

School Based Child & Family Support Teams Initiative

Tony Troop

Program Development Coordinator
Child & Family Support Teams Initiative
NC Division of Public Health
Women's and Children's Health Section

What is the CFST Initiative?

A DPI/DHHS joint initiative developed to help at-risk children avoid failure in school and out-of-home placement by coordinating services among education, health, mental health, juvenile justice and social service agencies.

Why Care?

- Well Being = Academic Success
 - Hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.¹
 - Substance use, violence, and physical inactivity linked to academic failure, and often affect students' school attendance, grades, test scores, and ability to pay attention in class.²⁻⁸
 - Academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.⁹⁻¹³

Other Reasons to Care

- Academic Success = Health
 - High school graduates:
 - have better health₁₄
 - lower medical costs₁₅
 - live six to nine years longer₁₆
 - less likely to commit crimes₁₇
 - less likely to rely on government services₁₈₋₁₉
 - more likely to raise healthier, better-educated children₂₀

“Connection” statistics provided by Sarah Langer (NC DPI HIV/AIDS Policies and Programs Consultant) 919-807-3867 slanger@dpi.state.nc.us

<http://www.nchealthyschools.org/data/yrbs>

CFST Mandates:

- **Mandated and guided by legislation**
 - Session Law 2005-276 (2005 Appropriations Act)
 - <http://www.ncleg.net/Sessions/2005/Bills/Senate/HTML/S622v9.html>
 - Session Law 2007-323 (2007 Appropriations Act)
 - Only change in 2007 from 2005 is to require the director of a school-based or school-linked health center as a member of the Local Advisory Committee
 - <http://www.ncleg.net/Sessions/2007/Bills/House/PDF/H1473v10.pdf>

What are the mandates?

([“CFST in the 2007 Appropriations Act”](#) Handout)

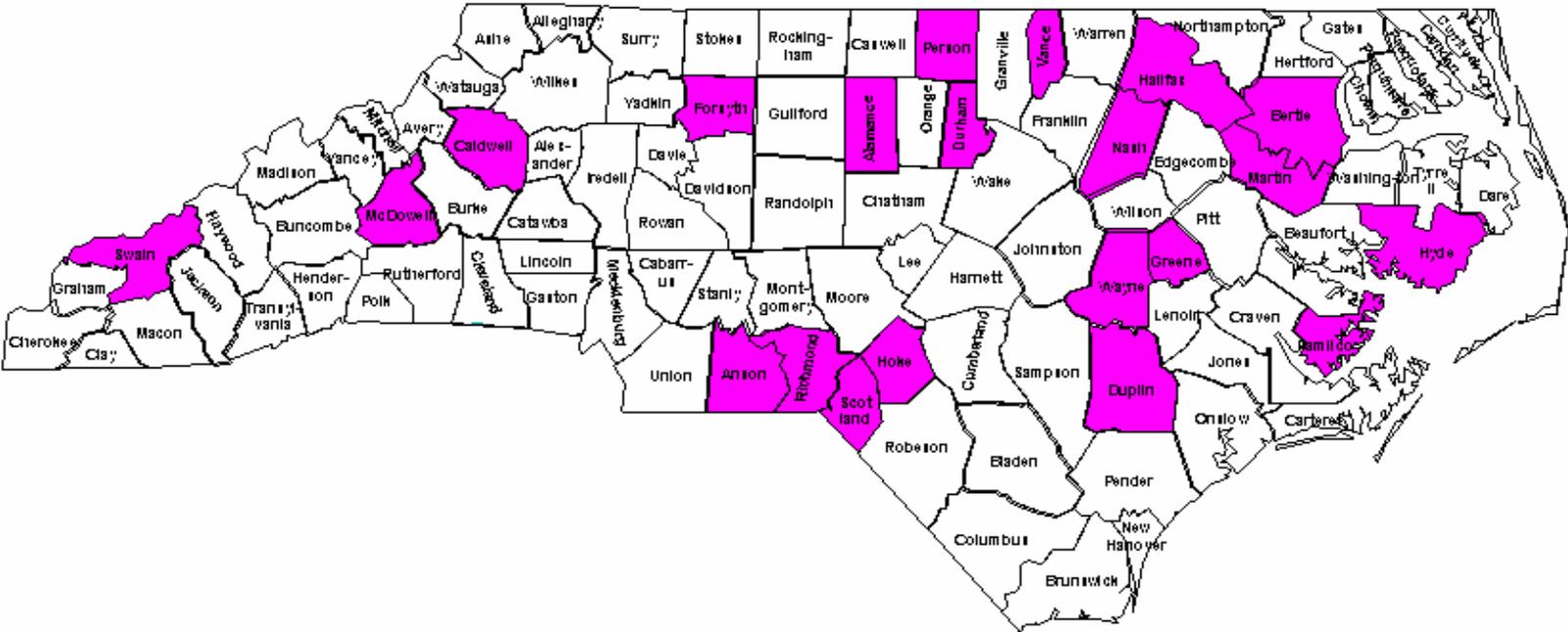
❖ Local Level Responsibilities:

- Establish the Initiative at designated schools
- Appoint the CFST Leaders who must be school nurses and a school social workers
- LME appoint a Care Coordinator
- DSS appoint a Facilitator
- Provide data for inclusion in 2 x per year legislative reports
- Develop a Local Advisory Committee to work with the Initiative

CFST is 100 Teams in 21 LEAs & 103 Schools

- Alamance/Burlington (7 Teams)
- Anson (5 Teams)
- Bertie (4 Teams)
- Caldwell (5 Teams)
- Duplin (6 Teams)
- Durham (7 Teams)
- Forsyth (7 Teams)
- Greene (4 Teams)
- Halifax (4 Teams)
- Hoke (4 Teams)
- Hyde (2 Teams in 3 schools)
- Martin (4 Teams)
- McDowell (4 Teams)
- Nash-Rocky Mount (4 Teams)
- Pamlico (4 Teams)
- Person (3 Teams)
- Richmond (4 Teams in 6 schools)
- Scotland (7 Teams)
- Swain (3 Teams)
- Vance (6 Teams)
- Wayne (6 Teams)

School Based Child & Family Support Team Local Education Agencies Site Map

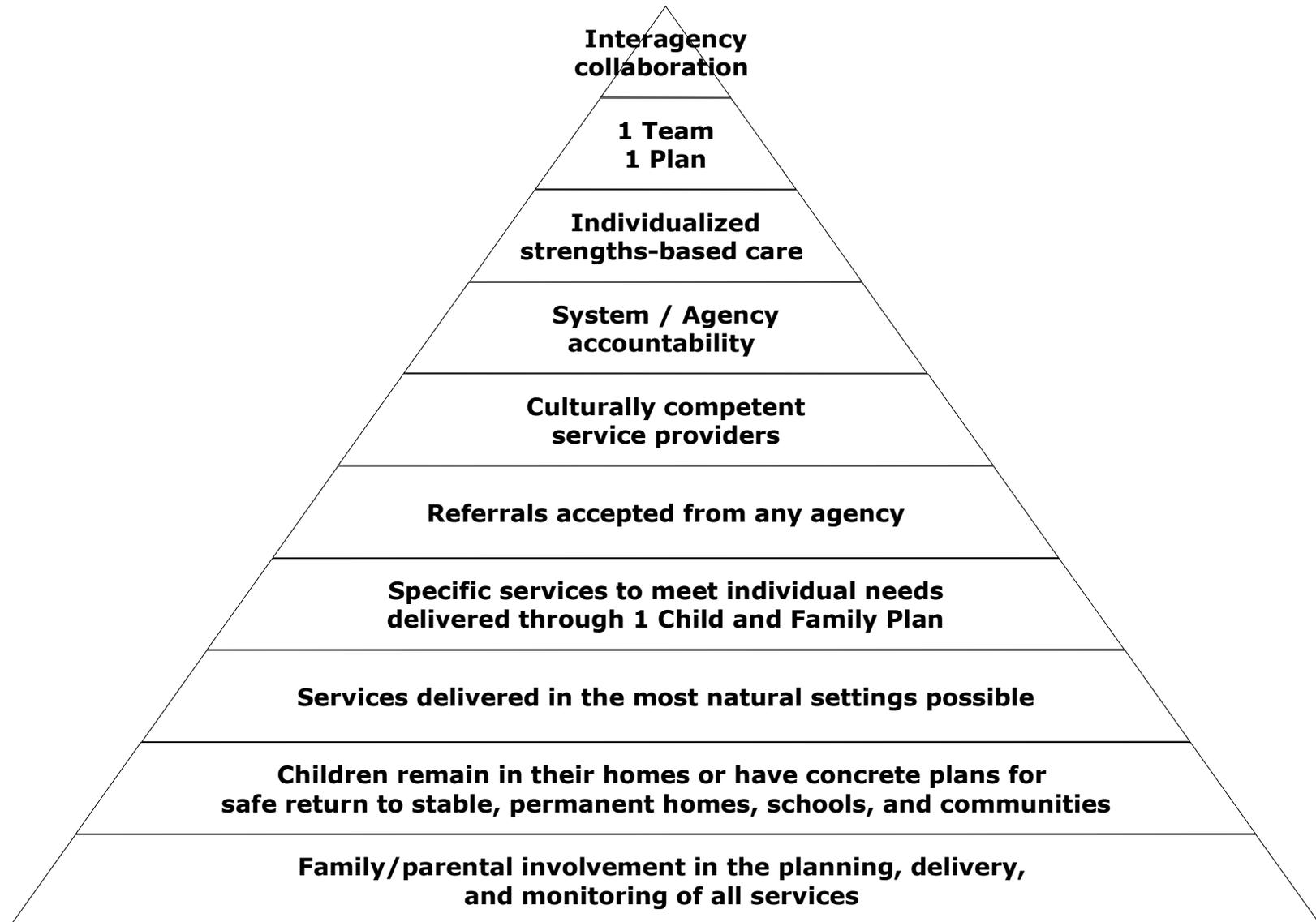


Mandates Continued:

❖ Individual Responsibilities:

- The CFST funded nurses and social workers must:
 - ❑ Only serve students in their assigned schools
 - ❑ IDENTIFY students most at risk of academic failure or out-of-home place due to social, legal, mental health, physical health, academic, developmental reasons
 - ❑ CONDUCT strengths-based family centered holistic assessments
 - ❑ COLLABORATE with other agencies to provide in-depth case management services to assure the needs of students are adequately met
 - Services planned through the use of Child & Family Team Meetings
 - Services provided by the agency most suited to fill the primary unmet needs identified during the assessment (See “Interagency Connections” Handout):
 - » 22 County DSSs (12 state funded DSS Facilitators)
 - » 12 Local Management Entities (18 state funded LME Care Coordinators)
 - » 22 Local Health Departments (no state funded positions)
 - » 18 Department of Juvenile Justice / Delinquency Prevention Districts (no state funded positions)

Methods focus on values



CFST Flow...

1. Referral or Identification of Need

1. Focus on finding the most at-risk students

2. School Records Review and Screening

1. Ascertain whether or not the student is academically at-risk and/or already receiving appropriate services

3. Partner with the Family

1. Strengths-Based Assessment
2. Initial Service Planning
 1. CFT Meeting
3. On-Going Case Management
 1. Organized and led by the appropriate child-serving agency
4. Case Closure

CFT Meeting Definition

Child and Family Team Meetings are times when family members and their community supports come together to ***create, implement and update*** a plan ***with*** the child, youth/student and family. The plan builds on the strengths of the child, youth and family and addresses their needs, desires and dreams.

- *Endorsed by the NC State Collaborative for Children, Youth and Families, December 2007*
- *NC Families United Newsletter, January 2008*

What is a Child & Family Team Meeting in the CFST?

1. A legislatively required team planning and decision-making process that:
 1. Acknowledges the parents, caregivers and students as the experts in their individual situations
 2. Includes the CFST nurses and social workers, service providers / agencies, extended family, friends, and other community supports in team decision making
 1. No mandated members, except the family and therefore must be held at times and in places that supports their attendance
 3. Planned and facilitated by the identified “lead agency”
 4. Stays involved with the family as long as the student needs the services.
 5. Addresses the family’s strengths and needs and how these impact the student’s education and permanence.
 6. Addresses what needs to occur to help the family educate and care for their children.
 1. Develops the unified Child & Family Plan
Is **with** the family as partners, not about them as service recipients.

CFST Reporting Requirements

- NC Child and Family Leadership Council must report semiannually:
 - January 1 and July 1
 - On progress made and goals achieved in the CFST
 - To the Office of the Governor, the Joint Appropriations Committees and Subcommittees on Education, Justice and Public Safety, and Health and Human Services, and the Fiscal Research Division of the Legislative Services Office.

- All reports (since 1/1/2006 may be found on the CFST DHHS web site

Information Required by Legislation

- The number of and other demographic information on children screened and assigned to a team
- A description of the services needed by and provided to these children;
- The number of and information about children assigned to a team who are placed in programs or facilities outside the child's home or outside the child's county and the average length of stay in residential treatment;
- The amount and source of funds expended to implement the Initiative;
- Information on how families and consumers are involved in decision making throughout service planning, delivery, and monitoring;
- Other information as required by the Council to evaluate success in local programs and ensure appropriate outcomes; and
- Recommendations on needed improvements.

Unique Aspects of CFST Evaluation

- Independent evaluation funded by DHHS contract
- Participatory action research model involves all relevant stakeholders
- Administrative data from key agencies linked through a FERPA compliant process:
 - DPI, DSS, DJJDP, and the CFST case management system
- This linking provides:
 - Access to Pre-existing Data
 - Reduces data entry burden on staff
 - Information on the most important outcomes
 - Control Group
 - Students from other counties
 - Students from the same school over time

CFST Related Web Sites:



CFST Program @

<http://www.ncdhhs.gov/childandfamilyteams/index.htm>



CFST Evaluation @

<http://www.duke.edu/web/cfst-eval/index.html>

CFST State Staff:

➤ Tony Troop, Program Development Coordinator

 (919) 707-5516 (office)

 (919) 218-6913 (mobile)

 Tony.Troop@ncmail.net

➤ Cathy Daniels, Administrative Assistant

 (919) 707-5605

 Cathy.Daniels@ncmail.net

➤ Stephanie Nantz, Staff for the NC Child and Family Leadership Council (Ass't Director NC Youth Advocacy and Involvement Office)

 (919) 789-5880

 Stephanie.Nantz@doa.nc.gov

Duke Center for Child and Family Policy

CFST Evaluation Team:

- o Dr. Beth Gifford, Lead Investigator

 (919) 613-9294

 beth.gifford@duke.edu

- o Dr. Joel Rosch, Senoir Research Scholar

 (919) 613-9291

 jbrrosch@duke.edu

- o Audrey Foster, Data Technician

 (919) 613-9307

 audrey.foster@duke.edu

- o Dr. Leslie Babinski, Research Analyst

 (919) 613-9296

 lb107@duke.edu

- o Dr. Yu Bai, Statistician

 (919) 613-6408

 yb17@duke.edu

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