overtime etc it has taken to get to a place where NCFAST is usable in FNS and Medicaid and now issues with child care and we are talking about adding child welfare into a system that is not really workable for social work)

Consistency with state staff support.

More group meetings with counties and state staff.

Consistency following the Child Welfare policy we are all suppose to follow. The State should step in an speak to Directors who may or may not know that their staff is not following policy. Directors need to talk with one another when staff decide on their own whether they are going to help another county or not. All reasonable requests should be honored and all counties should try to help one another. We need to work together not as 100 different counties doing things 100 different ways.

Improve funding

More guidance and oversight from the state with regard to policy and procedure. Also an emphasis on collaboration to help change some of the counties with a more closed culture.

Completely redo the State mandated trainings. These also need to include some fieldwork and field supervision and not just classroom and online learning. The Division needs to research how other states adequately train staff instead of revamping in-house. They also need to get input from the counties about what this should look like. Training should include simulations, actual practice that is relevant to the work, etc. Counties need to be informed/reminded of what the Children's Program Representatives do for child welfare - I'm not sure people are aware. Policy/guidance needs to be provided about transfers to other counties so it isn't left to each county to say "yes" or "no", and instead there is a set of criteria.

Clearer policy, easily navigatable statewide automated case management system, more support from the assigned CPRs for each county, fewer unfunded mandates, increased state funding and prioritization of child welfare.

**Resources, improved technology and information sharing**

More opportunities to learn policies, clarifications, etc. together - in small groups. When I first started work with DSS, Policy consultants (they've had many different names over the years) were assigned to a group of counties. The consultant visited each county once a month and provided consultation & training. They also regularly provided training for all counties in their group which allowed county to county collaboration. The consultant was available by email or phone to answer questions that came up between visits. In my opinion, counties felt more knowledgeable, worked well together and appreciated having a rapport with state policy experts.

Comparable budgets per capita, Statewide forms, case management program that actually works that is standardized, salary/workload standardization to help prevent turnover

The director's association could tackle barriers in communication to set norms. Hopefully with the implementation NCFAST it will assist in consistency of practice. I wish there were regional meetings where program managers meet and also talked about what was going well and what were challenges.

I think the only thing that would improve their collaboration on conflict of interest cases would be some type of penalties if they failed to follow policy

The state should implement case load standards for all services, should implement case management software that would truly assist services in adult protection and child protection (NOT NCFAST!) The state should either provide assistance in COI cases or be the one to make a final decision when counties are not willing to assist. The state needs to take responsibility for managing relationships with the state systems contiguous to NC to assure information flow. The state should be the final decision maker on questions of jurisdiction. Finally, the state could become the single source of reporting both child and adult abuse and neglect, assuring consistency of application of decision making when accepting cases.

Meetings to explore expectations, resources and policy.

**In your experience, which are the top two motivating conditions for restructuring social services administration into regions? (Check 2)**

**Other**

Problems far outweigh benefits



When a county does not care about its citizens or the services they receive or if they receive them

#	Answer	Bar	Response	%
1	When the general population is sparse or client population is low		3	16.67%
2	When the county is challenged to recruit adequate numbers of professional staff		7	38.89%
3	When economies of scale could be gained by consolidating or sharing resources or processes with other counties		14	77.78%
4	When the geographic boundaries between neighboring counties matter little in the daily lives of residents		8	44.44%
5	Other		2	11.11%
	Total		34	100.00%










**In your experience, what are the top two factors working against regional administration? (Check 2)**

Other	
	the state's unwillingness to bear the cost of a true regional administration
	Counties providing local funds for services would diminish or be eliminated completely. Counties receive indirect cost from providing services to social services, this would result in loss of county positions supporting delivery of services - economic impact as well
	assurance that the community will have locally available resources

#	Answer	Bar	Response	%
1	Differing philosophies or personalities across counties		7	41.18%
2	Differing funding for social services across counties		13	76.47%
3	Lack of historical trust or successful cooperation across counties		2	11.76%
4	Desire to keep local control		7	41.18%
5	Motivation to keep the status quo		1	5.88%
6	Recent consolidation of human service departments within the county		0	0.00%
7	Other		3	17.65%
	Total		33	100.00%

**If regional administration is mandated, how should the counties be involved with the regional department? (Check all that apply)**

Other
withdraw from poorly performing region and go it alone again
Each county would have have the ability to proscribe the amount of funding it contributions and determine the use of those funds
If this occurs, there needs to be equality between the counties related to funds, access to services, case/work loads, etc...
none of the above. It should be state funded and state administered

#	Answer	Bar	Response	%
1	Each county would provide a proscribed amount of funding to support administration and programs		3	17.65%
2	Each county would be represented on the governing board		14	82.35%
3	There would be regular communication between the regional department and county officials		11	64.71%
4	Each county would hold the authority or responsibility to select service delivery sites within the county		9	52.94%
5	Each county would have the authority to withdraw from a poorly performing region and join another region		5	29.41%
6	Each county would have the authority to intervene in the regional department administration or governance in urgent situations		8	47.06%
7	Other		4	23.53%
	Total		54	100.00%

**Final Question: Is there any other information you would like to share with the Social Services Working Group in relation to either intercounty collaboration or regional administration? (p. 1 of 2)**

**Text Entry**

I am not against regional administration. I think it would actually help our County Department. I would like to see more intercounty collaboration - I think it would be better support for our families and provide better services and allow for all families to have access to the same services.

Regional Administration will not solve problems, real or perceived. Training must be timely and led by competent staff, monitoring the same - until technology and staffing at the state is fixed there will be no resolution, no matter how you slice the state pie. General Assembly must be willing to fund the programs at appropriate levels. Counties have a lot of money in programs and the state has little - ie Adult Services State 3% Counties 81%. Eliminate services or give counties more funding. County DSS' know their populations, know the services needed, go to great lengths to find resources for their population - I believe this is lost with regional administration. Intercounty collaboration can also be supported by providing counties with additional funding to provide the necessary services and staff to do the work, More and better training in all areas will lead to better outcomes - which I really think we are after. Data sharing is very important and there is no dashboard that does this.

Currently, there is significant salary/work load discrepancies causing large turnover for different counties. Should this and leadership structure be improved by regional administration, this could be a positive change.

I would like to see if changed to a regional administration, the counties would hopefully have more accessibility to state staff. Not only for policy interpretation but for training assistance as well. More unification and communication between state and counties.

Considering how the funding will work as you work through this process will be important as will assuring that local community members in need of assistance will be able to receive it in their own community. Intake, foster parent trainings, and conflicts of interest cases may all be services that would be more easily done in regional setting. The local counties need additional support in most program areas at this point. We will need additional staff support and not less. The thought of getting less is concerning.

If we go to Regional Administration please make sure the Director of the Regional Center knows what is happening on the county level and is knowledgeable in current policy and procedure. Half the time the state sends auditors to the county to conduct audits the auditors do not know policy and do not know how to do the job they have been sent to the county to do. Also the Regional Director needs to be able to relate to all the counties they are responsible for in terms of relying on the DSS Directors who are already in place and being a support person for them instead of trying to dictate how they run their counties.

no

As a private child placing agency, we receive funding from DHHS in a regional fashion. If DSS moves to a regional administration, it would be helpful to have the regional funding align as well so that the same private provider serves the whole region.

NCDHHS is struggling to monitor current expectations through existing review processes (CPR/PDP, CFSSR/OSRI, Fatality Review, 7-Day Fatality Review, MOU/PIP). The number and diversity of review processes are burdensome to county departments and are not achieving the desired outcomes. There is little to no support of the county departments in improving performance. The current staffing structure is setting the state and counties up for failure. There must be additional staffing and resources for both the counties and the state. If regional administration equates to a modification of the child welfare allocation process, counties must be at the table. It is unclear as to why counties would have to fund the state's regional oversight as it is not eliminating any of the county roles and responsibilities. We must have the funding, resources, and technology necessary to successfully implement these expectations (both intercounty collaboration and regional administration). AND - there must be an implementation plan in place. Today we received a letter from Lisa Cauley stating the new new modified manual would be sent to counties TODAY. We are not in receipt of the modified modified manual, nor was there any communication about the state's training, support, and implementation plan of the changes. There also is not clear expectations about when the counties will be reviewed to the new new modified manual changes. There should be at least 60 days allowed for training, implementation, and behavior change prior to be reviewed to the expectations.

**Final Question: Is there any other information you would like to share with the Social Services Working Group in relation to either intercounty collaboration or regional administration?(p. 2 of 2)**

Intercounty collaboration already exist among counties both on a voluntary basis and mandated ex. Partnership for Children, multi-county judicial districts, non-emergency transportation systems, and mental health to name a few.

The biggest concern for regionalization is the same as it is with the 100 county system...how do you assure consistency?