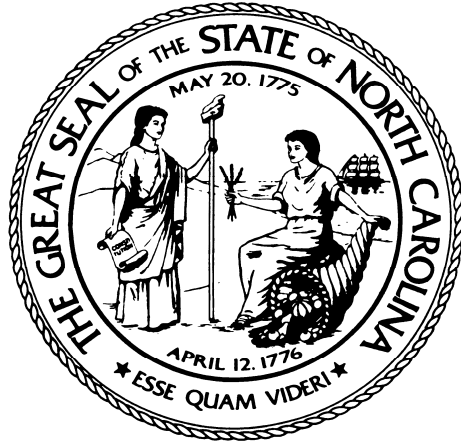


North Carolina Child and Family Leadership Council



January 2009 Report To The

Office of the Governor

Joint Appropriations Committees and Subcommittees on
Education

Joint Appropriations Committees and Subcommittees on
Justice and Public Safety

Joint Appropriations Committees and Subcommittees on
Health and Human Services

Fiscal Research Division of the Legislative Services Office

January 2009

December 31, 2008

Pursuant to Session Law 2007-323, Section 10.9, the North Carolina Child and Family Leadership Council submits its January 2009 Report to the Office of the Governor; the Joint Appropriations Committees and Subcommittees on Education; the Joint Appropriations Committees and Subcommittees on Justice and Public Safety; the Joint Appropriations Committees and Subcommittees on Health and Human Services and the Fiscal Research Division of the Legislative Services Office.

Respectfully Submitted,

The North Carolina Child and Family Leadership Council

Executive Summary

This report presents information concerning the progress made and goals achieved from North Carolina's School-based Child and Family Support Team (CFST) Initiative through December 31, 2008. This is the seventh¹ such report submitted by the North Carolina Child and Family Leadership Council, and fulfills its legislative mandate to submit a report by January 1, 2009.

During the time period of July 2007 through June 2008, the 21 school systems participating in the CFST received 9,194 new referrals on 7,916 students in 101 schools. These are in addition to the 7,736 students (8,831 referrals) since the beginning of the CFST (March 2006) through June 2007, as well as the 2,685 students (2,982 referrals) in the time frame between July 2008 and the present (October 2008). Since the beginning of the CFST the 21 school systems have received 21,006 referrals concerning 18,337 students.

In an effort to remain consistent with data from other agencies, the data presented in this report will spotlight the referrals, students and other points of interest for the time period of July 2007 through June 2008. It will be presented from several sources including the CFST case management system developed and maintained by Duke University, surveys, and administrative data from agencies involved with the CFST.

This report shows that the CFST is being implemented in local school systems that have high numbers of students at risk of academic failure or out-of-home placement, and is successfully working to increase the capacity in those school systems to address the academic, health, mental health, social, and legal needs of those students.

"CFST Teams have been great for our schools. They have been available for our students and parents in their struggles with school and home. The staff at their schools value them as resources linking the school, home and community. It's rewarding that we can now look at one child, one team, with one plan." CFST local school system Coordinator

Given the newness of the CFST model of services combined with the vast array of student and family needs across schools and counties, different levels of community resources and the organizational nuances of the various child serving agencies, there are vast differences between the way the program is being used across counties and across schools.

¹ Previously submitted reports may be accessed through the CFST web site at <http://www.ncdhhs.gov/childandfamilyteams/publications/index.htm>.

Evaluation Overview

The CFST evaluation serves multiple purposes. First, it fulfills the legislative mandate to develop an evaluation process to ensure the goals and objectives of the CFST are achieved. Specifically, the evaluation will provide insight into whether the program is preventing academic failure and out-of-home placements. Second it provides valuable formative information to program staff. In multi-site programs it is often the case that the program works in some situations but not others. This is particularly true for the CFST which is operating in 21 LEAs; in elementary, middle and high schools; and with students with a vast array of needs including mental health, poverty, housing, substance use, early parenting, child abuse and neglect as well as academic failure to name a few.

The formative evaluation has been essential in implementing the CFST. Fidelity of program implementation (the extent to which the program is carried out as intended by the authorizing legislation) is key to understanding the success of any program. With 200 CFST leaders implementing a new model of services in over 100 schools in 21 LEAS, uncertainty as to how the program was intended to operate was anticipated.

As in most evaluations, the CFST evaluation started with outlining a logic model that described key junctures of the program. This logic model was created in a joint effort with program staff. Based on that logic model, key process and outcomes measures were chosen. These measures provide information on both the process of the CFST as well as the outcomes that it hopes to affect. These measures clarified the aims of the CFST and how it was attempting to bring about change by providing feedback both to school systems and to program management staff.

The formative evaluation also builds accountability into the program. This year, the members of the State's program staff have had increasing access to aggregate information concerning what the CFST leaders are reporting in the case management system. This includes information on the numbers of referrals, team meetings, and home visits. The data also include information on the students' needs and what services are being recommended. In addition, CFST leaders are asked to follow-up with students and families to see whether students are receiving the recommended services, and if not to learn what might be preventing the receipt of services. Previously, this information was disseminated every other month at regional meetings. Just having this information prompted interesting conversations regarding many aspects of the program. For example, the agendas at several meetings have included formal discussions concerning the definitions of "an appropriate referral", a "team meeting", a "service plan", a "case-close" and a "lead agency". This information is now being made available to school administrators on a weekly basis so they can continuously provide feedback to nurses and social workers.

The outcomes evaluation involves examining child-level data from multiple agencies. Academic outcomes will be available from administrative data collected by the North Carolina Department of Public Instruction. Information on youth who are arrested, reason for arrest as well as disciplinary decisions such as time spent in youth detention facilities, incarceration and out-of-home placements will be collected from the North Carolina Department of Juvenile Justice and Delinquency Prevention (DJJDP). Information concerning child maltreatment and child welfare related out-of-home placements will be collected from the North Carolina Division of Social Services (NC DSS). Duke University has both memorandums of understanding with these agencies as well as institutional review board approval to work with these data sources.

While this information is certainly of interest to the State –particularly in understanding how public dollars are spent, it typically has a lag associated with it. This lag happens for two reasons. First, the data typically are not readily and easily available in an analyzable form and second because the outcomes themselves are not realized immediately. For example, if the desired outcome is to prevent high school dropout and a program is working primarily with elementary school students, then the effect will not be realized for many years. Nonetheless, these outcomes are the ones that have the most meaning and most directly measure the “needles” that society aims to move. While this is the case, some CFST school systems have begun to credit CFST for the positive impact it has had on issues such as graduation rates and end of course scores.

This is illustrated by a comment of the Pamlico County Schools Associate Superintendent:

“On Monday, September 8th, Pamlico County Schools was recognized as the school district with the third highest 2008 graduation rate. Pamlico's rate was 85.5 percent. Although the system utilizes a number of strategies, the high school principal, Mr. Tom Marsh credits the Child and Family Support Team as a major factor for the increase in the graduation rate. The team members are really on board with the mission and vision of the school. They are looked upon as a vital part of the school staff not a separate entity. The family consultation provided via home visits and family meetings and one on one consultation with at-risk students has proven to be the key.”

A principal in a CFST school described the impact of the CFST as follows:

“Our school had gains in every EOC test score this year. Our school had a 42% gain in our writing scores. But more than all of the hard data, our parents feel a real mutually respectful connection with our school. It's been huge!”

The impact of the CFST on the students and families who need the services the most is clearly communicated through the testimonies of two parents of students served by it.

“The program was help for me and my child. I had been through a lot. With my child trying to get help. People and places gave me the run around until I talked to Mr. Wilson and Mr. Flipping and Mrs. Beard. They all directed me in the right path. If it wasn’t for them I don’t know what I would have done. I want to thank them also. My heart is not heavy no more like it was before. I have a big relief. Thank You.”

A Hispanic mother (writing in Spanish that required translation) reinforced this by stating:

“I thank you from the bottom of my heart for the help that my daughter and I are receiving. Before I was in a dead end. Today I can say that there is a light of hope. God bless you for ever and for that good heart that god gave you. I don't have words to thank you. Sincerely,”

To create a continuous quality improvement process, additional data were collected to expand an understanding of what factors made the CFST successful in schools and school districts. In turn, these factors should be promoted throughout the CFST. The additional data collection includes organizational characteristics that have been found in other studies to influence success in every school. These include role clarity, job discretion, job satisfaction and local system support for staff. The measures also include information regarding communication across different levels of school staff (CFST leaders, principals and LEA coordinators) as well as with different community agencies.

Interagency collaboration is a major aim of the CFST which lies on cooperation with community agencies to serve students and families who have a vast array of needs and strengths. Through survey data with the CFST leaders and LEA coordinators, the evaluation is able to gather some information as to where community agencies are working with the CFST, and what barriers may be impeding increased collaboration.

Combined, the evaluation team hopes that this information serves to improve the CFST as well as to determine whether and for whom it is successful. This information will help program staff determine what features of the CFST are important for success. It will provide information concerning factors that may be impeding some communities and lend insight into what changes may improve outcomes.

Who is CFST Serving

The CFST supports students at risk for academic failure and out-of-home placement. The information below describes both the schools in which CFST was implemented as well as the students who are served by it.

High risk schools

In 2006, 21 school systems were selected to participate in the CFST. They were selected based upon the identified needs of their children and families. Each school system then identified the schools within its catchment area that it believed had the most students at risk of academic failure or out-of-home placement. As a result, the CFST was placed in 100 of North Carolina's highest need schools. There is no low-need scenario in a participating CFST school. This is evidenced by having higher 3rd and 8th grade retention rates, lower reading and math scores, fewer students taking the SATs and lower average SAT scores.

Table 1: Comparison of Baseline Schoolwide Academic Outcomes for CFST and Non CFST Schools in 2005-2006 (baseline)

	Elementary		Middle		High	
	CFST Schools	Non-CFST Schools	CFST Schools	Non-CFST Schools	CFST Schools	Non-CFST Schools
3rd grade retention rate ^a	4.2%	1.9%				
5th grade retention rate	1.3%	0.6%				
8th grade retention rate ^a			3.6%	1.6%		
Reading at Grade Level ^a	75%	84%	78%	85%		
Math at Grade Level ^a	49%	64%	49%	60%		
Percent at Grade Level ^a	60%	72%	60%	69%	54%	68%
Percent of seniors taking the SAT ^a					47%	56%
Average SAT math score ^a					458	503
Average SAT verbal score ^a					439	483
<i>Note: Significance of a two tailed t-test with unequal variances denoted by the following superscripts a p<.01; b p<.05</i>						

Students

The students served by the CFST have serious needs. As the data below describe, these students have very high levels of involvement with juvenile justice and child protection services. In addition, information on the referral reasons and primary unmet needs suggest that these youth have a high need for services.

Involvement with Juvenile Justice and Delinquency Prevention

Youth involved with the juvenile justice system are an important group of youth to connect to effective services. Nationally this subgroup of youth has warranted special policy and program attention both because their needs are so high and their outcomes are so poor. For example, these youth are more likely to have physical health issues such as acute injuries, chronic disorders and low self esteem². These youth are also more likely have mental health issues such as affective, attention and/or behavior disorders³. Learning disabilities are common among youth who are in correctional facilities (30-50%)⁴. In addition to having high levels of need, these youth are less likely to have familial resources to cope with these issues. Youth with DJJDP involvement are more likely to live in poverty and single parent households⁵. As these youth enter adulthood they are more likely to experience unfortunate outcomes such as school failure, joblessness and early parenting^{6 7 8}.

The evaluation team has recently begun examining youth served by the CFST who are involved with DJJDP. In June 2008, records on complaints, entrance into detention and youth development centers were linked to education records which were in turn linked to data from the case management system. Based on this, 980 students served by the CFST program during the 2005-2006 school year and the first half of the 2006-2007 school had had some involvement with DJJDP. Of these students 216 had placement in either in Youth Development Centers (YDC's) or in detention centers. Given that most of the students served by the CFST program are in elementary school, this figure, more than 10%, is much higher would be expected from a school population.

- 19 had youth YDC placements
- 196 youth had detention center placements

² Forrest CB, Tambor E, Riley AW, Ensminger ME, Starfield B. The health profile of incarcerated male youths. *Pediatrics* 2000;105(1 Pt 3):286-91.

³ Teplin LA, Abram KM, McClelland GM, Dulcan MK, Mericle AA. Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry* 2002;59(12):1133-1144.

⁴ Rutherford RB, Bullis M, Anderson CW, Griller-Clark HM. Youth with disabilities in the correctional system: Prevalence rates and identification issues: The Center for Effective Collaboration and Practice and EDJJ, The National Center on Education, Disability, and Juvenile Justice; 2002.

⁵ Browning K, Loeber R. OJJDP fact sheet: Highlights of findings from the Pittsburgh youth study. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 1999.

⁶ Haberman M, Quinn LM. The high school re-entry myth: A follow-up study of juveniles released from two correctional high schools in Wisconsin. *Journal of Correctional Education* 1986;37:114-117.

⁷ Bullis M, Yovanoff P, Mueller G, Havel E. Life on the "Outs": Examination of the facility-to-community transition of incarcerated youth. *Exceptional Children* 2002;69(1):7-22.

⁸ Thornberry TP, Wei EH, Stouthamer-Loeber M, Dyke JV. Teenage fatherhood and delinquent behavior. Washington DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 2000.

Involvement with Child Protection Services

The CFST also serves a large number of students who have a history of involvement with child protective services. The table below shows the number of students who were referred to the CFST during 2006 and 2007 (calendar years) that had had a CPS investigation or assessment dating back to 1999. Of the students who were involved in the CFST, 2,734 had a history of involvement with child protection services.

Table 2: Students referred to the CFST in 2006 and 2007 who have a history of Child Protection Service Investigations

School System	Students	School System	Students
Alamance	332	Martin	102
Anson	103	McDowell	113
Bertie	10	Nash-Rocky Mt	165
Caldwell	176	Pamlico	71
Duplin	181	Person	164
Durham	118	Richmond	66
Forsyth	262	Scotland	197
Greene	74	Swain	120
Halifax	89	Vance	184
Hoke	57	Wayne	142
Hyde	8		

Again this is very high, with close to third of the CFST population having CPS involvement.

Involvement with Foster Care

Similar to youth served by DJJDP, youth who are in the foster care system warrant special attention. These youth are also more likely than their peers to experience school failure, joblessness, receive public assistance, experience early parenthood and are more likely to be homeless as adults^{9 10 11 12}. The evaluation team is currently working with the data to determine the number of youth referred to the CFST who are also involved in foster care.

⁹ Courtney ME, Piliavin I, Kaylor AG, Nesmith A. Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare* 2001;80(6):685-717.

¹⁰ Cook R. A national evaluation of Title IV-E Foster Care independent living programs for youth, phase 1, final report. Rockville, MD: Westat, Inc; 1990.

¹¹ Cook R. A national evaluation of Title IV-E Foster Care independent living programs for youth. Phase 2 final report. Volumes 1 and 2. Rockville, MD: Westat Inc; 1991.

¹² George LA. Sociological Perspectives on Life Transitions. *Annual Review of Sociology* 1993;19:353-73.

With more than a third of those served having CPS involvement and more than 10% having contact with the juvenile justice system, the CFST is clearing serving the high risk population it was designed to serve.

Needs of Students and Families Served by the CFST program

The primary source of information on student needs is the case management system. Every time a student is referred to the CFST, the information is entered into the web-based system. For the purposes of the CFST and consistent data entry a referral has been defined as “...any time an individual, an agency, or a team member brings a concern regarding an at-risk student to the attention of a CFST leader. Referrals can come from any source including teachers, principals, school staff, neighbors, friends, parents, students, etc.” As stated earlier, during the 2007-2008 SFY year the CFST leaders have documented receiving 9,194 new referrals on 7,916 students. The table below illustrates the number of referrals each school system received during this time frame.

Table 3: Number of Referrals and Students Referred by School System

School System	# of CFST Schools	Referrals	Students
Alamance	7	324	307
Anson	5	975	550
Bertie	4*	124	117
Caldwell	5	341	308
Duplin	6	514	455
Durham	7	473	457
Forsyth	7	603	574
Greene	4	281	273
Halifax	4	279	261
Hoke	4	126	123
Hyde	3**	199	193
Martin	4	283	261
McDowell	4	302	289
Nash-Rocky Mt	4	554	465
Pamlico	4	233	219
Person	3	247	232
Richmond	6***	238	215
Scotland	7	910	742
Swain	3	234	221
Vance	6	694	616
Wayne	6	1260	1038
Total	103	9194	7916

*Bertie County Schools merged 2 middle schools to create a new middle school, and reallocated a CFST team to its high school. As a result, Bertie's data may reflect entry from 5 individual schools but the system currently has 4 teams serving 4 schools.

**Hyde County has 2 teams serving its 3 mainland schools.

***Richmond has 4 teams serving 6 schools beginning the 2008-2009 year.

Student demographics include (rounded to the whole number):

- Gender
 - 54% male
 - 46% female
- Race
 - 54% African American
 - 31% Caucasian or White
 - 3% American Indian/Pacific Islander
 - 3% Multi-racial
 - Less than 1% Asian
 - 8% Other

As the staff works with students and families, more is learned about their needs. During the team meetings a primary unmet need is identified. During the 2006-2007 and 2007-2008 school years, this field was an open-ended text field. However, under the new case management system (available 2008-2009 school year) this field is a dropdown and thus easier to quantify.

Student Needs

According to information entered into the case management system there were 7094 students identified with service needs during the time period of July 2007 through June 2008. There was a total of 29,503 service needs identified for those students. The fact that each student (on average) was identified as facing four different academic, health, mental health, legal and social services needs illustrates the importance of interdisciplinary efforts to support their success. The table below provides information on specific service needs identified in the case management system as presenting barriers to the success of students.

Table 4: Student Need by Category (# students is duplicated as one student may be identified with multiple needs)

Need Category	Need	# Students	% Students
Academic Factors	English as a second language	257	3.6%
	EOC/EOG (score <3)	1016	14.3%
	Exceptional Children's Status	1030	14.5%
	Excessive Absences	1956	27.6%
	Excessive Tardy	697	9.8%
	Failed 2+ subjects (failed semester)	1138	16.0%
	Leaves Early	224	3.2%
	Retained one or more years	1160	16.4%
	SAT/CSI referred	669	9.4%
	Skips Class	279	3.9%
	Sudden drop in grades	717	10.1%
	Suspensions	1181	16.6%
Other (text field)	1918	27.0%	
Health Factors	Asthma*	3	0.0%
	Dental*	4	0.1%
	Diabetes*	1	0.0%
	Hearing*	2	0.0%
	Pregnant/ parenting	8	0.1%
	Vision*	11	0.2%
	Other Health Concerns	3400	47.9%
Legal Factors	Delinquent and Criminal Activity	381	5.4%
	Family Custody*	1	0.0%
	Other*	3	0.0%
Mental Health, Substance Use, Developmental Issues	Aggressive behavior	1041	14.7%
	Depression*	4	0.1%
	Developmental Issues	442	6.2%
	Inappropriate behavior	1900	26.8%
	Socially awkward	1022	14.4%
	Suspected Substance abuse	237	3.3%
	Victim of bullying	195	2.7%
	Withdrawn change in behavior	601	8.5%
Other	1212	17.1%	
Social Service Factors	Family member military Involvement*	19	0.3%
	Frequent moves	582	8.2%
	Gang Involvement	128	1.8%
	History of abuse/neglect/dependency/ domestic violence	905	12.8%
	Homelessness	326	4.6%
	Incarcerated Parent*	3	0.0%
	Lack of food*	7	0.1%
	Low income	1999	28.2%
	Parent or family member needs	277	3.9%
	Sibling drop-out	150	2.1%
Other	2397	33.8%	

*starred items were added as categories during summer 2008 in part to better understand the large number of needs classified as "other"

A review of the data in the case management system reveals specific points of interest.

- All 21 school systems reported student facing need in the following areas:
 - Aggressive behavior
 - Delinquent and criminal activity
 - Developmental issues
 - EOC/EOG scores below 3
 - Exceptional children needs
 - Excessive absences, tardiness, leaving school early, and skipping classes
 - Failing 2 or more subjects
 - Families that move frequently
 - History of abuse, neglect, dependency or domestic violence
 - Inappropriate behavior
 - Low family income
 - Retained one or more years
 - Student assistance team involvement/referrals
 - Socially awkward
 - Sudden drops in grades
 - Suspensions
 - Victims of bullying

- A limited number of school systems identified other areas as being barriers to student success:
 - Only Durham, Nash-Rocky Mount and Richmond identified asthma as a need (3 times)
 - Only Greene, Martin, Scotland, and Vance identified dental needs as an issue (4 times)
 - Only Duplin, McDowell, Nash-Rocky Mount and Vance identified depression as a service need (5 times)
 - Only Swain identified diabetes as a barrier to student success (1 time)
 - Wayne and Halifax did not identify gang involvement as a barrier while the other 19 systems did.
 - Only Forsyth and Nash-Rocky Mount identified hearing as a barrier (2 times)
 - Hyde was the only system that did not identify homelessness as an issue
 - McDowell and Swain were the only systems that identified an incarcerated parent as being a barrier (3 times)
 - Richmond was the only system that did not identify parent or family member needs as being barriers to student success
 - Caldwell, Nash-Rocky Mount and Vance were the only systems that identified student pregnancy or parenting as being barriers to success
 - Hyde was the only system that did not identify student substance abuse as an issue

This information substantiates that while students are being identified and served in the CFST; efforts need to continue to help the CFST leaders understand the connection between some issues and student success. These include pregnancy, mental illness, and the impact of some acute and chronic diseases. Efforts to strengthen services to various universally identified needs such as child maltreatment, juvenile delinquency, domestic violence, poverty, and transient families also need to be enhanced in order for at risk students to receive the assistance they need.

Child and Family Support Team Meetings

Once a student has been identified as appropriate for CFST services, the CFST, student, family, and other supports form the student's Child and Family Team, and begin to plan with the family to hold Child and Family Team meetings. The Child and Family Teams are centered on the families, and include their natural supports and representatives from social services, mental health, the courts, public health and other child serving agencies. Child and Family Team meetings are structured, facilitated times when the family members, students and their community supports come together to assess the situation and discuss what needs to occur in order for the student to be successful in school. In the meetings the Teams identify and prioritize needs, as well as create, implement and update plans with the student, family and supports to meet those needs. The plans created in the meetings build on the strengths of the students and families and addresses their needs, desires and dreams.

A CFST meeting is an in-person meeting with at least the CFST leader(s), the student (unless inappropriate) and the student's parent(s) or guardian(s). It is very important to note that these meetings must have parents and guardians "at the table". One of the key legislative requirements of the CFST is that families and consumers must be involved in decision making throughout all service planning, delivery, and monitoring. This is accomplished by a programmatic requirement that no plan for services be decided upon, updated, or monitored without the physical presence and engaged participation of the families involved.

Research¹³ concerning the use of these types of meetings illustrates the following benefits:

- If participants take part in setting goals, this will lead to higher goals and, in turn, to higher performance levels.
- Fidelity to the system of care principles leads to increased satisfaction and improved child outcomes.

¹³ For specific references refer to the North Carolina Collaborative for Children, Youth and Families' web site at <http://www.nccollaborative.org/intranet/downloadManagerControl.php?mode=getFile&elementID=120&type=5&atom>

- Increases in family efficacy and empowerment such as full partnership in the design, implementation, and evaluation of the child and family team seems to be one mechanism of change in improved child functioning.
- Empirically based therapeutic processes (e.g., participation in design of treatment) is likely to be as important as the delivery of empirically based
- Including children and their families in case planning is related to better outcomes in keeping children safe in their homes and stabilizing their placements.
- Conferencing in juvenile justice is a means of repairing harm; involving victims, offenders, and community members; and helping public agencies and community groups work together.
- Family meetings are a means of widening the circle of supports around children, youths, and their families by advancing the family’s leadership, creating culturally safe forums, and building community partnerships.
- North Carolina Departments of Social Services report that Child and Family Teams benefit families, assist workers, and promote community partnerships.

The comment of a parent whose children were served by a CFST team using team meetings illustrates and personalizes the research stated above. She said:

“As a single mother of 5 boys under the age of 8... The Family support team helped me in many ways- financially (emergency) situations- Definitely placing my 2 boys who are struggling in (k) get the help that they needed. We as a team including the teachers came up with ideas, plans and I have seen changes in behavior, grades, and definitely attitude toward school. I’m glad that the Family support team had my back. They made a difference in my life, made life easier for me as a single mother.”

A principal described the impact of the meetings as follows:

“My CFST has been incredible. They have made a significant difference in the lives of many of our students. They do an excellent job of identifying the needy students and families and following those students and families throughout the year. They are resourceful and most definitely passionate about their role. They meet with the staff often to discuss individual student needs and have family meetings to address these needs. I don’t know how our school functioned without them.”

Data entered into the case management system for 2007-2008 indicates that 14,364 CFT meetings were held during the time period of July 2007-June 2008. The chart below shows how many meetings each LEA had:

Table 5: Number of Team Meetings by School System:

*North Carolina Child and Family Leadership Council
January 2009 Report on the School-based Child and Family Support Team Initiative*

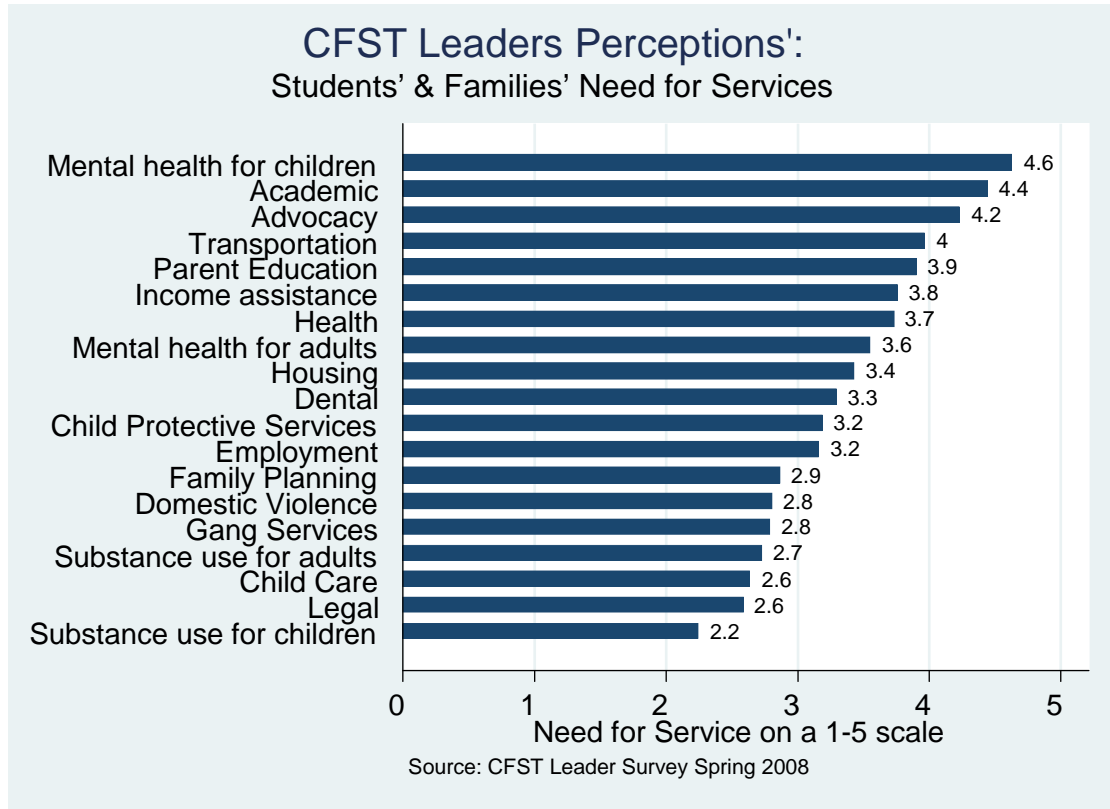
School System	# Child and Family Team Meetings	School System	# Child and Family Team Meetings
Alamance	386	Martin	636
Anson	464	McDowell	402
Bertie	147	Nash-Rocky Mt	878
Caldwell	1393	Pamlico	277
Duplin	911	Person	686
Durham	1018	Richmond	696
Forsyth	1135	Scotland	800
Greene	541	Swain	585
Halifax	146	Vance	1892
Hoke	144	Wayne	1129
Hyde	98		

According to the data, approximately 72% of the meetings took place in the school buildings, 20% in the families' homes, and 8% in other locations. The other locations include the offices of other child serving agencies, churches, physicians' offices, mediation centers, etc.

Services: To what services does the CFST program link students & families?

Student needs

In an evaluation survey, CFST leaders were asked about what they believed the student and family needs to be. They were presented with a list of 19 types of services and were asked "What services do the children and family you serve need?" The responses to whether their students had these needs were: Not at all (1), very little, to some degree, a fair amount or a great deal (5). The results are documented in the graph below.



*Based on a 5 point likert scale (1=Not all; 5= A great Deal)

CFST in elementary, middle and high schools felt that students had a high level of need for mental health, academic and advocacy services. Not surprisingly, the need for some services is more dependent upon student's age. Thus while most CFST leaders in elementary schools (64%) had no need for substance use services for children, 83 percent of CFST leaders in high school said that there was at least a fair amount of need for substance use services for children. Similarly, 37 percent of elementary school CFST leaders versus 88 percent of middle and high school CFST leaders thought that there was at least a fair amount of need for family planning services. CFST leaders in high schools reported a higher need for legal services and income assistance than leaders in elementary schools.

This information confirms that the CFST is identifying and serving the students intended by authorizing legislation. It shows the students served through the CFST have high academic needs combined with various issues presenting as barriers to their success. These barrier areas include mental health (for both students and parents), poverty, child abuse and neglect, substance abuse (parents and students) and a myriad of others.

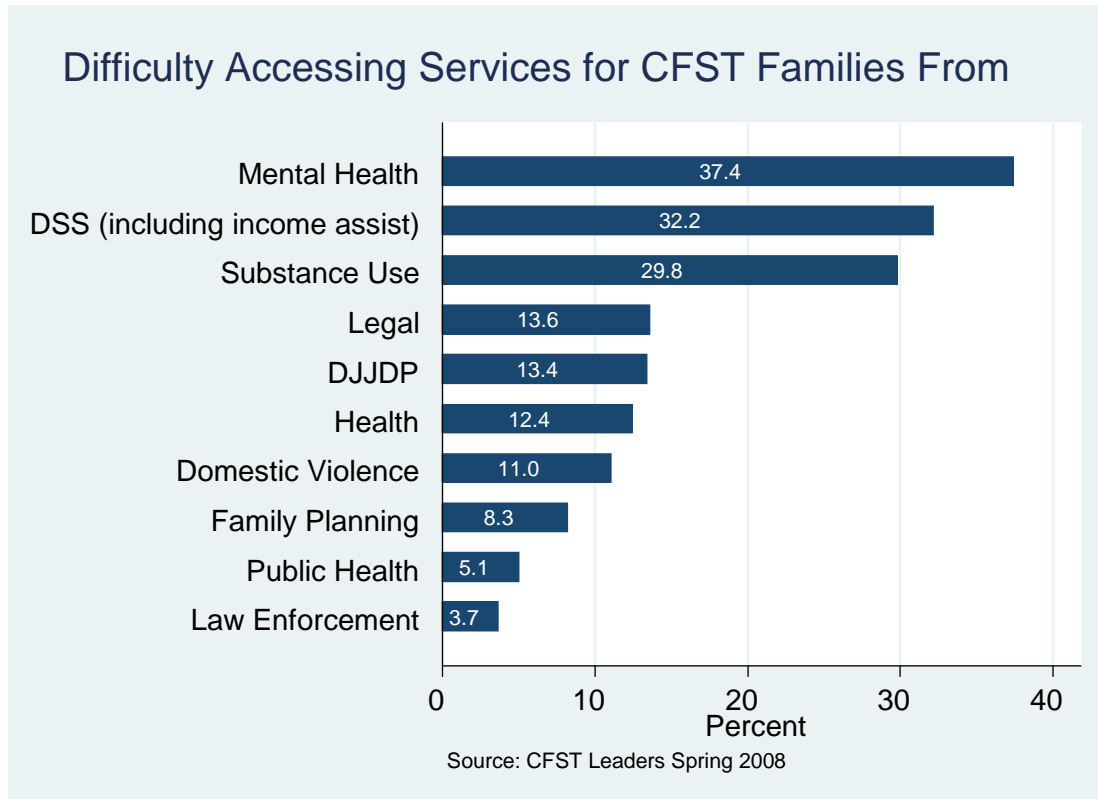
Accessing services

The CFST leaders were next asked what services they have difficulty accessing for CFST involved students and families. The figure below reports the percent of CFST leaders

North Carolina Child and Family Leadership Council

January 2009 Report on the School-based Child and Family Support Team Initiative

who indicated having trouble accessing a particular service. The numbers below are encouraging in that for these services between 62 and 96 percent of CFST leaders are not having difficulty accessing each service. The greatest difficulties in accessing services were for mental health (37.4%), the social services (including TANF/income assistance, child welfare) (32.2%), and substance abuse treatment (29.8%).



In addition, additional services that they reported having difficulty accessing for students and families include:

- Transportation (7)
- Tutoring(4)
- Health Related: dental care (1), vision care (1), adolescent parenting (1)
-Medicaid/medications due to families not having birth certificates and social security cards, Medicaid process can be a long process
- Poverty Related: food bank/churches(1)
- Mentoring Programs (2)

One respondent said that she had “difficulty in accessing virtually all services (except public health) for the Hispanic population”.

If CFST leaders indicated difficulty accessing a particular service, a follow-up question was asked as to why they believed that was the case. The following list of reasons was provided and each item was rated on a four point scale (“Not at all” to a “Great Deal”)

- Service not locally available
- Differing Timelines
- Differing perspectives on child & family needs
- Your own lack of time
- External agency's lack of staff or time
- Financial constraints
- External agency lacks interest in working with schools
- External agency does not see this as their job

The results below indicate the most commonly cited reasons for the three services listed as being difficult to obtain.

Local Mental Health Providers

Two primary reasons cited by CFST leaders to describe barriers to obtaining services:

- External agency's lack of staff or time
- Financial constraints

County Departments of Social Services

Four primary reasons cited by CFST leaders to describe barriers to obtaining services:

- Differing perspectives on child and family needs
- External agency's lack of staff or time
- External agency does not see this as their job
- External agency lacks interest in working with schools

Drug and Alcohol Treatment Providers

Three primary reasons cited by CFST leaders to describe barriers to obtaining services:

- Service not locally available
- Financial constraints
- External agency's lack of staff or time

The information is helpful for at various reasons. First, it validates the legislative intent of requiring the CFST connected local mental health agencies (LMEs) and departments of social services (DSSs) to appoint specific staff to work “with the selected schools in their catchment areas” and “provide training to school-based personnel.” Next, it also validates the legislative intent of requiring the appropriate child serving agencies to become the “lead agency” in the CFST process if the student's needs fall under scope of work. The information on barriers also provides insight into innovative mechanisms that might be most effective for linking students to needed services. For each one (mental health, social services and drug and alcohol treatment providers), lack of agency

staff time was listed. While changing staff time per se may be difficult, it may be possible to improve the efficiency with which the providers are used. Although the exact mechanisms are provider and county specific some examples to stimulate problem solving in communities could include:

- Shared training—possibly helping reduce inappropriate referrals across programs and agencies and develop an understanding of each agencies scope of work and service limitations
- Additional suggestions for evidence based programs and practices operating in the community that may be a good fit for the students’ and families’ needs and strengths
- Joint efforts in scheduling, transportation, or place of service—so that more families can be seen in a convenient location for all parties

Organizational Factors Related to the Success of the CFST Program

There is a wealth of information from organizational literature on what factors improve organizational performance. Recently this literature has been extended to child-serving sectors. The literature sheds light onto organizational factors that reduce case worker turnover, improve worker satisfaction and in turn promote improvement in child outcomes¹⁴. These organizational factors include role clarity, job discretion, job satisfaction and supportive leadership.

CFST Role Clarity

One measure is role clarity which refers to the degree to which the employee understands what is expected of him or her in the workplace. In previous studies, role clarity of workers has been linked to the improved psychosocial functioning for the children with whom they work¹⁵.

CFST leaders were asked three questions related to role clarity:

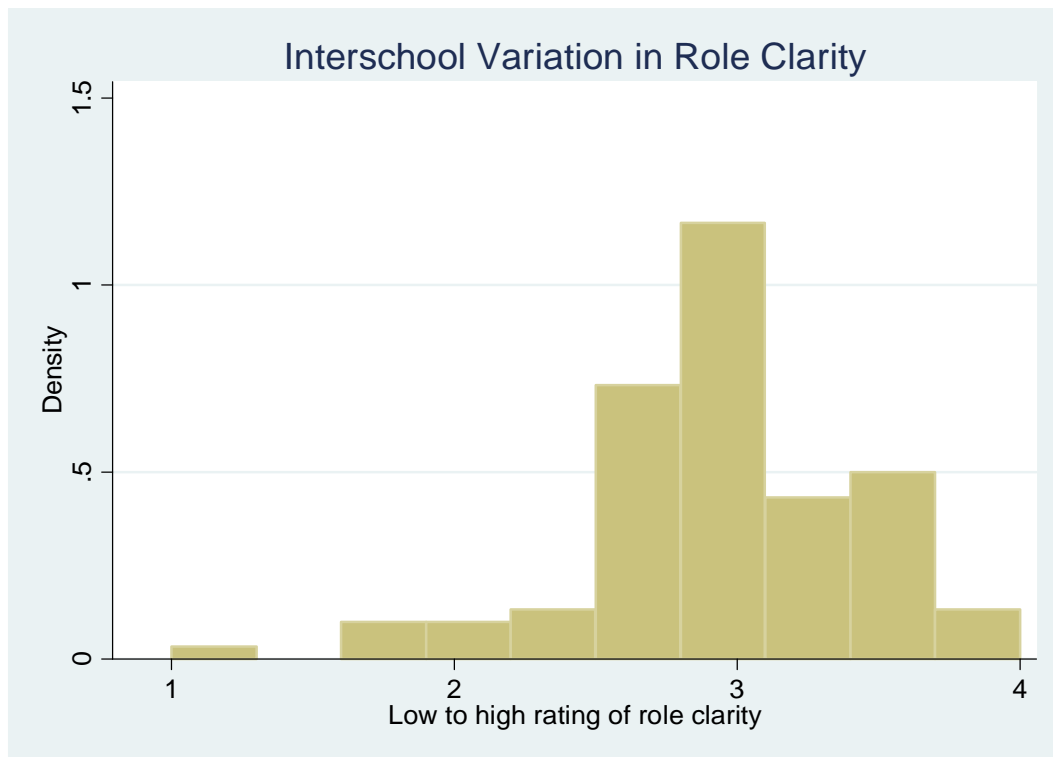
- I understand how my performance will be evaluated.
- My job responsibilities are clearly defined.
- I know what the people in my school and/or district expect from me.

A scale was created that captured the average rating on a four point scale of the dimensions listed above. Role clarity as measured on a 1-4 scale and varies across LEA, schools and individuals. Analysis revealed that 13% of the variation in role clarity was

¹⁴ Glisson C, Dukes D, Green P. The effects of the ARC organizational intervention on caseworker turnover, climate and culture in children's service systems. *Child Abuse and Neglect* 2006;30:855-880.

¹⁵ Glisson C, Hemmelgarn A. The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect* 1998;22(5):401-421.

attributable to differences across LEAs, 12% was attributable to differences across schools and roughly 75% was attributable to differences across individuals or in the unexplained portion. Since a quarter of the variation is at the school and school district level, continued training with LEA coordinators and principals (concerning policies that impact school level changes) can likely help to improve role clarity. Role clarity was positively predicted by the degree to which CFST leaders rated that administrators and teachers understood their role as a CFST leader. These variables explained a little less than 20% of the variance in role clarity. Social workers report slightly higher levels of role clarity than nurses.



Role clarity affects worker productivity in a number of ways. For example, referrals to the CFST program are more likely to be well suited for the CFST program when school personnel (a primary source of referrals) understand the purpose of the program.

According to data from the 2007-2008 school year, 50 percent of CFST leaders felt that relatively few (0-5%) of referrals were inappropriate. This number did not differ between nurses and social workers. However CFST leaders in high schools reported more inappropriate referrals than CFST leaders in middle/junior high schools ($p=.043$).

Table 6: What percent of referrals to the CFST program would you say are inappropriate by position?

% of Referrals	%
0%-5%	50.3
6%-10%	17.6
11%-25%	15
26%-50%	11.2
51%-100%	5.9
Source: CFST Leaders Spring 2008	

Consensus on Roles of School Personnel

In the school setting, the CFST leaders are vulnerable to pressures of needing to answer to multiple individuals who often have competing interests in their requests for their time. Students, parents, teachers, principals, LEA coordinators, the State’s CFST coordinator, and other agencies may all have different expectations for the CFST leaders. This type of conflict has proven itself to be stressful and counterproductive for the CFST leaders¹⁶. Left unchecked, this sort of stress can decrease job satisfaction and increase turnover rates.

This is seen in the survey comments a CFST leader made as part of the project evaluation.

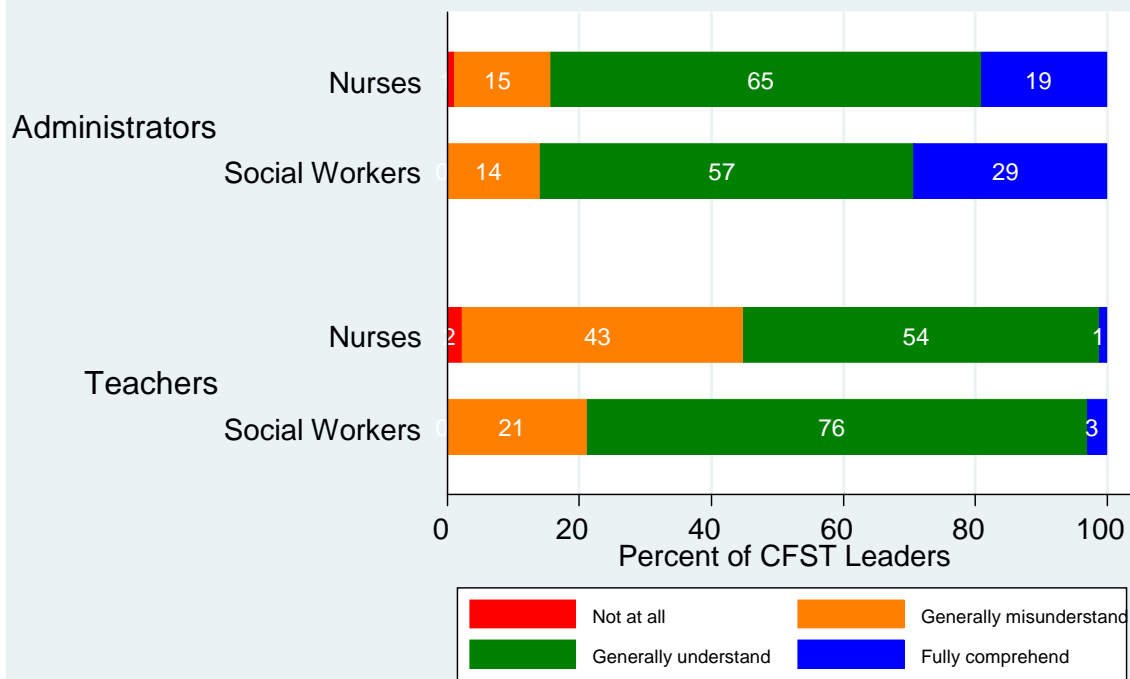
“I like the concept of CFST but sometimes having the responsibilities of the traditional role in addition to the CFST role can be overwhelming. I am trying to blend the two roles together as much as possible. I have expectations from CFST standards & traditional standards. I have more clarity now in my role as CFST nurse but sometimes because of the 2 roles it can be conflicting.”

CFST leaders were asked to rate the degree to which school administrators and teachers understand their role as a CFST Leader. The degree to which nurses and social workers feel school administrators understand their role does not differ statistically. However, social workers rate teacher’s understanding of their role as higher than nurses ($p < .001$). CFST leaders in high schools rated administrator understanding lower than CFST leaders in middle or elementary schools ($p = .013$). For example, roughly 30 percent of CFST leaders in elementary and middle schools said that administrators fully comprehended their role as a CFST leader relative to only 7 percent of high school leaders.

¹⁶ Rizzo JR, House RJ, Lirtzman SI. Role Conflict and Ambiguity in Complex Organizations. Administrative Science Quarterly 1970;15(2):150-163.

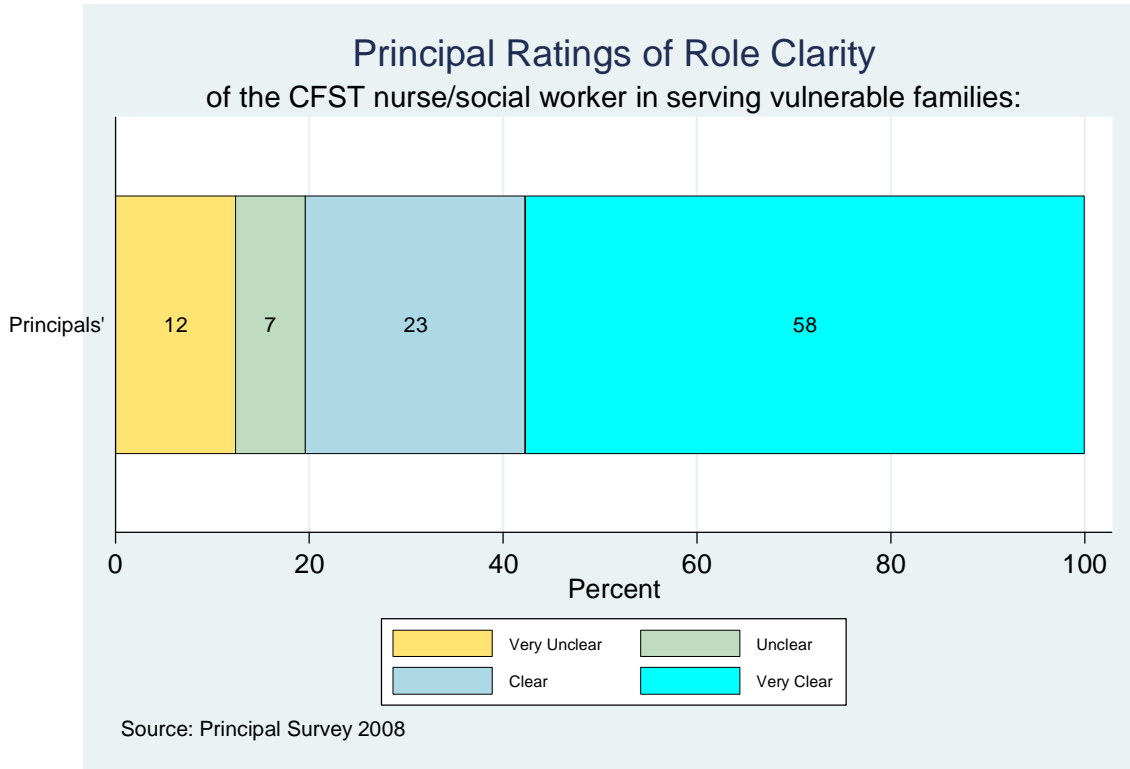
CFST LEADER PERSPECTIVES

Do officials understand your role as a CFST Leader?



Similarly, principals were asked “How clear to you is the role of the CFST nurse and/or social worker in serving vulnerable families at your school”. Of the 97 who responded, most said that it was “very clear” (58%) or “clear” (23%). However, roughly one in five found the program to be “very unclear” (12%) or “unclear” (7%). The high degree of principal turnover from year to year may partly explain this. The state coordinator currently conducts a series of annual meetings for the principals and makes scheduled site visits throughout the year. These findings indicate that it might be necessary to make additional connections to the principals through the LEA coordinators or reports from the case management system to help clarify the goals of the program and the activities of the nurses and social workers.

Principals: How clear to you is the role of the CFST nurse or Social Worker in servicing vulnerable families at your school?



Job discretion

Job discretion is a key factor because greater perceptions of autonomy have been linked to reduced burnout¹⁷.

CFST leaders were asked how satisfied they were the following:

- being able to do things you think make sense
- freedom to use own judgment
- chance to try own approaches with child
- This job gives me considerable freedom in how I work with families.

Not surprisingly job discretion varied across school systems, schools and individuals. Again the majority of the variance was explained at the individual level (83%) and 6% at the school level and 11% across LEAS. Job discretion did not vary by type of worker (nurse or social worker) but 20% of the variation in job discretion was accounted for by variation in role clarity. The results suggest that individuals who have greater role clarity also feel they have greater amounts of job discretion.

This is voiced in the comments of one of the CFST leaders:

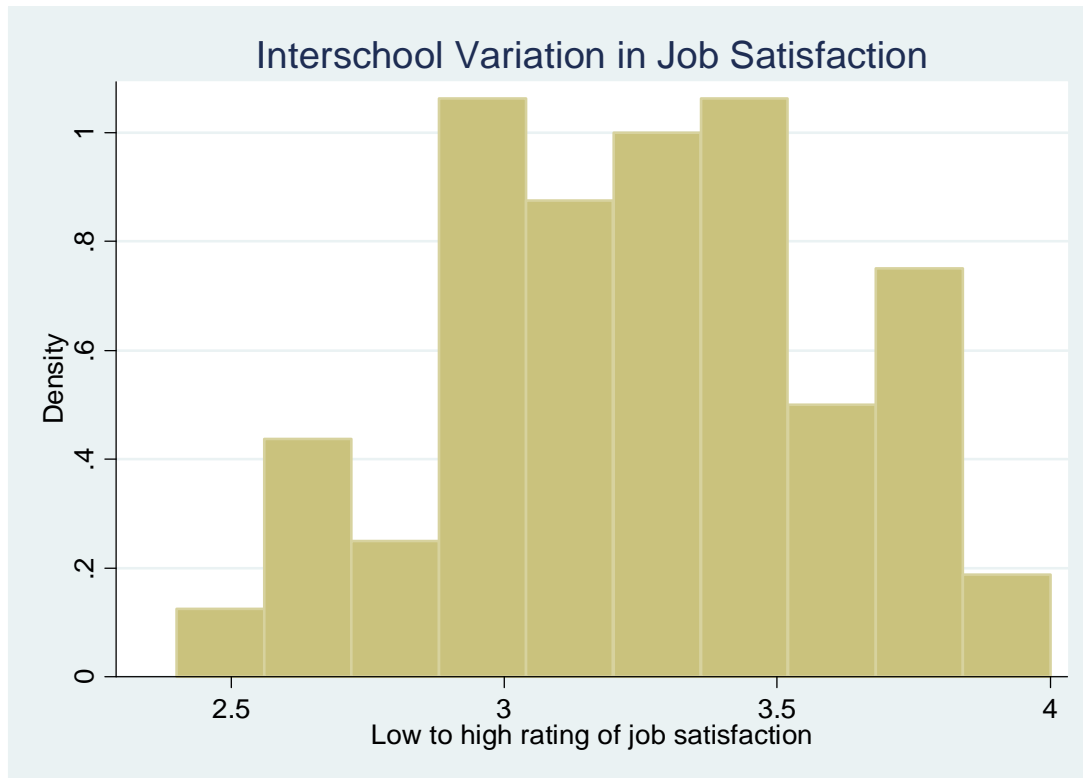
¹⁷ Arches J. Social structure, burnout and job satisfaction. *Social Work* 1991;36(3):202-206.

"I do enjoy my job. However, I think that since I am new I am also still trying to figure some things out. I enjoy the freedom to think outside the box and at the same time it can also be one of the most challenging parts of the job. I think the main obstacle to overcome is allowing yourself to embrace that freedom and be free of the restraints that are typically found within jobs. Also, I come from a rigid background with jobs that involved very stringent processes and steps. I think that as I become more familiar with the job, I will feel much more comfortable with my role and duties. Thanks for the opportunity and I hope that this program can be more broadly implemented in our area schools."

Job Satisfaction

- In my job I often get to see children improve.
- The work that I do with families is not very rewarding (reverse coded).
- I enjoy working with the kinds of families that I do.
- I would prefer working in a setting where children could show more improvement (reverse coded).
- This job provides a challenging mix of children's needs.

Measures for job satisfaction showed a slightly different pattern than role clarity and job discretion. Here 16% of the variation was across school districts, 25% was across schools and 58% was across individuals. Scales for both job clarity and discretion were positively associated with higher ratings of job satisfaction.



A CFST leader described it as follows:

“This Initiative works with “One Child, One Family, One Plan.” I have learned that this is a process and that I may not be successful in every case. However, as long as I am able to see the finish product in some of them, I know that what I do makes a difference in some families or some child's life. This Initiative is the best thing that could have happen to education to help strengthen families and support students. We will be able to see more positives benefits as the program continues. When I started out at the beginning I wasn't sure of the direction I was going, but the training for this Initiative have really helped along with the support and encouragement we have received from our Team Coordinator.

Local Support of CFST Leaders

- The LEA Coordinator serves as a coach and mentor for our work.
- The LEA Coordinator holds me accountable for my work on the CFST program in our district (e.g. through reports)
- I have co-workers at the school with whom I can share feelings about my work, including frustration as well as accomplishment.

Unlike the measures discussed above, support was not a scale but three separate measures. Two of the three measures were associated with higher ratings of job

satisfaction (a) the LEA coordinator holds me accountable for my work and b) I have co-workers with whom I can share feelings.

According to the survey responses the nurses and social workers answered as follows:

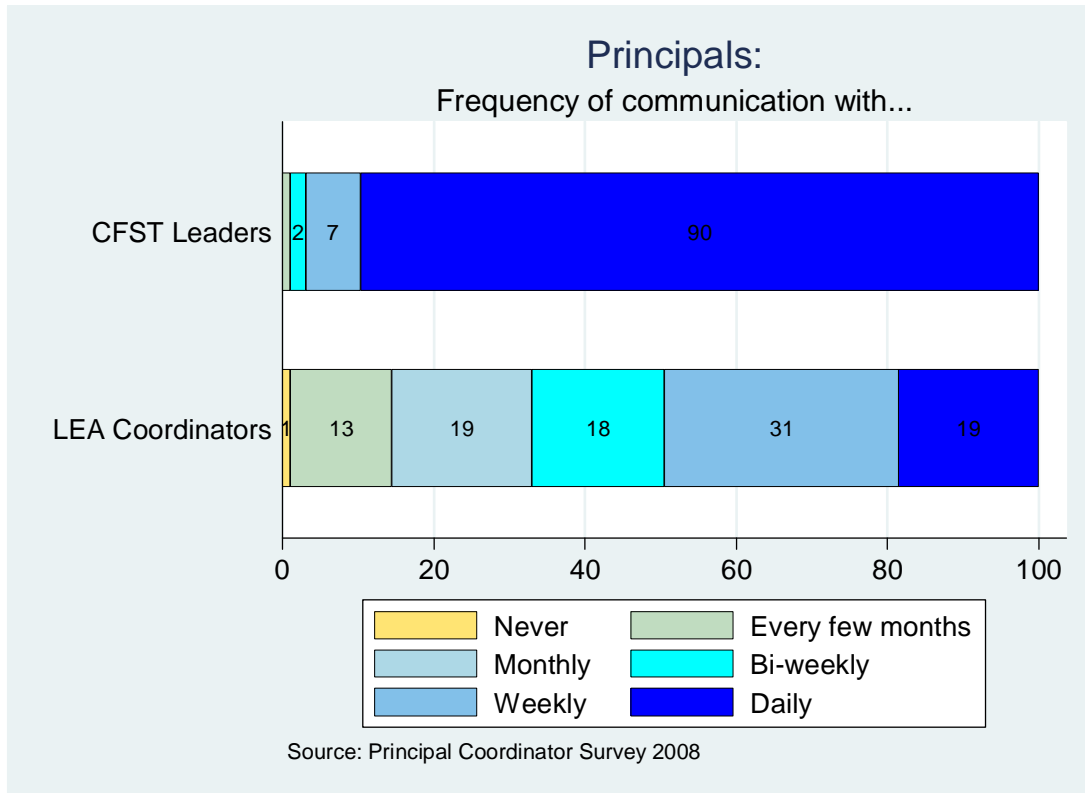
- 78% either “strongly agreed” (23.2%) or “agreed” (54.7%) that the LEA Coordinator serves as a coach and mentor for their work.
- 84% either “strongly agreed” (25.9%) or “agreed” (58%) that the LEA Coordinator holds them accountable for their work on the CFST program in their district.
- 90% either “strongly agreed” (34%) or “agreed” (56%) that they have co-workers at the school with who they can share feelings about their work, including frustration as well as accomplishment.

All of these organizational factors point to ways to improve the CFST program, and will be utilized in the coming year to do so.

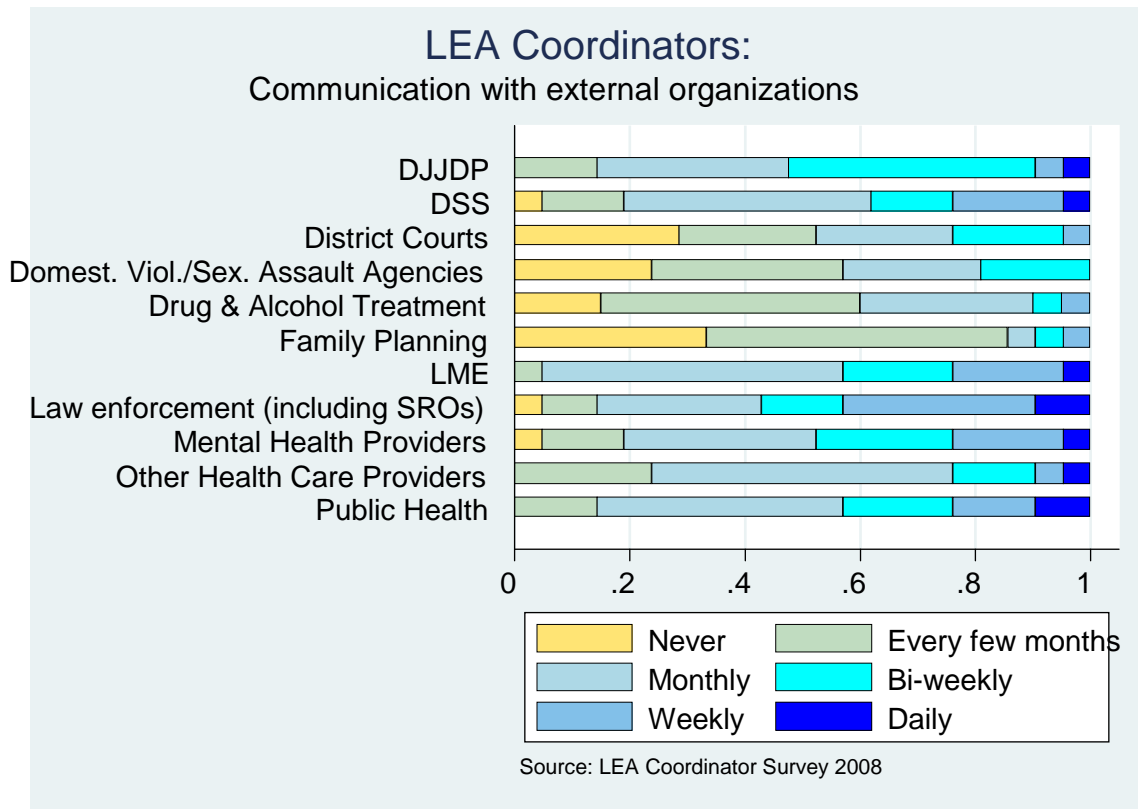
Communication and Collaboration: Inter- and Intra-agency

Communication is an important means of building consensus and working together. Within schools and schools districts communication is important because it builds a common understanding of the needs of students, the solutions to the students’ needs as well as the appropriate strategies for addressing students’ needs.

Within Schools and School Districts: Communication and Collaboration



Interagency Communication and Collaboration



This year the evaluation sought to find a better understanding of how various organizations collaborate to serve students' needs. CFST coordinators in each school system were asked to provide qualitative information about their contacts with a) public health b) social services c) mental health and d) the juvenile justice court system. They were also asked about what factors they believed most affect the success of the CFST initiative as a whole which will be reported in the next section.

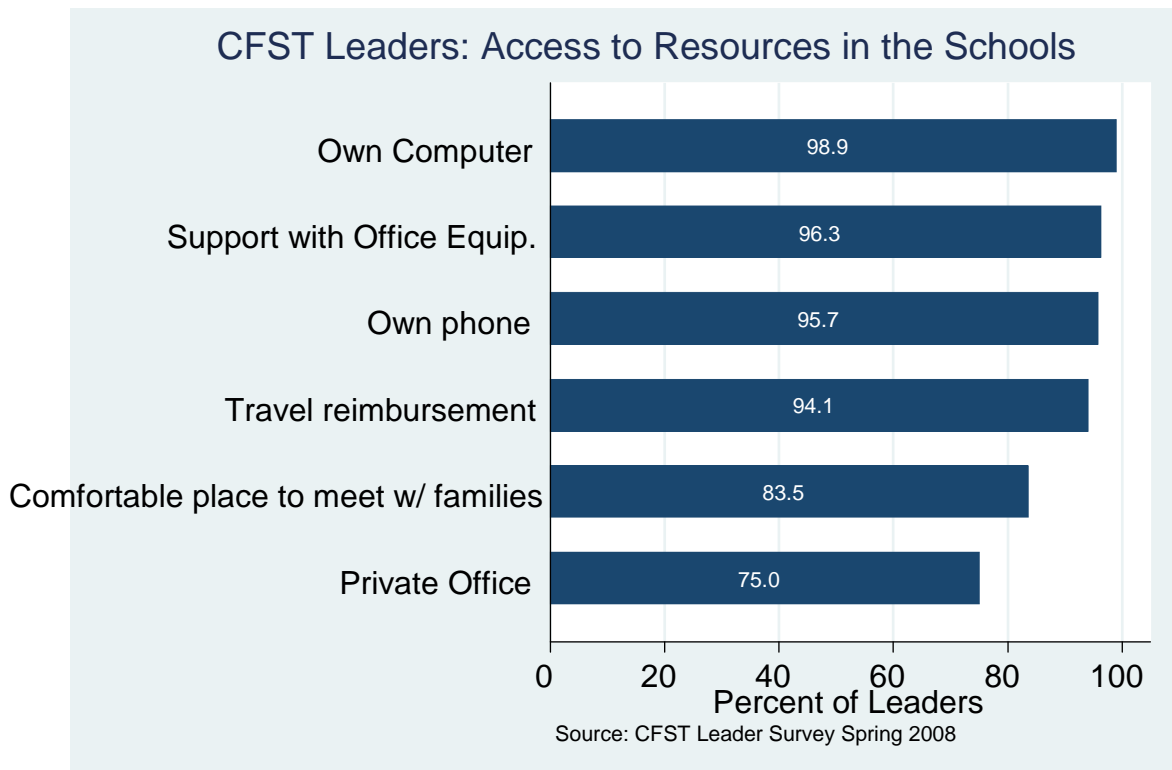
- Local CFST Coordinators said that they approach public health looking for:
 - Immunizations
 - WIC services
 - Help for students with chronic conditions that may be preventing them from attending school (ex. Head lice)
 - Dental Care and Dental Care Education
 - Vision Services
 - Advice on where to seek health care
 - Family Planning
 - STD services
 - Nutrition services

- TANF teen outreach program
- Education services for topics such as peer pressure, self esteem, reproductive system, STDs, positive decision making, health with weight loss
- Guidance from the Health Department Nurse supervisor
- Local CFST Coordinators said that they approach DSS looking for:
 - Daycare assistance for siblings
 - Transportation
 - Food stamps
 - TANF
 - Work First
 - Housing Assistance
- Coordinators said that they approach Mental Health looking for:
 - Support for referral and providing services to students and families related to counseling and therapy
 - Referrals for:
 - ADHD
 - Alcohol and drug abuse
 - Mental health counseling
 - Grief counseling
 - Domestic violence counseling
 - Parent Training
 - Parent Classes
 - Evaluation/assessment/screening (identification/diagnosis) of youth and family issues
 - Training for CFST Teams
 - Getting quick access to necessary services
- Coordinators said that they approach Juvenile Justice looking for:
 - Support in talking with parents about student behavioral and criminal issues
 - Help with attendance
 - Gang related instances
 - Resources & Recommendations
 - Collaboration (ex. Helping students and families abide by the rules of the juvenile justice system).

It is expected that this information will be utilized by the evaluation team and program staff to improve coordination and collaboration with between the CFST program and community agencies.

Insight into School Processes

CFST leaders were asked a few questions regarding their access to resources such as a computer, a phone, an office and a comfortable place to meet with families. Overall, most CFST leaders have access to the basic resources that are fundamental for performing their jobs.



Comments made by some of the CFST leaders on the surveys indicated that they consider the level of local support and access to resources very important in their jobs.

“...if we had an office that is clean & welcoming and has a phone you can hear and a place to hold a conversation, a phone you do not have to share a network with, and fight to get on....”

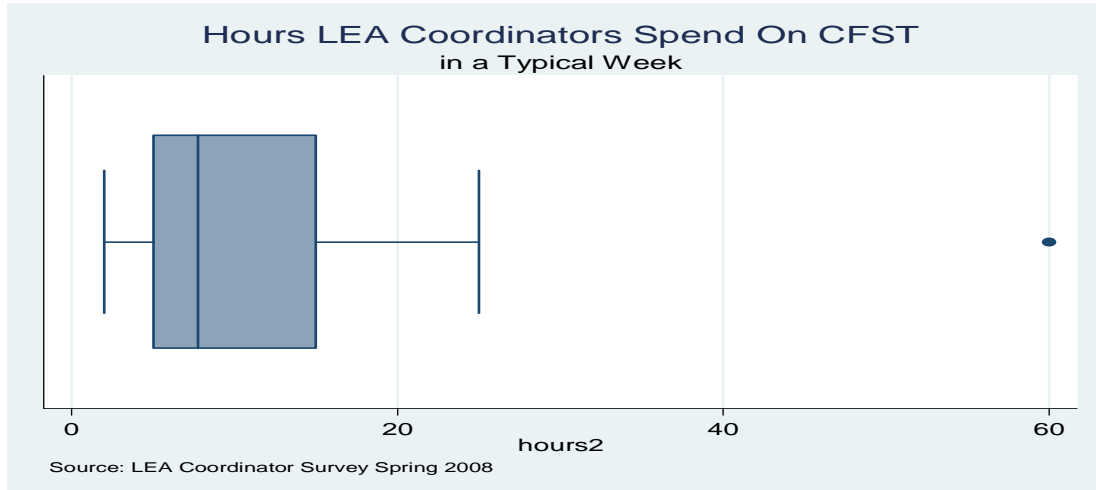
“I think that nurse and social worker teams should have direct lines with long distance and answering machines or voicemails. In our school, we have to go to the main office to use the long distance line and therefore we are surrounded by

walls with ears and then the office staff, including custodial staff ask questions because they have heard our conversations. We take care of so much confidential information with our families and children and they deserve privacy and respect. Also, as a team, we deal with so many community resources and have to play phone tag with our community supporters and providers. We miss so many phone messages. I have started using my personal cell phone for long distance and my voicemail just because I know that I can be contacted back by the community person.”

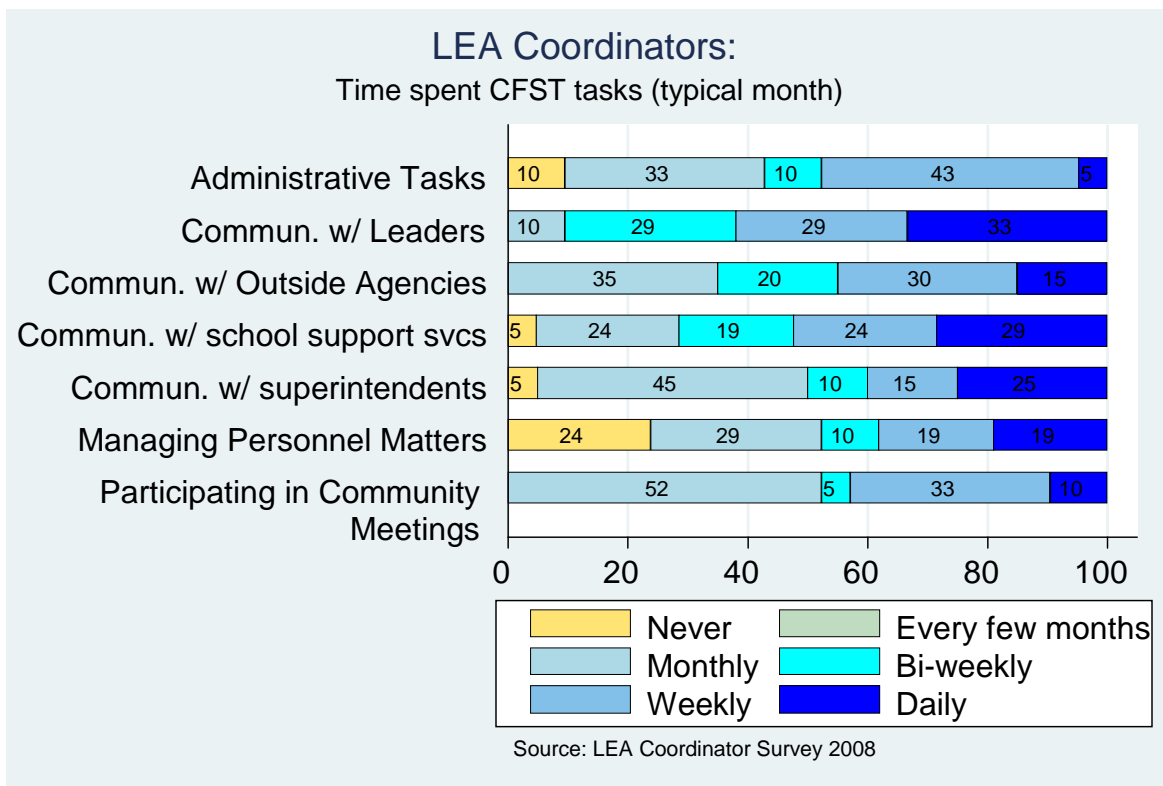
The Role of the LEA Coordinator

Each LEA has a designated coordinator for the CFST program. These are staff members of each local school system, and are not paid out of any funds supporting the CFST. Each one has significant work related responsibilities in addition to what is done in support of the CFST. Of the 21 designated coordinators 8 are Associate or Deputy Superintendents, 8 are Directors of Student Services, and the others hold positions such as Lead Social Worker, Lead Nurse, or Director of Exceptional Children’s programs. For the CFST program they function as liaisons connecting their agencies with State’s CFST coordinator and local community agencies. They also function as training and support managers for the CFST leaders, help CFST principals understand and support the program, as manage the CFST local logistics for implementation.

Two questions were asked of the LEA coordinators to gain insight into the amount of time that these individual works on the CFST initiative as well as to understand the variety of tasks that they work on in order to make this program a success. Across the various LEAs, LEA coordinators vary in the amount of time that they have available to work on CFST related tasks. If responses are capped to where individuals report working more than 40 hours per week then the mean hours worked on CFST related tasks by LEA coordinators is 12 hours per week. The minimum amount reported is 2 hours and the maximum under this assumption is 40.



As earlier stated, the LEA coordinators have an important role as “boundary-spanners” for the CFST initiative. At least on a weekly basis, roughly 40-60% of LEA coordinators report communicating with student support services, CFST leaders, and outside agencies. All LEA coordinators report working with outside agencies and participating in community meetings in a typical month. Twenty of the 21 coordinators communicate with superintendents concerning the CFST program. In a typical month 16 of the 21 coordinators work on personnel matters and all but 2 coordinators work on administrative tasks.



LEA coordinators were also asked about factors they felt impacted the overall success of the program.

Factors affecting overall success of the CFST Program as listed by the LEA Coordinators

- Internal School Factors
 - Buy-in from co-workers
 - Administrative Support
 - Role clarity (CFST role vs. traditional roles)
 - Perseverance of CFST teams to overcome barriers
 - Retention of team members

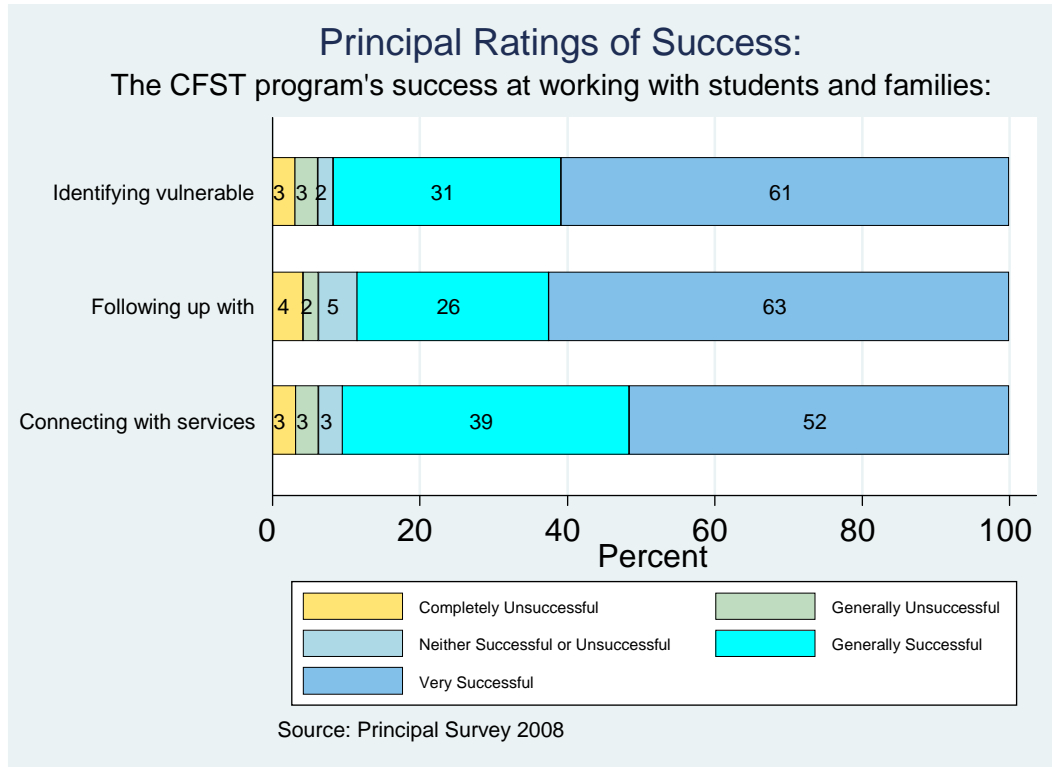
- External factors affecting interagency collaboration
 - Trust between agencies

Measuring Success

Currently much of the information gathered regarding program success comes from anecdotal information from CFST leaders, LEA coordinators, principals, parents and students. The section below provides information received from those critical stakeholders. However, the goal of the evaluation is to go beyond anecdotes and provide firm evidence as to how the CFST program is affecting students and families. The second section outlines how the evaluation seeks to do that.

Perspectives of Success of the CFST initiative

Overwhelmingly, principals report that the CFST initiative is successful or very successful at identifying at-risk youth, connecting students to services and following up with vulnerable youth and families.



The comments of the principals on evaluation surveys further illustrate their support of the CFST:

“The CFST initiative has been a tremendous help to our school. The availability of the school nurse and social worker on a daily basis has assisted our school in improving our attendance rate and getting the necessary resources to our students (social services, dental, mental health etc.) We are very grateful for this initiative.”

“One would assume that acquiring the parental permission needed to work with a family would be a stumbling block. In our school, partnerships matter. Our CFST does a great job building relationships with students and parents and offering support on a daily basis. Our families trust our team and their sincere and caring manner. They are more than willing to be our partners. Our community and outside agencies have supported our efforts, as well. Our team has worked hard to access available resources to help our families. The North Carolina Association of Educators and the Vision Service Plan grants have provided glasses and eye exams for many of our students. Our team has assisted parents in accessing Medicaid, as well. In addition, we have developed a partnership with Communities and Schools of North Carolina. This group has provided free high quality books to all of our students and provided staff development, free of

charge, on Ruby Payne's book, "A Framework for Understanding Educational Poverty". Our CIS regional and local representative have facilitated many services and/or opportunities for our kids and supported our team's efforts. They have helped us to fund a "Clothes Closet" with school uniforms, a "Snack Pantry", and a program entitled "Athletes and Academics" which should start up in the fall of 2008. This program will target students identified at risk. Community meetings have been held and a local church adopted us and have supported our efforts to help our students and families in need."

Overcoming Barriers

Principals were asked an open-ended question about the major barriers that impacted the success of the CFST program at their school. Their responses were reviewed and coded, then grouped into themes. The barriers which are described below included:

- Large numbers of students who need the services
- Difficulty working with parents
- Limited resources in the community
- Misunderstanding about the CFST program
- Personnel and procedural issues

Fourteen of the 94 principals (15%) who provided written comments on the survey specifically mentioned the large numbers of students in their school who could benefit from this program. Several principals noted the overwhelming number of students who are in need of services and one wrote that "our student needs are sometimes more than our nurse and social worker can accomplish on their own."

Difficulty working with parents was also mentioned by 13 principals (14%). For example, according to one principal, "Families are slow to follow through. Extreme poverty is a barrier in some situations." Other principals noted the transient nature of many of the most at risk families which makes longer-term connections with the needed services difficult. Other principals simply noted the lack of parent cooperation as a barrier to success.

Limited resources available in the community were another barrier that principals mentioned. About 6% of principals referred to the rural nature of the area and the lack of community resources to provide the assistance needed by students and their families. A few principals noted difficulty in getting inter-agency cooperation.

Some principals mentioned the lack of role clarity as a barrier to success, particularly related to the role of the nurse or social worker in the CFST program. One principal stated that the staff needs a "thorough understanding of...the roles and responsibilities of the CFST...they still think of the traditional roles of the nurse and the social worker."

Eight principals mentioned the limited manpower to implement the program, with five noting the challenge of finding a nurse. Other barriers mentioned referred to the difficulty in getting the staff to follow the CFST procedures and the challenge of record keeping.

Measuring Outcomes of the CFST Initiative

This evaluation's ultimate objective is to use rigorous scientific methods to assess the impact of the CFST program on student achievement and out-of-home placement. Academic data will be obtained from administrative records provided from the North Carolina Education Research Data Center (NC-ERDC; more details to follow) which receives annual data on all students in the state from DPI. Additional administrative data will also be available from DJJDP and DSS. By using administrative sources for outcomes the burden placed on school staff for collecting data is decreased and the evaluation receives more accurate data about the outcomes that students face.

Given the lack of random selection and a control group, the evaluation uses a strong quasi-experimental design to evaluate change over time between the CFST and non-CFST schools (Cook & Campbell 1979; Shadish, Cook et al. 2002). A two step propensity score matching process is being used to develop as strong a match as possible¹⁸. The first stage will be to select comparison schools. The data for matching comparison schools will come from the administrative DPI data for the 2004-2005 school year. Because these data precede the start of the intervention, the matching process will not be confounded with the outcome. The second step will involve matching students with appropriate peers from the control schools. These procedures have been applied to the evaluation of children's services and programs (Guo, Barth, & Gibbons, 2005; Foster, 2007).

One criticism of propensity score matching is that it involves matching only on observables¹⁹. Confidence in this quasi-experimental approach is bolstered by the evaluation team's unique access to extensive administrative data that provides insight into student level characteristics that are known risk factors for poor academic achievement but would not typically be included in school records. For instance, matching algorithms on child level covariates can include information on juvenile justice involvement (e.g., history of arrests) and involvement with social services (e.g., investigation for child abuse and maltreatment, placement into foster care). In addition the data contain information on all public schools in the state as well as the students who attend these schools, thereby providing a large pool of schools and students to select in order to create the matched sample.

¹⁸ Rosenbaum PR, Rubin DB. The Central Role of the Propensity Score in Observational Studies for Causal Effects *Biometrika* 1983;70:41-55.

¹⁹ Lee M-J. *Micro-econometrics for policy, program and treatment effects*. New York: Oxford University Press; 2005.

The following hypotheses are proposed:

Question 1. Does the CFST program affect proximal outcomes and academic achievement? In comparison with children in the propensity-score matched sample, it is hypothesized that students in the CFST schools will score better on tests of math and reading. It is also anticipated that the CFST students will show greater use of health and mental health services, and will have fewer disciplinary violations, suspensions, and arrests.

Question 2. What factors influence variability in the impact of the CFST program on students' academic learning outcomes? It is hypothesized that schools with large student bodies and with very high levels of need may not experience as much of a benefit from the CFST program as schools with lower need. This hypothesis stems from the supposition that demands for services may outstrip availability of services.

Question 3. Within the CFST sample, do school and community organizational factors affect student achievement? It is hypothesized that among students served by the CFST program, those who live in communities where organizations cooperate at a higher level of functioning will be more likely to receive recommended services.

Table 7: Sources of Administrative Data

Academic Outcomes	Data Source
Average end of grade test scores: reading and math	NC-ERDC
Grade retention	NC-ERDC
Dropout status	NC-ERDC
Graduation status	NC-ERDC
School Performance	
In school suspensions	NC-ERDC
Out-of-school suspensions	NC-ERDC
Expulsion	NC-ERDC
Placement in alternative school	NC-ERDC
Disciplinary violations: total #	NC-ERDC
Court Involvement	NCEDC
Total number of arrests	DJJDP
Detention placement	DJJDP
Incarceration	DJJDP
Child Welfare Services Involvement	DSS
Placement in foster care	DSS
Investigations through CPS	DSS

Academic Outcomes

The primary goal of the CFST initiative is to improve academic outcomes for students. Such data will be made available to the study from the North Carolina Education Research Center (NC-ERDC). With funding from the Spencer Foundation, the North Carolina Education Research Data Center was established in 2000-2001 as a unique portal to an immense store of data from the North Carolina Department of Public Instruction (DPI). Located in the Center for Child and Family Policy at Duke University, the Data Center provides researchers and the broader policy community with ready access to the data that needed for policy-oriented research. Research topics have included the minority achievement gap, the shortage of qualified teachers, school accountability and choice, the academic performance of at-risk children, and problem behavior in schools.

Data are provided to the NC-ERDC by the state DPI. These data include information on all students in public schools in grades 3 through 12. The information includes attendance, end-of-grade math and reading test scores, disciplinary violations, suspensions and expulsions. In addition, through the use of longitudinal data for students in grades 3 through 12, it is possible to determine whether students were promoted to the next grade or retained. In the case of the 12th grade students, data are available on graduation. In addition, the administrative records include data on setting-level factors that may moderate the impact of the intervention, such as such as percent of students on free/reduced school lunch, school size, per pupil expenditure, elementary, middle, or high school.

School Performance

The evaluation team will also assess whether the CFST impacted proximal academic and behavioral outcomes, such as better attendance, fewer office disciplinary referrals and fewer suspensions. These student-level measures are included in the data that we will access through the NC-ERDC. The longitudinal nature of the data will allow us to examine change in behaviors of the same student over time. Changes in proximal outcomes are likely to precede changes in distal outcomes such as end of year test scores. Thus, the study of proximal outcomes may be the first indication of whether the CFST program is benefiting students.

Court Involvement

Also to be examined as a proximal outcome will be youth involvement in the juvenile justice system. The North Carolina Department of Juvenile Justice data include information on youth who are arrested, reason for arrest as well as disciplinary decisions such as time spent in youth detention facilities and incarceration. The CFST evaluation team from the Center for Child and Family Policy currently has a signed memorandum of understanding with the Department of Juvenile Justice to use their data for the evaluation of the Child and Family Support Team initiative. Information regarding arrests and punishments for crimes committed provide insight into an

North Carolina Child and Family Leadership Council

January 2009 Report on the School-based Child and Family Support Team Initiative

additional risk factor for academic failure that would otherwise be unobserved in the education or case management data alone.

CPS Involvement

Information from the North Carolina Division of Social Services provides information on students who were assessed for child maltreatment, abuse or neglect. The information includes the date of investigation, the reason and the finding of the investigation. History of involvement will be included in selecting control groups dating back to at least 2003.

CFST Involvement, Web-based case management system.

This system was developed during the 2005-2006 school year specifically for the CFST and includes both child demographic data (grade, age, ethnicity, reason for referral), implementation data (attendance at CFST meetings, recommended services, services received), and barriers to receipt of services. CFST leaders complete data daily as they work with students. The data include information on team meetings including which community agencies are present at the meetings. Attendance at team meetings by agency representatives will serve as one measure of interagency collaboration within the county.

Reporting for Accountability

For many of the past regional meetings reports from the case management system have been generated. However, beginning in Fall 2008, reports are automatically generated. These reports will be accessible to CFST Leaders, LEA coordinators as well as state officials and school principals. These aggregate reports will be searchable by date, school and LEA. Of course, student confidentiality is of the utmost importance and demographic information will be suppressed by date in order to protect confidentiality.

These reports include:

- Referrals
 - Number of Students referred
 - Reasons for Referral
- Team Meetings
 - Number of team meetings
 - Number of students with a team meeting
 - Location of meetings
 - Lead agency of meetings
 - Attendance at meetings
 - Primary unmet need

- Service Plans
 - Number of Students with a service plan
 - Types of Services recommended
- Follow-up to services
 - Receipt of services
 - Barriers to services
- Reasons for Case Close
- Out-of-home Placements
 - Type of Placement
 - Length of Placement
- Home Visits
 - Number of home visits
 - Number of students with a home visit
- Performance/Accountability Measures

The evaluation team is also working on a series of performance measures for the CFST program. Measures will include information on the following:

- Case loads
- Percent of service plans that have follow-up information within 3 months (or sooner)
- Information on the last time that the CFST Leaders logged into and used the case management system

Conclusions

The CFST initiative is working with high risk students in high risk schools. Results are inconsistent but promising. Role clarity is an important issue and a potential threat to the success of the program. Lack of shared role clarity of the CFST leaders amongst school personnel could detract the CFST leaders from their intended roles in the schools. Moreover, lack of shared role clarity could increase stress of the CFST leaders, leading to lower productivity and higher turnover. Data entry by the CFST leaders continues to present as a significant issue also. Increased efforts to build a shared understanding of the goals of the program and use of the case management system should improve program success. This will be done through the normal regional meetings, site visits, technical assistance and training efforts. The program staff will increase contact with targeted school systems and individual schools to address unique situations, and utilize detailed reports from DPI and Duke to manage the program more effectively.