

MRS!

INFORMATION IN SUPPORT OF NORTH CAROLINA'S MULTIPLE RESPONSE SYSTEM

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July 2007

Are NC's Multiple Response System and System of Care Efforts Complementary?

by Rebecca Huffman and Candice Britt, NC Division of Social Services

Are you kidding? It's almost as if they were made for each other!

As you probably know already, the **Multiple Response System** is North Carolina's effort to improve outcomes for families and children by making its child welfare system more collaborative, supportive, and family-centered. Anyone familiar with the principles and strategies of MRS can see that as reform efforts go, MRS and System of Care are a natural fit.



System of Care

The System of Care approach made its first appearance in North Carolina in the 1980s, when it emerged in the mental health arena to support families of children with serious emotional disturbances and ensure that children got the services they needed. In the 1990s it influenced the creation of comprehensive community mental health services in several communities in different regions of our state. These efforts were so successful that in 2003 the Division of Social Services received a grant from the federal Children's Bureau

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Complementary Practice Principles

Multiple Response System

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

System of Care

- Family involvement
- Community-based care
- Individualized strengths-based care
- Cultural competence
- Interagency collaboration
- Accountability

MRS Meetings

Meetings will be held from 10 a.m. - 1:30 p.m.

Eastern

July 18
Edgecombe County DSS
Rocky Mount

Central

July 16
Davie County Library
Mocksville

Western

July 24
St. John's Church
Asheville

Due to the MRS Learning Institute no meetings will be held in August.

For details about meeting locations and directions, contact Holly McNeill
828/757-5672
holly.mcneill@ncmail.net

Training Dates

Shared Parenting

July 11-13
Kinston
Contact: Betty Williford
252/520-2413
(fax) 252/520-2417

Oct. 31-Nov. 2
Greensboro
Contact: Elaine Highsmith
336/954-1747
(fax) 336/954-1750

Dec. 17-19
Fayetteville
Contact: Amy Campbell
910/677-0460
(fax) 910/677-0468

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Comments?

Contact Patrick Betancourt, Family Support and Child Welfare Services, NC Division of Social Services, 2408 Mail Service Center, 325 N. Salisbury St., Raleigh, NC 27699-2408, Courier: 56-20-25, 919/733-4622; patrick.betancourt@ncmail.net

Online

www.ncdhhs.gov/dss/mrs

MRS and SOC *continued from page 1*

to implement System of Care with families involved with the child welfare system, especially families involved with multiple agencies. As a result of the grant, three counties (Alamance, Bladen, and Mecklenburg) are receiving extra resources to build an infrastructure to support families, to work collaboratively with community organizations, and to engage families in planning their own supports and in participating as partners in community collaborative groups. Findings from this grant, which ends in 2008, will be used to develop services statewide.

It is important to note that in addition to the three participating in the current federal grant, over the years quite a few North Carolina counties have been touched by System of Care, including Buncombe, Cleveland, Edgecombe, Halifax, Jackson, Moore, Nash, Pitt, and others. In many of these places System of Care still has a powerful influence on human services.

When they visited North Carolina in March 2007, federal reviewers found MRS and System of Care to be real strengths for our state.

Full Participation of Families

The goal of System of Care is to help families help their children succeed at home, in school, and in the community. System of Care seeks to achieve this goal by developing a strong infrastructure of interagency collaboration, individualized care practices, culturally competent services and supports, accountability for results, and child and family involvement in all aspects of the system.

Full participation of families at all levels of the system is one of hallmarks of System of Care: services must be family-driven and youth guided. Family partnership must take place at every level of decision making. Another core belief of System of Care is that collaboration and partnership between families and service providers is the thread that links successful programs, policies, and practices.

The Fit with MRS

Although there are many points of alignment between approaches taken by MRS and System of Care, two of the most important are: (1) the emphasis on collaboration and (2) the belief that families must have a place at the table if we are to achieve lasting positive outcomes. Thus, we should not be surprised to find that the **child and family team meeting**, with its emphasis on collaboration and family involvement, is a central strategy in both MRS and System of Care.

Preliminary findings from the March 2007 federal evaluation of North Carolina's child welfare system suggest that MRS and System of Care are both strengths for our state, and that they reinforce one another and produce positive outcomes for families. To learn more about System of Care go to www.dhhs.state.nc.us/dss/systemofcare/soc.htm.

OK, Now What?!

Reflections on Child and Family Team Meetings

by Billy Poindexter, NC Family-Centered Meetings Project

You are a child and family team meeting facilitator and you've just had a very successful meeting. Everyone came away with a family-developed plan and people are on board and ready to work.



In fact, a day or so later you are still quietly congratulating yourself on the job you did at this meeting when the family's social worker informs you that the family just "blew it all up." The plan is a wreck. Things are in turmoil. The social worker turns expectantly to you and asks, "OK, now what?"

Truth be told, this happens more often than we'd like. When it does, facilitators wonder what went wrong and others question why we have meetings in the first place, since it might all fall apart the next week.

Instead of throwing up their hands at the futility of it all, facilitators and others working with families should take a deep breath and reflect on those times when CFTs really do work. The following suggestions may also help.

1. Don't shift blame. When things take a turn for the worse it can be tempting to shift blame away from the CFT meeting process and onto the family by pointing out that the families we work with often have addictive behaviors, unsupportive environments, or mental health issues that make easy success the exception rather than the rule. Failure is always possible.

True as that is, it doesn't mean that meetings aren't helpful, nor does it mean that it isn't sometimes useful for a facilitator to reflect back on the meeting to see if something could have been done to prevent failure.

2. Invite the family (and everyone else) back to the table. Remember your MRS principles of family-centered practice? In particular I am thinking of "partnership is a process" and "partners share power." One meeting may not solve or even make significant steps toward progress. Yet when a family's plan falters it is still the family's plan. The natural thing to do is to pull the team together again, explain that the family's plan has encountered problems and that the family needs to meet again to discuss what happened and what they need to have success.

A CFT meeting is an opportunity for families to develop the skills they need to handle their issues, not give it over to agencies to solve. If necessary, facilitators should help social workers see that the family needs to address its plan and that the agency should not take the plan away from them. (Of course, if there is an imminent risk to the safety of a child social workers must act first and think about the plan later.)

3. Consider scheduling follow-up meetings at your first CFT. If a meeting is difficult or the risk of failure is high, it is sometimes best to set a date for a follow-up meeting before your first meeting ends. This helps focus the family's work on its plan, gives them a date to monitor progress, and provides incentive to deal with issues before they go too far. If problems arise everyone hears the story at the same time and can respond appropriately.

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Training Dates

Child Forensic Interviewing

To register contact:

Clarence Lamb
919/733-7672
(fax) 919/733-9204

August 27-31
Asheville

Oct. 29-Nov. 2
Fayetteville

Nov. 26-30
Greensboro

Dec. 10-14
Charlotte

CPS Assessments in Child Welfare Services

July 10-13
Greensboro
Contact: Elaine Highsmith
336/954-1747
(fax) 336/954-1750

Sept. 25-28
Asheville
Contact: Lou Decker
828/670-5050
(fax) 828/670-5053

Oct. 30-Nov. 2
Fayetteville
Contact: Amy Campbell
910/677-0460
(fax) 910/677-0468

Nov. 27-30
Kinston
Contact: Betty Williford
252/520-2413
(fax) 252/520-2417

Dec. 4-7
Charlotte
Contact: Bonnie English
704/395-2110
(fax) 704/395-2101

Training Dates

Step by Step: An Introduction to Child and Family Teams

Unless otherwise noted, to register contact:

Ashley Duncan
919/513-0488
(fax) 919/513-7980

Aug. 1-2

Black Mountain
Contact: Donna Pearson
828/433-7187
(fax) 828/430-8762

Aug. 7-8

Elizabethtown

Sept. 11-12

Goldsboro

Oct. 8-9

Charlotte
Contact: Donna Pearson

Oct. 11-12

Jacksonville

Nov. 6-7

Louisburg

Widening the Circle: Family-Centered Meetings and Safety Issues

To register contact:

Ashley Duncan
919/513-0488
(fax) 919/513-7980

August 2-3

Jacksonville

Oct. 3-4

Jacksonville

Dec. 12-13

Raleigh

OK, Now What?! *continued from page 3*

4. Acknowledge that failure does happen. Sometimes families either CAN'T or WON'T succeed. That is just a fact of our work. If the family fails to follow the plan they develop at their CFT, it may mean they felt they couldn't be fully honest during the meeting about their desire to change or the barriers they face. To save face families sometimes create a plan they know they can't follow so the social worker will be forced to "take over."

As a facilitator, if you hear participants continuing to offer objections or you see they are hesitant to commit, seek clarification. For example, you might say, "Ms. Smith, I'm hearing that there may be some problems with this plan. Am I correct?" This gives the person and the group the chance to identify any "hidden" problems with the plan.

Other times failure indicates that important information was missing from your first CFT and the plan that came out of it. Perhaps more information needs to be gathered or a CFT needs to be held with the express purpose of understanding why failure has occurred or continues to occur.

Even in the context of a family's failure to follow its plan, CFT meetings can be helpful. If the family ends up going to court it is good to have a paper trail that shows the family was offered several opportunities to develop and carry out their own plan, even if the family refused.

The bottom line for facilitators? As facilitator your job is to manage the meeting process. For you a good meeting is one in which all the participants—especially family members—were able to be a real party to the decision-making process. Decisions are the group's responsibility. Your role is to provide the process they need to make those decisions.

Don't Miss "Partnerships Taking Flight" in August!

We're excited to announce that the third Multiple Response System Learning Institute will take place Aug. 27 through 29, 2007 in Asheville, North Carolina. The theme this year will be "Partnerships Taking Flight." This event will offer a variety of MRS-related, skill- and knowledge-building sessions. Evenings will offer a chance to network with people from across the state. There will be something at the Institute to interest just about everybody, and it will all take place in beautiful Asheville. Stay tuned for registration information!

Keynote Speakers



George Duvall

An alumni of foster care, George directs programs to empower youth. He's also a motivational speaker and comedian.

Mick Lunzer

One of the world's best jugglers, Mick uses his talents to improve lives through the FISH! philosophy.



Lisa Merkel-Holguin

Lisa directs the Nat'l Center on Family Group Decision Making. She's provided training to dozens of communities and presented on FGDM to over 25 national and international audiences.

As the MRS Evaluation Turns . . . MRS Evaluation Update

by Anastasia Maddox, Duke University Center for Child and Family Policy

Researchers at Duke University have been studying the implementation of North Carolina's Multiple Response System to learn what's working and how MRS can be improved. Here's what we've been up to lately:

Convening Focus Groups. Between January and April 2007 we held focus groups in the 10 original MRS counties (Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Mecklenberg, Nash, and Transylvania). These were a big success, with many social workers, supervisors, and community partners joining in lively discussions about the implementation of MRS, their successes, and the challenges of their work. Near the end of the summer each participating county will get a preliminary report describing some of the common themes that emerged from these focus groups.

Conducting Family Phone Interviews. Listening to those who have been served is one of the best tools we have for continually improving family services. Therefore, as quickly as social workers gather and mail in consent forms, Duke's MRS evaluation team has been asking CPS clients to participate in the family phone interview component of the MRS evaluation. The survey includes questions about clients' experiences with CPS and gives family members a chance to voice their opinions about such matters as blended caseloads and improvements they would like to see in how families are served.

Creating Customized Evaluation Fact Sheets. At the end of this fiscal year the 10 original MRS counties will receive an MRS Evaluation Fact Sheet. Customized for each county, this sheet will provide a snapshot of each individual county and how it compares to the other 9 original MRS counties. As part of this our statisticians are compiling data from the Central Registry and the MRS Case Tracking Form and devising a way to provide this information in a user-friendly format. Topics that will be covered include the percentage of cases assigned to the family assessment track and their case findings. Statistics regarding primary contributory factors will be divided into categories of child, family, and household for a detailed breakdown of findings and percentages of reassessments. The fact sheet will also provide a look at the success of frontloading services and compare the number of repeat assessments in blended and non-blended cases. The other 90 counties can look forward to receiving this informative resource in state fiscal year 2007-08.

Who's Next? Now that the first wave of the MRS evaluation is drawing to a close, Duke is looking forward to working with 10 new counties. Who are they? We'll announce them in our next MRS update.

If you have questions about our work, please contact Nicole Lawrence at Duke University's Center for Child and Family Policy (919/668-3282).

All North Carolina county DSS agencies will receive a customized MRS fact sheet by the end of state fiscal year 2007-08.

Training Dates

Coaching in the Kitchen: Guiding Parents through Teachable Moments

To register contact:

Donna Walters-Pearson
828/433-7187

(fax) 828/430-8762

Aug. 14-16

Charlotte Area

Oct. 16-18

Marion Area

Dec. 11-13

Raleigh Area

Supervisors Strengthening Staff Performance: Managing Transfer of Learning in the Work Place

Fayetteville Class

Aug. 21-22

Sept. 17

Oct. 22

Contact: Amy Campbell

910/677-0460

(fax) 910/677-0468

Greensboro Class

Sept. 10-11

Oct. 10

Nov. 13

Contact: Elaine Highsmith

336/954-1747

(fax) 336/954-1750

Asheville Class

Oct. 22-23

Nov. 20

Dec. 20

Contact: Lou Decker

828/670-5050

(fax) 828/670-5053