

## Frequently Asked Questions

### Q. What is MRS?

A. “North Carolina’s Multiple Response System (MRS) is our state’s on-going effort to reform the entire continuum of child welfare services, beginning with the first report of concerns about a child and his or her family and continuing all the way through the finding of a permanent home for those children who enter foster care.

MRS, as a reform effort, is not one single program. Rather, it is comprised of seven separate strategies delivered to families through a practice model grounded in the use of Family-Centered practice and System of Care principles.

North Carolina’s child welfare reform is based upon the application of Family-Centered principles of partnership used throughout the seven strategic components of MRS. Each of the seven strategies, when implemented to its fullest, has the potential for tremendous benefit for the county departments of social services and North Carolina families.”

For more information: A chart that thoroughly explains and demonstrates each strategy including the intended impact on North Carolina’s families and social work practice is located at <http://www.dhhs.state.nc.us/dss/mrs/index.htm>.

### Q. What is a PRTF?

A. Psychiatric Residential Treatment Facilities (PRTF) provide non-acute inpatient facility care for people with a mental illness and/or substance abuse/dependency in need of 24-hour supervision and specialized interventions.

For more information:

<http://www.dhhs.state.nc.us/dma/services/prtfservices.html>

### Q. Is there a designated form used to document Strengths, Needs, & Culture Discoveries in North Carolina?

A. No. CFT Facilitators may use whichever form they choose.

Key headings for recording a SNCD would include:

- Strengths/Culture
- Needs/Concerns
- Significant Life Events
- Potential Resource People
- Questions/Need More Information

**Q. What happens when a family doesn't want someone on the team who is mandated to be there?**

A. Remember that the family is empowered to select the individuals they want to participate on the Team, unless the youth is in custody. If they are in state custody, the system shares this decision with the family at whatever level is appropriate for the safety of the youth and community.

If a youth or family member has concerns about someone being on the CFT, talk with them to better understand their concerns and problem-solve. If appropriate, point out that welcoming the inclusion of a legally mandated person may be the best way to resolve the issues that created their mandated participation.

**Q. Who is supposed to facilitate CFT meetings?**

A. An effective CFT meeting includes several operational tasks, like facilitation, note taking and time keeping. Some CFTs also have members take turns bringing snacks or candy. In order to reduce the burden on any one person, roles and functions should be shared. In addition to sharing their particular expertise with the team, each member's skills (facilitating, note taking, etc.) should be used effectively.

Though operational tasks are typically shared amongst team members, one person is designated as the single point of accountability for CFT coordination and management – the CFT Facilitator. This is helpful given the number of individuals/agencies that join together to work as a Team; and, given the commitment to lift the coordination role off the shoulders of the family.

The CFT Facilitator role is typically filled by a professional that is already responsible for providing the primary 'case management' functions for the youth/family from a mental health provider agency, from a school, from YFS, or another service agency. There are times when the Facilitator role is filled by other CFT members (e.g. a natural support within the family or community, or they youth, the parent, etc.).