

# MRS!

INFORMATION IN SUPPORT OF NORTH CAROLINA'S MULTIPLE RESPONSE SYSTEM

**In this Issue:** Impact on Child Safety **2** Training Dates **2-5**  
Child and Family Teams **3** Impact on Child Welfare Practice **2-5**  
Evaluators' Recommendations **5**

November 2010

## The 2009 MRS Evaluation: Findings and Recommendations

In 2002 North Carolina undertook a major reform of its child welfare system. Called the Multiple Response System (MRS), this reform effort used seven core strategies and espoused six principles of partnership to make child welfare services more family-centered and to strengthen the system's ability to improve outcomes for children and families.

As it implemented MRS, North Carolina assessed the reform effort's ability to improve the system while keeping children safe. Evaluators from the Center for Child and Family Policy at Duke University were active throughout the development and statewide implementation of MRS, producing county-specific MRS fact sheets in 2006, 2007, and 2008; a report to the legislature in 2004; and evaluation reports in 2004, 2006 and, most recently, in June 2009.

### About the 2009 Report

The latest evaluation examined MRS as implemented in the 10 pilot counties (Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Mecklenburg, Nash, Transylvania) and 10 sample counties selected from the 42 second wave counties (Alexander, Brunswick, Chatham, Durham, Harnett, Haywood, Iredell, Jackson, New Hanover, Pasquotank). Evaluators used quantitative and qualitative sources and methods for the report, including administrative data, family telephone surveys, child and family team meeting (CFT) surveys, and focus groups. Key findings are summarized below; the complete report is available at: <http://www.dhhs.state.nc.us/dss/mrs/index.htm>.

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### The Seven MRS Strategies

1. Collaboration between Work First and child welfare
2. Strengths-based structured intake
3. Choice of two approaches to reports of child abuse, neglect, or dependency
4. Coordination between law enforcement agencies and child protective services for the investigative assessment approach
5. Redesign of CPS in-home services
6. The use of Child and Family Teams throughout the life of the case
7. Shared Parenting meetings during the first 7 days of placement out of the home

## MRS Meetings

*MRS and System of Care meetings take place three times monthly via conference call. Dates and call-in information are listed below.*

### December 16, 21, & 29

Call times: 10-11:30 a.m.  
Call-in number:  
(218) 936-4141  
Access code: 956303

### 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](mailto:holly.mcneill@dhhs.nc.gov)

## Training Dates

### Step-by-Step: An Introduction to Child and Family Teams

**Nov. 3-4**  
Pittsboro

**Nov. 9-10**  
Beulaville

**Dec. 1-2**  
Kinston

**Dec. 6-7**  
Charlotte

**Dec. 14-15**  
Danbury

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

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#### Comments?

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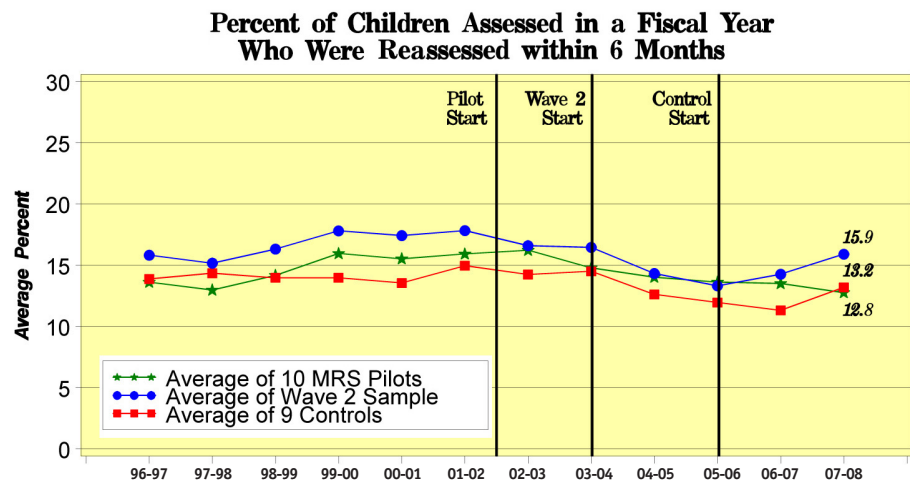
#### Online

[www.ncdhhs.gov/dss/mrs](http://www.ncdhhs.gov/dss/mrs)

## What Impact Has MRS Had on Child Safety?

The following findings from the 2009 report confirm the conclusion reached by earlier evaluations that MRS does not compromise the safety of children.

**Repeat Maltreatment Assessments.** One measure of child safety is the rate of repeat maltreatment assessments for children with previous child protective services (CPS) involvement. If MRS is not effectively addressing the safety and security needs of children and families, families may be expected to return to the attention of CPS. The figure below shows that following MRS implementation, pilot counties had a decreasing rate of repeat assessments relative to control counties. Wave 2 counties showed a similar drop after MRS implementation.



**Timeliness of Initial Responses to Accepted Maltreatment Reports.** Initially there were concerns MRS might compromise child safety by interfering with agencies' ability to respond in a timely way to accepted maltreatment reports. Administrative data show MRS implementation did temporarily disrupt the response time in pilot counties, but that this effect was minimal and short-lived; pilot county response times soon returned to previous levels. No such disruption was found for Wave 2 counties.

## How Has MRS Affected Families and Agencies?

The 2009 report yielded information about how the following elements of MRS affected our state's families and child welfare agencies.

**Family Assessment Track.** During the period under study there was a shift toward greater use of the Family Assessment track in both pilot and Wave 2 counties, with the sharpest increases occurring in the first 12 months of MRS implementation. As they became more adept at utilizing this track, both county groups experienced a subsequent leveling off in the use of the family assessment track at about 70% of cases.

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## Child and Family Team Meeting Findings

Social workers, supervisors, and community partners involved in the 2009 MRS evaluation were generally very positive about CFTs, noting that when effective, this strategy can:

- Improve communication and establish trust with families
- Enhance the transparency of the process
- Lead to better inter-agency collaboration
- Improve case plan development, contributing to higher levels of adherence and better family outcomes.



*There is a need to improve education and preparation of families prior to engaging in the CFT process.*

Identified barriers to CFT implementation included difficulties arranging meetings to accommodate family and community partner schedules, low levels of participation by community partners, a lack of dedicated facilitators to support and manage meetings, and poor family preparation and engagement in the process.

A number of these findings are supported by the results compiled from the CFT surveys. Overall, CFT participants surveyed at the conclusion of meetings agreed or strongly agreed that the meetings adhered to model fidelity; they participated and were engaged in the process; they were satisfied with the meeting; and they understood the purpose of the meeting and their role therein.

These findings were echoed in the caregiver phone surveys. For example, the majority of families that recalled participating in a CFT noted that they had a say in who was included in the meeting and were encouraged to bring supports, both key elements in achieving fidelity to the CFT model. Additionally, more than 80% of these individuals indicated that they understood the purpose of the meeting and felt comfortable sharing their ideas, factors associated with higher levels of participation. However, relatively few respondents recalled having a CFT, and most were unsure whether they had participated in such a meeting. This suggests a need for greater education and improved preparation of families prior to engaging in this process.

Overall it appears that when CFT meetings are inclusive of various stakeholders, families are appropriately prepared, family ideas are incorporated into resulting plans, and barriers to implementation are strategically addressed, CFTs are productive and useful tools in engaging families, informal supports, and community partners.

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## Training Dates

### Building Awareness and Cultural Competency

**Nov. 30-Dec. 2**  
Greensboro

**Dec. 7-9**  
Fayetteville

**Dec. 8-10**  
Kinston

**Dec. 13-15**  
Raleigh

**Dec. 14-16**  
Charlotte

### Child Forensic Interviewing

**Dec. 13-17**  
Greensboro

### CPS Assessments

**Nov. 16-19**  
Charlotte

### CPS In-Home Services

**Nov. 30-Dec. 3**  
Kinston

### Staying Power! A Supervisor's Guide to Retaining Child Welfare Staff

**Dec. 8-10**  
Asheville

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

## Training Dates

### Methamphetamine: What a Social Worker Needs to know

This self-paced online course is always available. To take it, simply log on to <http://www.ncswLearn.org> and access this course via the Personalized Learning Portfolio (PLP) / Online Courses section of the website.

### Legal Aspects of Child Welfare in North Carolina

Dec. 9-10  
Smithfield

### LINKS 101

March 8-10  
Burlington

### Model Approach to Partnerships in Parenting (MAPP-GPS)

Nov. 30-Dec. 17

Fayetteville

### Medical Aspects of Child Abuse and Neglect for Non-Medical Professionals

Nov. 9-10

Winston-Salem

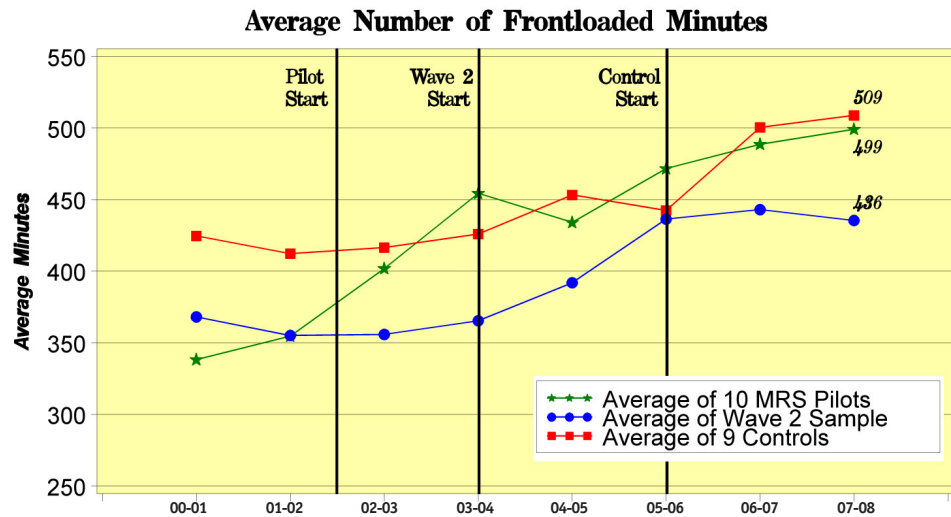
### Motivating Substance Abusing Families to Change: An Advanced Practice Course

Dec. 1

Asheville

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

**Frontloading Services.** The 2009 evaluation found that families who received more frontloaded services during the assessment phase were less likely to return to the attention of CPS in next six months compared to those families who received fewer frontloaded services. This finding was true in both pilot and Wave 2 counties. In addition, over time, all counties have shown an increase in the number of minutes of frontloaded services they deliver. This is illustrated in the figure below.



**Timeliness of Case Decisions.** Just before MRS was piloted, the timeliness of case decisions began to decline in NC. MRS implementation did not impact this trend. Other factors, such as high case loads and high levels of social worker turnover, may have contributed to this statewide decrease.

**Shared Parenting.** Child welfare professionals and caregivers see Shared Parenting as a beneficial practice that can help ease the transition and anxiety of children and birth parents, facilitate long-lasting relationships between birth and foster parents and, in some cases, reduce time to reunification. At the same time, 25% (n=5) of participating counties were not utilizing Shared Parenting at the time of the evaluation, suggesting a need for support and training to overcome the barriers associated with this strategy. Barriers to full implementation of Shared Parenting include foster parent resistance (sometimes related to a desire to adopt the children in their care and/or difficulty accepting the familial circumstances that caused the children in enter care), birth parent resistance (due to anger about the removal of their children), and the belief on the part of child welfare staff that holding the first meeting within seven days of placement presented logistical challenges and forced foster and birth parents to engage in the Shared Parenting process before they were ready.

**Collaboration with Work First.** Based on focus group discussions and caregiver phone surveys, few families are involved with CPS and Work First at the same time. However, county DSS systems for identifying dually-involved families are generally well defined and incorporated into county information systems. When families are dually involved, social workers are using Work First for collateral contacts and are engaged in joint case planning, or at a minimum case coordination.

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**Re-design of In-Home Services.** During focus groups, social workers noted a need for increased flexibility in case contact requirements, a more appropriate risk assessment tool, and changes to county processes for case assignment. In the phone survey, families noted they actively participated in the development of their case plans, felt their ideas were included in the plan, and believed the resulting plan met the needs of the family. However, some families may have developed their case plans outside the context of a CFT meeting, indicating need to strengthen CFT implementation.

### **Recommendations**

Based on their findings, the evaluators made recommendations regarding these MRS strategies:

#### **Shared Parenting**

1. Because data indicate Shared Parenting is effective but underutilized, increase accountability and documentation of these meetings to ensure they are being held consistently and the objectives of Shared Parenting are met.
2. Given that the success of Shared Parenting depends largely on foster parents' willingness to engage with birth parents, strengthen the emphasis on Shared Parenting in the required foster parent pre-service training.
3. It may be useful for the NCDSS to engage in discussions with counties about the seven day timeframe for holding Shared Parenting meetings, and to identify ways to overcome associated barriers and/or consider policy changes.

#### **Child and Family Team Meetings**

1. NCDSS should vigorously support the statewide use of its CFT documentation tool; this will facilitate continuous improvement efforts around CFTs.
2. County DSS agencies should consider developing more formalized local agreements with community partners to increase CFT participation by direct service providers. This, by extension, will increase fidelity to the CFT model and ultimately better serve the needs of families.
3. Outcomes may also be improved by providing additional training and/or coaching for social workers with regard to preparing and engaging families in the CFT process.
4. As funding permits, the addition of dedicated, trained CFT facilitators at the county level would help address some of the staffing and logistical issues associated with implementing CFTs.

#### **In-Home Services**

1. There is a need for continued dialogue between the Division of Social Services and county DSS agencies regarding policy on case contact requirements and case assignment strategies. NCDSS recently updated the risk assessment tool, which will no doubt address many of the concerns related to case contact requirements.

*Special thanks to Nicole Lawrence of the Center for Child and Family Policy at Duke University for her contributions to this issue.*

## **Training Dates**

### **Placement in Child Welfare Services Dec. 7-10**

Kinston

### **Understanding and Intervening in Child Neglect Nov. 8-22**

Online

*Participants have two weeks to complete a self-paced online session (approximately 6–8 hrs.) after which they take a knowledge assessment and receive a certificate of completion. 12 credit hours*

### **Anchors Away! How to Navigate Child and Family Teams: The Role of the Facilitator Dec. 7-16**

Goldsboro

### **Widening The Circle: Child and Family Teams and Safety Considerations Nov. 2-3**

Wilson

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