FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

Introduction

The Executive Leadership Team (hereafter "ELT") and the Child Welfare Services Leadership Advisory Team (hereafter "LAT") are essential components of the North Carolina Department of Health and Human Services' (DHHS) approach to child welfare system transformation. A core lever in realizing the transformational vision is the implementation of the Family First Prevention Services Act.

The ELT and LAT reflect an integrated child welfare teaming structure charged with facilitating the consistent, successful and sustainable implementation of Family First and ensuring alignment with other ongoing system transformation efforts. An initial 18-month assessment, planning and readiness period will be undertaken to ready and plan for Family First implementation. The ELT and LAT will continue to meet beyond that initial 18-month period to ensure long term and sustainable implementation.

This Charter provides the opportunity to create a clear and mutually agreeable definition of the scope of work related to Family First planning, readiness, and initial implementation in the context of the transformational vision and other key policy levers (e.g., Rylan's Law), including the roles and responsibilities of these teams within an integrated teaming structure.

This Charter may be revised as new needs and/or better ways of functioning emerge and will be reviewed annually or when major changes to the teaming structure or function are needed.

Purpose

The ELT is the decision-making body responsible for setting the vision, leading the implementation, aligning policies and finances, incorporating recommendations for system learning, and ensuring that child welfare system transformation is aimed at the achievement of identified outcomes.

The LAT strategizes alongside the ELT and provides recommendations aimed at a comprehensive and inclusive approach to planning and implementation to advance the health, safety and well-being of North Carolina's children, youth, and families in collaboration with a wide array of partners and stakeholders. Together these groups are responsible for building the strategic direction, integrating bi-directionally with existing transformation efforts, prioritizing recommendations and resource requests to the ELT, and the development and oversight of working groups.

FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

More specifically, the ELT and LAT work together to inform and support planning, readiness, implementation prioritization, and sequencing of specific recommendations and initiatives related to recently enacted legislation to reform child welfare which includes North Carolina's Rylan's Law and the federal Family First Prevention Services Act. This includes but is not limited to ensuring that:

- Organizational and system-wide transformation maximizes opportunities provided by enacted legislation
- Core components of system transformation efforts are understood and informed by critical stakeholder groups
- Core outcomes are identified and prioritized outcome baselines are developed and targets with timelines are set
- Target populations are empirically derived, and characteristics understood
- Service array is selected and implemented based on the volume and needs of the target populations
- Implementation planning and timelines relative to the strategic direction are determined and monitored - Implementation dates are understood and strategically sequenced
- Political, legal, system, workforce and other drivers are assessed and aligned
- Financial implications are determined and allocated
- Opportunities to pilot the implementation are considered and taken

Scope

Initial responsibilities include the development, convening, support, and oversight of two Family First provision focused working groups, one focused on prevention services and one focused on congregate care. These working groups will report to the LAT and be responsible for carrying out strategic recommendations aimed at optimizing opportunities inherent to Family First in a manner that aligns with other system transformation initiatives. Planning and initial implementation efforts will focus on the domains of (1) Practice, Service Array & Policy, (2) Data & Evidence, (3) Administrative & Fiscal, and (4) Implementation Capacity and Strategy.

Responsibilities also include the development of the Prevention Services Plan as required by the federal Children's Bureau and building capacity to implement remaining Family First provisions (e.g. foster home licensing standards, kinship supports, and developmental needs of young children). For more information on the Family First Prevention Services Act, please refer to:

FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf https://www.acf.hhs.gov/sites/default/files/cb/pi1809.pdf

Specifically, work will include:

- The phased rollout of evidence-based practices, prevention services, and a congregate care services continuum.
- Internalization of the work in a way that sustains lessons learned and solidifies capacity to continue as a learning organization.
- Strengthening practice, data, administrative, and fiscal infrastructures to increase the effectiveness of current and future system improvement efforts.

Expected Outcomes

The core result of the ELT and LAT will be DHHS' readiness and increased capacity to implement Family First in the context of the system transformation underway (e.g., Rylan's Law). Outcomes at the conclusion of the 18-month project period include:

- Establishing a sustainable teaming structure with an integrated approach to decision-making and resource allocation to ensure optimal planning for and implementation of Family First;
- Engaging stakeholders across human services, private providers, and community supports to create a comprehensive approach to keeping children safely at home and receiving services in the least restrictive setting;
- Developing action-oriented implementation plans and strategies for prevention services and congregate care provisions (e.g., Prevention Plan, as required by the Children's Bureau which includes: definition of Candidates, selection and implementation of evidence-based practices, and a defined approach to evaluation and continuous quality improvement)
- Beginning implementation of plans and strategies identified during the planning period to promote integration of Family First and system reforms.

Beyond the project period, the system level results, described above, are designed to generate longer term child and family level outcomes, as identified in the federal Child and Family Services Review. These efforts will build a continuum of care that supports families, increases the availability of community resources and evidence-based services, and promotes the safety, permanency, and well-being of children and their families, with a specific emphasis on:

FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

- Preventing and protecting children from abuse and neglect,
- Maintaining children safely in their own homes whenever possible and reducing entry into foster care,
- Promoting stability and permanency for children,
- Preserving the continuity of family relationships,
- Increasing families' capacity to provide for their children's needs, and
- Ensuring the use of residential settings aligns with the requirements for Quality Residential Treatment Programs (e.g. trauma informed treatment model, onsite clinical staff, family engagement, aftercare services, and identified licensure and accreditation).

Deliverables

Identified outputs include:

- Quarterly memos documenting decision points and progress towards implementation and documentation of readiness planning and movement towards the identified strategic direction.
 - ➤ Q1: Documentation of governance structure membership and functioning, catalogue of reviewed resources and materials, and written articulation of an integrated strategic direction.
 - Q2-4: Documentation of decision points and progress towards implementation and documentation of readiness planning and movement towards the identified strategic direction.
 - ➤ Q4: External facing Prevention Plan, the internal facing congregate care plan, and documentation of progress with implementation areas.
 - Q5-6: Documentation of progress with each implementation area

Team Composition

The ELT and LAT are invested in sustaining a diverse membership including the perspectives of a wide variety of stakeholders essential to successful systems reform and Family First implementation. Representation across DHHS divisions, as well as the integration of stakeholder voice into ongoing work and recommendations is critical. This includes parent, youth and provider voice.

At the time of the initial charter:

The ELT is comprised of:

- Susan Perry-Manning, Deputy Principal Secretary for DHHS

FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

- Tara Myers, Deputy Secretary for Human Services
- Mark Benton, Deputy Secretary of Health Services
- Kody Kinsley, Deputy Secretary for Behavioral Health
- Susan Osborne, Assistant Secretary for County Operations
- Michael Becketts, Sr. Director for Policy and Planning
- Lisa Cauley, State Child Welfare Director

The LAT is comprised of:

- Co-Chair: Michael Becketts, Sr. Director of Policy and Planning
- Co-Chair: Lisa Cauley, State Child Welfare Director
- **Cindy Bizzell**, Guardian ad Litem Administrator
- Alycia Blackwell-Pittman, Sr. Policy Advisor, DHHS
- Gail Carelli, Assistant Attorney General, Department of Justice
- Carmelita Coleman, Director, SaySo
- **Debra Farrington**, Chief of Staff, NC Medicaid, DHHS Medicaid
- **Donna Fayko**, Director of Social Services, Rowan County DSS
- Stephanie Gilliam, Chief, Mental Health Licensure and Certification, DHHS-DHSR
- **Eric Harbour**, Manager for Children's Behavioral Health, DHHS Mental Health
- Kim Harrell, Director of Social Services, Yadkin County DSS
- Sharon Hirsch, Executive Director, Prevent Child Abuse NC
- **Elizabeth Hudgins**, Executive Director, NC Pediatric Society
- Victor Isler, Director of Social Services, Forsyth County DSS
- Jeannie Kristiansen, Director of Social Services, Chatham County DSS
- Brett Loftis, Chief Executive Officer, Crossnore School
- Karen McLeod, Executive Director, Benchmarks NC
- Kristin O'Connor, Policy and Program Section Chief, NC DSS/Child Welfare
- Tonya Prince, Deputy Director for NCFAST, DHHS NCFAST Technology
- Shauna Shaw, Section Chief for Performance Management, DHHS BIO
- Annie Smith, State Director Community Based Programs, Youth Villages

FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

- Richard Stegenga, Director of Business Operations, DHHS-DSS
- Teresa Strom, Section Chief, County Operations, NC DSS/ Child Welfare
- **TBD**, Parent Representative, DHHS Family Council

Initially, and as needed based on the phase of work, the teams will reflect on membership and ensure that all relevant groups are represented. If a stakeholder is missing, the team will implement a plan to actively engage the missing member.

Values, Ways of Work & Norms

The LAT is a collaborative and action-oriented entity; members are expected to be present and to work together to solve problems and achieve identified goals. Materials for each meeting will be provided by Chapin and/or co-chairs so that meetings have clear goals and outcomes. There is commitment to building structures that make the most effective use of available resources and that support case level practice. Transparency in process and decision making is valued and expected.

All committee members are expected to be consistent in attendance, to review any distributed materials in advance of scheduled meetings and arrive prepared to engage in discussion and decision-making. The use of cell-phones and electronic technology is discouraged during meetings.

Additionally, the work of both the ELT and LAT will reflect the following NCDHHS values:

- **People-Focused:** Focus on the people we serve, deliver value and make a positive impact on their lives and communities.
- Racial Equity: We provide resources and services consistent with individual levels of need, in order to better understand and mitigate racial and ethnic disparities associated with higher rates of negative outcomes for children and families of color.
- Teamwork: We are all, one team, working on one goal: to improve the health, safety, and well-being of North Carolinians.
- Proactive Communication: Maintain an open and trusting environment for collaboration and continuous improvement with our team, stakeholders and the people that we serve.
- Transparency: Share expertise, information and honest feedback with the Department and with stakeholders and the community. Ask for help when needed.

FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

- **Stewardship:** Be good stewards of resources and time to create a positive impact for those we serve.
- **Joy**: Have joy and balance at work so we all bring our A-game when serving the people of North Carolina.

Meetings

The ELT and LAT meet at the Dorothea Dix Campus on a monthly frequency. A schedule and meeting invitations have been provided to each respective team member with dates thru September 2020. This information includes the date, time and location for each meeting. The LAT meetings are scheduled for two hours, and ELT meetings are scheduled for one hour closed sessions. Progress towards goals and outcomes may dictate the frequency and length of future meetings. In-person participation is strongly encouraged to the extent possible. Access to remote participation will be available when absolutely necessary.

Decision Making, Consensus Building, and Reporting

Members of the LAT will work together to develop and provide group recommendations to the ELT. When consensus regarding a group recommendation cannot be reached, perspectives of individual members and smaller groups of LAT members will be provided to the ELT for consideration. Discussions and subsequent recommendations of the LAT will be captured in the meeting minutes and will be considered by the ELT.

The ELT will work together to make all decisions by consensus. When consensus is not able to be reached, the final decision will be made in accordance with chain of command. All decisions made by the ELT will be captured within the meeting minutes. Depending on the nature of the decision, it may be public information or it may need to remain confidential. This will be determined by the ELT and made explicit in the minutes.

Specific decisions that must be made by the ELT relate to media communication, and labor relations. However, the LAT is expected to make sound and evidence-informed recommendations to inform the ELT's recommendations on these matters.

Minutes

Meeting minutes will be captured by consultants from Chapin Hall at the University of Chicago and will be provided to team members for review following each meeting. Meeting minutes from the prior meeting will be reviewed and approved at the beginning of each monthly meeting. Minutes and other documents will also be available on the

NORTH CAROLINA FAMILY FIRST PREVENTION SERVICES READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER

Family First Page on the DHHS website at https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/family-first-prevention-services-act.

Effective Date

March 20, 2019

NORTH CAROLINA FAMILY FIRST READINESS AND PLANNING EXECUTIVE LEADERSHIP AND LEADERSHIP ADVISORY TEAM CHARTER TEMPLATE

ATTACHMENT A

