Dear Social Services Regional Supervision and Collaboration Working Group,

Thank you for allowing public comments in the development of proposed maps for Social Services Regions. The National Association of Social Workers North Carolina Chapter (NASW-NC) is a membership organization that promotes, develops, and protects the practice of social work and social workers. NASW-NC also seeks to enhance the effective functioning and well-being of individuals, families and communities through its work and advocacy.

NASW-NC believes the staffing of these regional teams will be the key to success of the regions. Our members have not expressed preference over providing five or seven regions. Rather, the expressed concerns are in the hiring of those knowledgeable enough to be able to provide what the counties need such as IT support, NC FAST support, day to day questions from front-line workers, and more. This support should be timely and help reduce turnover. Policy and practice change quickly in this environment and regional staff will need to be able to assist county Departments of Social Services (DSS) with any changes. We will need professionals with program knowledge and expertise that can gain a high level of respect from the counties and also keep pace with policy and best practices.

An additional key to success is to ensure funding is in place to pay for regional positions. At the same time, we also need to ensure funding and staffing is available at the county level. Otherwise, some counties may feel resources are being poured into regional staffing and not front-line child welfare and adult protection workers.

We know many private organizations contract with county DSSs’ and the state to provide services in counties. It is important to look at these contracts as the state level contracts are grouped into eleven regions already. These contracts are important to keep in place so there is no disruption of current service delivery to county DSSs’.

Lastly, we encourage the committee to look at other regional models such as LME/MCOs, Area Agencies on Aging, Area Health Education Centers, and public health regions. These regions might be incorporated into DSS regions as they could assist staff and/or be examples of successful (and unsuccessful) training models. Since these entities have been in place for many years and serving
communities, looking further into their models might give these proposed regions a better understanding of what already works well and what does not.

Thank you again for the opportunity to comment.

Sincerely,

Kathy Boyd, ACSW
Executive Director

Kay Castillo, BSW
Director of Advocacy, Policy, and Legislation