

MRS!

INFORMATION IN SUPPORT OF NORTH CAROLINA'S MULTIPLE RESPONSE SYSTEM

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May 2012

Increasing Our Focus on Social and Emotional Health

In April the Administration for Children and Families (ACF) issued an information memorandum entitled "Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services" (ACYF-CB-IM-12-04). This document is important because it gives us a glimpse of the direction the federal government wants to see our child welfare system move in the years ahead.

Emphasizing Child and Youth Well-Being

As you know, safety, permanence, and well-being are the overarching goals of the child welfare system. Child safety has been a focus since the first days of our field, and continues to be a primary concern. Permanence for children is key, and there have been real results in this area; today there are 27% fewer children in foster care than there were in 1998.

According to this memo, ACF believes that the time has come to increase our focus on child well-being. Rest assured, however—the federal government will not shift focus away from safety and permanency. Instead, it urges an integrated approach to achieving safety, permanency, and well-being.

Although all areas of well-being are important, ACF notes that recent research makes it clear that the adverse effects of maltreatment are concentrated in behavioral, social, and emotional domains. What's more, addressing these adverse effects in a timely way can improve outcomes for children both now and for the rest of their lives. Thus, it makes sense to concentrate on using

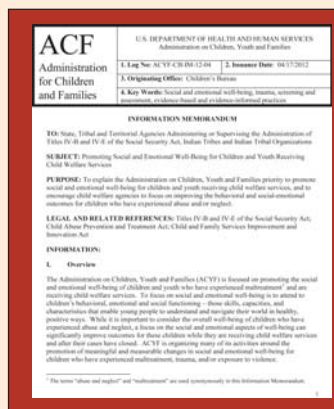
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What Does It Mean to Focus on Social and Emotional Well-being?

To focus on social and emotional well-being is to attend to children's behavioral, emotional, and social functioning—those skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways.

Learn More

To read informational memorandum (ACYF-CB-IM-12-04) go to <http://1.usa.gov/J0zL1r> or click on the image at right.



MRS Meetings

MRS and System of Care meetings take place three times monthly via conference call.

Dates and call-in and login information are listed below.

June 21, 22, & 26

10:00-11:30 a.m.

Call-in number:
218/936-4141

Access code: 956303

Link to join in on the web:
[https://
dss.ncgovconnect.com/mrs](https://dss.ncgovconnect.com/mrs)

MRS Questions?

If you have questions regarding the implementation of any aspect of MRS, please contact Holly McNeill 828/757-5672
holly.mcneill@dhhs.nc.gov

Training Dates

Adult Mental Health Issues Which Impact Families Served by Child Welfare

May 30-June 15

July 11-30

All online

Child Development in Families at Risk

July 10-Aug. 7

July 31-Aug. 28

Aug 15-Sept. 12

Aug 28-Sept. 25

All online

To learn about these courses or to register, go to <http://www.ncswLearn.org>

Vol. 7, No. 3 • May 2012

MRS! is published quarterly by the NC Division of Social Services and the Jordan Institute for Families at the University of North Carolina at Chapel Hill School of Social Work. This issue was created by Patrick Betancourt, Holly McNeill, Mellicent Blythe, and John McMahon.

Comments?

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Online

www.ncdhhs.gov/dss/mrs

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resources and policies to improve child functioning in these areas and to take advantage of programs and practices that are known to be effective in these areas.

ACF suggests that as we increase our use of evidence-based practices, it will be important and necessary to discontinue approaches that are ineffective. For example, counties and states should assess whether the counseling, parenting classes, and life skills training services they use are effective and trauma-informed, and find alternatives if they are not. This document suggests strategies for promoting social and emotional well-being and lists federal resources to support states in this work.

Implications

North Carolina and the rest of the country have a fair distance to go before we fully realize the vision outlined in this document. That said, we believe our state is on the right track. We already have a keen interest in trauma-informed practice and evidence-based practice (e.g., see the profile of Project Broadcast on page 3). And we're working hard to sustain and strengthen partnerships between public child welfare agencies and mental health providers and other partners, since these are and will continue to be essential to our success.

We will improve the way we address children's social and emotional well-being. To move us toward this goal, child welfare professionals will want to learn all they can on this subject and embrace proven, effective services and programs. For its part, the Division of Social Services will continue to do all it can to support county DSS agencies in their efforts serve families and children.

Effectiveness Tip

Use evidence-based practices (EBPs) only as intended. For example, an EBP for toddlers may not be effective with teens.

Responding and Intervening Across the CW Continuum

Focusing on social and emotional well-being requires careful consideration of how services are structured and delivered throughout the child welfare system. For example, a system focused on social and emotional well-being might be characterized by the following:

- Assessment tools used with children receiving child welfare services are reviewed to ensure that they are valid, reliable, and sensitive enough to distinguish trauma and mental health symptoms.
- Children are screened for trauma when their cases are opened.
- In-home caregivers receive services that have been demonstrated to improve parenting capacities and children's social-emotional functioning.
- Child welfare staff and foster parents receive ongoing training on issues related to trauma and mental health challenges common among children and youth served by the system.
- Assessments take place at regular or scheduled intervals to determine whether services being delivered to children and youth are improving social and emotional functioning.
- Independent living and transitional living programs implement programs to help youth develop self-regulation and positive relational skills.

Adapted from ACYF-CB-IM-12-04

Project Broadcast

Disseminating Trauma-Informed Practices to Children in the NC Child Welfare System

The NC Division of Social Services has been awarded grant funding for *Project Broadcast*. This project provides the state \$640,000 each year for five years (through September 2016). Its aim is to help provide children with services and practices to address the trauma caused by past abuse or neglect before that mistreatment leads to mental health problems or chronic disorders later in life. This project has three broad areas of focus:

- (1) Providing evidence-based training and professional development for foster and adoptive parents and child welfare professionals using toolkits from the National Child Traumatic Stress Network;
- (2) Providing the following trauma-informed, evidence-based treatment interventions for children and youth and increasing the number of clinicians trained in these interventions:
 - Adolescents Responding to Chronic Stress (SPARCS)
 - Attachment and Biobehavioral Catch-up (ABC)
 - Trauma-Focused Cognitive Behavioral Therapy
 - Parent-Child Interaction Therapy (PCIT)*
- (3) Creating systemic changes so the training and interventions offered to nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson) can eventually be expanded to all 100 counties.

In adopting trauma-informed, evidence-based practices, the child welfare system will take steps to adapt its service delivery system to include a better understanding of how trauma affects the lives of the children being served. Trauma-informed programs and services are based on an understanding of the vulnerabilities or triggers of trauma survivors so that these services and programs can be more supportive and meet the needs of the individual child. Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and to facilitate healing.

This grant is funded through the U.S. Department of Health & Human Services, Administration for Children & Families (ACF). NCDSS is partnering on this project with the Center for Child and Family Health and UNC-Chapel Hill. For more information, contact Jeanne Preisler (919/334-1133; Jeanne.Preisler@dhhs.nc.gov).

Project Broadcast Goals

- Coordinate system-level changes across the system of care in the nine demonstration counties (Buncombe, Craven, Cumberland, Hoke, Pender, Pitt, Scotland, Union, and Wilson);
- Develop trauma-informed child welfare workforces and systems across the nine demonstration counties, addressing service needs across the practice continuum from prevention to post-adoption care;
- Increase local capacity and access to trauma-specific evidence-based mental health treatments for children and youth in the nine demonstration counties;
- Plan to incorporate these practices statewide.

* Learn more about these evidence-based interventions by consulting the California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/>).

Training Dates

Child Welfare Practices for Cases Involving Domestic Violence

June 11-12

Raleigh

July 11-12

Kinston

Aug. 9-10

Fayetteville

Aug. 23-24

Charlotte

CPS Assessments

June 26-29

Charlotte

Aug. 21-24

Fayetteville

Sept. 11-14

Greensboro

CPS In-Home Services

June 18-21

Kinston

Aug. 13-16

Washington

Oct. 2-5

Greensboro

Effects of Separation and Loss on Attachment

Aug. 20-21

Charlotte

Fostering and Adopting the Child Who Has Been Sexually Abused

July 10-13

Fayetteville

Oct. 2-5

Greensboro

Nov. 13-16

Beaufort

To learn about these courses or to register, go to <http://www.ncswLearn.org>

Training Dates

Intake

Aug 29-31
Washington

Nov. 7-9
Greensboro

Legal Aspects

July 9-10
Pittsboro

Aug. 9-10
Fayetteville

Oct. 11-12
Asheville

Medical Aspects

July 24-25
Smithfield

Aug. 6-7
Greensboro

Aug. 28-29
Fayetteville

Oct. 17-18
Charlotte

Oct. 24-25
Greenville

Oct. 29-30
Candler

MAPP-GPS

June 18-28
Greensboro

July 24-Aug. 3
Beaufort

Aug. 28-Sept. 14
Charlotte

Sept. 25-Oct. 12
Candler

Oct. 23-Nov. 9
Fayetteville

To learn about these courses or to register, go to <http://www.ncswLearn.org>

Study Examines Placement Stability

Reprinted from the May 2012 issue of the *CB Express* (<http://cbexpress.acf.hhs.gov/>)

The number of unrelated children in a foster home may increase placement instability according to a study by Illinois' Children and Family Research Center. The study's findings also revealed an interesting pattern regarding sibling placements.

In 2004, the Children and Family Research Center (CFRC) set out to evaluate the correlation between placement stability and the number of children in a foster home. The study examined children placed in out-of-home care in 1998–2000 and tracked their foster care experiences until June 2003. CFRC extended its analysis to include a second cohort of children placed in care in 2001–2003 and tracked their experiences through June 2006. The elements analyzed for the second cohort, however, were slightly refined:

- Running away was added as a placement disruption outcome.
- The number of siblings in a foster home was analyzed, not just the number of unrelated children or youth in a single home.
- Children in care less than 1 year and with placements lasting fewer than 31 days were excluded.

Findings showed that as the number of children in a single foster home increased, so did placement instability.

- In the first cohort (1998–2000), children who lived in foster homes with five or more unrelated children experienced placement changes at a rate approximately 92% higher than children who experienced foster care in a home with no unrelated children.
- In the second cohort (2001–2003), children who lived in foster homes with five or more unrelated children experienced placement moves at a rate approximately 101% higher than children who experienced foster care in a home with no unrelated children.

While the analysis revealed a positive correlation between the number of unrelated children in a single home and placement changes, there was no such relationship between the number of siblings in a single foster home and placement moves. Placement with siblings actually reduced the runaway risk for children.

The study also evaluated placement stability as it related to child age, placement type, and other factors.

In Illinois, the number of children placed in a single foster care home has decreased in recent years. In fiscal year (FY) 1990, 27% of children in care were placed in homes with three or more children, compared to just 12% in FY 2006.

Placement Stability and Number of Children in a Foster Home, by M. Testa, M. Nieto, & T. Fuller, is available: <http://bit.ly/KTqWaR>.

The more children placed in a single home, the less stable the placement.

Placement with siblings reduced runaway risk.

Making the Most of the Cell Phone

Reprinted from the June 2011 issue of the *CB Express* (<http://cbexpress.acf.hhs.gov/>)

The National Resource Center (NRC) for Child Welfare and Data Technology has published a factsheet explaining how simple cell phones (not smart phones) can be used to help families and collect data. The factsheet provides a number of examples:



- Cell phones can be used as a tool for coaching a parenting skills training program. In a 2008 study by Bigelow, Carta, and Burke-Lefever, half the parents in a five-session program were also called periodically as a way to reinforce the training, and those parents were more likely to complete the program than the parents who were not called.
- Cell phones provide an effective way to stay in touch with adolescent mothers who are at risk for neglecting their children. Researchers called the teens to ask them questions about baby care activities, and the calls gave them a way to spot potentially neglectful behaviors ahead of time.
- In the Text4baby Initiative, free text messages of advice go to expectant mothers from the National Healthy Mothers, Healthy Babies Coalition throughout the pregnancy and the baby's first year.
- Cell phones can be used to collect data, using an Interactive Voice Response system to ask survey questions with the voice of a computer, which can make it easier for respondents to answer. The surveys can be administered in any language and in any venue, and results are available instantly.

More cell phone uses are described for other health concerns, communication, and data collection. The full article is available on the NRC's website: www.nrccwdt.org/resources/tts/TTT_Cell_Phones.pdf

Recognizing and Responding to Suspicions of Child Maltreatment

With funding from the North Carolina Division of Social Services, Prevent Child Abuse North Carolina now offers Recognizing and Responding to Suspicions of Child Maltreatment. This two-hour, self-guided online course is a useful tool county DSS agencies can use to help educate citizens about the role they play in ensuring that children have safe, stable, nurturing relationships in their families and communities. This training is available at no cost to North Carolinians.

For more information or to begin the course, visit www.preventchildabusenc.org/index.cfm?fuseaction=cms.page&id=1047.



Training Dates

Placement

Aug. 13-16

Charlotte

Sept. 18-21

Washington

Oct. 2-5

Fayetteville

Shared Parenting

Aug. 14-15

Fayetteville

Aug. 16-17

Beaufort

Aug. 22-23

Raleigh

Sept. 20-21

Greensboro

Oct. 16-18

Candler

Oct. 18-19

Charlotte

Staying Power! A Supervisor's Guide to Retaining Staff

June 5-7

Elizabeth City

Step-by-Step: An Introduction to CFTs

May 24-25

Halifax

Understanding and Intervening in Child Neglect

June 5-19

July 17-31

Online

To learn about these courses or to register, go to <http://www.ncswLearn.org>