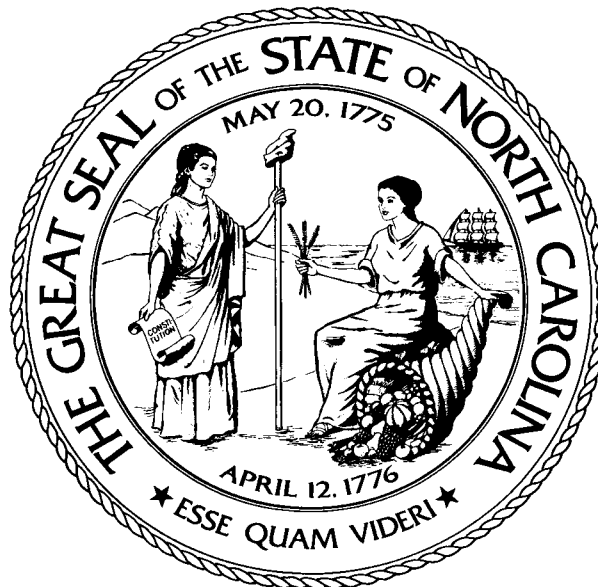


**Report On Activities Conducted Under  
Section 10.56(d) Of S.L. 2003-284 To The Senate Appropriations Committee on Health  
and Human Services, the House of Representatives Appropriations Subcommittee on  
Health and Human Services, and the Fiscal Research Division**

**North Carolina's Multiple Response System of Child Protective Services**



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## Multiple Response’s Legislative History

North Carolina’s Multiple Response System Pilot Project was mandated by the North Carolina General Assembly through the enactment of Session Law 2001-424, Senate Bill 1005, “Appropriations Act of the General Assembly”.<sup>1</sup> The legislation required the Department of Health and Human Services, Division of Social Services to develop a plan working with local departments of social services, to implement an alternative response system of child protection in no fewer than two and no more than ten demonstration counties in the state. The law became effective July 1, 2001 and enabled the implementation of an alternative response system in which local departments of social services were authorized to utilize family assessment tools and family support principles when responding to selected reports of suspected child neglect. The law also mandated that the Department of Health and Human Services develop data collection processes that would enable the General Assembly to assess the impact of the demonstration project on issues including child safety, timeliness of response, timeliness of service, coordination of local human services, cost-effectiveness, and any other related issues. The General Assembly specifically required that no state funds be identified for the purpose of implementing the project.

MRS meets the legislative mandate to pilot an initiative that ensures the **safety** of children while providing **family-centered services**.

Session Law 2002-126, Senate Bill 1115, “Modification to Appropriations Act of the General Assembly” expanded the scope of the demonstration project to include suspected reports of dependency, as well as those of neglect, among those that may be responded to through the demonstration project.<sup>2</sup> The legislation required the Department of Health and

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<sup>1</sup> A full text version of S.L. 2001-424 § 21.46 is available on-line at <http://www.ncleg.net/html2001/bills/AllVersions/Senate/S1005vc.html>. A shortened version is available in Appendix 1.

<sup>2</sup> A full text version of S.L. 2002-126 § 10.33(a) is available on-line at <http://www.ncleg.net/html2001/bills/AllVersions/Senate/S1115vc.html>. A shortened version is available in Appendix 2.

Human Services to provide the General Assembly with a report no later than April 1, 2003, on activities conducted in the demonstration project. This law became effective July 1, 2002.

Session Law 2003-284, House Bill 397, "Current Operations and Capital Improvements Appropriations Act of 2003" became effective July 1, 2003 and mandated that the Department of Health of Human Services, Division of Social Services continue working with local departments of social services to implement an alternative response system of child protection in no fewer than ten and no more than thirty-three demonstration areas in the State. The law allowed for the maximum number to be exceeded if a county specifically requested inclusion and the Division determined that necessary resources were available. It also required the alternative response system to provide for a family-centered approach to child protective services in which local departments of social services would utilize family assessment tools and family support principles when responding to selected reports of suspected child neglect and dependency. It required the continued evaluation of the original pilot demonstration areas to determine the impact the alternative response system to child protective services has had in areas including child safety, timeliness of response, timeliness of service; and, coordination of local human services. The General Assembly again specifically required that no state funds be identified for the purpose of implementing the project.

The legislation required the Department of Health and Human Services to provide the General Assembly with a report no later than April 1, 2004 on the outcome of the evaluation of the original pilot demonstration areas pursuant and the expansion of the demonstration areas. The law required that the Division make any recommendations for the statewide implementation of the project as part of the report, along with any necessary statutory

changes. It specifically stated that any recommended statutory changes would be eligible for consideration as part of the 2004 Regular Session of the General Assembly.<sup>3</sup>

### **Multiple Response's Background**

The North Carolina Multiple Response System allows county departments of social services selected as pilots to respond to reports of child abuse, neglect, and dependency using one of two approaches. The two approaches are the investigative assessment approach (traditional child protective services response) and the family assessment approach (alternative response authorized by the General Assembly).

The investigative assessment approach is applied to reports that are immediately recognized as presenting safety issues for children and/or possible criminal charges against the alleged perpetrator due to intentional maltreatment. These are reports that meet the definition of abuse as provided by General Statute § 7B-101(1)<sup>4</sup>, abandonment and other special types of reports. The family assessment approach is applied to situations in which there are needs that, if addressed, could stabilize the family and enable the parents to better care for their children. These types of reports meet the definition of dependency or neglect as provided by General Statute § 7B-101(9) and 7B-101(15).<sup>5</sup> The following table illustrates key differences between the two approaches:

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<sup>3</sup> A full text version of S.L. 2003-284 § 10.56 is available on-line at <http://www.ncga.state.nc.us/html2003/bills/AllVersions/House/H397vc.html>. The shortened version is available in Appendix 3.

<sup>4</sup> A full text version of G.S. 7B is available on-line at <http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?0007B>. The text version of G.S 7B-101(1) is available in Appendix 3.

<sup>5</sup> A full text version of G.S. 7B is available on-line at <http://www.ncleg.net/gascripts/Statutes/StatutesTOC.pl?0007B>. The text version of G.S 7B-101(9) and 7B-101(15) is available in Appendix 4.

**Table 1: A Comparison of the Multiple Response System’s Two Approaches<sup>6</sup>**

	<b>Investigative Assessment Approach</b>	<b>Family Assessment Approach</b>
<b>Deals with Issues such as:</b>	<ul style="list-style-type: none"> <li>➤ <b>Abuse</b> <ul style="list-style-type: none"> <li>⇨ Physical</li> <li>⇨ Sexual</li> <li>⇨ Emotional</li> <li>⇨ Moral Turpitude</li> </ul> </li> <li>➤ <b>Abandonment</b></li> <li>➤ <b>“Special” reports:</b> <ul style="list-style-type: none"> <li>⇨ Child fatality when there are surviving children in the family</li> <li>⇨ Child taken into custody by law enforcement or physicians</li> <li>⇨ Child in custody of local DSS, family foster homes, residential facilities, child care situations, and reciprocal investigations</li> <li>⇨ Disabled infant with a life-threatening condition is medically neglected</li> <li>⇨ Hospitalization due to suspected abuse or neglect</li> <li>⇨ Families who refuse the family assessment approach</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Neglect</b> <ul style="list-style-type: none"> <li>⇨ Inadequate supervision</li> <li>⇨ Improper care</li> <li>⇨ Domestic violence that does not create serious emotional damage to the child; as evidenced by the child’s severe anxiety, depression, withdrawal or aggressive behavior.</li> <li>⇨ Inappropriate discipline</li> <li>⇨ Injurious environment</li> <li>⇨ Substance abuse</li> </ul> </li> <li>➤ <b>Dependency</b> <ul style="list-style-type: none"> <li>⇨ There is no parent, guardian, or custodian responsible for child’s care or supervision</li> <li>⇨ Child’s parent, guardian, or custodian, is unable to provide for care or supervision and lacks an appropriate alternative child care arrangement</li> </ul> </li> </ul>

**Table 1 Continued: A Comparison of the Multiple Response System’s Two Approaches**

<sup>6</sup> Adapted from “Multiple Response Is System Reform, Key Strategies for the Future of Child Welfare in North Carolina, Participant Notebook”; The N.C. Family and Children’s Program, Jordan Institute for Families, University of North Carolina at Chapel Hill School of Social Work.

	<b>Investigative Assessment Approach</b>	<b>Family Assessment Approach</b>
<b>DSS Response Times:</b>	<ul style="list-style-type: none"> <li>➤ Allegations of abuse must be responded to immediately but no later than 24 hours after the receipt of the report.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Allegations of neglect must be responded to within 72 hours after the receipt of the report; unless assigned a higher priority to ensure the safety of the alleged child victims.</li> </ul>
<b>Interview Protocols:</b>	<ul style="list-style-type: none"> <li>➤ Alleged victim children are interviewed first, often without the parents consent or knowledge.</li> <li>➤ Parents are interviewed after the children, often at a “surprise” home visit by the social worker.</li> <li>➤ Collateral information sources are interviewed without the parent’s knowledge of their identities or the nature of their information.</li> </ul>	<ul style="list-style-type: none"> <li>➤ If possible, parents are interviewed first, at a scheduled time.</li> <li>➤ Alleged victim children are often interviewed in their parent’s presence; however, they will be interviewed separately if necessary to ensure their safety.</li> <li>➤ Parents are informed of the identity of any collateral information source, the nature of the information, and invited to participate in the interview themselves; unless the safety of the collateral information source, the alleged child victims, or a non-offending adult victim of domestic violence would be jeopardized as a result.</li> </ul>
<b>Findings and Ongoing Services:</b>	<ul style="list-style-type: none"> <li>➤ <b>Substantiate</b> (involuntary child protective services)</li> <li>➤ <b>Unsubstantiate</b> (voluntary services recommended if need identified)</li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Services Needed</b> (involuntary child protective services)</li> <li>➤ <b>Services Recommended</b> (voluntary services recommended if need identified)</li> <li>➤ <b>Services Not Recommended</b> (no service need identified)</li> </ul>

**Table 1 Continued: A Comparison of the Multiple Response System’s Two Approaches**

	<b>Investigative Assessment Approach</b>	<b>Family Assessment Approach</b>
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<p>“This is the way we should be treating family Relationships.” Social worker <b>Alleged Perpetrator</b></p>	<ul style="list-style-type: none"> <li>➤ Perpetrators of severe abuse are: <ul style="list-style-type: none"> <li>⇒ Identified</li> <li>⇒ Held accountable through the criminal court system for causing harm to children.</li> <li>⇒ Permanently tracked through having their names entered into a centralized data base</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ No perpetrator is identified</li> <li>➤ No caretaker’s name is entered into a centralized database.</li> </ul>
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In both approaches, the Multiple Response policy requires that the social worker always maintains the authority and responsibility to interview children in private, petition the Court to invoke its jurisdiction to appoint a Guardian ad Litem, have the children evaluated through the Child Medical/Mental Health Evaluation Programs, observe and document any injuries on the child, have access to and copy confidential information, and interview collateral information sources in private if necessary to ensure the safety of the children. Social workers are to never interview children in the presence of their parents if the safety of the children may be compromised as a result of doing so. If the safety of children can not be ensured in a case assigned to the family assessment approach, it is to be immediately reassigned to the investigative approach.

In cases of domestic violence, family assessments are initiated by first contacting the non-offending parent / adult victim outside of the presence of the violent partner. At no time is the non-offending / adult victim placed in danger by having to be interviewed, develop service plans, or meet with the perpetrator of violence against them. In cases of domestic violence the children will also not be interviewed in the presence of the violent adult. Multiple Response holds the person who perpetrates violent acts responsible



without compromising the safety of either the child or the non-offending / adult victims of domestic violence.

### **Multiple Response's Implementation**

Ten county departments of social services implemented North Carolina's Multiple Response System demonstration project on August 1, 2002. They include Alamance, Bladen, Buncombe, Caldwell, Craven, Franklin, Guilford, Mecklenberg, Nash, and Transylvania counties. Their population varies from Mecklenburg's 638,000 to Transylvania's 26,000 people. Geographically, they range from Craven with a military base on the coast to Buncombe in the mountains. This diversity offers unique opportunities for counties to serve families and children from every profession, economic status, and cultural heritage.

The opportunity to participate in the project was open to all of North Carolina's one hundred county departments of social services. Counties that participated in the federal Child and Family Services Review during the spring of 2001 had the first opportunity to indicate their interest in participating in the pilot project. Other criteria for priority acceptance into the pilot project included participation in the development of the Multiple Response System demonstration model and/or participation in the original Temporary Assistance for Needy Families / Child Welfare Services Collaborative. Inclusion in the pilot project was voluntary and was not supported by additional funds from the state.

Counties opting to participate were encouraged to implement the initiative on a limited-scope basis (i.e. within a single caseload or team, defined geographical area, etc.) with the goal of full countywide implementation of assigning cases to either of the two approaches; as well as the other six strategic components of Multiple Response. All ten pilot counties began utilizing the family assessment approach for eligible types of reports through

their entire geographic areas by June 2003. The implementation of the other six strategies has also varied with individual counties. Staff turnover, higher than desired case loads, the availability of agency and community resources and supports, the dynamics of organizational change, and lack of funding for facilitators are some of the factors that have affected their capacity to fully implement Multiple Response throughout the seven strategic components of child welfare services. The table below documents some common programmatic experiences of the ten 2002 Multiple Response Counties.

**Table 2**  
**Common Programmatic Experiences of the Ten 2002 MRS Counties**

<i>Area of Interest</i>	<i>Common Experience</i>
Organizational Issues	<ul style="list-style-type: none"> <li>• Re-organization of some type was necessary to manage resources and case loads</li> <li>• Family-centered practice can not be delivered from 8:00 a.m. through 5:00 p.m. Monday through Friday. Organizational and scheduling flexibility is critical.</li> <li>• In-put and buy-in from line social workers is very important.</li> </ul>
Community/Public Education	<ul style="list-style-type: none"> <li>• Public education is crucial to implementation. No matter how much is done, more is needed.</li> </ul>
Strengths-based Structured Intake	<ul style="list-style-type: none"> <li>• Reporters are becoming more engaged in helping the families, not just “reporting” them.</li> <li>• The identification of strengths and family supports during intake allows for the assessment worker to engage the family more quickly.</li> </ul>

**Common Programmatic Experiences of the Ten 2002 MRS Counties (continued)**

<i>Area of Interest</i>	<i>Common Experience</i>
Two Approaches to CPS reports	<ul style="list-style-type: none"> <li>• Most children can be interviewed in the presence of their parents without compromising their safety.</li> <li>• Families are more co-operative with the assessment.</li> <li>• The family assessment approach works very effectively with those families that have a history of resistance with the agency.</li> <li>• Social workers are more satisfied as they are more able to engage families and do what they “became social workers for”.</li> </ul>
Coordination between Law Enforcement and CPS during the Investigative Assessment	<ul style="list-style-type: none"> <li>• This is one of the most difficult parts of MRS to implement as there are many different agencies to establish Memorandums of Agreement with.</li> <li>• Oftentimes the District Attorney is the barrier to prosecution, not the law enforcement officer.</li> </ul>
Redesign of In-Home Services	<ul style="list-style-type: none"> <li>• It is very difficult for social workers to conduct CPS assessments and provide on-going in-home services given the current case load standards.</li> <li>• The lack of agency and community resources and preventative services severely limits what can be offered to families.</li> </ul>
Child and Family Team Meetings	<ul style="list-style-type: none"> <li>• They are difficult to organize and maintain but well worth the effort as children and families are better served and protected through their use.</li> <li>• It is difficult to provide facilitators due to staff shortages and financial limitations.</li> <li>• Community partners seem to better understand the agency’s decisions and work with the families.</li> </ul>
Shared Parenting	<ul style="list-style-type: none"> <li>• This is another very difficult aspect of MRS to implement due to a lack of understanding among stakeholders (social workers, foster parents, and birth parents).</li> <li>• On-going training and the ultimate institutionalization of shared parenting concepts and importance is vital.</li> </ul>

**Common Programmatic Experiences of the Ten 2002 MRS Counties (continued)**

<i>Area of Interest</i>	<i>Common Experience</i>
Collaboration between TANF and Child Welfare services	<ul style="list-style-type: none"> <li>Informal relationships and collaboration have always existed but MRS forces agencies to more fully assess how families are served across various units and sections.</li> </ul>

On August 1, 2003 the Division invited all ninety non-Multiple Response counties to participate in the expansion by submitting a plan outlining their strategy for implementation of the seven strategic components. Forty-two county departments of social services responded and specifically requested inclusion in the expansion of Multiple Response. The Division considered its capacity and made the decision that each county that submitted a plan would be included in the 2003 expansion of Multiple Response. On September 29, 2003 the Division announced the selected 2003 expansion counties. The forty-two counties selected as 2003 Multiple Response expansion sites are Alexander, Ashe, Brunswick, Caswell, Catawba, Chatham, Cherokee, Clay, Cleveland, Currituck, Davidson, Davie, Duplin, Durham, Gates, Graham, Halifax, Harnett, Haywood, Henderson, Iredell, Jackson, Johnston, Lee, Lincoln, Macon, Martin, Moore, New Hanover, Orange, Pamlico, Pasquotank, Person, Polk, Scotland, Swain, Union, Wake, Warren, Watauga, Wilson, and Yancey.<sup>7</sup> These counties were matched with counties from the original pilot project that function as their “buddies” to partner and mentor them through their implementation process. Since September the expansion counties have been preparing to implement Multiple Response by meeting with the Division and the 2002 ten counties, contacting their “buddy counties”, educating their staff and community partners, attending training, and conducting self-assessments to determine their organizational and community strengths and needs.

The Multiple Response System represents a concerted effort by the individual county

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<sup>7</sup> A map of the fifty-two MRS counties and a chart illustrating the “buddy county” assignments may be accessed in Appendix 6

departments of social services, the North Carolina Division of Social Services and its partners, including the North Carolina Association of County Directors of Social Services, universities, private agencies, and child advocates to reform children's services. While its focus is primarily and initially on child welfare, the reform will have implications for all the other program areas in departments of social services and for the collaborative efforts of the North Carolina Division of Social Services.

The foundation of Multiple Response is family-centered practice. The underlying beliefs of a family-centered approach to child welfare are as follows:

- Safety of the child is the first concern.
- Children have the right to their family.
- The family is the fundamental resource for the nurturing of children.
- Parents should be supported in their efforts to care for their children.
- Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our colleagues.
- It is our job to instill hope.

*"The important thing to remember is to always ask yourself 'Is this how I would want to be treated if this was happening to me?'"*

Program Administrator

The reform effectuated through the Multiple Response System is founded upon the principles of family-centered practice. These principles are that:

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

The principles of family-centered practice reflect the belief that the family is its own primary source of intervention and determines who its members are. The family is viewed as a system within a larger social and environmental context. As a result, interventions focus on

accessing the family’s immediate and extended community in needs assessment, resource identification and service delivery. Family-centered practice respects the family’s right of self-control and capabilities, and assumes they have the capacity to grow and change when provided the proper supportive interventions. Family-centered practice extends into the provision of placement services by involving the family in developing and implementing a plan for reunification, partnering with the foster family in temporary placement and if necessary, works to preserve the child’s placement in a new, permanent adoptive family. Family-centered practice develops strengths, enhances potential, and empowers families to identify and resolve their own problems and achieve safe, permanent, nurturing homes for children.

### **The Seven Strategies of the Multiple Response System**

The breadth and anticipated impact of North Carolina’s Multiple Response System continue to distinguish it as unique among all other states’ dual track / alternative response models. North Carolina’s Multiple Response System is the nation’s sole model of service provision specifically designed to result in systemic reformation of child welfare services through the application of family-centered principles of partnership throughout seven key components of children’s services. The seven strategic components of children’s services are:

- ❖ *A strengths-based, structured intake process.* The creation of objective, structured intake tools that clearly identify factors establishing consistent screening criteria for the identification of new child abuse, neglect, and dependency reports. Emphasis is placed on family strengths as well as needs. The structured intake tools include the Structured Intake Report Form, Maltreatment Screening Tools, and Response Priority Decision Tree.

Program Manager  
“Recidivism and malicious reports have gone down since we began using strengths-based intake and the two approaches..”

- ❖ *A choice of two approaches to reports of child abuse, neglect, or dependency.*  
A system that allows a differential response to child neglect and dependency reports, and a partnership in child protection among county departments, families, other agencies, and local communities to address every aspect of child maltreatment and the family. The availability of two approaches recognizes the

variation in the nature of reports and that one approach does not meet the needs of every family.

Social worker  
"We go to one another's staff meetings and Work First participates in our Child and Family Team Meetings."

❖ *Coordination between law enforcement agencies and child protective services for the investigative assessment approach.* County departments of social services work closely with law enforcement agencies through formalized mutually supportive

Social worker  
"It takes at least one year and sometimes two to prosecute a case of sexual abuse in our county. We have to do something different."

relationships, especially when responding to reports of child maltreatment using the investigative assessment approach. This ensures that those who cause harm to children are identified and held responsible for their abusive actions through criminal prosecution.

❖ *A redesign of in-home services.* These are services provided due to concerns for safety and the future risk of harm to children. Families with the greatest needs are provided with the most intensive services and contacts, while families with fewer needs are provided with less intensive services/contacts. This continuum of

Social worker speaking of how useful CFT meetings have become... "We have been able to avoid foster care placements and keep children safe by bringing extended family members and supports together to discuss what can be done for the family."

services of working with families, allows social workers to better address risk, support the family and engage them in the process to promote planning and achieve positive change. In using this methodology, the three core outcomes of safety, permanence and well-being will be addressed within families being served through child protective services.

❖ *Implementation of Child and Family Team (CFT) meetings during the provision of in-home services.* County departments of social services use Child and Family Team meetings with families involved with child protective services. These meetings are a family-centered means of maximizing family input and decision making with support from the department of social services, other community resources, and the family's own network of support. Agencies may use any commonly accepted Child and Family Team meeting model (Family Group Conferencing and Family Team Decision-Making are two of the best known) or devise their own.

Social worker  
"As an adopted child myself, I would give anything I have if someone could tell me they saw my birth mother and what she looked like. Shared parenting would have done that for me if it were used."

❖ *Implementation of shared-parenting meetings in child placement cases.* County departments of social services use shared parenting meetings with families who have had their children placed in foster care. Shared-parenting meetings are a time for the social worker, birth parents and foster parents to meet and discuss the care of the child when out-of-home placement is necessary. These meetings occur within one week of a child's being placed in foster care.

❖ *Collaboration between the Work First Family Assistance and child welfare programs.* Work First Family Assistance is a program that provides families with

financial, employment, and community services to help them become self-sufficient. Examples of Work First-related services and benefits include childcare, employment counseling, and transportation. Many families involved with the Work First program are also involved with child welfare cases. Under the Multiple Response System, child welfare and Work First programs in county departments of social services collaborate closely to serve children and families.

### North Carolina's Need for the Multiple Response System

In North Carolina, social workers currently function with a relatively narrow definition of "child abuse." It generally requires the occurrence of a serious non-accidental physical injury, emotional impairment, or maltreatment of a sexual nature. In contrast, they are governed by a particularly broad statutory definition of "child neglect," which may include inadequate supervision, improper care, and an environment injurious to a child's

welfare. These cases represent situations in which there are needs that, if addressed, could stabilize the family and enable the parents to better care for their children. Approximately

*"Once families learn that you are not there to just take their children, or name them as a perpetrator, they tell you all kinds of things. You don't have to fight through all the anger and lies that you used to."*

Social worker

90% of the protective services reports in the State allege child neglect or dependency as opposed to child abuse. Likewise, approximately 90% of children in foster care are there as a result of a judicial determination of child neglect.

In the traditional child protective services system, a social worker's response to any report of suspected child abuse, neglect, or dependency follows the same approach, purpose, and specific steps whether it concerns a child who has been left alone for a short period of time or one who has been seriously beaten. Over time, this response has become very

"investigative" and adversarial in nature. It is a comprehensive and intrusive approach that is designed to identify victims and perpetrators. It is an approach that works

*"If you do what you have always done, you will get what you have always gotten. We have to do things differently."*

Program Administrator

effectively in cases involving the intentional infliction of violence against children. In cases



of alleged neglect and dependency in which changes in family relationships and functioning are the best means of securing safety for children, the investigative and labeling approach often has the effect of alienating and discouraging family members. This has the result of slowing down the implementation of services, and may compromise the safety of children. The Division values what is being done in the traditional approach but through research, the work in other states; and the experience of the 2002 ten pilot counties in North Carolina believes there is a better way to serve children and their families. That “better way” is through the family-centered practice of Multiple Response.

North Carolina’s child welfare system underwent a federal Child and Family Services Review during the spring of 2001. As a result of its review, the Division of Social Services was required to formulate a Program Improvement Plan to be submitted to the United States Department of Health and Human Services, Administration for Children and Families for approval and monitoring. As a required component of that ongoing monitoring, the Division of Social Services, in conjunction with its county department of social services partners, is required to submit a quarterly report to the Administration for Children and Families noting the progress made to meet its benchmarks for safety, permanence, and well being, and making recommendations for continued program improvement.

North Carolina’s Program Improvement Plan outlined the specific strategies and steps it intended to implement to ensure the safety, permanence, and well being of its children. Key components of the Multiple Response System’s seven strategies were integrated into the Program Improvement Plan.

The Multiple Response System allows agencies to maximize their use of staff to serve those most in need as economically as possible. The Multiple Response System supports and encourages systemic consistency in decision-making and service provision at every level across the state. Social workers can better address the individual needs of a family by

utilizing the family's own unique strengths and community supports, and therefore not depend on a "one size fits all" model. This can be accomplished through a less adversarial model of service provision that does not label parents who do not cause intentional harm to their children. At the same time the Multiple Response System supports the expedient identification and criminal prosecution of those who cause intentional harm to children.

### **Training and the Multiple Response System**

The North Carolina Division of Social Services has developed and implemented a comprehensive training plan in conjunction with the pilot counties and the Division's contract training partners. The contract training partners involved in developing and implementing the plan include Appalachian Family Innovations, Appalachian State University; North Carolina State University, Family Centered Meetings Project; Resources for Change, Inc., and the North Carolina Family and Children's Resource Program, Jordan Institute for Families, University of North Carolina-Chapel Hill, School of Social Work. The purpose of this collaboration is to utilize the best resources available to conduct a training needs assessment and develop curricula shaped by the principles of family-centered practice that solicits the diverse voices and perspectives of families, social workers, supervisors, program managers, and directors in its development. The result was a training series capable of enabling North Carolina to reform its child welfare system through the seven strategies of the Multiple Response System and the family-centered practice of social work.

Training for the Multiple Response System is designed to meet the complex needs of line staff, supervisors, and program administrators of county departments of social services. It also may serve to assist other program areas in the agencies as well as their county partners as they strive to implement family-centered practice in their program areas. This represents a concentrated effort to understand the component parts of North Carolina's system reform and

then to focus on how family-centered beliefs translate into behaviors, actions, and practices by everyone in the community human services system. Training continues and is now being provided to the initial ten pilot counties as well as the forty-two expansion counties.

The training plan represents an orchestration of efforts combining the expertise of the Division's Staff Development Team and field staff with that of its training partners. Training on family-centered practice principles and skills is being provided both directly and indirectly in all of the MRS training. Training for supervisors and social workers directly related to Family Centered Practice is provided in three curriculum: *Cornerstone II: What is Good for Families is Good for Workers*; *Cornerstone IIIA: Partners in Change, A New Perspective on Child Protective Services*; and, *Cornerstone IIIB: Partners in Change, An Introduction to Family-Centered Practice*. These curricula are designed to address the needs of social workers and supervisors who will be implementing the Multiple Response System. These courses are mandatory, interactive, skills-based sessions based on the six principles for partnership necessary for working effectively with clients. A fourth curriculum, *Working with Other's, Working with Outcomes*, is being written this Spring. It is a curriculum designed for supervisors and will discuss principles of collaboration and using data to make program and service delivery improvements.

The training program also meets the needs of staff involved in Child and Family Teams, and shared parenting meetings through the involvement of the NCSU – Family Centered Meetings Project and other training providers. Sessions meeting these needs begin with “*Setting the Stage*”, an interactive orientation focused on the use of family-centered meetings as part of service delivery within the Multiple Response System. It is open to county departments of social services employees, partnering agencies, service providers, law enforcement, school personnel, and anyone likely to be facilitating or involved in family-

centered meetings. Follow-up training for child and family team facilitators and social workers is provided through sessions entitled *Anchor's Away! How to Navigate Family Meetings: The Role of the Facilitator; The ABC's of Including Children in Family-Centered Meetings; and Caution, Family Meeting Ahead: A Guide for Social Workers Attending Family-Centered Meetings*. Training related to the implementation of Shared Parenting Meetings includes two courses entitled, *Shared Parenting* and *Supporting Parenting Partnerships*. Participants in these courses learn step-by-step guidelines for preparing, leading, and incorporating respectful follow-up after the different types of meetings. Ongoing consultation and technical assistance is available to facilitators and is scheduled on an as needed basis in order to meet the needs of individual agencies.

Two additional courses have been added this year to assist counties with their implementation of MRS. One, *MRS Policy Training*, helps county staff and their community partners understand the policies related to the implementation of the seven strategies of MRS. A second course, *Child Forensic Interviewing*, is currently being piloted. It is a course which provides social workers with the foundations in conducting, legally defensible, developmentally appropriate interviews with children.

Lastly, it should be recognized that the MRS training effort is just one component of the larger Child Welfare Service's training program. The current training program includes more than 40 different courses which are delivered in five regional training centers across the state. Courses, such as our *Structured Decision Making* course, which teaches workers a structured process for reaching case decisions, are taught not only to MRS county staff, but to staff from all one hundred counties. The MRS training program is designed to build on this already existing program of training. Ultimately the goal would be to incorporate the MRS training initiative into this larger program. However, due to this immense undertaking, it may be several years until this can be accomplished.

The past year has been a successful one in the implementation of training for MRS. Ten different courses have been piloted and revised with an additional course currently being written. This process has allowed for the identification of the training needs of staff in a MRS county and to consistently address this need. Challenges however exist in planning to provide this training statewide to 100 counties. In order to meet the huge demand of system reform, additional training resources will be needed. The current resources have been stretched to the maximum level of training which can be offered. Additionally, the Division knows that more training is needed by county staff and their community partners. However, restrictions on Federal training funding streams do not allow for the use this funding to train staff other than child welfare workers and supervisors from departments of social services.

### **The Multiple Response System as a Solution**

The Multiple Response System recognizes the need for various approaches to interacting and working with families depending on the level of injury and risk to the child.

Its basic hypotheses are:

- In cases of non-accidental, intentional child maltreatment, a comprehensive, investigative response that includes close collaboration with law enforcement will result in a clear message that violence against children is a crime and will be punished;
- In cases of alleged neglect and dependency, a comprehensive family assessment and coordinated service delivery will result in better engagement and involvement of families and consequently in better protection for children.

The primary motivation for the Multiple Response System, and for everything that is done in child welfare, is a desire to ensure safe, permanent, nurturing homes for children while improving the lives of their families. This is the mission and objective of the North Carolina Division of Social Services and will continue to be so throughout the future. The

family-centered practice made possible by the Multiple Response System will help North Carolina better serve and protect children and their families.

### **Recommendations\***

1. Evaluate appropriate caseload standard to insure that families receive services from the same social worker as long as the family is involved with DSS. Recommend moving from 1:12 caseload to 1:8 caseload for social workers. Provide additional funds as required to accomplish the caseload standard.
2. Develop and implement statewide strategy for the recruitment and retention of social workers. Support expansion of BSW/MSW Educational Collaborative.
3. Develop and fund a child welfare case management and information system to track outcomes for children and families.
4. Provide training resources to fully implement Multiple Response System. Training for social workers, supervisors, facilitators and community members in family centered practice.
5. Provide additional resources to fund Facilitators for Child and Family Teams to facilitate the meetings that address services, safety and permanence for children.
6. Conduct and fully fund a more thorough and detailed evaluation of MRS.
7. Provide additional resources to staff an MRS coordinator position at the Division of Social Services to fully support the work of the MRS counties.
8. Develop and implement a statewide strategy for the recruitment and retention of foster/adoptive parents to support Shared Parenting activities.
9. Proceed with statutory changes to implement MRS statewide with a delayed implementation date contingent upon resource capacity.

10. The Division of Social Services supports the policy recommendation by the Center for Child and Family Policy for a finding of “services received, no further services recommended.” A discussion with the MRS counties could effectuate this change.

\*Note: These recommendations are a result of discussions with the NC Division of Social Services, the 10 MRS counties and the Center for Child and Family Policy – Duke University.

# **APPENDICES**



## **Appendix 1:**

### **CHILD WELFARE SYSTEM PILOTS**

**SECTION 21.46.(a)** The Department of Health and Human Services, Division of Social Services, shall develop a plan, working with local departments of social services, to implement an alternative response system of child protection in no fewer than two and no more than 10 demonstration areas in this State. The plan should provide for the pilots to implement an alternative response system in which local departments of social services utilize family assessment tools and family support principles when responding to select reports of suspected child neglect.

**SECTION 21.46.(b)** The Department of Health and Human Services shall develop data collection processes that would enable the General Assembly to assess the impact of these pilots on the following:

- (1) Child safety.
- (2) Timeliness of response.
- (3) Timeliness of service.
- (4) Coordination of local human services.
- (5) Cost-effectiveness.
- (6) Any other related issues.

**SECTION 21.46.(c)** The Department of Health and Human Services may proceed to implement this pilot program if non-State funds are identified for this purpose to implement this pilot program if non-State funds are identified for this purpose.

**Appendix 2:**

**CHILD WELFARE SYSTEMS PILOTS REPORTS**

**SECTION 10.33. (a)** Section 21.46(a) of S.L. 2001-424 reads as rewritten:

"SECTION 21.46.(a) The Department of Health and Human Services, Division of Social Services, shall develop a plan, working with local departments of social services, to implement an alternative response system of child protection in no fewer than two and no more than 10 demonstration areas in this State. The plan should provide for the pilots to implement an alternative response system in which local departments of social services utilize family assessment tools and family support principles when responding to selected reports of suspected child ~~neglect.~~ neglect and dependency."

SECTION 10.33.(b) The Department of Health and Human Services shall report on any activities conducted under Section 21.46 of S.L. 2001-424 to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division not later than April 1, 2003.

### **Appendix 3**

#### **CHILD WELFARE SYSTEM PILOTS SYSTEM**

**SECTION 10.56.(a)** The Department of Health and Human Services, Division of Social Services, shall continue working with local departments of social services to implement an alternative response system of child protection in no fewer than 10 and no more than 33 demonstration areas in this State. The Division of Social Services may exceed the maximum number of demonstration areas if a county specifically requests inclusion and the Division determines that resources are available. The demonstration projects in place in the 2003-2004 fiscal year shall continue. The alternative response system shall provide for a family-centered approach to child protective services which local departments of social services utilize family assessment tools and family support principles when responding to selected reports of suspected child neglect and dependency.

**SECTION 10.56.(b)** The Department of Health and Human Services shall evaluate the original pilot demonstration areas to determine the impact the alternative response system to child protective services has had in the following areas:

- (1) Child safety.
- (2) Timeliness of response.
- (3) Timeliness of service.
- (4) Coordination of local human services.

**SECTION 10.56.(c)** The Department of Health and Human Services shall proceed to expand this demonstration project if non-State funds are identified for this purpose.

**SECTION 10.56.(d)** The Department of Health and Human Services shall report on the outcome of the evaluation of the original pilot demonstration areas pursuant to subsection

(b) of this section and the expansion of the demonstration areas. The Department shall make recommendations for statewide implementation of an alternative response system to child protective services. The report shall include any statutory changes required for full implementation. Any recommendations for statutory changes contained in the report shall be eligible for consideration by the 2003 General Assembly in the 2004 Regular Session. The report shall be submitted to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division not later than April 1, 2004.

## Appendix 4

### **7B-101: Definitions.**

As used in this Subchapter, unless the context clearly requires otherwise, the following words have the listed meanings:

(1) Abused juveniles. - Any juvenile less than 18 years of age whose parent, guardian, custodian, or caretaker:

- a. Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- b. Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- c. Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- d. Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178 and G.S. 14-179; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile

as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1, regardless of the age of the parties;

- e. Creates or allows to be created serious emotional damage to the juvenile; serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others; or
- f. Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

## **Appendix 5:**

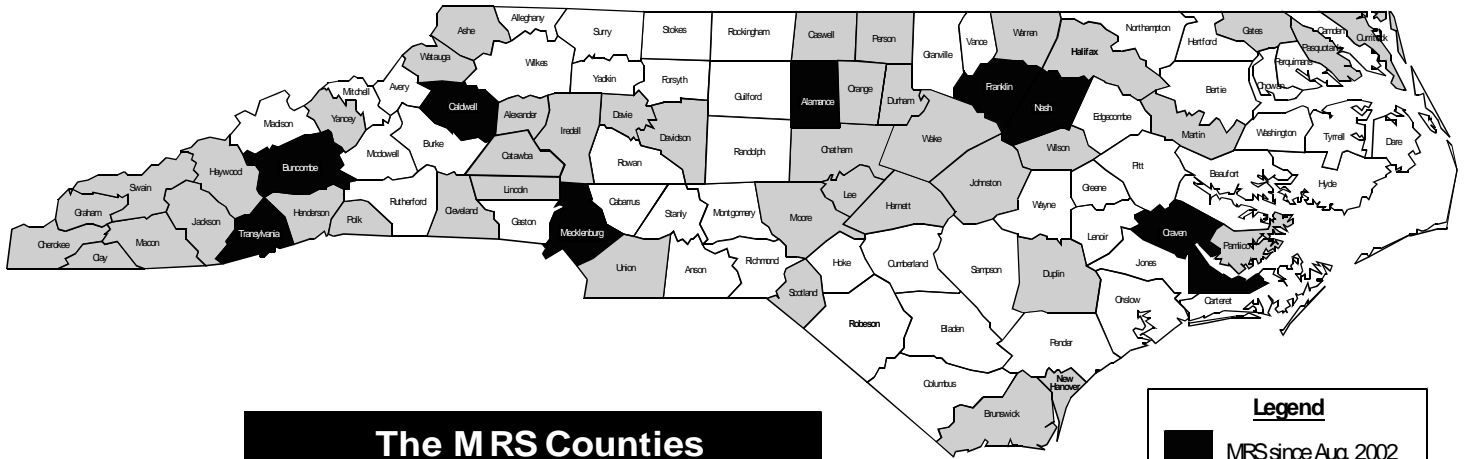
### **7B-101. Definitions.**

As used in this Subchapter, unless the context clearly requires otherwise, the following words have the listed meanings:

(9) Dependent juvenile. - A juvenile in need of assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian is unable to provide for the care or supervision and lacks an appropriate alternative child care arrangement.

(15) Neglected juvenile. - A juvenile who does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker; or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile's welfare; or who has been placed for care or adoption in violation of law. In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home.

## North Carolina Counties Involved in the Multiple Response System as of Sept. 2003



<b>The MRS Counties</b>	
Counties involved in MRS since Aug. 2002:	10
Counties involved in MRS since Sept. 2003:	42
Total number of MRS counties:	52

<u>Legend</u>	
<span style="display: inline-block; width: 15px; height: 15px; background-color: black; border: 1px solid black;"></span>	MRS since Aug. 2002
<span style="display: inline-block; width: 15px; height: 15px; background-color: grey; border: 1px solid black;"></span>	MRS since Sept. 2003
<span style="display: inline-block; width: 15px; height: 15px; background-color: white; border: 1px solid black;"></span>	Not yet MRS

<b>2003 MULTIPLE RESPONSE BUDDY COUNTY ASSIGNMENTS</b>				
<i>(Original 2002 Pilot Counties in Italic)</i>				
<i>Alamance</i> Caswell Person Orange Durham	<i>Bladen</i> Brunswick Duplin Pamlico Scotland	<i>Buncombe</i> Henderson Yancey Polk	<i>Caldwell</i> Alexander Ashe Lincoln Watauga	<i>Craven</i> Martin New Hanover Wilson
<i>Franklin</i> Harnett Johnston Lee Moore Warren	<i>Guilford</i> Chatham Davidson Davie Wake	<i>Mecklenburg</i> Catawba Cleveland Iredell Union	<i>Nash</i> Currituck Gates Halifax Pasquotank	<i>Transylvania</i> Clay Cherokee Graham Haywood Jackson Macon Swain