

North Carolina Child Well-Being Transformation Council

Interim Report June 30, 2019

Council Co-Chairs

Representative Sarah Stevens

Senator Joyce Krawiec

THIS PAGE LEFT INTENTIONALLY BLANK

Contents

Executive Summary

I. Letter from the Council Coordinator

II. Project Background

1. What is the Charge of the Council?

I. Founding Legislation

II. Council Membership

2. Meetings of the Council and Progress to Date

I. First Meeting

II. Second Meeting

III. Third Meeting

IV. Fourth Meeting

3. Work Plan for Upcoming Year

4. Appendix

Executive Summary

Letter from the Council Coordinator

June 30, 2019

On behalf of the chairs of the North Carolina Child Well-Being Transformation Council (Children's Council), I have the pleasure of presenting this 2019 Interim Report. Per Session Law 2018-5, Section 24.1, this report includes a summary of the Council's work for the previous year, any findings and recommendations for change, and a work plan for the upcoming year.

The creation of the Children's Council comes after years of longstanding advocacy to create a statewide coordinating body for children's services. While time-limited, the Children's Council is a major benchmark along the path towards that goal.

The esteemed members of the Council represent a wide array of child-serving agencies and organizations and are themselves subject matter experts in service provision to children. This report reflects their diligent and thoughtful work towards improving communication, collaboration, and coordination among agencies and organizations involved in providing public services to children. Their continued effort toward building strong productive relationships between agencies and across silos exemplifies the spirit of collaborative leadership.

No one program or agency can dramatically impact child well-being alone; no 'silver bullet' exists to fix such interwoven systems. Through connected and aligned efforts towards a shared goal, meaningful transformation can be achieved. As stated in our founding legislation, "*A more systematic and coordinated approach to services will help ensure that the State achieves the best possible outcomes for children.*" With this collection of dynamic leaders and this mission as our driving force, I feel confident that we can accomplish the lofty goals set before us.

Sincerely,

Vaughn Crawford, Council Coordinator

Project Background

The General Assembly created the North Carolina Child Well-Being Transformation Council (Children's Council, or the Council) as part of Session Law 2017-41 with an organizational re-write in S.L. 2018-5. It is a time-limited entity created to take a high-level view of all child/youth/family programs that receive public funding and create a fiscal map of those public dollars; look for gaps and failures in the child welfare system; and investigate the feasibility and value of a statewide framework for an independent body that would oversee all programs in North Carolina that are involved in child and family well-being service delivery. The Children's Council is a combination of elected members appointed from the NC Senate and the NC House, as well as child welfare sector professionals appointed by the Governor. The Children's Council has two full-time professional staff members who serve and facilitate the activities of the Council membership.

As described in the following legislative mandate, the Children's Council was created in collaboration with the UNC School of Government, whose role was to facilitate the Council until it was formally staffed and then serve as a resource as needed. Concurrently, the Social Services Working Group (SSWG) is working with Council chairs as it looks at issues related to social services reform as a whole across the state, including potential regional reform of county-level Division of Social Services functions. The Children's Council is not a partner in that reform nor would the Council be an implementer of any of those reform measures. North Carolina is undertaking a broad view of social services reform and a focus on child welfare reform is a concurrent mission. The original chairs of the Children's Council, Rep. Sarah Stevens and Sen. Tamara Barringer, have many years of experience in the child welfare arena as legislative committee leaders, foster parents, and attorneys. This Children's Council is a result of their vision to make North Carolina a national leader in coordinated public services that provide protection, prevention, correction, and guidance to children and their families so that stability and productivity become their new norm.

Establishing Legislation:

CHILD WELL-BEING TRANSFORMATION COUNCIL

SECTION 24.1.(a) Article 82 of Chapter 143 of the General Statutes is repealed.

SECTION 24.1.(b) North Carolina Child Well-Being Transformation Council Creation; Purpose; Findings. – There is established the North Carolina Child Well-Being Transformation Council (Children's Council) for the purpose of coordinating, collaborating, and communicating among agencies and organizations involved in providing public services to children. The welfare of North Carolina's children is a priority. There are many public and private agencies and organizations across the State involved with promoting the welfare of children and protecting them from harm, such as those involving child care, education, health care, social services, and juvenile justice. Though these agencies and organizations provide important services, they often fail to collaborate, coordinate, and communicate about those services. A more systematic and coordinated approach to services will help ensure that the State achieves the best possible outcomes for children.

SECTION 24.1.(c) Membership. – The Children's Council shall be located administratively in the General Assembly. The Children's Council shall consist of 25 members. In making appointments, each appointing authority shall select members who have appropriate experience and knowledge of the issues to be examined by the Children's Council and shall strive to ensure members are appointed who represent the geographical, political, gender, and racial diversity of this State. The Children's Council members shall be appointed on or after September 1, 2018, as follows:

- (1) Six members shall be appointed by the President Pro Tempore of the Senate, as follows:
 - a. Two shall be members of the Senate.
 - b. One shall be a representative from the Administrative Office of the Courts.
 - c. One shall be a representative from a child welfare private provider organization.
 - d. One shall be a representative from The Duke Endowment.
 - e. One shall be a representative from the North Carolina Pediatric Society.
- (2) Six members shall be appointed by the Speaker of the House of Representatives, as follows:
 - a. Two shall be members of the House of Representatives.
 - b. One shall be a representative from the Department of Public Instruction.
 - c. One shall be a representative from Indigent Defense Services.
 - d. One shall be a representative from the United States military.
 - e. One shall be a representative of the Hospital Association.
- (3) Thirteen members shall be appointed by the Governor, as follows:
 - a. One shall be a representative from the Department of Health and Human Services, Division of Child Development and Early Education.
 - b. One shall be a representative from the Department of Health and Human Services, Division of Social Services.
 - c. One shall be a representative from the Department of Public Safety, Division of Juvenile Justice.
 - d. One shall be a representative from the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.
 - e. One shall be a representative from the Guardian ad Litem program.
 - f. One shall be a representative from Disability Rights NC.

- g. One shall be a representative from a local management entity/managed care organization (LME/MCO).
- h. Two shall be representatives from the Department of Health and Human Services, Division of Public Health, one with expertise in substance abuse disorders and one with expertise in children's health.
- i. One shall be a representative from the Department of Health and Human Services, Division of Medical Assistance.
- j. One shall be a representative from Children's Advocacy Centers of North Carolina.
- k. One shall be a representative from the North Carolina Child Fatality Task Force.
- l. One shall be a director of a county department of social services.

SECTION 24.1.(d) Vacancies. – A vacancy shall be filled within 30 days by the authority making the initial appointment.

SECTION 24.1.(e) Organization. – The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall each designate a cochair of the Children's Council, who shall serve for a term of one year. The Children's Council shall meet quarterly each year upon the call of the cochairs. A majority of the membership of the Children's Council shall constitute a quorum. No action may be taken except by a majority vote at a meeting at which a quorum is present. The Open Meetings Law, Article 33C of Chapter 143 of the General Statutes, and the Public Records Act, Chapter 132 of the General Statutes, shall apply to the Children's Council.

SECTION 24.1.(f) Powers and Duties. – The Children's Council shall direct its focus on the following initiatives:

- (1) Mapping the network of child-serving agencies and organizations in the State.
- (2) Cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare.
- (3) Reviewing the work of bodies similar to the Children's Council operating in other states to identify promising practices and focus areas for the Children's Council's work.
- (4) Monitoring changes in the social services and child welfare system associated with reform and regional supervision.
- (5) Identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs.
- (6) Recommending changes in law, policy, or practice necessary to remedy gaps or problems impacting coordination, collaboration, and communication among publicly funded child-serving agencies.

SECTION 24.1.(g) Staff. – The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist the Children's Council in its work, including, after consultation with the Council, an individual who has recognized expertise in matters related to children's welfare to support the work of the Council. Upon the direction of the Legislative Services Commission, the Director of Legislative Assistants of the Senate and of the House of Representatives shall assign clerical staff to the Children's Council. Subject to approval of the Legislative Services Commission, the Children's Council may hold meetings in the Legislative Complex.

SECTION 24.1.(h) Subsistence. – Members of the Children's Council shall receive subsistence and travel expenses as provided in G.S. 120-3.1, 138-5, and 138-6.

SECTION 24.1.(i) Reporting; Termination. – By June 30, 2019, the Children's Council shall submit an interim report to the chairs of the Senate Appropriations Committee on Health and Human Services, the chairs of the House of Representatives Appropriations Committee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division. The report shall include a summary of the Council's work for the previous year, any findings and

recommendations for change, and a work plan for the upcoming year. By June 30, 2020, the Children's Council shall submit a final report and shall terminate on that date.

SECTION 24.1.(j) The School of Government at the University of North Carolina at Chapel Hill shall do all of the following:

- (1) Convene the first meeting of the Children's Council no later than October 31, 2018, and host the first four meetings of the Children's Council.
- (2) Facilitate the work of the Children's Council during the meetings. The Children's Council shall focus on the initiatives outlined in subsection (f) of this section.
- (3) Provide necessary clerical and administrative support for the meetings in collaboration with clerical staff assigned to the Children's Council pursuant to subsection (g) of this section; conduct research and provide technical assistance, as appropriate; and assist with the preparation of the Children's Council first report due on June 30, 2019.

SECTION 24.1.(k) Subsection (a) of this section becomes effective June 30, 2018.

Council Members

Senate President Pro Tempore Appointees (6)	
One representative from the Administrative Office of the Courts	Hon. Thomas O. Murry
One representative from a child welfare private provider organization	Brett A. Loftis
One representative from the Duke Endowment	Phillip H. Redmond
One representative from the North Carolina Pediatric Society	Dr. Theresa M. Flynn
Two members of the Senate	Sen. Joyce Krawiec (Co-Chair) Sen. Kathy Harrington
Speaker of the House Appointees (6)	
One representative from the Department of Public Instruction	Matthew Hoskins
One representative from Indigent Defense Services	Wendy C. Sotolongo
One representative from the United States military	Cpt. Catherine L.H. Cochran
One representative of the Hospital Association	Stephanie G. McGarrah
Two members of the House of Representatives	Rep. Sarah Stevens (Co-Chair) Rep. Donna McDowell White
Governor Appointees (13)	
One representative from the Department of Health and Human Services, Division of Child Development and Early Education	Anna Carter
One representative from the Department of Health and Human Services, Division of Social Services	Lisa Tucker Cauley
One representative from the Department of Public Safety, Division of Juvenile Justice	William L. Lassiter
One representative from the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services	Eric Mallory Harbour
One representative from the Guardian ad Litem program	Cindy L. Bizzell
One representative from Disability Rights NC	Virginia Knowlton Marcus
One representative from a local management entity/managed care organization (LME/MCO)	Clarette Glenn
Two representatives from the Department of Health and Human Services, Division of Public Health, one with expertise in substance abuse disorders and one with expertise in children's health	Dr. Susan M. Kansagra Dr. Kelly Kimple
One representative from the Department of Health and Human Services, Division of Medical Assistance	VACANT
One representative from Children's Advocacy Centers of North Carolina	Deana Joy
One representative from the North Carolina Child Fatality Task Force	Karen T. McLeod
One director of a county department of social services	Victor R. Isler

Child Well-Being Transformation Council Progress to Date

In 2018, the Children’s Council met on the following dates:

- October 29
- December 19

First Meeting—October 29, 2018

Items covered included:

- Introduction of council members
- Review of establishing legislation and duties
- Planning for first full Council meeting in December
- Defining staff support from School of Government (SOG) and Program Evaluation Division (PED) prior to hiring official Children’s Council staff

Second meeting—December 19, 2018

This meeting, being the first with full Council membership, began with introductions from chairs and Council members. The meeting also included navigation demonstration of the Council website and a review of legislation from Dr. Kiernan McGorty of PED. Presentations were heard from the following Council members and other stakeholders:

Presentation 1: An Introduction to Similar Work in Other States

Sara DePasquale from UNC SOG

Summary of presentation: At last survey, 40+ states had some type of Child and Youth Policy Coordinating body. Many high-functioning bodies have been in existence for several years, in some cases more than 20. Common characteristics of high-functioning councils include:

- Subcommittees for different focus areas
- Regularly scheduled conference calls or other forms of communication with participating agencies
- State-supervised/county-administered system, mirroring this body in each county
- State organizing structure, focus on an organizational model

Presentation 2: North Carolina Children’s Council, North Carolina Landscape

Michelle Ries, NC Institute of Medicine (NCIOM)

Summary of Presentation: NCIOM highlighted eight other existing or pending publicly-funded groups (advisory committees, commissions, etc.) in the state that may have a similar and/or overlapping scope of work. There is a high level of overlap and intersection in membership and further mapping should

occur. It is unclear if other existing advisory committees, commissions, or coordinating bodies communicate.

Presentation 3: Council Thought Map Implementation Exercise

Facilitation assistance by Kiernan McGorty, Program Evaluation Division

Summary of Presentation: (Former) Senator Barringer and Representative Stevens, Council Chairs, discussed the Council’s legislative charge and shared thoughts on implementation. The Council created a “thought map” on ideas for its direction.

Discussion Arising from Presentation:

- Data Fragmentation
- Barriers to information sharing on the ground
 - Clarify what is real
 - Lack of state-level consent or directives from state on data sharing
- Contradicting criteria (measures of success) between systems
 - Alignment of what we want for children
 - Systems working at cross purposes
 - Lack of shared planning
- Funding and replicating good policies and practices that work (evidence-based practices such as Child Therapy program = model)
 - Need for a fiscal map of programs
- Statewide organizing model, so many groups potentially performing overlapping functions, how should it be organized?
- Need input from constituent groups – grandparents, foster youth, SaySo, etc.
- Drivers of the different systems must be mapped to see where changes need to be made
- Inconsistencies between counties in many of the systems
 - Resources and knowledge differ greatly
- Staffing resources, recruitment, and workforce issues in many systems
 - Reliance on volunteers, foster parents, GAL

Next steps were discussed for future meetings:

- Council members requested the following presentations
 - NC DHHS regarding the Child and Family Services Review
 - Presentation on Building Community Resilience
 - SSWG Report 2 from Aimee Wall, SOG
 - Research into the Ohio Model

December meeting follow up:

An Introduction to Similar Work in Other States

Council staff began researching Child and Youth Policy Coordinating bodies in other states. Staff also reached out to the Children’s Cabinet Network, National Council of State Legislators (NCSL), and the National Governors Association (NGA) to speak to national-level subject matter experts on state coordinating bodies.

Through those contacts, staff began outreach efforts to individual state councils and council staff, and subsequently conducted phone interviews, studied programs and administration review online, and reviewed reports from 10 state coordinating bodies. Because North Carolina’s social services system is county-administered, preference was given to states with a similar structure.

Staff identified four states as having promising practices for further exploration. Council staff scheduled meetings and began compiling reports from the following states:

- Virginia
- Maryland
- Indiana
- Ohio

North Carolina Children’s Council, North Carolina Landscape

Council staff collected data on existing North Carolina councils and commissions, mapped their membership, and created inventories of all state-level coordinating bodies to determine those that had some overlap with the Children’s Council. Due to the size of these bodies, council staff sought data visualization tools to assist with their work.

After reviewing several data visualization tools, staff selected the program KUMU for ease of use and functionality.

<https://kumu.io/VaughnC/nc-statewide-collaboratives>

Council staff compiled final reports and recommendations from other state-level coordinating bodies with an eye towards potential commonalities and overlap.

2019

In 2019, there have been two meetings to date with additional meetings planned for the 3rd and 4th quarters of the year.

- March 15
- June 14

Third Meeting—March 15, 2019

The meeting began with introductions of Council members as well as introductions of newly hired full-time staff: Council Coordinator Vaughn Crawford and Laura Holt-Kabel, Council Assistant. Ms. Crawford briefly introduced the work plan and mission of the Council per legislation. The Council then heard about several reports and programs.

Presentation 1: Child and Family Services Review (CFSR) and Program Improvement Plan

Ms. Lisa Cauley, NC DHHS Social Services Director

Mr. Victor Isler, Forsyth County DSS Director

Summary of Presentation: Focus was CFSR Round 3, conducted in 2015, which had two parts. The “Case Review” component was based on a representative sample of cases from 10 counties and looks at seven outcomes for each case reviewed. The second portion is “Systemic Factors” and requires a data system for the State. Substantial conformity requires achieving 95% for each of the seven outcomes of the case review and each of the seven systemic factors and their specific benchmarks. This is a high standard and remembering the context of that is important. North Carolina did not meet substantial conformity in any of the 14 measured factors.

Discussion Arising from Presentation:

1. Important to pay attention to children involved in all three systems: child welfare, juvenile justice, and mental health (not just CW and MH). There is a lack of data on kids from delinquency court being placed in DSS custody.
2. Aligning incentives to improve outcomes for children. GAP is one of the best incentives and has a sibling relationship opportunity when an eligible 14 year-old has younger siblings.
 - a. Need to ensure monitoring continues for children who receive GAP
 - b. Concerns arose around use of GAP and implementation of the program
3. Concerns arose again about data visibility

Presentation 2: Social Services Working Group, Stage 2 Report

Ms. Aimee Wall, JD

Summary of Presentation: Review of process; fitting together the five puzzle pieces that make up the components of Rylan’s Law, including role of Children’s Council (one charge of the Children’s Council is to monitor child welfare reform). Discussed the highly collaborative and conversational nature of SSWG and the ability to do a deep dive into issues.

Review of Stage 1 and 2 recommendations at a high-level overview; Stage 2 – Inter-County Collaboration looking at COI; studies of residency, portability of eligibility, and confidentiality; NCFAS; Inter-County assistance; technology: staffing/caseload; consistent interpretations of law and policy; workforce development and training; examples of ICC; reporting requirements; social services reform advisory body.

Discussion Arising from Presentation:

1. Discussion of Rep. Stevens’ bill proposing continuation of the SSWG
2. Regional supervision is preferred over regional administration. Regional supervision will help decrease errors currently resulting from failing cross-county breakdowns.
3. Concerns around conflicts of interest and intercountry mobility
 - a. Medicaid eligibility for children and LME/MCO service authorizations
 - b. Examples of several inter-county failures demonstrate
 - i. Importance of data integration
 - ii. Lack of clarity around escalation pathways

Presentation 3: The Landscape of Child Welfare Reform

Lisa Cauley, NC DHHS Social Services Director
Alycia Blackwell-Pittman, JD

Summary of Presentation: Landscape includes changes in multiple systems: Child Welfare Reform, Medicaid Transformation, Raise the Age, Residential Redesign, Opioid Action Plan and Early Childhood Action Plan. Incredible amount of system change, multiple systems impacted directly or indirectly. More communication, collaboration and coordination is greatly needed. Presented overlap between Rylan’s Law and Family First Prevention Services Act (FFPSA).

Discussion Arising from Presentation:

1. Overlap between Rylan’s Law and FFPSA.
2. Increase in number of children in foster care has more than one contributing factor but opioid/drug addiction is predominant
3. Question involving state definitions of several key terms
4. Concerns over children in congregate care, often large sibling groups and older youth
5. Stigma over labeling as a ‘Foster Care’ youth keeping many older youth out of beneficial programs in certain areas of the state

Presentation 4: Building Community Resilience

Jeff Hild, Policy Director, Redstone Center at George Washington University, School of Public Health

Summary of Presentation: Addressed Adverse Childhood Experiences and the impact of chronic adversity: long-term disease, disability, chronic social problems and early death. Impact of trauma on adulthood: chronic depression, impaired worker performance, brain deficiencies, biological decline. Community trauma can have social consequences that compound stressors on individuals who suffer individual adverse events. Building Community Resilience offers ways to promote individual, family, and coordinated community resilience outcomes.

Mr. Hild and Ms. Crawford facilitated interactive engagement and full Council conversation regarding shared benchmarks and other areas of collaboration and sharing across sectors.

Discussion Arising from Presentation:

1. Appreciation of big picture of upstream, downstream, midstream thinking regarding issues. Work must be done to get further upstream.
2. Recognition of initiative fatigue because of either reform or movement to best or evidence-based practices.
 - a. Create framework to think about the work that is being done to increase efficiency rather than create new programs.
3. Children's Council will help facilitate some common definition of
 - a. Trauma
 - b. Trauma-informed care
 - c. Resiliency
 - d. Social Determinants of Health
 - e. Training for trauma: Not have each agency do it alone; have the ability to share resources and expertise rather than stay within own wheelhouse.
 - f. Cross-system: Trauma-informed courtrooms, trauma-informed schools, trauma training in college teaching programs.
4. Need to map out drivers of the different systems to then create a child-centered system/ approach. Foster better partnerships at the state level and at the local level.
5. Need to look at key areas of overlap with other coordinating bodies.
6. Rep. White would like to invite every agency with children in the title (approx. 100) to make three-minute presentation.
7. Need to discuss a statewide framework for coordination, collaboration, and communication. Look at other states that are doing it well, request for two or three examples of what's working.
 - a. Maryland Children's Cabinet has measures to embed these programs and initiatives in a meaningful way
 - b. Virginia created trauma-informed clearinghouse of programs
 - c. Oregon working to infuse ACEs and resiliency in system work

Finally, the Council discussed next steps regarding potential activities, plans, and presenters for future meetings. Several Council members expressed need for meaningful discussion.

March meeting follow up:

Child and Family Services Review and Program Improvement Plan

It is important to pay attention to children involved in all three systems: child welfare, juvenile justice, and mental health (not just CW and MH). There is a lack of data on kids from delinquency court being placed in DSS custody.

Questions arose regarding how to align incentives to improve outcomes for children. Council staff began exploration of GAP programing implementation in other states and speaking to experts on GAP. Council staff met with Dr. Mark Testa and scheduled follow up.

The Landscape of Child Welfare Reform

Need for statewide framework for effective coordination and alignment

Due to the multitude of changes experienced in child- and youth-serving systems, there is increased urgency for a more coordinated system. Council staff continued researching and comparing the reports and recommendations from other state-level coordinating bodies. A consistent theme of these reports is the need for a statewide framework and the need for better statewide organization.

Council members requested discussion on a statewide framework during each council meeting and via feedback surveys. In researching a variety of learning activities, system thinking tool kits, and guided discussion tools for system work, the FSG model known as “The Six Conditions of Systems Change” seemed to best fit the Council’s needs.

Need for program accountability and fiscal review

Children’s Council staff began a search into every agency and program with “Children” in its title or that serves children and youth to arrange short presentations. Due to the sheer number of programs that meet this criteria, an event that would allow time to hear from all such agencies and provide time for questions would require two to three days at a minimum. Given that the Council only meets for one day each quarter, the Council decided to explore other options to provide the needed data to drive funding decisions.

The 2011 Program Evaluation Division report, “Programs for Children, Youth and Families Need a Guiding Framework for Accountability and Funding” found 93 programs operated by 18 state agencies and universities under the direction of six different appropriations committees. This fiscal map includes an inventory of state programs that fund goods or services with the specific aim of enhancing the health, safety, or well-being of children, youth, or their families in North Carolina.

The goal of the Council’s report will be to provide effective data regarding the use of outcomes, best practices and collaborative efforts. This scope expands the framework of the original PED report. The Council will need to discuss additional questions and data it wishes to receive from the report. Read the PED report and supporting information here: <https://www.ncleg.net/PED/Reports/2011/CYP.html>

Building Community Resilience

Children's Council staff will help facilitate some common definitions.

Council staff have researched multiple sources for requested definitions of trauma, trauma-informed care and resiliency. Staff followed up with Mr. Hild, whose ACES team provided definitions and background for consideration. The NCGA Legislative Analysis Division's Child Welfare policy team found that North Carolina did not have established definitions for these terms in current statute. Council staff will also research the SAMHSA definitions for consideration by the Council.

Need to discuss a statewide framework for coordination, collaboration and communication. Look at other states that are doing it well.

Council staff continued the work to research and analyze other states with successful coordination, communication, and collaboration of children and youth services. Staff prepared vignettes on four states for consideration by Council members. These vignettes highlighted solutions pursued by other coordinating bodies to several of the issues raised throughout the first three Council meetings.

Fourth Meeting—June 19, 2019

Representative Stevens provided an introduction and then outlined a challenge to Council members to think about the ways the system needs to change to create better coordination, collaboration, and communication. She stressed the importance of thinking about broad solutions. Representative Stevens also announced that the Council would spend time discussing the fiscal mapping plan requested by Representative Donna White. Representative Stevens further requested information regarding the attendance of appointed Council members. She stressed the need to attend meetings and that replacements could be made to ensure active participation on the Council.

Coordinator Crawford introduced the visual learning opportunities posted on the walls of the committee room. In an effort to respect the wishes of the Council to decrease the amount of lecture and provide time for more meaningful discussion and work on the issues, requested information was provided in a visual format.

Presentation 1: The Six Conditions of Systems Change Exercise

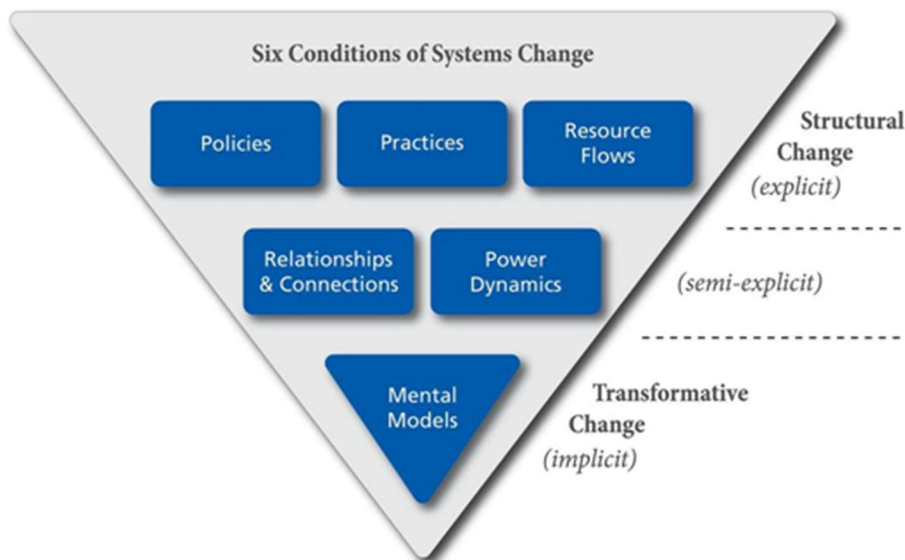
Vaughn Crawford, MSW, Children’s Council Coordinator

Facilitation assistance by UNC SOG

Summary of Presentation: The Water of Systems Change: Action Learning Exercise. Review of theoretical framework that dictates system change is about shifting the conditions that hold a problem in place. Areas of potential impact exist in several places and all of these places must be examined.

- Structural change that is explicit: policies, practices, and resource flow.
- Semi-explicit: relationships and connections; power dynamics.
- Transformative Change: deals with implicit mental models.

The Water of Systems Change



Similar to the Council's original thought map, key themes arose across the six domains of systems change.

Presentation 2: Fiscal Review and Program Accountability Survey Discussion

Representative Sarah Stevens

Vaughn Crawford, Children's Council Coordinator

Summary of Presentation: In order to gather actionable information for the Council to make decisions, additional information must be accounted for in the survey to programs.

Discussion Arising from Presentation: Rep. Stevens referenced the 2011 report (available online on GA website and provided to the Council in the December meeting): 93 programs operated by 18 agencies; unable to get many agencies to show they were using evidence-based practices.

The council provided additional data points and questions to be included in the statewide inventory.

1. Do you collect data by disability type (disaggregated by disability)?
2. Is there training / coaching available?
3. Are there metrics for fidelity re: the training: Is it knowable, teachable and doable to implement? How are you measuring whether it's being implemented well? How/what are the expected outcomes?
4. Who are other partners/who are you currently partnering with?
5. How are you ensuring your services are not duplicated by other programs?
6. How is what you are doing unique?
7. Is your program serving a specific need/population?
8. Have you had a formal program evaluation done and if so, what were the results?
9. Is your evaluation methodology current?
10. How do you measure progress?
11. Is your service evidence-based?
12. Do you receive funding from sources other than the State and if so how much (%)? Is the State the primary source of funding? If not, why is the funding important (to make sure essential services remain?) Is there/what is your secondary source of funding?
13. These kids have complex needs across systems, need a subset of questions to providers: are they collaborating/coordinating with those other systems? Verify. Who, how often? Are multiple agencies serving the same kids?

Suggestions:

1. It would be helpful to look at a map of North Carolina to see what is available beyond state-funded agencies.
2. Use some buzz words in the survey: prevention, trauma-informed care, collaboration, communication, to determine if agencies are doing current work.
3. If focus is on agencies that are solely state-funded, additional agencies that are funded by counties will be missed. Rep. Stevens's response: focus first on state-funded as a subgroup and

then perhaps we can look at what is happening at a local level. We must first look at what we can control and what we are currently funding.

Presentation 3: State Vignettes

Summary of Presentation: Vignettes were distributed to council members profiling four states that council staff and other subject matter experts identified as high performing in areas of coordination, collaboration, and communication. Council members were asked to review the state profiles and the efforts of their respective coordinating councils. Though time ran short for a robust discussion of this topic, many council members requested additional information on programs in other states.

June meeting follow up:

Council staff begin transcribing and analyzing the Six Conditions for Systems Change activity. Due to the breadth and depth of the responses, it quickly became apparent that analysis for this activity would take longer than feasible to allow for inclusion in the interim report with June 30 deadline.

Council staff begin modifying the Fiscal Mapping Project Plan to include more of the questions requested by the Council.

Work Plan for Upcoming Year

Council Initiatives:	Findings/ Activities
(1) Mapping the network of child-serving agencies and organizations in the State	<ol style="list-style-type: none"> 1. Fiscal Map: Undertake a study of the state programs that fund goods or services with the specific aim of enhancing the health, safety, or well-being of children, youth and families. 2. Initiative and Council Map: Inventory all state-level coordinating bodies to determine those with some overlap with the Children’s Council. Collect all recent reports. 3. Community Scan of programs: Connecting resource and program mapping to ensure cross-system shared resources.
(2) Cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare.	<ol style="list-style-type: none"> 1. Data is highly fragmented between systems. Suggests a need for a data workgroup. 2. Visibility of dual-status and multi-systems-involved children and youth is poor. Outcomes are difficult to observe. 3. Cataloging of previous reports and recommendations.
(3) Reviewing the work of bodies similar to the Children's Council operating in other states to identify promising practices and focus areas for the Children's Council's work.	<ol style="list-style-type: none"> 1. Research and connect with: <ul style="list-style-type: none"> • Children’s Cabinet Network, NCSL, and NGA 2. Identified four states with promising practices for further research. Conduct interviews, review reports, and analyze promising practices. <ul style="list-style-type: none"> • Virginia • Maryland • Indiana • Ohio
(4) Monitoring changes in the social services and child welfare system associated with reform and regional supervision.	<ol style="list-style-type: none"> 1. Reports from SWWG, support of HB 291, continuation of this group 2. Report regarding Families First legislation 3. Review and monitoring of regional support plan
(5) Identifying gaps in coordination, collaboration, and communication related to all publicly funded child-serving programs.	<ol style="list-style-type: none"> 1. Contradicting criteria (measures of success) between systems <ul style="list-style-type: none"> • Alignment of what we want for children • Systems often working at cross purpose

	<ul style="list-style-type: none"> • Lack of shared planning <p>2. Barriers to information sharing on the ground</p> <ul style="list-style-type: none"> • Clarify what is real • Lack of state-level consent or directives from state on data sharing <p>3. Lack of shared definitions to many key terms</p>
(6) Recommending changes in law, policy, or practice necessary to remedy gaps or problems impacting coordination, collaboration, and communication among publicly funded child-serving agencies.	1. Support passage of HB 291 extending the Council until Dec 30, 2020 to provide the intended full two years

Action Item 1

Undertake a fiscal study of the state programs that fund goods or services with the specific aim of enhancing the health, safety, or well-being of children, youth and families. This study is intended to assist the Council in creating a Children’s Budget to examine how much and in which areas various state entities spend funds on kids. This level of visibility will assist lawmakers in making more informed decisions about how to allocate funding to improve outcomes.

Examine feasibility of this report as a continuing bi-annual report.

Action Item 2

Create a data workgroup for the Council to dive deeper into the need to make data more visible across systems. Focus attention towards identifying multi-system-involved youth and setting cross-system data visibility goals. Determine the feasibility of a Children’s Council Information Sharing System so state agencies can coordinate, collaborate, and communicate in a more data-driven way.

Action Item 3

Create shared definitions that Council members identified as needing clarity and shared language.

- Trauma
- Trauma-informed care
- Resiliency
- Training for Trauma: Create shared resources for training and expertise that cross silos.
- Cross system: Trauma informed courtrooms, trauma informed schools, Trauma Training in college teaching programs.

Action Item 4

Address barriers to information sharing on the ground.

- Clarify what is real
- Create direction from the State on consent and data sharing

The Council should facilitate the development of an Information Sharing Guide. This guide would provide child-serving professionals with legal guidance on appropriate record sharing. In addition, develop a Memorandum of Understanding that commits state agency attorneys to annually review and update the information in the guide.

Action Item 5

Council staff will connect with various constituent groups – grandparents, foster youth, SaySo, etc. to host input gathering sessions. Council member pointed out dialogue often doesn't include family voices and youth voices, and meaningful efforts should be made to include those voices.

Action Item 6

Support Representative Sarah Stevens's legislation HB 291 to extend the work of the Council until December 30, 2020 and to re-start the work of the SSWG.

Action Item 7

Continue to provide visibility to all statewide coordinating councils, boards, commissions, work groups, study groups and taskforces that touch issues related to children and youth. North Carolina currently has over 350 boards and commissions, over 40 of which relate to children, youth, and families. The Council seeks to provide this visibility to legislators, guide decision making, and potentially reduce the number of councils created. Now, if an issue arises regarding children, legislators can identify and reach out to a collaborative already working on aligning issues.

For more information on this report, please contact Council Coordinator, Vaughn Crawford, at Vaughn.crawford@ncleg.net. Laura Holt-Kabel made key contributions to this report. John W. Turcotte is the director of the Program Evaluation Division; Children's Council staff are administratively located within the Program Evaluation Division.