



**Guilford County
Department of Social Services**

**Proposal for
Leadership Capacity-Building**



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June 10, 2025

Victor Isler, HHS Director
Natalie Craver, HHS Deputy Director
Sharon Barlow, Director
Guilford County Department of Social Services
1203 Maple St.
Greensboro, NC 27405

Re: Proposal for Sustainability through Leadership Capacity-Building

HHS Director Isler, Assistant HHS Director Craver, and Director Barlow:

Thank you for the opportunity to present a proposal for sustainability through Leadership Capacity-Building to you and your Executive Leadership Team. This proposal builds on the capacity-building consultation that A4O and Guilford DSS engaged in throughout FY 24/25 and focuses on advancing safety, permanence, workforce development, and practice improvement through continuous quality improvement and leadership capacity-building.

In addition to strengthening leadership practices and fostering a growth mindset, A4O's capacity-building approach will help continue to advance Health and Human Services (HHS) integration opportunities, support innovation, and translate policy adherence into applied practice for improved outcomes. Our team of executive leaders has a strong track record of success in partnering with HHS organizations to deliver sustainable results and drive meaningful systems change.

Three broad deliverables are included in this proposal:

1. Director and Organizational Support

- a) Partner with the DSS Director to continue to sustain the moment of growth, cultivate organizational health, continuous quality improvement, and a high-performing team.
- b) Where valuable, help advance Guilford County Health & Human Services' vision for integration
- c) Two Half-Day Reflective Retrospective & Sustainability Sessions

Participants: HHS Director, Assistant HHS Director, DSS Director, Division Director, Program Administrators, and Program Managers

Purpose: Reflect on leadership growth and organizational transformation, while planning for continued growth and sustainability. These sessions will focus on:

- Assessing leadership development and key learnings from the change process and system transformation
- Planning for the next phase of evolution, sustainability, and continued improvement
- Evaluating trust, psychological safety, and the characteristics of a high-performing team
- Co-developing individualized leadership growth plans, including supports and strategies for success
- Co-designing a team growth plan, aligned with organizational supports to build collective leadership capacity

2. Immersive Capacity-Building of Social Work Executive Leadership

- a. **Child Welfare:** Focus on leadership capacity-building, safety, permanency, workforce, and practice
- b. **Aging & Adult Services:** Focus on leadership capacity-building, communication, workforce,



and cultivating a high-performing team

Team Members:

- Child Welfare: Safety Program Administrator, Permanency Program Administrator, and Program Managers
- Child Welfare Division Director & Adult Services Division Director
- Aging and Adult Services: Division Director & Two Program Managers

Immersive Capacity-Building includes:

- a) Mini – Learning Sessions with Leadership Focus (Program Managers & Division Directors) – onsite sessions, topics TBD
- b) Child Welfare Executive Leadership Team Capacity – Building with new Child Welfare Program Administrators and Division Director: One-on-one Modeling, Coaching, and Accountability to Results (both onsite and remote) – includes Program Specific Policy and Practice Support and “real-time” coaching and support
- c) Continued Capacity-Building with Program Managers: One-on-one Modeling, Coaching, and Accountability to Results (both onsite and remote) – includes Program Specific Policy and Practice Support and “real-time” coaching and support
- d) Aging & Adult Services Leadership Team Capacity – Building with Program Managers and Division Director: One-on-one modeling, Coaching, and Accountability to Results (both onsite and remote) – includes Program Specific Policy and Practice Support and “real-time” coaching and support

3. Support the Evolving Continuous Quality Improvement (CQI) Team Model to include Aging & Adult Services

Model, coach, and support the CQI Program Manager in:

- a. Enhancing communication, language, and approach of the CQI team with Program Teams
- b. Enhancing the Aging & Adult Services CQI, Training & Onboarding, and Quality Assurance model
- c. Finetuning the Child & Family Services CQI, Training & Onboarding, and Quality Assurance model

We propose that the engagement be over FY 25/26, with 1,014 hours of capacity-building consulting between five executive-level A4O consultants. Please see the budget at the end of the proposal for details. **Please note that if you have a limited amount of funding to work with, we can discuss alternative options and prioritize services as needed.** We have presented to you the amount of time investment that has been successful in developing other leadership teams and in evolving organizational culture.

We appreciate your consideration of this proposal and are excited about the opportunity to partner with the Guilford County team to continue strengthening the community's DSS safety net system. If you have questions or need further information, please contact me at (828) 713-9877 or angela@allies4outcomes.com.

In Partnership,

Angela Pittman – Vanderweide, DSW
CEO, Allies4Outcomes

Please see addendum 1 for Company Background and Team Bio's



Guilford County's Ask

HHS Director Victor Isler, Deputy Director Natalie Craver, and Director Sharon Barlow invested in Capacity-Building for the Guilford Department of Social Services in 2024 via a contract with Allies4Outcomes. The focus of that contract includes:

1. Address Systemic Barriers & Enhance Organizational Practice and Culture
2. Capacity-Building: Strengthen Supervisor & Manager Capacity (One-on-One Modeling, Coaching, and Observation)
3. Organizational System Improvements: Shifting culture in the organization to enhance a safety culture and a continuous quality improvement mindset
 - a. Continuous Quality Improvement Team Development, Planning, and Implementation Support
 - b. Deep Data Dives (D3) with the team into child welfare performance measures, processes, and other systemic factors impacting outcomes
 - c. Organizational Structure, Standard Operating Procedures refinement, and other systemic issues that arise
4. Leadership Team Capacity – Building and One-on-One Coaching Through Integration of Leading, Managing, Programmatic Oversight, Coaching, and Accountability for Stronger Outcomes
 - a. Onboarding New Program Administrators
 - b. Intensive Coaching with Specific Supervisors
 - c. Continued support and Coaching with Program Managers

To sustain momentum into FY 25/26, the HHS/DSS Executive Team has requested continued support and sustainability related to leadership, continuous quality improvement, and opportunities for integration, aligned with the HHS vision. This effort aims to enhance organizational leadership, position the Division Director and new Program Administrators to effectively support Program Managers and Supervisors, and advance leadership succession planning.

Additionally, the HHS/DSS Executive Team seeks continued support in CQI Team model implementation, expanding continuous quality improvement methodologies, and integrating quality assurance, training, and onboarding for Aging & Adult Services. To further leadership capacity within Aging & Adult Services, the request includes one-on-one coaching with Program Managers and the Division Director, ensuring alignment with the leadership development approach established for the Social Work Leadership Team. The deliverables in this proposal include:

1. Director and Organizational Support

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- b) Where valuable, help advance Guilford County Health & Human Services' vision for



integration

c) **Two Half-Day Reflective Retrospective & Sustainability Sessions**

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Purpose: Reflect on leadership growth and organizational transformation, while planning for continued growth and sustainability. These sessions will focus on:

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- a. **Child Welfare:** Focus on leadership capacity-building, safety, permanency, workforce, and practice
- b. **Aging & Adult Services:** Focus on leadership capacity-building, communication, workforce, and cultivating a high-performing team

Team Members:

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- a) Enhancing communication, language, and approach of the CQI team with Program Teams



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This capacity-building initiative aims to continue enhancing leadership, role clarity and expectations, oversight, and best practices across Child and Family Services and Adult and Aging Services, ultimately driving positive outcomes for clients, programs, the organization, and the broader community. The proposal builds on last fiscal year's capacity-building partnership between A4O and Guilford County DSS, focusing on building on existing strengths, addressing areas of growth, and engaging with individuals and teams in a collaborative approach to capacity-building.

We aim to deepen the understanding and effectively support the new Child Welfare Program Administrators & Program Managers, Adult Services Program Managers, and the Division Director roles. A4O consultants will work directly alongside the team members in their day-to-day environments, providing real-time coaching and modeling as they engage with staff, colleagues, and community stakeholders. This hands-on approach ensures that leadership is equipped with the tools and strategies needed to drive high-quality practice and improve outcomes for families. By implementing capacity-building strategies, Director Barlow seeks to elevate service delivery at every level, ensuring that children and families receive the highest standard of care and support, furthering positive outcomes. The continued partnership will build on the balance of innovation, adherence to policy application and practice, and integration.

The Immersive Capacity-Building Framework: Where Science Meets Practice

The A4O consultant team brings a philosophy and framework that balances accountability, support, and a continuous quality improvement mindset. This philosophy, coupled with A4O's capacity-building framework, helps evolve organizational practice across all program areas, builds on strengths, addresses growth needs, and engages the workforce, supervisors, and leadership in developing strategies to improve community, organizational, client, and fiscal outcomes. The Immersive Leadership Capacity-Building Model consists of two foundational frameworks:

1. **Neuroscience-Informed Leadership Practices and Technical/Managerial Day-to-Day Practices**
2. Applied through an **Immersive Capacity-Building Model** – a “Learning Ecosystem”

Neuroscience-Informed Leadership Practices

Neuroscience-informed leadership practices are grounded in the latest advancements in neuroscience, highlighting the connection between brain function and effective leadership. These practices prioritize behaviors that foster trust, psychological safety, inclusion, and belonging -



key elements that activate the brain's reward system to reduce threat responses and support optimal cognitive and emotional performance. Leaders can create environments where individuals feel valued, motivated, and empowered to thrive by aligning leadership behaviors with how the brain processes safety and connection. By embedding principles of neuroleadership, leaders cultivate an environment that promotes:

- Apply **twelve neuroscience-informed leadership practices** biologically proven to improve trust, psychological safety, and performance.
- **Organizational Growth Mindset:** Encouraging adaptability and continuous learning.
- **Emotional Regulation:** Equipping leaders to manage stress and respond thoughtfully.
- **Engagement and Resilience:** Fostering motivation, persistence, and a solution-oriented mindset.
- **Communication & Feedback Loops:** Utilizing a neuroscience-informed approach to craft and deliver key messages, engage the workforce and clients, promote transparent communication, and encourage meaningful input on change.
- **Psychological Safety & High-Performing Teams:** Creating environments where individuals feel safe to take risks, voice ideas, and contribute fully, driving team innovation and effectiveness.
- **Collaborative Dynamics:** Strengthening teamwork, stakeholder trust, and community relationships.

Technical and Managerial Leadership Practices

This integrated framework promotes leadership growth by weaving neuroscience-informed practices into the fabric of day-to-day operations through technical and managerial leadership strategies. Grounding leadership growth in brain science and operational realities supports more effective, resilient, and balanced leadership practice. By integrating these practices, organizations transition from cultures driven by fear and adherence to climates enriched by psychological rewards, innovation, and high-performance collaboration. Technical and managerial practices focus on:

- **Strategic Decision-Making:** Enhancing leaders' ability to make data-driven, impactful decisions.
- **Policy-to-Practice Alignment:** Bridging the gap and aligning policy and quality, practice, and service delivery
- **Supervision Practices:** Both support and hold team members accountable for results
- **Operational Excellence:** Strengthening managerial competencies for efficiency, accountability, and results-driven leadership.
- **Stakeholder and Client Engagement:** Engaging with the workforce and magnifying the voice of clients in policy, practice, and organizational processes

The A4O model roots leadership in the practice of emotional regulation, emphasizing its critical role in effective leadership. Our focus is on practical strategies that supervisors and managers can immediately apply to better support their teams, strengthen organizational health and resilience, and enhance collaboration in service to the public and within internal teams. The A4O



Team also emphasizes the importance of building leadership capacity for accountability conversations. By equipping leaders with strong communication practices, we support continuous quality improvement and innovation across the organization.

Further, we help leadership teams integrate management and leadership functions, coach effectively, and establish accountability pathways contributing to a healthy, learning-focused organization. All leadership practices taught through the A4O model are practical, tangible, and actionable - designed for leaders to apply immediately, refine over time, and integrate into their unique leadership styles. The Immersive Capacity-Building Model co-creates sustainable solutions tailored to the specific challenges leaders face, delivering both immediate impact and long-term results

Immersive Capacity-Building: A Learning Ecosystem

Grounded in implementation science, the Immersive Capacity-Building framework serves as the connector between neuroscience and technical/managerial dimensions. It mirrors the continuous quality improvement – or growth mindset – in DSS, HHS, and child welfare. This multi-tiered approach ensures that learning is not a one-time event but an ongoing application, reflection, and refinement process. This dynamic “learning ecosystem” ensures that leadership principles are actively lived, practiced, continuously refined, and enriched through personalized one-on-one executive coaching embedded in daily environments to provide real-time support and feedback.

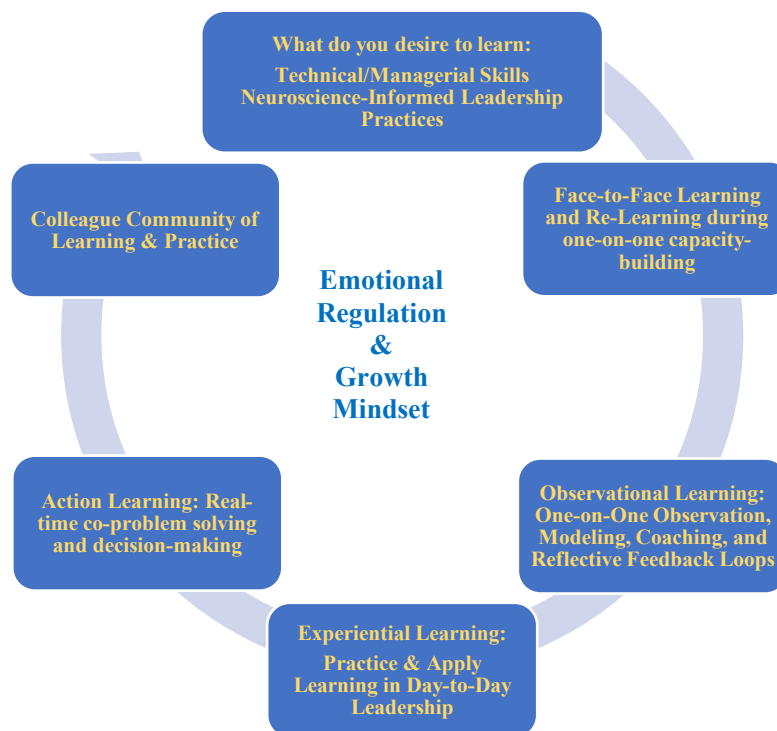
The five phases of learning that create a learning ecosystem for workers, supervisors, and leaders serve as a conduit for applying learning that is critical to organizational and team success. The five phases consist of Learning and Relearning leadership practices (one-on-one versus monthly learning sessions), Observational Learning, Experiential Learning, Action Learning, and Community of Learning and Practice (this will be in phase 2). See below for definitions.

- **Learning and Relearning:**
 - Capacity-Building Coaches will facilitate one-on-one learning tailored to the Child Welfare Executive Team’s needs
 - Continue quarterly learning sessions with the child welfare leadership team, monthly learning sessions to learn 2-3 concrete skills, including neuroscience-informed leadership and technical/managerial practices, which they can apply the next day.
- **Observational Learning:**
 - **One-on-one observations**, both in person and virtual (when applicable), to magnify strengths, identify areas of growth, and develop a growth plan
 - **Modeling and Coaching:** Providing leaders with opportunities to observe the coach demonstrating a leadership practice and then practicing themselves
 - Opportunity for **Reflective Feedback**, grounded in real-time environments.
 - **Practice Observations:** The NC DHHS Leader, Supervisor, and Worker Practice Standards observation tool helps provide feedback on strengths, areas for growth, and growth plans. This is a transparent partnership with clear, concise, and open communication loops.



- **Experiential Learning:** Practicing and Applying new Leadership Practices in Day-to-Day Leadership and Management
- **Action Learning - Real-time co-problem solving and decision-making:** Offering leaders real-time access for applying learning, building confidence, and meaningful coaching to reinforce learning through real-world scenarios.
- **Community of Learning and Practice:** A collaborative convening of colleagues to critically reflect on their application of leadership practices, highlighting successes, addressing challenges, and generating actionable strategies for continuous improvement.
- **Results - Practical, Tangible, Actionable Outcomes:** Translating theoretical knowledge into tangible, measurable results that drive organizational change.

Leadership Capacity-Building Model – A Learning Ecosystem



Pittman – Vanderweide (2021)

Leadership Team Capacity-Building Deliverables

Communication and feedback loops are key to any successful partnership. The A4O Team will meet with the HHS Director and Assistance HHS Director, the DSS Director, and others they identify will meet weekly or monthly to ensure ongoing communication, planning, progress updates, and refinement to course-correct when needed.



Project Management: Communication & Plan Development

<ul style="list-style-type: none"> • Planning Day with HHS Director, Assistant Director, and DSS Director • Meet either weekly or once monthly with DSS Director for a briefing on strengths, areas of need, and ideas for improvement related to observations and interactions with the leadership team. • Clear, timely, frequent, consistent communication Daily/weekly (as needed), regular, and ongoing consistent community between the consultants and Director to update on strengths, challenges, and ideas for solution • A Project Managers will coordinate all meetings and will help the team to ensure all deliverables are completed on time 	<ul style="list-style-type: none"> • Consistent meetings (as agreed upon in planning) to discuss strengths, areas of need, and ideas for improvement & progress updates • Progress Updates via Email, In-Person, and Update Meetings
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Deliverable 1: Director, Integration Support, and Leadership Team Sustainability & Growth Sessions

The A4O CEO and CSO will partner with the DSS Director to cultivate organizational health, continuous quality improvement, and a high-performing DSS team.

- **Facilitate Strategic Alignment:** Partner with the Director to ensure departmental goals are aligned with Guilford County HHS’s overarching mission and values. Partner with the Director regarding organizational culture, leadership development, and integration opportunities, using cross-program data to identify areas of synergy. Emphasis will be placed on advancing the work of HHS Committees and exploring integration strategies that strengthen collaboration between Child Welfare and Adult & Aging Services.
- **Promote a Culture of Psychological Safety, Trust, and Integration:** Implement neuroscience-informed leadership practices that foster trust, open communication, and emotional regulation, continuing the momentum for integrated, cross-program collaboration, innovation, and high-functioning teams that meet outcomes and performance metrics
- **Advanced Integrated Continuous Quality Improvement (CQI):** Establish cross-functional CQI teams that span service areas, with the addition of supervisory onboarding, provide coaching on using shared data systems for decision-making, and support root cause analysis that leads to systemic, sustainable improvements across departments.
- **Build Leadership Capacity for Integrated Service Delivery:** Facilitate leadership development sessions, executive coaching, and targeted capacity-building interventions that equip executive-level leaders and their direct reports to lead integrated teams. Emphasis will be placed on emotional intelligence, neuroscience-



informed leadership with technical/managerial practices, and trauma-informed supervision in multi-disciplinary environments.

- **Support Integrated Talent Development, Succession Planning, and Retention:** Develop strategies that align workforce capacity and succession planning with Guilford HHS's integrated service vision. Support career pathways that reflect shared leadership competencies, encourage internal mobility, and strengthen cross-sector staff retention.
- **Partner to forward Guilford County Health & Human Services' vision for integration within the context of the scope of work in leadership, child welfare, and adult & aging services through:**
 - **Bridging Silos Across Divisions:** Facilitate interdepartmental collaboration and joint problem-solving through structured leadership convenings, shared language training, and unified performance dashboards within the A4O scope of work.
 - **Systems Integration Support:** Apply systems thinking and human-centered design to help align processes and policies across DSS and Public Health, aligned with HHS vision and planning, focusing on seamless service delivery and improving client outcomes.
 - **Promoting Whole-Person Care Models:** Focus on the whole person that DSS and HHS serve to leverage seamless service delivery, where applicable, to address safety, permanence, well-being, self-sufficiency, and social determinants of health.
 - **Elevate Lived Experience Voice:** In leadership, continuous quality improvement practices, and other opportunities, suggest and bring in the lived experience voice to improve practice, policy, and overall organizational philosophy.
 - **Provide Change Management Support:** Partner to support the child welfare executive team through continuing improvements and change, using trauma-informed, neuroscience-informed leadership strategies that reduce resistance, build readiness, and reinforce shared purpose towards improved practice and performance metric
 - **Two Half-Day Reflective Retrospective & Sustainability Sessions**

Participants: HHS Director, Assistant HHS Director, DSS Director, Division Director, Program Administrators, and Program Managers

Purpose: Reflect on leadership growth and organizational transformation, while planning for continued growth and sustainability. These sessions will focus on:

- Assessing leadership development and key learnings from the change process and system transformation
- Planning for the next phase of evolution, sustainability, and continued improvement
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Deliverable 2: Immersive Capacity-Building Child Welfare, Adult & Aging Services

Areas of Focus:

Child Welfare: Focus on leadership capacity-building, safety, permanency, workforce, and practice

Aging & Adult Services: Focus on leadership capacity-building, communication, and cultivating a high-performing team

Team Members:

- Child Welfare: Safety Program Administrator and Permanency Program Administrator and Program Managers
- Child Welfare Division Director
- Aging and Adult Services: Division Director & Two Program Managers

Immersive Capacity-Building enables leadership and program-area subject matter experts to engage one-on-one with supervisors, managers, and administrators in their daily interactions, leadership, management, and work practices. The **A4O Capacity-Building Framework** integrates learning and re-learning through onsite and remote sessions conducted in individual and group settings. This approach provides multiple opportunities for real-time, hands-on modeling, coaching, and practice observations. The model is outlined above and allows leaders to apply and operationalize their learning, resulting in **practical, tangible, and actionable results** through:

1. **Learning (re-learning) Mini Sessions with Supervisors, Program Managers, & Division Director** Group training sessions specific to neuroscience-informed leadership practices and technical/managerial practice to drive day-to-day management are the focus of the learning sessions. After each session, the Leadership team will walk away with practical, tangible, actionable skills they can apply immediately to their leadership and supervision. In each session, the participants will leave with at least 2-3 practical, tangible, actionable leadership practices they can begin applying the next day. See the learning session options below.
2. **Adult Services Program Managers, Child Welfare Program Administrators, & Division Directors** One-on-One Capacity-Building in their day-to-day environments (conferences, field, meetings) for new and veteran supervisors, managers, and administrators to enhance their leadership practice and day-to-day technical/managerial practice in meeting their role expectations. It also focuses on program-specific application policy to practice, case decision-making, prioritization, case trajectory and workload progress, timely and quality documentation, consistent conferencing, continuous quality improvement tools, and understanding the organization's expectations to advance the program outcomes. **For each program area, A4O will assess practice learning sessions that might be needed as a refresher and tailor those learning sessions to Guilford County's needs.**



The A4O Team proposes to build capacity with supervisors, managers, and administrators in the areas outlined above and give them additional support to implement best practices, apply policy to decision-making and casework, have crucial conversations, and evolve practice. The team will build upon the strengths of the workers and supervisory team and, through relationships, observation, and feedback loops, support workers and supervisors in delivering quality engagement and service to the community.

A) Learning Sessions

Learning Sessions with:

- Division Directors, Child Welfare Program Administrators, Program Managers, and Adult & Aging Services Program Managers in small groups
- Quarterly with the entire Child Welfare Leadership Team

A4O proposes leadership learning sessions for the Team Members it is partnering with for capacity-building. These sessions focus on integrating neuroscience-informed leadership practices with technical and managerial strategies essential for leading human services organizations. Each session equips the team members with practical, actionable leadership skills they can immediately apply in their day-to-day work. This capacity-building model builds on these learning sessions, with the consultant working one-on-one with the team members to clarify their roles, expectations, and how to lead their daily responsibilities.

The consultant will observe the application of these skills in real time, using an observation tool aligned with the NC DHHS Leader Practice Standards to provide targeted feedback and identify growth opportunities. Our approach emphasizes relational leadership practices alongside developing child welfare-specific technical and managerial competencies that strengthen oversight, supervision, and accountability. This balanced approach supports supervisors and managers in navigating the complex demands of their roles. It fosters leadership practices that enhance trust, psychological safety, belonging, and workforce retention while simultaneously sharpening technical skills needed to apply policy, manage workloads, and drive effective service delivery and operations.

This capacity-building partnership will encompass research-based topics focusing on practical, tangible, and actionable leadership skills to enhance the team's overall leadership. Leadership capacity-building encompasses learning (and re-learning), both onsite and remotely, in one-on-one and face-to-face group sessions. This approach provides many opportunities for modeling, coaching, and leader practice observations. It allows leaders to apply and operationalize their learning, resulting in practical, tangible, and actionable results.

As the team's learning sessions progress, the Director will share topics they believe will enhance the team and the organization's needs. The A4O team will also suggest that emerging topics are important through observations, feedback loops, and current issues identified during the consultation. Topics are grounded in the neuroscience-informed leadership practices and



technical/managerial practices required to lead. The team members will learn 1-2 concrete, practical leadership practices to apply immediately in their day-to-day leadership. Topics include:

- Organizational Values, Role Clarity & Expectations, and Emotional Regulation for Leading
- Leadership Practices to Move the Mission: Support, Accountability & Trust
- Cultivating a Resilient, Healthy Culture and Climate
- Continuous Quality Improvement – Growth Mindset for a Learning Environment
- Integration of Managing & Leading – Doing What You Say You Will (Accountability)
- Clear, Transparent Communication: Multi-Directional Feedback Loops
- Outcome Focused Leadership
- Workforce Wellness – Building a Change Agile, Resilient Workforce
- Cultivating a Psychologically Safe, High-Performance Team
- Executive Team: High-Performing Team Culture Deep Dive (a series of meetings)
- Deep Dive Session: Delineation of Roles, Expectations, and Clarity on Leading

b) Immersive One-on-One Leadership Team Capacity–Building: One-on-one Modeling, Coaching, and Accountability to Results Division Directors, Program Administrators, and Adult Services Program Managers

Includes Program-Specific Policy and Practice Supports

Our capacity-building consultants will focus with each team member on the skills they learned in the learning session for that month. A4O will model, coach, and observe one-on-one with the identified Team Members to support the application of neuroscience-informed leadership and technical/managerial skills learned in group sessions. Through modeling, coaching, and real-time observation in conferences, meetings, and daily practice, we will provide actionable feedback to enhance leadership decision-making, confidence, case management, and program oversight.

Our immersive capacity-building consultation will focus on child welfare technical/managerial supervisory skills and manager/administrator practices to better drive policy application to practice, decision-making, case trajectory, coaching workers, cultivating and managing strong teams, implementing practice changes with the team, and managing workloads. We will also focus on leadership practices that improve trust, psychological safety, culture, and climate and promote a continuous quality improvement environment or growth mindset. The Immersive Capacity-Building model includes focus areas, evaluations, and deliverables.



Focus Area	Methodology & Skill Area	Evaluation Tools and/or Deliverables
Division Director/Program Administrator/Program Manager Capacity-Building: One-on-One & Group Coaching, Modeling, and Reflective Feedback		
<p>Managing and Leading, Oversight of Programs & Practice, and Ensuring CQI</p> <ul style="list-style-type: none"> • elevate leadership practices in both relational and technical/managerial areas – the balance of managing & leading • organizational decision-making within a growth mindset context • build on emotional regulation practices in leading and in organizational culture • support and coach supervisors through trust, psychological safety, crucial conversations, and accountability for expectations • enhance workforce supports • promote best practices • foster internal and external relationships • oversight of program workloads, processes, and practice to drive results • modeling and coaching around managing up and thinking broadly, while using data and CQI supports to better manage practice and outcomes • organizational decision-making within a growth mindset context 	<ul style="list-style-type: none"> • Partner with Director to determined specific areas for support, coaching, and training • Elevate leadership in both the relational (Leading) and technical/managerial (day-to-day operations) areas, organizational decision-making within a growth mindset context, support and coach supervisors through trust, psychological safety, crucial conversations, and accountability for expectations, and oversight of program workloads, processes, and practice to drive results, workforce support, and internal and external relationships. This includes training sessions based on Practice Observations and specific manager needs. <p><u>Technical/Managerial Day-to-Day Practices for Results</u></p> <ul style="list-style-type: none"> • Understanding and application of law, policy, practices, and mandates related to program areas • Ensures adherence with county, state, and federal laws, regulations and policies as well as professional ethics through discussions with supervisors and staff, 	<ul style="list-style-type: none"> • NC DHHS Leader Practice Standards • 3-Column Observation (strengths, areas of growth, and ideas for enhancement planning) • One-on-One Coaching Results and Implementation Plan



Focus Area	Methodology & Skill Area	Evaluation Tools and/or Deliverables
	<p>community professionals, and State officials.</p> <ul style="list-style-type: none"> • Supervision of SWS and SW Teams – including conferencing, staffing difficult cases, culture & climate, and professional development; confers with unit supervisors on issues that impact on program goals, objectives, policies, and the delivery of services • Reviews quality and quantity of work by analyzing information gathered in conferences with supervisors and staff and review of case records, reports, and statistical data. • Training: Ensures workers and supervisors attend training, and provide necessary on-the-job training and arranges for training by State staff and other professionals, including onboarding for new workers and supervisors • Monitoring of program expenditures and managing contracts • Implementation of continuous quality improvement and quality assurance reviews – both full reviews and targeted reviews • Interpreting data, analyzing trends related to outcomes and practice, and developing solutions for implementation; recommends changes in 	



Focus Area	Methodology & Skill Area	Evaluation Tools and/or Deliverables
	<p>organization, work flow, and new programs</p> <ul style="list-style-type: none"> • Surveying and developing programs, coordinating with outside community agencies for the provision of assistance and services, and interpreting policies and procedures. • Managing/oversight day to day operations in the program areas, including scheduling, case assignment, caseloads, case trajectory, and decision-making • Understanding budgets and making recommendations related to budgetary needs for programs based on input from unit supervisors • Partner with Director to present to DSS Board and Board of Commissioners as requested • Resolves conflicts between customer complaints and program satisfaction and adherence; interprets and explains functions of agency programs to customers and others including community agencies <p><u>Leadership Practices that are relational:</u></p> <ul style="list-style-type: none"> • Ten specific neuroscience-informed leadership practices that promote trust, growth mindset, and psychological safety • How to team-build, influence, and motivate the workforce 	



Focus Area	Methodology & Skill Area	Evaluation Tools and/or Deliverables
	<ul style="list-style-type: none"> ● Building trust and belonging in the program areas ● Understanding how to engage the workforce in solutions for service delivery ● Managing relationships ● Cultivating a positive culture and climate ● Ensuring clear expectations ● Communication and feedback loops ● How to give feedback, resolve conflicts, and make decisions 	

Deliverable 3: Support the Evolving Continuous Quality Improvement Team Model

Guilford County currently has a strong and structured Continuous Quality Improvement (CQI) team with three teams with a specific focus:

- Data and Review Team
- Training Team
- Onboarding Team

Guilford County leadership knows that a robust and comprehensive CQI team fosters a culture of ongoing learning, adaptation, and innovation across the organization. CQI is a philosophy, a system, and a process designed for a continuous improvement – or growth – mindset. In the dynamic and sensitive field of child welfare, policies, practices, and interventions must evolve to address the diverse needs of children and families effectively. A well-designed CQI team achieves this by:

- **Integrating Data-Driven Practices:** The CQI team ensures that decision-making is informed by real-world insights by leveraging data collection, trend identification, root cause analysis, and evidence-based strategies.
- **Promoting Accountability and Transparency:** Addressing service gaps and reinforcing effective practices enhances the quality of care while fostering trust within the system.
- **Engaging Stakeholders:** The CQI team ensures that interventions are relevant, responsive, and equitable by involving staff, families, and community partners. This approach amplifies stakeholder voices and builds shared ownership of outcomes.



- **The “Why”** - Helping everyone to understand the “why” behind practices, policy, and changes within the organization toward improving outcomes, or communication and language

In FY 25/25, the A4O Team will build upon the capacity-building for FY 24/25 and continue to partner with the Division Director and CQI Program Manager to continue evolving and fine-tuning specific areas of the CQI model.

1. Strengthening Communication, Language, and Approach Between the CQI Team and Program Teams

A4O will provide targeted coaching to the CQI Team to enhance communication clarity, tone, and impact with Program Teams. This includes coaching on how to deliver feedback that is clear, actionable, and rooted in inclusive, strengths-based language that promotes psychological safety and shared learning.

The focus will be refining how the CQI Team communicates findings (strengths, areas of growth) and recommendations, ensuring messaging is neutral, actionable, and non-judgmental. This approach fosters trust, encourages collaboration, and reduces defensiveness, making it easier for teams to engage in meaningful dialogue and own the solutions.

By reinforcing positive communication practices and a solution-oriented mindset, A4O will help the CQI Team serve as a more integrated, trusted partner to program leadership, supporting continuous improvement, advancing HHS integration, and ensuring that quality improvement feedback translates into real-world practice change.

2. Enhancing the CQI, Training, Onboarding, and Quality Assurance Model for Aging & Adult Services

The A4O Team has engaged in focused discussions with the CQI Team to identify specific needs within the Aging & Adult Services Division. Shared goals include:

- Designing a structured, consistent onboarding process for new hires
- Improving the case review and feedback loop between CQI, supervisors, and frontline staff
- Strengthening the use of data and monthly reports to inform decision-making and guide leadership
- Building and standardizing core processes across the division
- Establishing systems for tracking training and standard operating procedures

To achieve these goals, A4O will collaborate closely with the CQI Program Manager and ensure alignment with guidance from the Division Director and DSS Director. Capacity-building support will include:

- Co-developing a comprehensive onboarding process for new staff



- Designing a clear, actionable feedback system to connect case review findings with supervisory coaching and worker development
- Implementing systems to track required and completed training for staff and supervisors
- Supporting the tracking, revision, and dissemination of Standard Operating Procedures (SOPs)
- Facilitating relationship-building and engagement with the Aging & Adult Services team to foster ownership, accountability, and cohesion

This tailored capacity-building approach strengthens internal infrastructure, promotes consistent practice, and supports sustainable integration of CQI into daily operations.

3. Fine-Tuning the Child & Family Services CQI, Training, Onboarding, and Quality Assurance Model

The current Continuous Quality Improvement (CQI) structure, comprised of the Data & Review, Onboarding, and Training Teams, provides a strong foundation but requires intentional refinement to deepen alignment and maximize impact across Child & Family Services.

- **Data & Audits:** A4O will support this team in enhancing real-time data tracking, sharpening root cause analysis, and strengthening feedback loops. The goal is to translate findings into actionable improvements that inform practice, supervision, and policy compliance.
- **Onboarding:** We will help streamline onboarding processes, integrate mentorship opportunities, and ensure early exposure to CQI principles. A4O's coaching will embed a culture of continuous improvement from day one, promoting engagement and role clarity.
- **Training:** Training efforts will be aligned with audit findings and operational priorities. A4O will work with the team to infuse interactive learning strategies, track competencies, and build a feedback-informed cycle of learning.

Cross-functional collaboration, clear communication pathways, and shared ownership across these teams will be essential. With A4O's guidance, this refined CQI model will strengthen data-informed decision-making, promote consistent workforce development, and drive lasting improvements in child welfare service delivery.

Human-Centered Co-Design Model

Utilizing a **Human Centered Co-Design Model** in developing solutions for outcome trends that need improvement, refining CQI systems, and building communication across the organization will also enhance the partnership between CQI and program teams. Co-design is a collaborative approach that involves designing with, rather than for, people and



communities¹. It amplifies the voices and experiences of those most directly affected by the issues being addressed, ensuring their perspectives shape the process and outcomes. By prioritizing relationships and fostering trust among all stakeholders, co-design creates a participatory environment where the work is guided by the people it impacts most.

Co-design is built on the principle of power-sharing, recognizing the expertise of people with lived experience at every stage of an initiative—from defining the focus and developing solutions to implementation and evaluation. It fosters a true partnership where all participants have equal opportunities to contribute their skills, make decisions, and take ownership of responsibilities. Moreover, this collaborative model values the contributions of those with lived experience and encourages the creation of meaningful learning opportunities, enabling them to build skills that extend beyond the immediate project. The facilitated co-design will consider the NC DHHS CQI model and the NC DHHS Practice Standard expectations for workers, supervisors, and leaders.

Co-designing a Continuous Quality Improvement (CQI) process in child welfare involves working collaboratively with those most affected, such as families, youth, frontline workers, supervisors, and community partners, to create meaningful and sustainable improvements. The process begins by bringing together diverse stakeholders to establish trust, share power, and define common goals. Through open dialogue, participatory workshops, and shared decision-making, stakeholders can identify key challenges, set priorities, and co-develop practical solutions. This approach ensures that the CQI process is grounded in lived experiences, focusing on what truly matters to the people and communities it serves.

Once the framework is designed, it is tested through pilot programs, with ongoing feedback and adaptation to ensure it remains responsive to evolving needs. Regular check-ins, accessible communication channels, and collaborative data analysis help refine the process and maintain stakeholder engagement. By embedding continuous learning and empowerment opportunities, the co-designed CQI process improves child welfare services and builds long-term capacity within communities. Ultimately, this inclusive approach fosters a culture of shared ownership, ensuring that improvements are effective, sustainable, and meaningful.

Onsite & Remote Schedule

The Allies4Outcomes team's onsite partnerships include a planning day with the Deputy Director, Director, Division Director, and then, with the Program Administrators and Program Manager. For this leadership capacity-building engagement, we will have a team of executive-leader consultants with express expertise in DSS programs, leadership, and other Health and Human Services programs. Once relationships are developed, we will utilize on-site and remote coaching, support, and partnership. All options included in this proposal culminate in 1,014 hours of capacity-building of consultation, both remotely and onsite, in groups and one-on-one. This engagement is designed to support Guilford County over FY 25/26.

¹ Rudd, V., Kalra, S., Walker, J., & Hayden, J. (2022, Feb. 7). *How can organizations assess their readiness to co-design?* Casey Family Programs. https://www.casey.org/media/21.07-KM-LFOF-ChiByDesign_fnl.pdf



Budget

The budget is based on an **all-inclusive rate, covering consultant time, travel (including mileage, travel time, and hotel), and administrative costs.**

The budget outlined below is designed for a year-long engagement, which is strategically aligned with evidence-based benchmarks indicating the time typically required to initiate and sustain meaningful shifts in organizational culture. Research in leadership capacity-building and organizational transformation consistently emphasizes that sustainable change, particularly changes that involve values, behaviors, and mindsets, requires both time and intentional, iterative engagement²

This timeline allows for a comprehensive cycle of assessment, coaching, implementation, reflection, and adaptation. In accordance with national best practice standards in leadership coaching, such as those defined by the International Coaching Federation (ICF) and the Center for Creative Leadership (CCL), this approach supports leaders through a phased process that includes relationship-building, co-creation of goals, skill development, and system-level application³.

By embedding leadership coaching into the organizational ecosystem over this sustained period, leaders are more likely to internalize new practices and drive cultural change from within. The coaching process is structured to provide continuous feedback, reinforce accountability, and deepen leaders' self-awareness and systemic thinking, all critical elements in achieving culture change⁴.

Consultant Rates: **all-inclusive rate, covering consultant time, travel (including mileage, travel time, and hotel), and administrative costs.**

- Executive Consultants: \$300/hour
- Capacity-Building Consultants: \$200/hour

² Anderson, R. J., & Adams, W. A. (2016). *Mastering leadership: An integrated framework for breakthrough performance and extraordinary business results*. Wiley.

³ International Coaching Federation (ICF). (2021). *Core competencies*. <https://coachingfederation.org/core-competencies>

McCauley, C. D., & Palus, C. J. (2021). *Developing the theory and practice of leadership development*. In D. V. Day (Ed.), *The Oxford handbook of leadership and organizations* (pp. 718–737). Oxford University Press.

⁴ Boyatzis, R. E., Smith, M. L., & Van Oosten, E. (2013). *Helping people change: Coaching with compassion for lifelong learning and growth*. Harvard Business Review Press.



Deliverable	Capacity- Building Hours	FY 25/26	After 35% Reimbursement
1) Director and Integration Support	1014 hours for all projects	\$269,000	\$174,850
2) Immersive Capacity-Building of Social Work Executive Leadership			
a) Division Directors, Program Administrators, Program Managers			
b) Adult Services Program Managers (172 hours, \$34,400 for Adult Services only, included in total)			
3) Support the Evolving (CQI) Team Model			
Total Contract Amount		<u>\$269,000</u>	

Note: Priorities outlined in this proposal may be fully or partially implemented based on discussions with the Director regarding organizational needs. The Director and Consultant Team may identify additional requirements not covered in this proposal, with necessary budget adjustments made accordingly. The COO of Allies4Outcomes will collaborate with the County fiscal officer to monitor spending trends. Additionally, the Director, CEO, COO, and fiscal officer will regularly review, reassess, and prioritize as needed. The COO will track spending against the budget for each invoice to ensure the County remains informed of all financial activities.



Company Background

Mission: Cultivating Growth, Enriching Results through People
“Practical, Tangible, Actionable Solutions”

Vision: To utilize partnerships & neuroscience-based, evidence-informed approaches to cultivate leadership practices that improve organizational health and trust, foster a growth mindset, build a strong workforce, and enhance service delivery to forward organizational, client, and fiscal results.

Allies4Outcomes (A4O) is a nationally and NC-certified Woman-Owned Small Business (WOSB) that partners with local, state, and federal government agencies, Universities, non-profit organizations, and other allies to drive systemic change. A4O’s immersive capacity-building approach is grounded in implementation science and utilizes a multi-tiered framework that connects learning to day-to-day policy application to practice, decision-making, and leadership.

Neuroscience-Informed Methodology: Allies4Outcomes partners with organizations to deliver a neuroscience-based, evidence-informed, and experience-based leadership approach to consulting, training, observation and feedback loops, and capacity-building services to drive systemic change. A4O’s capacity-building model is grounded in implementation science and utilizes a multi-tiered, equity-focused framework that connects learning to day-to-day policy application to practice, decision-making, and leadership.

Distinctively Positioned to Partner with NC DSS Organizations

Allies4Outcomes (A4O) brings unmatched expertise, credibility, and strategic insight to every engagement. As a certified Woman-Owned Small Business (WOSB) founded and rooted in North Carolina, A4O has assembled a powerhouse team of 24 subject matter experts—executive-level professionals with deep knowledge, lived experience, and long-standing commitment to strengthening human services across the state and beyond.

Our CEO, COO, and CSO—alongside our team of expert consultants—have delivered leadership development, consultation, and implementation support across 42 counties in North Carolina, 26 state jurisdictions, and five countries. Together, we bring over 879 years of combined experience leading transformative work at every level of the health and human services continuum.

We’ve led from the frontlines and the executive suite:

- **At the federal level:** Our team includes leaders who formerly and currently contract to serve Administration of Children & Families, Children’s Bureau, through Child & Family Services Reviews, Program Improvement Planning with states and jurisdictions, Families First Prevention Services Act and fiscal/operational consulting.
- **At the state level:** Our team includes former NC DHHS senior leaders—such as the Senior Director of Child Welfare & Aging and Adult Services, Director of County



Operations for Child Welfare, and Deputy Director of IT for Child Welfare—who shaped policy, system reforms, and innovation at scale.

- **At the county level:** We’ve served as DSS and HHS Directors, Deputy Directors, Program Administrators, CQI Directors, Fiscal Officers, and frontline supervisors across rural, medium, and large counties.
- **At the systems level:** We’ve collaborated with NC DHHS, NCACDSS, the UNC School of Government, County Managers, legislators, and other key stakeholders to build public trust, deliver results, and improve lives.

Our team’s educational background reflects the depth and diversity of expertise we bring to every engagement. It includes three PhDs or DSWs in Social Work, two Licensed Clinical Social Workers (LCSWs), eight Master of Social Work (MSW) professionals, and six individuals with Bachelor of Social Work (BSW) degrees. Thirteen members of our team hold master’s degrees in other disciplines, including MBAs, and seven have bachelor’s degrees in psychology or related fields. In addition to these academic credentials, we bring specialized qualifications such as Lean Six Sigma Green Belt certification, advanced Continuous Quality Improvement (CQI) expertise, and leadership in Child Welfare Information Systems (CWIS) and data systems—ensuring we effectively bridge frontline practice with data-informed accountability.

What sets A4O apart is our hands-on approach. We don’t just advise—we embed, observe, coach, and partner directly with staff at every level. Our capacity-building services span all NC DSS program areas, with emphasis on:

- Translating complex federal and state policy into practice
- Strengthening supervisory and managerial oversight
- Driving quality, timeliness, and performance outcomes
- Building cross-functional collaboration and feedback loops
- Creating psychologically safe, high-performing teams
- Advancing fiscal stewardship and data-informed decision-making

We pair group learning with one-on-one capacity-building, align consultants with the right skills for each context, and remain nimble to adjust as new needs emerge. Whether guiding supervisors through policy application in casework or supporting directors with system-wide strategy and change management, our approach is always relational, practical, and rooted in results.

Ultimately, our mission is to help counties and organizations strengthen their safety-net systems and advance the wellbeing of children, families, and adults across North Carolina. We bring not only technical expertise—but a shared commitment to building thriving teams, trusted public systems, and meaningful outcomes.

Dr. Angela Pittman-Vanderweide

**CEO/Founder, System Disruptor &
Collaborative Capacity-Builder**



Dr. Angela Pittman Vanderweide is the CEO and founder of A4O, a certified Woman-Owned Small Business (WOSB) dedicated to serving human services organizations. Over the past 35 years, Angela has held progressively responsible executive leadership roles in the for-profit, non-profit, state (NC DHHS), and local government sectors. She is a full-time Lecturer at the University of Kentucky College of Social Work, contributing to the DSW and MSW programs.

In 2021, Angela developed the A4O Immersive Leadership Capacity-Building Model, designed to align with the mission and values of human services. The model is rooted in neuroscience research and integrates neuroscience-informed leadership practices with technical and managerial practices, specific to human services and child welfare leaders. The model includes a vital approach - one-on-one capacity-building with an experienced executive coach to build upon and apply the learning from leadership practices. This creates a “learning ecosystem” encompassing learning sessions, leader observation, modeling, coaching, and feedback for growth and learning. The model is designed to be a cross-disciplinary model for public, private, and nonprofit sectors, including law enforcement and interdisciplinary organizations, engaging workers, supervisors, and executive leadership in transformative leadership development.

Angela's diverse background has sharpened her ability to collaborate effectively, driving organizational performance and achieving desired outcomes in organizational, operational, and fiscal management and consumer satisfaction. Angela's leadership has made significant contributions to national and international child welfare consultation, with a strong focus on serving counties in North Carolina and 25 other jurisdictions across the US. Angela's expertise extends to trust-building, fostering psychological safety, workforce resilience, equity, inclusion, systems evaluation, and change management. She has spearheaded system-wide continuous improvement initiatives, utilizing data to bolster organizational effectiveness and improve client outcomes.

Committed to principles of social justice and cultural humility, Angela prioritizes equity and belonging in all aspects of communication, workforce development, and service provision. Drawing from personal experiences, including her role as a legal guardian for a former foster child, Angela brings a nuanced perspective to her consulting work, leadership style, and teaching and training methodologies. Angela earned her Doctorate of Social Work (DSW) from the University of St. Thomas in Minnesota. In 2020, she contributed to the field with her article titled “Leadership Rebooted: Cultivating Trust with the Brain in Mind,” offering a model of neuroscience-informed leadership aligned with the values and ethics of human service organizations.

Angela resides in the beautiful mountains of Western North Carolina, on Foggy Vale Farm, on generationally owned land, with her partner, Craig, where they grow Appalachian herbs and plants, tend the grounds, and delight in the quiet reverence of the mountains and wildlife. Their



daughter, Lucy, a Jefferson Scholar, is a North Carolina State University sophomore studying a dual major in animal science and anthropology.

Katie Swanson, LCSW

Chief Strategy Officer & Capacity-Building Leadership Consultant



Katie Swanson, MSW, LCSW, is the Chief Strategy Officer of Allies4Outcomes and a co-owner of an additional business serving NC DSS's - Expansion Solutions. Katie has over 25 years of experience in progressively responsible executive leadership roles, including local and state (NC DHHS) government. Through that lived professional experience, Katie has developed the ability to partner with others to enhance performance and meet organizational, fiscal, and client outcomes. Katie has extensive social services experience in North Carolina, including being the director of social services in Cleveland County and in executive leadership roles in both Buncombe and Catawba counties. In FY23/24 Katie served in the role of Deputy Director for County Operations for the NC Department of Health & Human Services. She has worked closely with other Social Services Directors as a Tri-Chair in Child Welfare for the North Carolina Association of County Department of Social Services.

Katie is creative and innovative and works to meet organizational and client needs through targeted strategies to improve client outcomes. Katie focuses her capacity-building consulting with new and veteran Directors, Deputy Directors, and other executive leaders within organizations, with focus on organizational health and operational excellence. Katie creates positive solutions to complex problems involving the workforce, practice and service delivery, specifically in economics (Medicaid, Food and Nutrition Services, Child Support) and social work services (Adult Services and Child Welfare). Katie has played a pivotal role in supporting multiple counties in program improvement efforts, including two counties that divested administrative authority under **NCGS 108A-74**.

Katie demonstrates leadership qualities that encourage others to enjoy working alongside her to achieve the goals they set out to accomplish. Katie has worked as a consultant in multiple North Carolina counties, helping them improve practice, service delivery, and outcomes. Currently, she teaches an asynchronous social work course at Appalachian State University, working with students interested in Social Services and doing her part to positively influence the incoming workforce.



Dr. Gregory Grier

Chief Experience Officer (CXO) & Leadership Capacity-Building Consultant



Dr. Gregory Grier has a distinguished twenty-plus-year executive leadership career within North Carolina's local government organizations, focusing on human and social services. His dedication to community well-being is demonstrated by his leadership in initiatives addressing social determinants of health, strengthening community safety nets, and fostering partnerships with stakeholders to drive meaningful outcomes. With extensive expertise in child welfare practice, operational and organizational systems, and leadership, Dr. Grier has supervised all program areas in DSS, including finance, data, and continuous quality improvement. As Deputy Director at Cleveland County DSS, Dr. Grier led and supervised all program areas within DSS, fostering a sense of belonging, psychological safety, and a balance between accountability and support towards achieving client outcomes across program areas.

In his previous role as Director of Community Support Services for Gaston Health & Human Services, Dr. Grier spearheaded impactful initiatives, including the Peer Support Program, Veteran's Services, the Family Justice Center and Hope United Survivor Network, and various special projects such as the Opioid Settlement Funding Plan, Homelessness Prevention Task Force, Community Child Protection Team, and Child Fatality Prevention Team. Dr. Grier has been with A4O since 2024, where he is the Chief Experience Officer (CXO) and Project Manager, enhancing experiences and outcomes for the A4O consultant team, employee team, and jurisdictions served by the organization. Dr. Grier has the exceptional talent to bring deep insight into the root causes of organizational culture and climate challenges, skillfully helping executive teams build trust and psychological safety.

Beyond his professional roles, Dr. Grier is actively involved in shaping public policy and community initiatives. He serves on key boards, including the Vaya Health Partners Board of Directors and the Cleveland County Hospice Foundation Board. As a servant leader, Dr. Grier is dedicated to empowering others by coaching and mentoring leaders to excel as advocates for social justice and community progress. He fosters a culture of collaboration and mentorship, firmly believing that true leadership lies in helping others unlock their full potential.

Dr. Grier is also a passionate lifelong learner. He holds a Bachelor's in Social Sciences, an MBA, and a Doctorate in Organizational Leadership (Ed.D.) from Gardner-Webb University, demonstrating his dedication to continuous personal and professional growth.



Christina McEntee

Chief Analytics Officer CQI and Human Services Planning Evaluator Subject Matter Expert



Christina brings over 28 years of dedicated public service experience in local government, demonstrating a deep commitment to enhancing community well-being through impactful leadership and strategic initiatives. Her career spans 11.5 years in direct Social Work practice, Child Welfare Supervision, and Program Management, where she provided critical support to vulnerable populations and led teams to drive meaningful outcomes.

Expanding her expertise, Christina has dedicated 17 years to Human Services Planning, Evaluation, and Local Government Performance Management, advancing through roles including direct Planning and Evaluation, Team Supervision, and County Departmental Leadership. Throughout her tenure, she has cultivated a robust skill set encompassing leadership, project management, data and program analysis, facilitation, strategic planning, quality assurance, business process improvement, innovation, organizational change, and county and DSS budget development and oversight.

Christina holds a Bachelor of Social Work and a Graduate Certificate in Project Management. She has further bolstered her credentials with a Six Sigma Green Belt Certification, underscoring her commitment to operational excellence and continuous improvement. Now enjoying a well-earned retirement, Christina continues to contribute her wealth of knowledge and experience as a part-time consultant, helping organizations optimize performance, create innovative solutions, and achieve strategic goals. Outside of her professional endeavors, she finds joy in spending time with her spouse, children, and beloved rescue boxer, Bubba James.

Dr. Jacqueline O. McKnight

Organization & Leadership Subject Matter Expert



Dr. Jacqueline O. McKnight was appointed as the Deputy Director of Child and Family Services for Mecklenburg County, DSS, in the fall of 2017. In 2021, her role expanded to Deputy Director of the DSS Department, which she served until the fall of 2023. In these roles, she was responsible for supporting the Director of DSS in overseeing and managing all social service programs.

Dr. McKnight brings over three decades of experience overseeing administrative operations and developing programs that positively impact participants' lives. Prior to accepting this role, Dr. McKnight was the Executive Deputy Commissioner of the New York City Administration for Children's Services. Dr. McKnight has provided oversight to over 4,000 staff members and a diverse network of contracted providers. She has also been responsible for overseeing, integrating, and



coordinating child welfare programs, both public and private, toward better outcomes for children and families.

Dr. McKnight has a wealth of experience, including work focused on leadership development, prevention service implementation, interagency collaborations, substance abuse, and interpersonal violence among communities of color, and the implications for female consumers of service. Dr. McKnight received a Bachelor's in Social Work from York College CUNY, a Master's in Social Work from Columbia University School of Social Work, and a Doctorate of Philosophy from Fordham University Graduate School of Social Services. She is the recipient of the Children FIRST Doctoral Fellowship, 2004 and 2005, and a 2016 NASW-NYC Top Leader Award Recipient. She is also certified by Yale School of Management Executive Education - Women's Leadership Program. Dr. McKnight is a Graduate Adjunct Professor at UNC at Charlotte -School for Social Work and a former adjunct professor at Fordham University Graduate School of Social Services and Casey Family Programs Foundation's Leadership Academy. She also serves on the Board of Directors for Pat's Place Child Advocacy Center, Healthy Blue- Blue Cross Blue Shield's - Foster Care Advisory Group, and formerly a Board member for Mecklenburg County's Race Matter for Juvenile Justice.

Jennifer Teague

Consultant, Trainer, and Adult & Aging Services Subject Matter Expert



Jennifer (Jen) Teague brings over 15 years of expertise in Adult & Aging services and executive leadership in non-profit, federal, state, and local government human service organizations. She has an extensive background in the field, having served as Program Manager for the Buncombe County Adult and Aging Services Department and as Executive Director for the Council on Aging of Buncombe County. Before these roles, she worked with the North Carolina Division of Aging and Adult Services. Jen specializes in designing and implementing standard operating procedures, streamlining processes for greater efficiency, adult protective services case trajectory and decision-making to ensure self-determination and safety, and collaborating with community partners to enhance services for adults. Her work has involved partnerships to support unhoused individuals and creative solutions for adults under DSS guardianship who face substance use or behavioral health challenges impacting their safety and quality of life.

Jen also has significant experience in Adult Protective Services (APS), having managed one of North Carolina's largest APS units. Her financial expertise includes MAC billing, where she oversaw considerable increases and optimized other funding sources, including grants. She also led the development and embedding of ongoing continuous quality improvement strategies and tools within Adult & Aging Services. Furthermore, she has in-depth knowledge of Older Americans Act (OAA) funding—also known as the Home and Community Care Block Grant (HCCBG)—which enables older adults to live independently at home.



With her background in executive and management roles, Jen has a strong record of supporting and developing staff, helping them leverage their strengths and build leadership skills. She holds a Master of Arts in Community Counseling and a Bachelor of Science in Sociology from Appalachian State University in Boone, N.C. Currently, Jen serves as the Director of Health Coverage and Benefits for the National Council on Aging.