Dear County Director of Social Services of: Alamance, Anson, Bertie, Caldwell, Duplin, Durham, Forsyth, Halifax, Hoke, Hyde, Greene, Martin, McDowell, Nash, Person, Pamlico, Richmond, Scotland, Swain, Vance, and Wayne Counties

Subject: School Based Child and Family Support Team Initiative

This past session, the General Assembly appropriated $420,804 for 12 positions to facilitate Child and Family Team meetings in county departments of social services to support the School Based Child and Family Support Team Initiative. Regrettably, there is not sufficient funding to support all 21 counties. The Division in collaboration with NCACDSS, Child Welfare Funding Committee, has determined to provide the funding to the 12 counties who are not IV-E Waiver counties since the Waiver counties can hire facilitators under the Waiver.

There has been some misunderstanding regarding the hiring of facilitators under the Waiver, and the Division clearly supports the hiring of new facilitator positions as it supports the outcomes of the Waiver which are: reduce the rate of initial entry into foster care, reduce the length of stay in foster care, reduce the rate of recidivism, reduce the number of placements in foster care, and reduce the rate of maltreatment in foster care. The 12 counties identified will receive an equal amount of the $420,804 to establish new facilitator positions immediately and the state funds will be distributed through EFT (electronic funds transfer). It is anticipated that due to the families served, IV-E Administrative funds can be used as match. Those 12 counties are Anson, Bertie, Duplin, Greene, Halifax, Hoke, Hyde, McDowell, Martin, Nash, Pamlico and Vance. The facilitators will assume the same role as all other DSS facilitators utilized through MRS.

The facilitators will be used in those cases where the schools involved with this initiative make child welfare referrals to DSS. There are no new expectations other than what has been identified through the implementation of MRS and the strategy of facilitating Child and Family Teams. The identified facilitators will be the point of contact.
Dear County Director

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for the school based nurses and social workers. They may be asked to attend meetings convened by others if there is an identified need by DSS. It could be that the family needs to know about the other services provided by your agency.

Those counties who have been identified to receive funding will need to submit the attached Terms and Conditions Statement to Candice Britt at 325 N. Salisbury Street, MSC #2439, Raleigh, North Carolina 27699-2439 by October 13, 2006 to verify their intent to use the funding to hire a facilitator to support the School Based Child and Family Support Team Initiative.

If you have any questions, please contact Candice Britt at 919-733-7831 or e-mail her at Candice.Britt@ncmail.net.

Sincerely,

JoAnn Lamm
Deputy Director

JAL:law

Attachment

Cc: Sherry Bradsher
Sarah Barham
LBL’s
FS & CWS Team leaders
Nancy Coston, Chair of the Child Welfare Funding Committee
Susan Osborne, NCACDSS President
Tony Troop, School Based Child and Family Support Team Coordinator

DIR-02-2006
Terms and Conditions Statement for ________________ County

By signing this statement, I agree to establish a new position and employ a Facilitator to support the School Based Child and Family Support Team Initiative.

1. I understand that this position will serve as the contact person for the Initiative.

2. I understand that the Facilitator will convene and facilitate Child and Family Teams. These team meetings are the same as all other Child and Family Team meetings under MRS. The only difference is when the school involved in this Initiative makes referrals to child welfare, this identified Facilitator must convene the team.

3. This position will assume the responsibility to collect any required documentation as it becomes needed through the Initiative.

4. I understand that the Facilitator will participate in any required training to enhance collaboration with the Initiative.

I plan to establish the position by ____________________________ (please provide date).

Signed: ______________________________
DSS Director

Date: ______________________________