

Multiple Response System and System of Care:

TWO POLICY REFORMS DESIGNED TO IMPROVE THE CHILD WELFARE SYSTEM

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SUMMARY

Child abuse and neglect is a serious problem in the United States. From 2004 to 2005 the number of substantiated reports of maltreatment increased by 27,000 cases from 872,000 to 899,000. The latest report by the U.S. Department of Health and Human Services highlights 2006 data that indicate another increase of about 6,000 cases, to 905,000 victims. This equates to a rate of 12.1 abuse and neglect victims per 1,000 children (National Center on Child Abuse and Prevention, 2007).

North Carolina is one of a growing number of states implementing new and innovative strategies to improve the child welfare system. The North Carolina Division of Social Services (NCDSS) is currently putting two initiatives into action—the Multiple Response System (MRS) and System of Care (SOC). This policy brief focuses on the ways in which these two initiatives work in tandem to support common goals. The brief also offers recommendations and resources that policymakers and practitioners may find useful in their efforts to develop similar initiatives or to improve current practices in the child welfare system.

Analysis of data collected by the Center for Child and Family Policy at Duke University finds that

implementing MRS and SOC simultaneously not only enhanced the implementation of MRS, but also provided positive outcomes for children, families, and communities. Of the 10 pilot counties involved in the MRS evaluation, three also were involved in the concurrent System of Care evaluation. Comparisons of the data collected in the MRS evaluation showed enhanced outcomes in the SOC counties in several important areas:

- Child and Family Team (CFT) meetings,
- Community collaboration, and
- Reducing duplication of services, effort, and time.

IN THIS BRIEF:

Summary	1
Multiple Response System	2
System of Care	4
Where Do SOC and MRS Intersect?	5
What the Data Show	7
Conclusions	10
Implementation without Grant Funding	11
Additional Resources	14
About the Authors	16

MULTIPLE RESPONSE SYSTEM

MRS Overview and History

The North Carolina General Assembly in July 2001 mandated that the state Division of Social Services develop and pilot a county-level differential response system that uses a family assessment track (described below) for selected reports of child maltreatment, in addition to the traditional investigative process. The law also stipulated the establishment of data collection processes so that the state could assess the effects of the new system on:

- Child safety,
- Timeliness of response,
- Coordination of services, and
- Cost effectiveness.

NCDSS chose 10 counties for the pilot project, purposefully selecting for various sizes and geographic locations. The pilot project began in 2002 in Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Mecklenburg, Nash, and Transylvania counties. Based on positive early findings, the legislature in 2003 approved expanded implementation of MRS to 42 more counties. In 2006, the legislature authorized statewide implementation. By 2006, all 100 North Carolina counties had begun implementation of MRS.

MRS Strategies

MRS in North Carolina was born out of the realization that not all Child Protective Services reports require the same approach. The implementation of MRS allows county departments of social services a choice between the traditional investigative track and the family assessment track in responding to selected reports of neglect and dependency. The premise behind the development of the family assessment track is that families can be better served, and children more effectively protected, when the focus is on building partnerships with families rather than taking a more authoritarian approach. The family assessment track identifies family strengths, support systems, and community services that will assist families in acquiring the resources and developing the skills they need to safely care for their children and reduce the risk of future maltreatment.

Although a number of states have implemented various forms of alternative or differential response systems, few have approached this process as comprehensively as North Carolina. In addition to creating the family assessment track, North Carolina developed six other strategies as part of the larger Multiple Response System reform. The seven strategies are briefly described below.

1) Introduction of choice between two approaches to reports of child abuse, neglect or dependency

This strategy allows for a differential response to reports of child abuse, neglect, and dependency. Intake workers choose between two responses: the traditional investigative track or the family assessment track. The family assessment track provides a more tailored and holistic approach to working with individual families. This process engages families using a strengths-based approach and facilitates a partnership among local agencies and communities to address all the needs of a child and family. Certain accepted reports are not eligible for the family assessment track. For example, cases involving alleged sexual abuse of a child must utilize the investigative track.

2) Collaboration between Work First¹ and the Child Welfare Program

This strategy recommends that Work First and Child Protective Services (CPS) staff work together to address aspects common to both programs, when appropriate. Possible collaborations include:

- Sharing information;
- Scheduling joint home visits;
- Developing integrated and complementary case plans; and
- Building effective case staffing (for example, including Work First personnel in Child Protective Services case staffing and on Child and Family Teams).

3) Implementation of a strengths-based, structured intake process

This strategy allows for the concerns of the reporter to be heard, documented, and screened by intake workers. The process uses a highly structured intake report that enhances both the quality and consistency of

¹ North Carolina's Temporary Assistance for Needy Families (TANF) program.

information collected across the state and emphasizes the strengths of the family about whom the report is being made.

4) Redesign of in-home services

This strategy restructures the case management system in two key ways: 1) it provides more intensive services and contacts for families with greater needs, and 2) it provides less intensive services or voluntary services to families with fewer needs or identified risks. Further, the redesign of in-home services emphasizes the engagement and involvement of families in the case planning/management process through CFT meetings, as well as other mechanisms.

5) Utilization of a team decision making approach in Child and Family Team meetings

This strategy aims to achieve safety, well-being, and permanency for children and families by reaching out to family members (including extended family), natural family supports, and other community agencies. In doing so, CFTs encourage inclusion and active participation of these stakeholders in decision making and planning in all stages of the process, ranging from case management to foster care placement. Building this natural support team is critical to the long-term success of families, particularly after CPS is no longer involved.

6) Implementation of shared parenting meetings in placement cases

This strategy provides an opportunity for the development of ongoing interaction between birth parents and foster parents, with the intent of creating a bridge between the two for the purposes of enhancing the child's care, facilitating the mentoring of birth parents, and improving the chances of family reunification.

7) Coordination between law enforcement agencies and Child Protective Services for the investigative assessment approach

This strategy facilitates the development of formal Memoranda of Agreement between CPS and local law enforcement agencies to ensure collaboration and information sharing during the investigation and prosecution of specific cases.

Evaluation Findings

At the request of the NCDSS, the Center for Child and Family Policy evaluated the Multiple Response System for families involved with Child Protective Services in the 10 pilot counties. The preliminary findings from the 2006 evaluation are highlighted below.

Child Safety—Based on official records of child maltreatment and substantiations, MRS was not associated with any adverse changes in child safety. In fact, the 10 pilot counties had fewer assessments of possible abuse or neglect than the control counties. Possible factors to explain this decrease include:

- 1) Fewer reports were made in MRS counties;
- 2) Intake staff in MRS counties may have become more adept at screening out reports with little evidentiary basis; and
- 3) The practice of frontloading services in MRS counties may have reduced the number of repeat assessments/reports.

Timeliness of Response—With the implementation of MRS, families were just as likely as before MRS to receive an initial response to an accepted report within 72 hours. Additionally, MRS counties had a higher proportion of on-time case decisions as compared to the control counties.

Frontloading of Services—Frontloading services to families involves providing supports to families earlier in the CPS process. The average number of frontloaded minutes of clinical services increased significantly in the pilot counties after the introduction of MRS. Furthermore, increased frontloaded minutes reduced the probability that a child would come back into the system within six months of the initial assessment. Frontloading services may, therefore, be a prevention strategy for reducing the risk of child maltreatment.

Systems Change

The Multiple Response System in North Carolina represents reform of the entire child welfare system from intake to permanency. In addition to the policy changes outlined in the seven strategies, MRS brought with it a shift in philosophy and focus. Underlying MRS is the concept of family-centered practice, which is comprised of six principles of partnership. These principles provide a framework for caseworkers' interactions with families and embody the belief that:

- 1) Everyone desires respect;
- 2) Everyone needs to be heard;
- 3) Everyone has strengths;
- 4) Judgments can wait;
- 5) Partners share power; and
- 6) Partnership is a process.

This philosophy shifts the focus away from a specific report and, instead, works to support families in building upon and further developing their strengths and to empower them to solve their own problems. The system change brought about by MRS provided a unique opportunity for North Carolina to take reform efforts to the next level and set the stage for System of Care.

SYSTEM OF CARE

North Carolina's child- and family-serving agencies have seen a number of reform efforts in recent years. Mental health reform, for example, was authorized in 2001, the same year as MRS. Although there will always be new initiatives and reforms in human service agencies, one constant is that multiple agencies tend to serve many of the same families concurrently. A key challenge is for agency staff members to work together and across agency boundaries to understand reform efforts better and to discern how they can join forces to better serve families. When agencies collaborate, they are able to provide comprehensive information about available services and current reform efforts to the families being served and their supports.

The SOC approach recognizes that no one agency has the resources or expertise to develop a broad response to meet all the needs of families. The concept of SOC was originally developed in the mental health field for children with serious emotional disturbances. However,

in 2001, NCDSS decided to utilize this approach in child welfare and instituted SOC guiding principles and values as part of its 2001 federal Program Improvement Plan. (See Figure 1.)

Figure 1

SYSTEM OF CARE Guiding Principles/Values

- Interagency collaboration
- Child and family partnership
- Individualized strengths-based care
- Community-based services and supports
- Cultural competence
- Accountability to results

System of Care is a nationally recognized framework for:

- Organizing and coordinating services and resources for children and families into a comprehensive and interconnected network;
- Developing partnerships between individuals and families who need services or resources and multiple human service agencies;
- Building on individual, family, and community strengths;
- Leveraging existing resources to help children and their families achieve better outcomes; and
- Improving the skills, knowledge, and attitudes of all service providers regarding more family-centered practices.

System of Care in North Carolina

In 2003, NCDSS responded to a Children's Bureau² request for grant proposals to expand SOC to the child welfare system. Before this time, SOC grants had only been funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) for children with serious emotional disturbances. NCDSS received one of the nine national grants awarded. The grant began in 2003 in Alamance, Bladen, and Mecklenburg counties, which are three of the 10 MRS pilot counties and represent a mid-size county, a rural county, and a large urban county, respectively. NCDSS selected the counties with the hope of being able to demonstrate the value of SOC in any county in the state.

² The Children's Bureau is responsible for conducting the federal Child and Family Service Reviews for all state child welfare agencies.

Other Child Welfare SOC Grantee Sites:

- Contra Costa County, California
- Jefferson County, Colorado
- Kansas Department of Social and Rehabilitation Services
- Clark County, Nevada
- New York City Administration for Children and Family Services
- State of Oregon
- Pennsylvania Department of Public Welfare
- Native American Training Institute, South Dakota

- Fostering strong collaboration among child- and family-serving agencies;
- Tailoring services to each family’s needs;
- Involving the family in designing the family’s own service plan;
- Emphasizing family strengths; and
- Developing accountability measures so that outcomes can be evaluated.

(Figure 2 illustrates traditional and SOC approaches.)

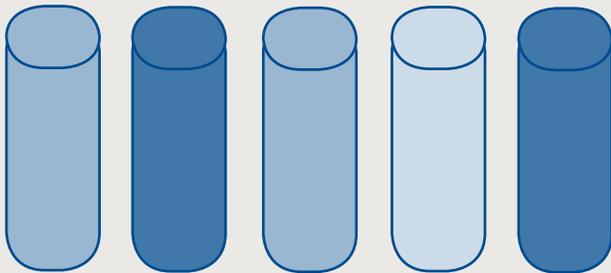
WHERE DO SYSTEM OF CARE AND MRS INTERSECT?

The primary goal of the Children’s Bureau grant is to implement important systemic changes in the way the child welfare system and communities work with children and families at risk. The System of Care model is based on:

System of Care values and principles go hand in hand with MRS and family-centered practice. SOC principles and values also support and enhance MRS implementation by unifying operations at the practice and service level and at the community program level.

Figure 2

Approaches to Meeting the Needs of Children and Families:



Traditional agency “silos”



System of Care (collaboration)

Services/Practice

Traditional

- “One size fits all”
- Service pieces
- Separate delivery
- Specialty training
- Family is recipient
- Family is root of problem
- Family is dependent

System of Care

- Individualized
- One family/One team/One plan
- Collaborative Child and Family Team
- Cross-training
- Family is full and active partner
- Family is core of solution
- Family is self-reliant

Practice and Service Level - Child and Family Teams

Child and Family Teams are a critical component of both MRS and SOC. A CFT is a group of people (professionals, family members, friends, and community supports) selected by the family to meet and assist in developing a plan to address the significant issues facing the family. Each meeting is facilitated or moderated by a neutral party, such as a contracted or agency facilitator or a social worker/supervisor not involved with the case. The family or anyone involved with the family can convene the CFT as needed.

The child welfare system in North Carolina primarily convenes CFTs for cases in which it determines that a family is in need of services or for cases in which a report of child maltreatment is substantiated.³ The team and family are jointly responsible for developing the service plan. Preparation of the family for the CFT meeting is a key component of a successful process. Social workers must ensure that each family receives clear explanations regarding why the CFT meeting is being held and how a team approach can help solve existing problems. Families involved in the child welfare system are often reluctant to invite their family members and supports to CFT meetings due to the open discussion of sensitive and private matters. It is imperative that social workers

help families recognize that having as many supports as possible at a CFT meeting is critical to the success of the process, as is ensuring the attendance of community partners and service providers working with the family. (See Figure 3.)

Community Program Level - Community Collaboratives

At the community program level, the intersection between SOC and MRS is most evident at Community Collaboratives. A Community Collaborative is a diverse governance team that brings together decision makers and stakeholders. At the county level, this collaborative works together to:

- Find and build common goals for the community entities that work on child and family issues;
- Find and build concrete ways to promote collaboration between child- and family-serving entities;
- Implement best practices; and
- Decrease fragmentation (instead of protecting “turf” or continuing “business as usual”).

Working through a System of Care framework, Community Collaboratives provide a forum for agency

Figure 3

Child and Family Teams at the Point of Service: *One Family/One Team/One Plan*



³ CFTs also can be convened before a case decision is made.

representatives and families to discuss how they can work together to achieve better outcomes for families and entire communities. These forums also provide opportunities for decision makers to work collaboratively to better meet the needs of children and families.

WHAT THE DATA SHOW

System of Care Evaluation – Child and Family Team Surveys

From February 2005 through December 2007, CFT facilitators in the three SOC pilot counties (Alamance, Bladen, and Mecklenburg) administered a brief survey to all CFT participants at the end of each meeting. The 18-item survey addressed four key measures:

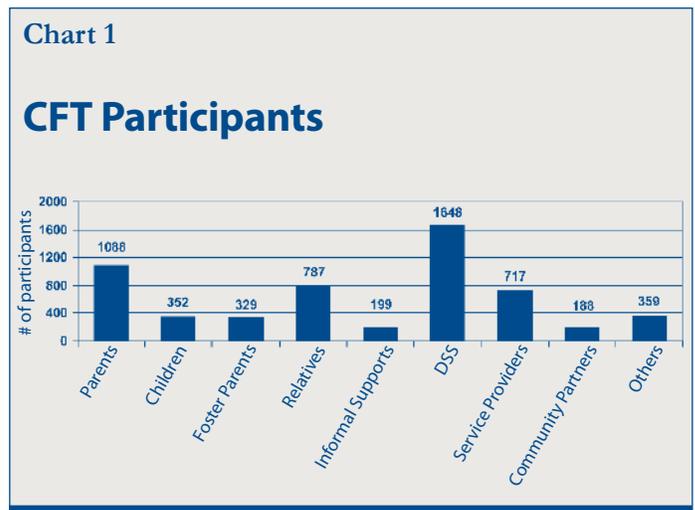
- Fidelity – Adherence to the CFT model;
- Participation – Level of engagement/ involvement by participants in the CFT process;
- Satisfaction – Level of satisfaction by participants with regard to how the meeting was run; and
- Knowledge – Each CFT member’s understanding of his or her personal role in the CFT.

Examples of survey items:

- My responsibility to the plan was clearly identified.
- I felt that my thoughts and concerns were considered before a final decision was reached.
- I was satisfied with the way the meeting was run.
- I understood the purpose of the family meeting.

Data from the surveys showed that, in addition to county-level Department of Social Services (DSS) social workers and supervisors, there were high numbers of parents, relatives, and service providers attending CFTs in the three SOC counties. Significant numbers of children, foster parents, informal supports (i.e., friends and neighbors), and community partners also attended CFT meetings. (See Chart 1.)

Data from the surveys also indicated that the majority of respondents were very satisfied with the way the meeting was run. On average, most respondents also felt engaged in the meeting process, felt the meeting was run to achieve the desired results, and understood their role in the meeting.



Phone Interviews

Phone interviews with families were an important component of the MRS evaluation. In the spring of 2007, evaluators conducted 206 phone interviews in the 10 pilot counties to assess MRS implementation and family satisfaction with the process. The interview tool explores a number of key areas specific to MRS practice, including: investigative and family assessment, case planning and management activities, Child and Family Team meetings, shared parenting, MRS coordination with Work First and overall interactions with Child Protective Services.

Across the 10 counties a total of 62 respondents indicated participation in at least one CFT (26 from SOC counties and 36 from non-SOC counties). Analysis of the 62 interviews yielded some important information about how SOC supports MRS implementation. Specifically, it illuminated how SOC may aid in the successful implementation of Child and Family Teams. Three aspects of the responses stand out:

- 1) Similar to the CFT survey data, the three System of Care counties had a higher percentage of relatives, foster parents, and service providers in attendance at CFT meetings, as compared to the seven other counties. (See Chart 2.)
- 2) Families surveyed in SOC counties indicated that they felt they had more say in selecting their CFT members, as compared to the other MRS counties. (See Chart 3.)
- 3) Families in SOC counties were more likely to say that their social worker encouraged them to bring supports to CFT meetings and that the purpose of the meeting was more clearly explained to them. (See Chart 3.)

These findings are important because they show that SOC is helping counties provide more effective CFT meetings that adhere more closely to the model. Further, CFT meetings represent a key MRS strategy at the core of family-centered practice and often serve as the vehicle for building relationships with families that will foster ongoing success, encourage independence, and help reduce the risk of repeat child maltreatment.

System of Care Evaluation – Community Collaborative Surveys

Community Collaborative members in the three SOC counties were asked to complete a survey in 2006 and then again in 2007.⁴ The survey asks about important collaborative dynamics, including:

- Diversity of stakeholders/participants;
- Leadership;
- Communication patterns among and between participants;
- Roles and responsibilities of collaborative members; and
- Organizational climate of the collaborative.

Data from the 2007 surveys showed a number of positive results in the three SOC counties, including the following:

- 1) Membership in Community Collaboratives more than doubled between 2006 and 2007. Collaboratives included a diverse range of participating entities, with broad representation from child-serving agencies, family advocacy, and the community. (See Chart 4.)

Chart 2

The Family Phone Interview CFT Participants

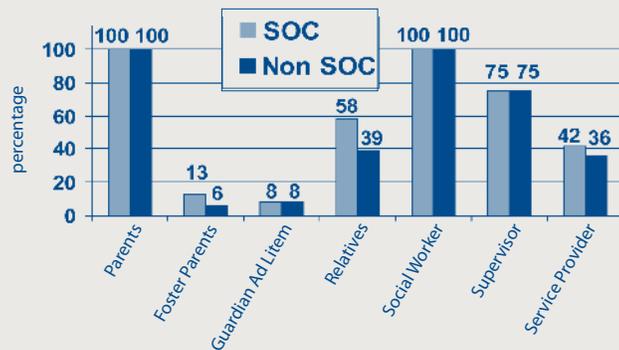


Chart 3

Parents' Participation in CFT Membership

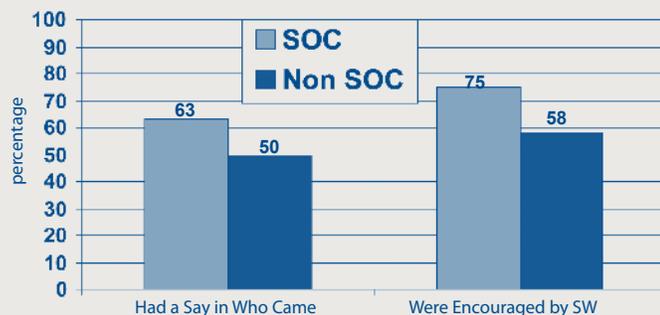
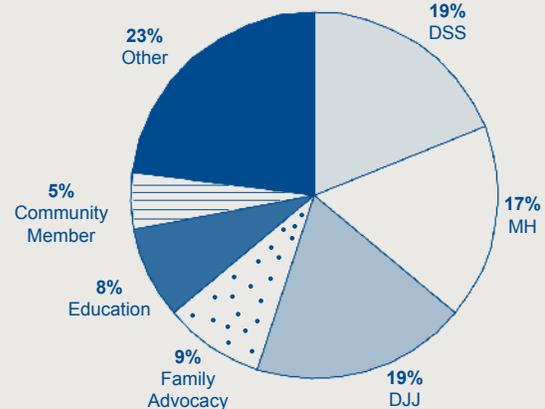


Chart 4

Collaborative Membership



⁴ SOC Collaborative Survey developed and analyzed by National Technical Assistance and Evaluation Center Improving Child Welfare through Systems of Care Program.

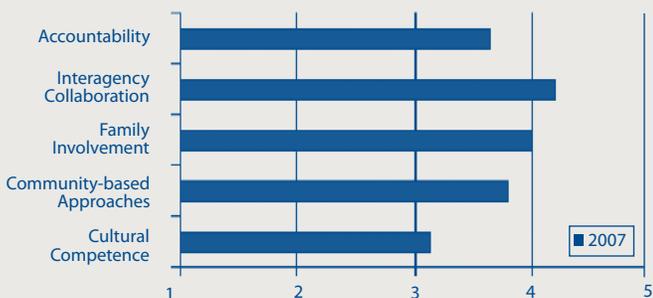
- 2) For both years, collaborative members felt that they had strong commitment from the policy-making level of each organization represented.
- 3) Members indicated that they made every effort to engage missing players and bring them to the table.
- 4) For both years, members agreed that the collaborative enjoyed commitment from key leaders.

Furthermore, the survey gauged the impact of SOC activities and efforts on child welfare. Members of the Community Collaboratives across the three counties tended to agree that SOC activities had been successful in increasing:

- Cultural competence in child welfare;
- Community-based approaches pursued by child welfare workers/agencies;
- Family involvement in child welfare;
- Interagency collaboration on child welfare cases; and
- Accountability to families within the child welfare system. (See Chart 5.)

Chart 5

Impact of SOC Activities and Efforts on Child Welfare



Likert-type responses ranged from 1 (disagree a lot) to 5 (agree a lot).

MRS Focus Groups

County-level focus groups were also a component of the broader MRS evaluation. Each of the 10 pilot counties hosted three separate focus groups during the 2006-2007 fiscal year, for a total of 30 groups across the state. The three types of groups:

- **Social worker group**—included CPS, Work First, and foster care line workers;
- **Supervisors group**—included CPS, Work First, and foster care supervisors (of note: upper-level management, such as CPS program administrators, was excluded); and
- **Community partners group**—included broad representation from various other county agencies, such as jurisdictional staff from the state Department of Juvenile Justice and Delinquency Prevention, the health department, school-based personnel, law enforcement, mental health, family court judges, and district attorneys. This group also had significant participation by representatives from various levels of community-based organizations, such as the Partnership for Children, domestic violence support centers, and child and family advocacy agencies.

Analysis of focus group transcripts revealed differences in SOC counties versus non-SOC counties around a number of key questions:

1. Are community partners in SOC counties more aware of MRS practice/policy changes than their counterparts in non-SOC counties?

In the seven non-SOC counties, community partners had more follow-up questions about the changes in policy following a brief introduction to MRS. A quote from a community partner in a non-SOC county helps to exemplify the challenges that counties face in educating the community about the changes to the system brought about by the implementation of MRS.

It [implementation of MRS] has been a difficult transition for the community to understand. For so long, the community was aware of the CPS investigation process—you call in a concern and, the next thing you know, a social worker is at the school initiating an investigation—and it seems like all that has changed. It is harder for us to see that the Division of Social Services is doing something about the situation.” (non-SOC county)

2. Are SOC counties more likely to have community partners and family supports at CFT meetings than non-SOC counties?

Community partner focus groups across the three SOC counties had almost three times as many participants indicate that they had been invited to and/or had been involved in CFT meetings, as compared to the seven non-SOC counties. The following comments made by community partners across the 10 pilot counties are representative of the range of responses:

“Most Guardian ad Litem volunteers attend most CFT meetings. They are volunteers, so they cannot make every one of them. If it is a really important meeting, and they cannot go, they may ask me or a supervisor to attend for them.” (non-SOC county)

“We are participating in CFTs not just in DSS but across systems. Other agencies have caught on and have seen what a good thing it can be.” (SOC county)

“We come to CFTs and talk about the strengths and needs of the family. We talk about specific things that the family needs and the issues around lack of resources. Often, family members will step up to the plate and offer to help in different areas. Everybody is involved.” (non-SOC county)

3. Do social workers in SOC counties exhibit more positive attitudes toward the CFT process than those in non-SOC counties?

While the comments of social workers in nine of the 10 pilot counties indicated a positive attitude or a positive outcome, SOC counties had more positive comments overall. Across the three SOC counties, an average of five comments per county were categorized as “positive attitude” or “positive outcome.” Conversely, the seven non-SOC counties had an average of two comments per county that were similarly categorized. The following quotations illustrate the positive comments made by social workers across the 10 counties:

“I think that CFTs empower the parents. A lot of times, services are being provided to their children, but they don’t necessarily understand the services. If the team works toward discussing the issues in a way that the parent can understand by breaking down the jargon, then that knowledge empowers the parent.” (non-SOC county)

“Families get a sense of control through CFTs, and we get the buy-in we need.” (SOC county)

“Even if a CFT is less than pleasant, maybe because there is a family argument, it doesn’t mean that it can’t turn out to be positive. CFTs can bring out issues that were not apparent to begin with. They bring everybody together and eventually help to get everyone on the same page.” (SOC county)

“I think that if you can get people there - the extended family - they can really be effective. The times that I have seen them work are when everyone is there and has a chance to say what they need to—it’s not he said, she said.” (non-SOC county)

“I think it takes a lot of pressure off the social worker. Instead of the social worker acting as the lone agent and making recommendations, the extended family and other agencies are there to share in the responsibility of helping the family.” (SOC county)

CONCLUSIONS

Data and analyses from the two evaluations exemplify how System of Care, as an overarching initiative, supported MRS implementation in specific ways, including: creating more effective CFT meetings and increasing levels of community collaboration. MRS is the practice model used within the child welfare system, and this model is built upon the foundation of family-centered practice.

The six principles of family-centered practice fit neatly within all six of the SOC guiding principles and values, especially child and family partnership and individualized strengths-based care. However, SOC expands far beyond the Division of Social Services, creating a community system that values not only child and family partnership and strengths-based care, but also interagency collaboration, community-based services and supports for families, cultural competence, and accountability to results.

“SOC is the recognition that DSS cannot do it alone. Child welfare is a community issue.”

*– Candice Britt,
Child and Family Services Review Coordinator,
North Carolina Division of Social Services*

“We won’t be successful in achieving the outcomes for children unless we are successful in engaging our partners.”

– Jo Ann Lamm, Deputy Director, North Carolina Division of Social Services

June Koenig, director of the Bladen County Department of Social Services, spoke to the SOC/MRS collaboration, particularly around CFT meetings, attributing the success to the SOC initiative in her county. “SOC has had a tremendous impact on our county. We have far better collaboration between agencies, especially with our school system, and ultimately, this collaboration has led to better service delivery for clients, using a more holistic approach. The CFT meetings are truly invaluable and have provided a greater awareness about the individual family needs. Since our county is rural and does not have a lot of resources, having everyone involved around the table has allowed us an opportunity to become more creative in meeting the needs of our families.”

Karen Butler, deputy director of Youth and Family Services (YFS) in Mecklenburg County, echoed some of the same sentiments, noting that the impact of SOC in her community has been tremendous and a great support to the effective implementation of MRS. “We are using the terms SOC and MRS interchangeably, thinking of them as one and the same, and this is becoming part of our internal culture.”

“We are working to ingrain both philosophies into everything we do at YFS.”

– Karen Butler, Deputy Director of Youth and Family Services, Mecklenburg County

Butler also mentioned that YFS is revising its internal policies to incorporate SOC language so that all staff will use the same terminology. Other benefits she attributed to the SOC grant include stronger relationships with the county court system, Department of Juvenile Justice, and the mental health system.

IMPLEMENTATION WITHOUT GRANT FUNDING

While North Carolina’s child welfare system initially developed SOC using federal grant funding, one of the lessons learned through this implementation is that creating a community System of Care does not require external grant funding.

Create or Strengthen Your Community Collaborative

An important first step is the development or strengthening of existing Community Collaboratives. As the data presented indicate, the three SOC counties have placed a great deal of effort and importance on the development and cultivation of their Community Collaboratives. As a result, they have seen positive outcomes for their communities around interagency collaboration and Child and Family Teams. Collaboratives offer a unique opportunity for discussions around a host of critical components of the child welfare system, including:

- Improving CFTs;
- Developing interagency protocols, services, and procedures;
- Identifying service gaps;
- Engaging families; and
- Breaking down barriers.

Additionally, existing local mental health SOC coordinators are an invaluable resource that counties can use to help create or strengthen Community Collaboratives.

Developing a collaborative “executive committee” is another strategy that does not require additional funding. Susan Osborne, director of the Alamance County Department of Social Services, recalled how her county’s Children’s Executive Oversight Committee was born out of the need for collaboration among leaders of child-serving agencies. Historically, the leaders were mandated to participate in a number of committees (e.g., Juvenile Crime Prevention Council, Community Collaborative, Community Child Protection Team, and Child Fatality Prevention Team), yet they were not developing a comprehensive plan for the community. The Children’s Executive Oversight Committee now

meets monthly to address four key issues that impact the work of all child-serving agencies:

- Infant mortality;
- Dropout prevention;
- Child abuse and neglect; and
- Gang prevention.

Members of the local Community Collaborative and the Juvenile Crime Prevention Council serve as staff for Alamance County's executive committee. Their role is to function as liaisons between the Community Collaborative and the executive committee. In addition, they are tasked with reporting identified gaps in services.

Cross-Agency Training

All three SOC counties coordinated with their agency and community partners to present training around Child and Family Teams and SOC. The data show that this training resulted in positive outcomes for DSS, the families they serve, and the community as a whole. In Bladen County, cross-training has been a critical component for developing and implementing System of Care and also has resulted in the spread of System of Care to neighboring Scotland, Robeson, and Columbus counties. Angela Mendell, Bladen County's System of Care coordinator, conducted cross-agency trainings with her region's Local Management Entities (LMEs)⁵, SOC coordinators, Child

“Collaboration has always been strong here, but this [SOC grant] has strengthened it and taken it to a different level.”

– Susan Osborne, Director, Alamance County Department of Social Services

In Alamance County, DSS Director Susan Osborne and Gary Ander, the county's DSS SOC coordinator, identified which people were mandated to attend various groups and committees. Then, they approached local child-serving agency directors about creating a collaborative executive committee. The idea was an easy sell, as the directors saw the Children's Executive Oversight Committee as an effective way to generate solutions at the community level.

The newly formed group soon recognized that some important people were missing from the table. The group reached out to the local United Way director, chief of police, and sheriff, to name a few. It also targeted the county commissioners for a representative by focusing on a commissioner who was already interested in and involved with child-serving agencies. After some cultivation, the commissioner proposed that the Board of County Commissioners commit to a standing appointment to ensure continued representation on the Children's Executive Oversight Committee; the commissioners approved the appointment.

The 14 members of the oversight committee:

- Chief District Court Judge
- Superintendent, Alamance-Burlington School System
- Director of Alamance County DSS
- Director of the Local Management Entity⁵
- Director of the Alamance County Health Department
- Chief Juvenile Court Counselor
- Chief of Police Department
- Head of Guardian Ad Litem Program
- Family advocate
- Director of Exceptional Children's Services, Alamance-Burlington School System
- County Commissioner
- Sheriff
- Executive Director of local United Way
- Executive Director of the local Partnership for Children

In addition, the committee regularly invites the county's three state legislators to attend its meetings; two of the three have attended on a regular basis.

and Family Support Team (CFST) coordinators⁶, and a parent. Their trainings primarily included:

- Introduction to Child and Family Teams,
- Facilitator skill training, and
- SOC overview.

⁵ Local Management Entities (LMEs) are agencies of local government-area authorities or county programs in North Carolina that are responsible for managing, coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities and substance abuse services in the catchment area served.

⁶ Coordinators for the Governor's Child and Family Support Team Initiative

“The cross-agency information they [trainees] get from each other at these trainings helps them understand, for example, why private providers can’t do certain things. Or what the mandates are for DJJ and DSS. It really helps to break down silos and barriers.”

– Angela Mendell, DSS SOC Coordinator, Bladen County

The trainings have included local staff from DSS, jurisdictional staff from the Department of Juvenile Justice and Delinquency Prevention, local school system personnel, and private providers. Anyone in the community who works with children and families is welcome to attend. Not surprisingly, a great deal of interagency collaboration happens at these trainings.

Blending Funds for SOC Coordinator Positions

The SOC project in Bladen County spread its guiding principles and values to neighboring counties that did not have funding for SOC coordinators. Agencies in those counties blended funds to create the positions. In Scotland County, for example, the LME, the local Partnership for Children, DSS, and the school system provided the original funding for an SOC coordinator. This is an excellent example of how to break down agency silos to better address the broader needs of the community.

The same set of organizations came together in Robeson County to talk about and plan for a community SOC coordinator position. Although DSS and the school system were unable to contribute toward funding the position, they were very involved in developing the concept and the scope of the work to be accomplished.

Karen Butler of YFS describes Mecklenburg County’s plans for sustainability of the SOC initiative, offering that the current SOC coordinator will continue to be supported by county funds. Further, YFS secured continued funding for the existing SOC family partners through fiscal year 2008-2009 within an existing SAMHSA grant. In addition, the county agreed to provide support in fiscal year 2009-2010 to continue the important work of the family partners. Butler noted: “We are very fortunate to have this kind of support and buy-in at the policy-making level in Mecklenburg County.”

State-level Support of SOC/MRS

NCDSS is taking broad and sustainable action in solidifying its dedication to the guiding principles and values of SOC by weaving them into statewide policy revisions, creating a new cultural competency training curriculum, and using them as a driving force behind the program improvement plan for the 2007 Child and Family Services Review (CFSR). Further, SOC has become part of the Division’s organizational values in tangible ways. For example, those interviewing for positions at NCDSS are asked how they would apply SOC values and principles and how that might be evident in their work.

“We have incorporated SOC principles in policy revisions from prevention through adoption services.”

*– Candice Britt,
Child and Family Services Review Coordinator,
North Carolina Division of Social Services*

Additionally, NCDSS has committed to utilizing existing regional MRS meetings to incorporate SOC as an overarching framework, of which MRS is a key component. The three statewide meetings held each month have proven to be instrumental venues for opening up communication and enhancing MRS implementation through the sharing of successes and challenges.

“One day we won’t use terms like MRS or SOC, it will just be how we do our work—these concepts will be incorporated into everything we do.”

*– Jo Ann Lamm, Deputy Director,
North Carolina Division of Social Services*

NCDSS has made a concerted effort to engage community partners in these meetings. All SOC coordinators for each LME are invited to participate, and the invitation list is expanded depending on the topic. For example, one meeting featured a presentation by NCDSS and school representatives about strategies for improving education outcomes for youth in foster care. As such, school partners were invited to participate as well.

Thoroughly integrating SOC into the statewide MRS meetings is the goal for taking practice to the next level and improving services to children and families across communities and agencies.

ADDITIONAL RESOURCES

Differential Response. Retrieved April 27, 2009, from the American Humane Web site:
http://www.americanhumane.org/site/PageServer?pagename=pc_initiatives_differential

Dodge, K.A., Frankel, L., Christopoulos, C., Towns, N., Roth, A.S., Williams, S., Rosanbalm, K., & Osgood, C. (2006). *Multiple Response System (MRS) Evaluation Report to the North Carolina Division of Social Services (NCDSS)*. Retrieved April 27, 2009, from Center for Child and Family Policy at Duke University Web site:
<http://www-pps.aas.duke.edu/centers/child/eca/implementationMRS/Final%20Report-06MRS.pdf>

Improving Child Welfare Outcomes through Systems of Care grant. Retrieved April 27, 2009, from Duke University's Center for Child and Family Policy Web site:
<http://childandfamilypolicy.duke.edu/eca/improvingchildwelfare/index.html>

Multiple Response System. Retrieved April 27, 2009, from North Carolina Department of Health and Human Services Web site: <http://www.dhhs.state.nc.us/dss/mrs/index.htm>

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