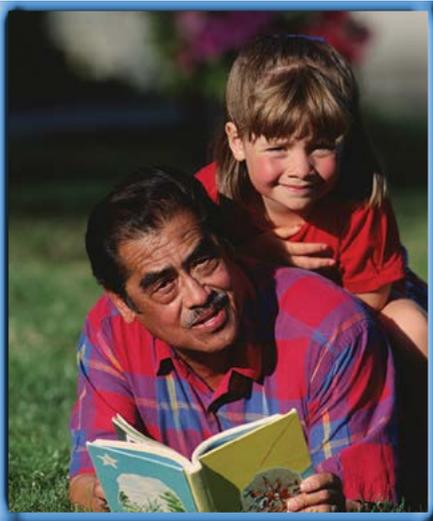




2015 - 2019

# Minnesota Child and Family Services Plan

Submitted June 30, 2014



Minnesota Department of **Human Services**  
Child Safety and Permanency Division

**This information is available in accessible formats for individuals with disabilities by calling 651-431-4671 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.**

## Contents

2015-2019 Child and Family Services Plan.....	4
1. General Information .....	4
State Agency Administering the Programs .....	4
Vision Statement.....	5
Collaboration.....	5
2. Assessment of Performance .....	6
Child and Family Outcomes .....	6
Safety Outcome 1.....	6
Safety Outcome 2.....	8
Permanency Outcome 1 .....	10
Permanency Outcome 2 .....	14
Child Well-being Outcome 1 .....	16
Child Well-being Outcome 2 .....	18
Child Well-being Outcome 3 .....	19
Systemic Factors .....	21
Information System.....	21
Case Review System.....	22
Quality Assurance/Continuous Quality Assurance System.....	25
Staff Training.....	29
Service Array .....	31
Agency Responsiveness to the Community .....	33
Foster and Adoptive Parent Licensing, Recruitment, and Retention .....	34
3. Plan for Improvement.....	36
Goals, Objectives and Measures of Progress.....	36
Goal1: Racial and ethnic equity exists for children in the child welfare system. ....	36
Objective 1.1: Decrease the disparate number of American Indian children and children of color in out-of-home placement.....	36
Objective 1.2: Increase access to strength-based early intervention services for American Indian families and families of color. ....	37
Objective 1.3 Reduce the racial and ethnic disproportionate application of discretionary assignment to investigation response.....	37
Goal 2: Children in the child welfare system have stable placement experiences and timely permanency. ....	38
Objective 2.1: Lower the rate of foster care re-entry.....	39
Objective 2.2: Increase placement stability for children who experience out-of-home placement. ....	39
Objective 2.3: Improve permanency for older youth waiting for adoption. ....	40
Objective 2.4: Improve permanency for all children waiting for adoption .....	40
Objective 2.5: Increase use of relative placements for foster care .....	40
Goal 3: Children and families receive quality services based on a Continuous Quality Improvement System for the state, counties and tribes. ....	42
Objective 3.1: Enhance Minnesota’s QA/CQI system based on feedback received from ACF, review of additional sources of information (e.g. NAPCWA), and ongoing assessment of the CQI system. .	43
Goal 4: All children in foster care are visited by their caseworker at a frequency that meets their needs, at a minimum of once a month. ....	44
Objective 4.1: Improve the frequency of caseworker face-to-face visits with children in out-of-home placement. ....	44
Goal 5: Assessments and investigations are initiated in a timely manner for accepted child maltreatment reports. ....	46

Objective 5.1: Improve timeliness of initiating assessments and investigations .....	47
Goal 6: Children who have experienced trauma related to child maltreatment reach optimal social and emotional well-being. ....	48
Objective 6.1: Increase rate of Children’s Mental Health screening rates for eligible children.....	49
Objective 6.2: Increase rate of physical health exams for children in care. ....	49
Objective 6.3: Reduce the time that children age birth to age five spend in foster care.....	49
Staff Training, Technical Assistance and Evaluation .....	50
Implementation Supports .....	51
4. Services .....	52
Child and Family Services Continuum .....	52
Child Abuse and Neglect Prevention, Intervention, and Treatment Services .....	52
Foster Care .....	55
Family Preservation Services .....	56
Family Support Services .....	57
Services to Support Reunification, Adoption, Kinship Care and Independent Living .....	59
Well-being .....	61
Service Coordination.....	63
Service Description .....	64
Service Decision-making Process for Family Support Services .....	64
Populations at Greatest Risk of Maltreatment .....	65
Services for Children Under Age 5 .....	66
Services for Children Adopted from Other Countries.....	71
5. Consultation and Coordination Between States and Tribes .....	72
6. Chafee Foster Care Independence Program (CFCIP) .....	76
Agency Administering CFCIP .....	76
Description of Program Design and Delivery .....	76
Serving Youth Across the State .....	78
Serving Youth of Various Ages and States of Achieving Independence .....	79
Collaboration with Other Private and Public Agencies.....	81
Determining Eligibility for Benefits and Services .....	83
Cooperation in National Evaluations .....	84
Education and Training Vouchers (ETV) Program.....	84
Consultation with Tribes .....	86
CFCIP Program Improvement Efforts.....	87
CFCIP Training .....	87
7. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits.....	88
8. Adoption Incentive Payments.....	88
9. Child Welfare Waiver Demonstration Activities .....	89
10. Targeted Plans within the CFSP .....	89
Foster and Adoptive Parent Diligent Recruitment Plan.....	89
Health Care Oversight and Coordination Plan .....	92
Disaster Preparedness Plan .....	100
Training Plan .....	102
Financial Information.....	102
PAYMENT LIMITATIONS – Title IV-B, subpart 1 .....	102
PAYMENT LIMITATIONS – Title IV-B, subpart 2 .....	102
Allocations of Title IV-B, Subpart 2, Funds.....	102
Non-supplantation Requirement.....	103

# 2015-2019 Child and Family Services Plan

## 1. General Information

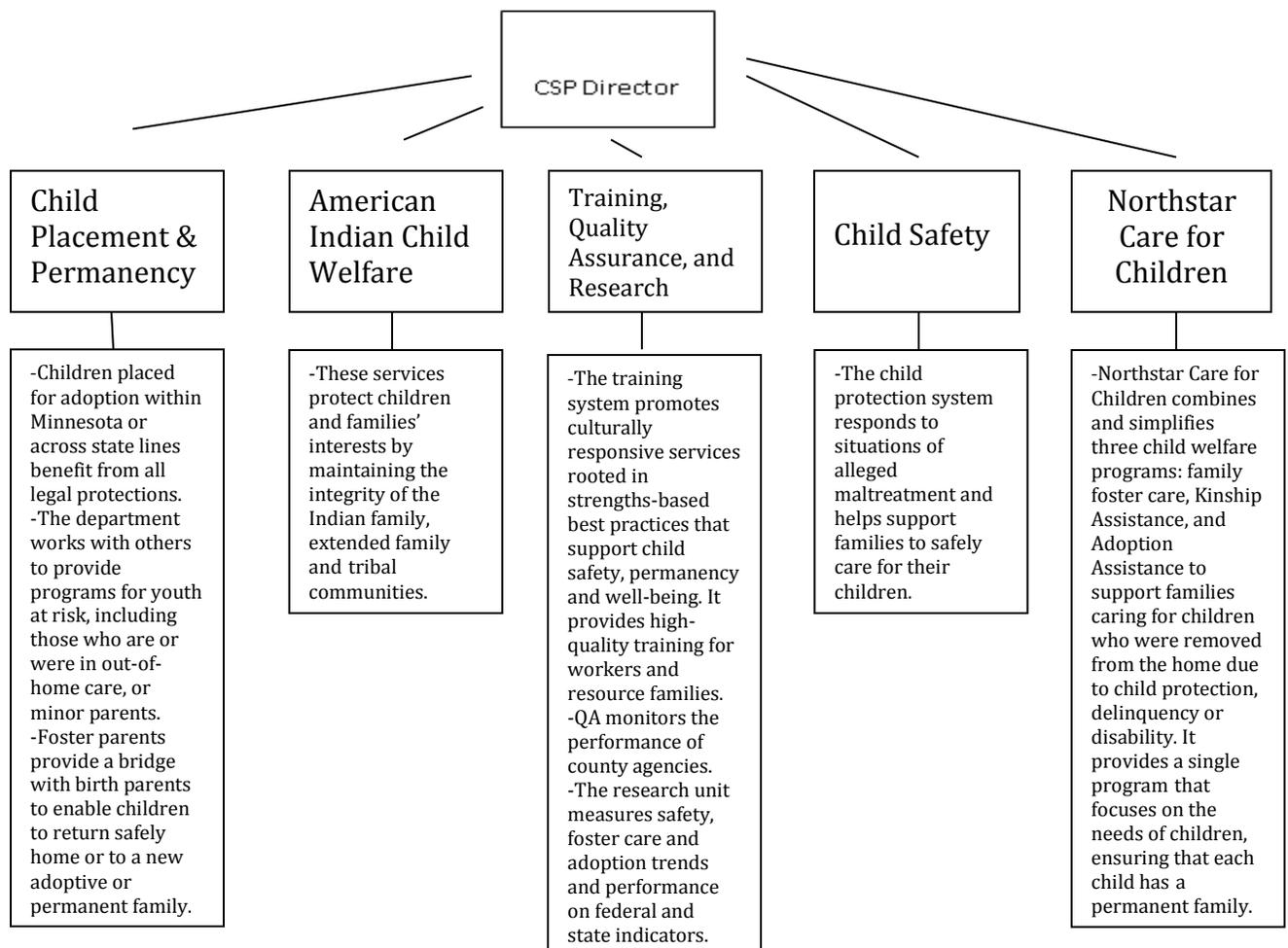
### *State Agency Administering the Programs*

The Minnesota Department of Human Services (department) helps provide essential services to Minnesota's most vulnerable residents. Working with many others, including counties, tribes and non-profits, the department helps ensure that children and families, seniors, people with disabilities, and others meet their basic needs and have the opportunity to reach their full potential.

While the vast majority of human services in Minnesota are provided by county and tribal partners, the department (at the direction of the governor and legislature) sets policies and directs the payments for many of the services delivered. As the largest state agency, the department administers about one-third of the state budget.

The department administers or supervises the administration of all programs under titles IV-B and IV-E of the Social Security Act, and the Social Services Block Grant program under Title XX of the Social Security Act, and this plan.

The Child Safety and Permanency Division (CSP) is responsible for the operation and administration of the Child and Family Services Plan (CFSP).



## ***Vision Statement***

*Children in Minnesota will be safe from abuse and neglect  
and nurtured in healthy and stable families.*

To realize this vision, the Minnesota Department of Human Services' (the department) policies, practices, activities, and allocation of resources will be directed toward achieving a child welfare system in which:

- Communities are engaged with child protection agencies as partners to protect children and support families
- Families are engaged with the child protection agency and community as partners in addressing safety concerns
- Children and families have access to a continuum of responses and services that are tailored to meet their unique needs
- Children and families receive services necessary to address child safety and family stability
- Children and families receive fair and respectful treatment and experience equitable outcomes regardless of race, ethnicity, socioeconomic status or where they live
- Children are safely maintained in their families and communities with meaningful connections, culture, and relationships preserved and established
- Minnesota's public child welfare staff is a diverse, professionally competent team that supports strength-based practice and demonstrates inclusiveness at all levels.

## ***Collaboration***

Ongoing collaboration continues with a broad representation of internal and external stakeholders who represent the spectrum of the statewide child and family service delivery system. Through this work shared goals are identified and strategies are developed to increase the safety, permanency, and well-being of children in the child welfare system.

Substantial, ongoing and meaningful collaboration with Child and Teen Check-up staff, Social Service Information System (SSIS), Children's Research and Reporting staff, Citizen Review Panels, Minnesota Fathers and Families Network, and courts through the Children's Justice Initiative (CJI) will continue. Other stakeholders listed are consulted on an ongoing basis because their input is critical to program development. This stakeholder involvement is the key to assuring that the direction of program efforts stays focused on goals and objectives that are relevant, based on real data, and consider the agencies' strengths and areas needing improvement.

The department's collaboration with the state court system is the Children's Justice Initiative (CJI). The CJI Advisory Committee, which meets quarterly, is co-chaired by the commissioner of the Minnesota Department of Human Services and the Chief Justice of the Supreme Court. Advisory committee members include the Child Safety and Permanency Division director and the assistant commissioner of the Children and Family Services Administration, Minnesota Department of Human Services. The CJI Advisory Committee sets priorities and directs activities throughout the year. Priority areas include:

- Implement data sharing between social services and courts to improve analysis of child outcome data
- Improved kinship/relative engagement and placement
- Meeting the needs of older youth in care and in transition, including 18-21 extended foster care
- Improved educational and health planning for children and youth in foster care
- Collaboration with Minnesota tribes.

Every two years, the CJI convenes regional trainings throughout the state for local CJI teams. These trainings generally reach more than 1000 participants and cover best practices in child welfare and the courts to address priority areas. Every two years, alternating with the years when regional trainings take place, a fall conference brings together CJI teams in a central location. The agenda includes presentations on evidence-based and emerging practices.

## 2. Assessment of Performance

### *Child and Family Outcomes*

#### **Safety Outcome 1**

**Data:**

Minnesota performance on Federal Data Indicators (source: June 11, 2014, Data Profile):

Federal Indicator	Federal Fiscal Year 2012ab:	Federal Fiscal Year 2013ab:
Absence of Maltreatment Recurrence (Standard: 94.6%)	96.2%* (2152/2238)	96.5%* (1968/2039)
Absence of Child Abuse and/or Neglect in Foster Care (Standard: 99.68%)	99.59% (10,597/10,641)	99.75%* (10,980/11,008)

### **Partners and Stakeholders**

Administration of Children and Families •Citizen Review Panels  
 •Child Mortality Review Panel  
 •Metro county human services supervisors •Regional supervisor groups •Minnesota Association of County Social Services Administrators, Children's Committee •Indian Child Welfare Act Advisory Committee  
 •Children's Trust Fund •County staff and administration •Tribal representatives •University of Minnesota •Minnesota State Colleges and University System  
 •Children's Justice Initiative •State Ombudspersons for Families (Latino, African American, American Indian, Asian, et. al.)  
 •Community service providers  
 •Former foster youth •Juvenile corrections •Minnesota Fathers and Families Network •Minnesota Foster Parent Association •Social Service Information System  
 •Partnerships for Child Development •Licensing  
 •Children's Research and Reporting  
 •Transition to Economic Stability  
 •Health care policy •Child and Teen Check-up staff •African American Disparities Committee •Parent Leaders for Child Safety and Permanency •Prevent Child Abuse MN •Youth Councils •Parent Leaders

\*Indicates substantial conformity

- 2013 MnCFSR data:
  - Safety Outcome 1: 62.6 percent (82/131) of cases reviewed were rated as substantially achieved
  - Item 1 (Timeliness): 62.6 percent (86/131) of cases were rated as a strength
  - Item 2 (Repeat Maltreatment): 92.59 percent (75/81) of cases were rated as a Strength
- In CY2013, 89.3 percent of screened in maltreatment reports were screened within the required 24 hours of receipt.
- In CY2013, Minnesota's performance specific to timeliness in response to child maltreatment was (source: Minn. Child Welfare Data Dashboard):
  - Family Investigation, substantial child endangerment: 70.2 percent of face-to-face contacts with alleged victims were made within statutory time frames (within 24 hours)
  - Family Investigation, non-substantial child endangerment: 84.9 percent of face-to-face contacts with alleged child victims were made within statutory timeframes (within five days)
  - Family Assessment: 73.2 percent of face-to-face contacts with alleged child victims were made within statutory time frames (within five days).

(Source: the department's Research and Evaluation Unit)

#### **Assessment of Strengths:**

- The department developed Child Maltreatment Screening Guidelines with input from county and tribal stakeholders and periodically reviews and revises this guide. The purpose of the Child Maltreatment Screening Guidelines is to provide direction to county/tribal social service agencies; to promote statewide consistency in definition and practice; and to inform the general public about types of child safety concerns that should be reported. These guidelines are based on Minn. Stat. 626.556, Reporting of Maltreatment of Minors Act. This guide was distributed statewide and is available via the public website.
- Minnesota requires county agencies to make screening decisions regarding new child maltreatment reports within 24 hours of receipt. Timely screening is frequently found to be a practice strength that leads to strong performance in MnCFSR Item One: Timeliness in Response to Child Maltreatment Reports. Agencies are more frequently moving to a team decision-making process as it relates to screening maltreatment reports.
- Minnesota's response continuum supports an immediate intervention for reports alleging egregious harm (substantial endangerment), up to five days for reports alleging non-substantial endangerment (investigative responses), and contact within five days for the Family Assessment response [Minn. Stat. 626.556, subd. 10 (h) (4) (i)]. Investigations result in a decision about the occurrence of child maltreatment and the need for protective services. These decisions are based on coordinated investigation efforts by child protection and law enforcement, and consultation with the county attorney occurring on an as-needed basis. Family

Assessments set aside fault finding and focus on non-adversarial family engagement and collaborative efforts to assure child safety and child and family well-being.

- Minnesota has prioritized timeliness of face-to-face contact and addresses performance through quarterly postings of data on the Child Welfare Data Dashboard and during the MnCFSR process. Additionally, quarterly Communities of Practice meetings are conducted by the department with local agencies throughout the state to strengthen response to child maltreatment reports and issues.
- Minnesota county and tribal agency staff indicates timeliness is a priority within their agencies; consistent supervisory oversight and monitoring positively impacts performance.
- Minnesota county and tribal agency staff address timeliness in response to child maltreatment reports in their local Program Improvement Plans if it falls below 90 percent in any response category.

### **Assessment of Concerns:**

- Given child welfare funding is not increasing, the capacity of many county and tribal agencies is stressed to maintain sufficient staff to comply with all requirements of the social service programs they manage, including child protection services and response timelines.
- Responding to reports received after business hours, on weekends and holidays is challenging for local agencies; however, local law enforcement is available to respond should an immediate safety concern arise for a child.
- When child maltreatment reports require a joint response with law enforcement, the logistics involved in arranging an investigation may delay meeting with a child and family.
- Locating families is, at times, challenging.
- Data quality may be a consideration for reporting performance on timeliness. Face-to-face and completed contacts need to be recorded for each child in an assessment case. If caseworkers do not record activity for each child in the assessment workgroup or record the actual date of contact, the report would under-represent performance.

## **Safety Outcome 2**

### **Data:**

2013 MnCFSR data:

- Safety Outcome 2: 59.4 percent (104/175) of cases reviewed were rated as substantially achieved
  - Item 3 (Services to Prevent Entry and Re-entry): 88 percent (132/150) of cases were rated as a Strength
  - Item 4 (Risk Assessment and Safety Management): 64.57 percent (113/175) of cases were rated as a Strength
- In CY2013, 75.5 percent of all accepted child maltreatment reports were assigned a Family Assessment Response (source: the department's Research and Evaluation Unit)
- In CY2013, Minnesota's rate of less than eight day placements was 19.8 percent (Source: Minnesota's Child Welfare Report 2013)

- Minnesota has experienced an overall decline in children entering out-of-home placement, despite a slight increase in overall children served. In CY2013, 6,218 unique children entered care, a reduction of 3 percent as compared to the 6,423 entering in CY2012 (source: the department's Research and Evaluation Unit)

### **Assessment of Strengths:**

- Minnesota has developed, and distributed statewide, a public child welfare Practice Model that identifies the outcomes, values, principles and skills necessary to assure child safety, permanency and well-being.
- Family Assessment is the preferred response when conditions of safety permit. [Minn. Stat. 626.556, subd. 1] The majority of reports accepted for a child protection response in Minnesota are assigned for a Family Assessment. Research concerning Minnesota families provides compelling evidence that most children are safer under a Family Assessment Response, especially when provided with needed resources and services.
- Research concerning differential response and the use of a strength-based, engagement-focused model whenever possible demonstrates improved outcomes for families, including reduced re-reporting rates, lower out-of-home placement rates and improved child and family well-being. Evaluation of the Family Assessment Response (FAR) by the Institute of Applied Research identified a reduction in subsequent reports of child maltreatment when the FAR response protocol was applied. This information is on the department's and IAR websites.
- Minnesota developed an "Engaging Families in Voluntary Child Welfare Services Practice Guide" (2011). This guide is intended to provide social workers involved with voluntary child welfare programs with strategies for engaging families during an initial outreach contact, as well as provide suggestions to help workers maintain family engagement and partnership after a family has agreed to accept services. Many of these strategies can apply when working with families referred to child protection and other social service programs, as well.
- Minnesota continues to build systemic capacity to increase community involvement in the prevention and early intervention of child maltreatment through Parent Support Outreach grants to counties and tribes. Continued use of family engagement strategies, including Signs of Safety and Family Group Decision Making, have had a positive impact on safely allowing children to remain in their own family networks.
- The Signs of Safety training initiative has been integrated into a broader cross-program practice sharing effort called Communities of Practice. The Communities of Practice training initiative brings practitioners from Signs of Safety, Family Group Decision Making, Family and Investigative Responses, and Parent Support Outreach Program together to share best practice. The focus is on direct practice, and sharing of actual work with families. Communities of Practice are supported through regional clinical sharing meetings, skill-based training, statewide conferences focused on practice-sharing, individual consultation and supervisory support.
- Minnesota has a significant disproportionate number of American Indian families involved in child protection. Efforts to address this disparity include the over-representation of American Indian families in Parent Support Outreach programming (PSOP) to provide early intervention services to deliberately address child maltreatment risks early, before they escalate into actual incidents of abuse

and neglect. Data from counties and tribal districts where PSOP access has been expanded for American Indian families will be tracked specific to any impact on the rates of screened in child maltreatment reports.

- Minnesota has enacted law that allows a parent or custodian to request that a child be placed with a relative or a designated caregiver instead of in a shelter care facility when a child is removed from the home by law enforcement.
- When post-investigation or assessment services are provided, county agencies target services to identified needs. Structured Decision Making (SDM) tools are completed and caseworkers, family and/or community workers continue to meet with a family until safety and risk issues are significantly mitigated to support case closing.
- The SDM “Family Reunification Tool” is being revised and training will be offered statewide. This tool guides decision making when determining the appropriateness of returning a child to their caregiver.
- In Minnesota in 2011, the Legislature passed the Safe Harbor for Sexually Exploited Youth Act. This law is critical in the battle to curb sex trafficking and ensure that minors sold for sex are treated as victims, and directed to child protection rather than being prosecuted as criminals. A statewide navigator system is being created; several shelters are currently being developed specifically for youth in need of safe shelter.

**Assessment of concerns:**

- Sometimes children are placed because their parents are incarcerated, or as a consequence related to truancy/runaway, or for other reasons not related to the parents’ capacity to properly care for their child.
- The range of placement prevention services varies considerably across counties.
- When children are receiving services from more than one program area, such as child protection, juvenile justice and mental health, the continuity of service delivery is at times disjointed. The roles and responsibilities of children, parents and service providers are not clearly defined, which may affect service delivery and outcomes for children.

**Permanency Outcome 1**

**Data**

Minnesota performance on Federal Data Indicators (source: June 11, 2014 Data Profile):

Federal Indicator	FFY2012ab	FFY2013ab	12-Months Ending 3/31/14 (13B14A)
C1.1: Exits to reunification in less than 12 months (Standard: 75.2 percent)	87.7%*	87.4%*	85.8%*
C1.2: Exits to reunification, median stay (Standard: 5.4 months)	4.3months*	4.8 months*	5.2 months*
C1.3: Entry cohort reunification in <12 months (Standard: 48.4 percent)	56.1%*	53.4%*	54.8%*

C1.4: Re-entries to foster care in <12 months (Standard: 9.9 percent)	27.3%	26.2%	25.2%
C2.1: Exits to adoption in <24 months (Standard: 36.6 percent)	52.2%*	51.5%*	55.1%*
C2.2: Exits to adoption, median length of stay (Standard: 27.3 months)	23.2 months*	23.6 months*	22.3 months*
C2.3: Children in care 17+ months, adopted by end of the year (Standard: 22.7 percent)	18.8%	21.4%	20.0%
C2.4: Children in care 17+ months achieving legal freedom within 6 months (Standard: 10.9 percent)	5.2%	4.7%	3.4%
C2.5: Legally free children adopted in <12 months (Standard: 53.7 percent)	42.0%	42.4%	39.8%
C3.1: Exits to permanency prior to 18 <sup>th</sup> birthday for children in care 24+ months (Standard: 29.1 percent)	20.4%	23.9%	19.5%
C3.2: Exits to permanency for children with TPR (Standard: 98.0 percent)	94.2%	97.1%	95.3%
C3.3: Children Emancipated Who Were in Foster Care for 3 Years or More (Standard: 37.5 percent)	36.7%*	29.7%*	30.5%*
C4.1: Two or fewer placement settings for children in care for <12 months (Standard: 86.0 percent)	83.3%	85.6%	86.4%*
C4.2: Two or fewer placement settings for children in care for 12 to 24 months (Standard: 65.4 percent)	56.7%	60.2%	61.6%
C4.3: Two or fewer placement settings for children in care for 24+ months (Standard: 41.8 percent)	33.4%	34.2%	34.0%

\*Indicates Standard (75<sup>th</sup> percentile) met

#### 2013 MnCFSR data:

- Permanency Outcome 1: 60 percent (45/75) of cases reviewed were rated as substantially achieved
  - Item 5 (Foster care re-entry): 83.3 percent (35/42) of cases rated as a strength
  - Item 6 (Placement stability): 68.0 percent (51/75) of cases rated as a strength
  - Item 7 (Permanency goal): 85.3 percent (64/75) of cases rated as a strength
  - Item 8 (Timeliness to reunification or permanent transfer of custody to relative): 74.0 percent (37/50) of cases rated as a strength

- Item 9 (Timeliness of adoption): 55.0 percent (11/20) of cases rated as a strength
- Item 10 (Timeliness of Other Planned Permanent Living Arrangement): 83.3 percent (5/6) of cases rated as a strength
- Sixty-six percent of foster parents who responded to a written survey (2010 – 2013) indicated that, overall, they were satisfied with the level of support that they receive from the county/tribe.

### **Assessment of strengths**

#### Minnesota:

- Has a very high rate of reunifying children within 12 months of placement. The state and its county partners have had a strong historical commitment to family preservation and the allocation of resources to maintain families. This commitment and related practices increase the potential for foster care re-entry.
- Conducted an analysis of children who re-entered placement following discharge and developed a Re-entry Brief that was distributed and discussed statewide. A state Re-entry roundtable was convened with three key counties. Action Plans were created to address performance.
- Developed a “Trial Home Visit Guide” to assist agencies to improve reunification planning, ensuring necessary supports/services are available, and providing guidance through this transition process.
- Continues to prioritize placement with relatives which positively impacts re-entry, stability of placement, and timeliness of permanency. Greater emphasis on matching child needs to provider knowledge, skills and experience has improved stability for children.
- The Department of Human Services and the Court Improvement project work closely together to ensure timely and appropriate permanency goals are developed, and children achieve permanency in a timely manner (see Case Review section in Systemic Factor Performance).
- Child Welfare Policy bill (2012) contained significant language to strengthen Concurrent Permanency Planning (CPP) practice. Some specific examples are:
  - The first permanency hearing for all children (not just children under age 8) in foster care would occur at six months rather than 12 months.
  - No later than three months after a child is ordered removed from a parent, the court shall review CPP practices regarding relative search, siblings and a foster home that is appropriate.
- Tracks the number of families with approved adoption home studies on the State Adoption Exchange, a Web-based system used to generate prospective matches between waiting children and home studied families. The department’s State Adoption Exchange is managed by the Minnesota Adoption Resource Network (MARN) under the MN ADOPT grant contract.
- Public/Private Adoption Initiative (PPAI) agencies have continued to provide child-specific recruitment services, resulting in placements of older youth and sibling groups into adoptive homes.
- MNADOPT staff respond to an average of 3,600 inquires per month about children listed on the State Adoption Exchange, adoption in general, post-adoption resources, referrals for services and training. MN ADOPT, along with other agency and county

partners. In addition, provides training and webinars to an average of 356 adoptive parents and professionals per month. MN ADOPT's website averages more than 120,000 views per month.

- Engages older youth in foster care placements through local agencies to ensure they are aware of their right to extended foster care, Education and Training Vouchers and independent living skills.
- Partnered with Casey Family Programs to facilitate Permanency Values training and the Permanency Roundtables (PRT) in a three-year project. Minnesota continues to conduct PRTs in an effort to move towards legal permanency for children in care for extended periods of time; some counties are engaged in internal PRT processes with technical support from department staff. To date, nine counties have participated in the state-facilitated PRT process.
- Passed Northstar Care for Children in the 2013 legislative session; implementation is scheduled for Jan. 1, 2015. This is expected to address the financial disincentives for adoption.

**Assessment of concerns:**

- A few county agencies initially place children in short-term shelter care to assess their needs. If an extended placement is deemed necessary, appropriate placement resources are located and the agency makes a placement recommendation to the court. Most county agencies place children directly into foster care, avoiding transitional placement.
- Delays in achieving permanency may occur when comprehensive and timely relative searches are not conducted and/or specialized assessments or services are not available or accessible in the early stages of a case.
- There is a lack of culturally diverse foster parents, and foster parents able and willing to care for youth and children with significant emotional and behavioral problems. This may result in some children placed in homes not equipped to meet their multiple needs. Children with mental/behavioral health needs experience less stability in placement and re-enter more frequently.
- When children are placed in foster care due to parental drug abuse, reunification timelines in some cases may not provide adequate time for some parents to recover and successfully resume care and custody of their children.
- In some cases where older children are placed in foster care and reunification is not a viable permanency option, permanent transfer of custody to an agency is ordered without a rigorous examination of other more preferable permanency options.
- Court continuances are sometimes granted when parents have severe chemical and mental health needs or when non-custodial parents are not identified in a timely manner.
- Adoption is a complex child welfare program area that intersects substantially with the law. In some counties, there is a lack of specialized social workers who are familiar with adoption best practices, possess needed clinical skills, or expert in completing required paperwork.
- Agencies struggle to locate adoptive resources for older children, especially if they have emotional and/or behavioral problems.

- Children ordered into permanent custody of an agency often experience placement disruptions, and when they age out of foster care, generally do not maintain an ongoing, supportive relationship with their foster care providers.

## Permanency Outcome 2

### Data

2013 MnCFSR data:

- Permanency Outcome 2: 68 percent (51/75) of cases reviewed were rated as substantially achieved:
  - Item 11 (Proximity): 100 percent (67/67) of cases were rated as a strength
  - Item 12 (Placement with Siblings): 94.6 percent (35/37) of cases were rated as a strength
  - Item 13 (Visiting with parents and siblings in care): 61.4 percent (43/70) of cases were rated as a strength
  - Item 14 (Preserving connections): 70.7 percent (53/75) of cases were rated as a strength
  - Item 15 (Relative placement): 64.7 percent (33/51) of cases were rated as a strength
  - Item 16 (Relationship of child in care with parents): 77.8 percent (49/63) of cases were rated as a strength.
- Of children placed in family foster care or pre-adoptive homes, what percent were placed with a relative? (source: Child Welfare Data Dashboard, Q4, 2013)

Q1, 2013	Q2, 2013	Q3, 2013	Q4, 2013
35.9% (2945/8211)	37.2% (3131/8417)	38.4% (3242/8435)	39.5% (3289/8330)

- In CY2013, 38 percent (203/539) of adopted children were adopted by relatives (source: Minnesota Child Welfare Report, 2013).

### Assessment of strengths:

- Minnesota consistently performs strong in placing siblings together. When sibling groups require out-of-home placement, caseworkers make concerted efforts to locate foster homes able and willing to care for all the siblings. In the following situations siblings are placed apart: Sexual perpetration among siblings; significant physical aggression among siblings; a sibling has special needs necessitating therapeutic services available only in a separate setting; a non-custodial parent to one or more siblings, but not all, is willing to provide substitute care; or existing foster care resources are not licensed to care for a large sibling group.
- As part of out-of-home placement plans, caseworkers, parents, children and other key persons involved in a case, develop visitation plans to ensure that siblings placed in separate foster homes have regular contact, including face-to-face visits when appropriate. Careful consideration of the level of supervision and the overall quality of visits is made. The planned frequency of visits between parents and

siblings separated in foster care is consistent with the children's age and development, and supportive of each child's permanency goal.

- A few counties developed comprehensive visitation guides which consider a full range of visitation situations. A visitation guide that is considered best practice is on the department's website, and is shared with agencies experiencing challenges in this practice area.
- Minnesota focuses on the need for children in placement to maintain their important connections, particularly with extended family members.
- In 2012, Minnesota developed an ICWA Addendum to the MnCFSR instrument which elicits information regarding county practices related to ICWA. Sampling criteria was adjusted to ensure Native American children who are ICWA eligible have cases reviewed at a level consistent with the rate at which they are represented in the out-of-home placement population. The department collaborated with the ICWA Advisory Council in this process and shares findings on an annual basis.
- County agency and tribal workers prioritize involvement of family when children are in need of safe placement outside of their parental home. Lexis Nexis, a relative search tool, has been funded statewide as an additional resource for conducting searches.
- Agencies are more actively engaging fathers; therefore greater efforts to conduct comprehensive relative searches are occurring.
- Family Group Decision Making conferences conducted in the early stages of a case have been effective in identifying relatives, able and willing to care for children or to provide resources to a family.
- Some counties have designated staff to initiate and complete relative searches, which supports more timely and comprehensive relative searches.

**Assessment of concerns:**

- Locating foster homes able and willing to care for large sibling groups, especially when some children have significant emotional, behavioral and/or developmental issues, is often challenging.
- Arranging visits between children in care and their siblings placed separately, and visits between children and non-resident parents, often requires additional coordination and resources. Agency efforts statewide are inconsistent.
- Children with significant mental, behavioral, developmental or chemical health needs may need specialized treatment requiring placement outside of their community and away from family and friends. Minnesota has some geographical areas with limited access to resources within communities.
- Counties that have lower American Indian populations are challenged to develop or maintain expertise regarding implementation of ICWA requirements. Ensuring timely inquiry regarding American Indian heritage, and any potential eligibility for or enrollment in a tribe, is inconsistent throughout the state.
- Social workers' attitudes toward relative placement may influence the depth of the search, and recruitment and retention of relative foster parents.
- Parents at times are unwilling to identify relatives.

- Suitable relatives are sometimes ruled out due to licensing requirements. Background studies may reveal past concerns that have little relevance to the current capacity of a relative to provide a safe and stable home. However, many agencies do not make inquiry into potential licensing variances.

### Child Well-being Outcome 1

#### Data

2013 MnCFSR data:

- Well-being Outcome 1: 49.6 percent (56/113) of cases reviewed were rated as substantially achieved:
  - Item 17 (Needs and services of child, parent(s) and foster parents): 57.5 percent (65/113) of cases were rated as a strength
  - Item 18 (Case planning): 73.4 percent (80/109) of cases were rated as a strength
  - Item 19 (Worker visits with child): 74.3 percent (84/113) of cases were rated as a strength
  - Item 20 (Worker visits with parents): 68.0 percent (70/103) of cases were rated as a strength
- Of all possible visits, what percentage of caseworker visits with children in out-of-home placement occurred? (Source: Child Welfare Data Dashboard)

Q1, 2013 (4/1/12 – 3/31/13)	Q2, 2013 (7/1/12 – 6/30/13)	Q3, 2014 (10/1/12 – 9/30/13)	Q4, 2013 (1/1/13 – 12/31/13)
84.3% (44,165/52,408)	84.5% (45,219/53,497)	78.8% (48,057/60,954)	79.5% (48,482/61,015)

#### Assessment of Strengths:

- Minn. Stat. 626.556, subd. 10, require that all child maltreatment investigations or Family Assessments include a discussion with parents and other adults in the home regarding chemical use and domestic violence.
- Minn. Rule 9560.0228, subps. 3, 4 and 5, require in cases where there is an established need for protective services, that social service agencies evaluate, provide and monitor the delivery of services.
- When cases are opened for in-home services, child protection investigations or assessments determine a need for subsequent services. SDM safety, risk and family strengths and needs assessments are completed early in the life of a case, and are available to utilize ongoing. Caseworkers conduct informal needs assessments and, when more formal assessments are indicated, referrals are made to appropriate community service providers. Both informal and formal needs assessments are used to develop individualized service plans for children and families.
- When children are placed in foster care, SDM tools are used to inform decision making at key stages in a case. Caseworker contact with a child, parents and foster care providers is critical in assessing needs and matching services to those needs. Caseworkers work with all persons involved in a case to identify needs and access services. Referrals for formal mental and chemical health and other specialized assessments are made as soon as possible and recommended services are provided.

- In both in-home and placement cases, racial and cultural awareness is critical in adequately assessing needs and providing effective services. In cases where clients have limited English proficiency, interpreter services are generally accessed to support needs assessment and service provision.
- Results of MnCFSTRs indicate that children's needs are being comprehensively assessed and addressed; services are generally available and accessible.
- Minn. Stat. 260C.212, subs. 1 and 7, address case planning requirements for children in foster care. Completion of an out-of-home placement plan is required for all children within 30 days of placement.
- Minn. Rule 9560.0228, outlines case planning requirements for children still living in their home while under protective supervision of an agency. Completion of a protective service case plan is required within 30 days of opening the case.
- Both Minn. Stat. 260C.212, subd. 1, and Minn. Rule 9560.0228, explicitly require the involvement of children and families in the initial development of a case.
- Minnesota has supported the use of family engagement strategies to engage families in case planning including Family Group Decision Making, Signs of Safety and building of support networks and Wraparound Teams. Multiple opportunities for caseworkers/supervisors to provide consultation and strengthen engagement skills exist through Community of Practice groups, department technical assistance and an annual practice conference are available.
- An effort to engage all parents has been a priority for Minnesota. County agencies, generally with the support of the courts have increased efforts, and non-resident parents are being identified and contact information is being sought through multiple mechanisms.
- The Minnesota Fatherhood and Families Network has developed a website that includes current research and best practices for identifying and engaging fathers in the care of their children. Department staff collaborate with this organization and encourage local agencies to utilize it to improve performance in engaging fathers.
- When caseworker visits occur with children and parents, they are generally of high quality and focus on case planning and progress. Caseworkers share private time with children to ensure they have opportunities to share worries/concerns, and to assess their safety and well-being.

**Assessment of concerns:**

- Continued efforts to engage non-resident parents, primarily fathers, are needed.
- Timely access to quality services varies statewide. Transportation to and from specialized service providers is a challenge in counties. Service gaps generally exist in accessing child psychiatry, acute psychiatric beds for adolescents, and parenting capacity assessments.
- Cases involving addictive drugs are a significant stressor on some communities' capacity to address the safety, permanency and well-being needs of children.
- Heavy caseloads, data entry requirements, and frequent court review hearings require considerable caseworker time. Agencies report that there is not always adequate time to fully engage children and parents in case planning.
- Large geographic distances within counties when children are placed to access specialized treatment needs at a distance from their homes, and caseworker

turnover/reassignment were identified in quality assurance reviews as an impediment to frequent, consistent, high quality caseworker contact with children.

- Minnesota has prioritized caseworker visits with children in placement each and every month and has experienced improvement in performance over time; however, it has not met the 90 percent standard required. Several Virtual Presence Communications (VPC) have been conducted with child welfare supervisors statewide, quarterly updates are available on the Child Welfare Data Dashboard, and counties falling below 90 percent complete a PIP goal. The department is evaluating Continuous Quality Improvement (CQI) processes and considering methods of more frequent communication with county agencies regarding performance that will link with the Quarterly Child Welfare Data Dashboard. (See “Plan for Improvement” section for more specific information.)

## **Child Well-being Outcome 2**

### **Data:**

2013 MnCFSR data:

- Well-being Outcome 2: 96.3 percent (77/80) of cases reviewed were rated as substantially achieved
  - Item 21 (Educational needs of child): 96.3 percent (77/80) of cases were rated as a strength.

### **Assessment of Strengths:**

- Minn. statutes address requirements related to meeting a child’s education needs, including:
  - Minn. Stat. 626.556, subd. 2 (4), defines educational neglect as the failure of parents to ensure their children are educated in accordance with Minn. Statutes, and includes educational neglect as a form of child maltreatment.
  - Minn. Stat. 260C.212, subd.1 (c), requires, to the extent available and accessible, that specific educational records are considered in developing a child’s case plan and that school proximity is considered when selecting a child’s placement setting. For children age 16 and older, an independent living plan, including consideration of a youth’s educational needs, must be developed.
- The department’s Child Well-being Tool has been incorporated into the SDM Assessment of Strengths and Needs. The tool is completed by caseworkers to assess the presenting strengths and needs of children across eight life domain areas, including education.
- Reports of educational neglect are generally assigned for a Family Assessment. Agency social workers meet with children and parents and, when appropriate, offer individualized services designed to assist parents in meeting the educational needs of their children.
- Minnesota consistently performs well in assessing and addressing children’s educational needs. County and tribal agency staff make significant efforts to maintain children in their home school districts, and when not possible, they ensure

they are immediately enrolled and their academic records are available to the new district. Educational records and academic progress are generally in case files.

**Assessment of Concerns:**

- Community response to truancy varies statewide. Coordination among county social service agencies, local schools and courts is lacking in some counties, while other counties have well-developed, multi-systemic truancy policies and protocols in place. Some children are being placed for brief periods of time as a consequence for truancy. This practice is explored with agencies and information regarding statute requirements for placement due only to safety or treatment is provided.

**Child Well-being Outcome 3**

**Data:**

2013 MnCFSR data:

- Well-being Outcome 3: 69.9 percent (79/113) of cases reviewed were rated as substantially achieved:
  - Item 22 (Physical health of the child): 89.2 percent (74/83) of cases were rated as a strength
  - Item 23 (Mental/behavioral health of the child): 73.9 percent (82/111) of cases were rated as a strength.
- The percentage of children in out-of-home care for 30 or more days during a calendar year, who received either a medical exam or a comprehensive child and teen checkup during that calendar year, or the year before (source: Child Welfare Data Dashboard)

Q1, 2013	Q2, 2013	Q3, 2013	Q4, 2013
58.3% (553/949)	58.6% (5,070/8,651)	62.8% (6,083/9,688)	68.4% (6,787/9918)

- The percentage of children between the ages of 3 and 18 years who received child protection, foster care or adoptive services that had at least one Children’s Mental Health screen during the previous year. (The children had no prior mental health screens or assessments, and were not under the care of a mental health professional, or were unable to be located, or whose parents refused the screen.)

Q1, 2013	Q2, 2013	Q3, 2013	Q4, 2013
45.6% (1,057/2,319)	46.5% (2,205/4,747)	50.2% (3,313/6,600)	50.5% (4,236/8,384)

**Assessment of strengths:**

- The SSIS out-of-home placement plan (OHPP) includes documentation of the health care needs of children in foster care, and expectations regarding the role and responsibility for a child’s medical care while in placement by adults. The OHPP

includes specific entry fields for the oversight and monitoring of psychotropic medications and documentation of immunizations and medical health checkups.

- Child Safety and Permanency staff collaborate with health care policy staff to identify barriers and solutions that will improve health care outcomes for children in the state's foster care system. Focus on oversight of psychotropic medications and trauma-informed practice are current priorities.
- The CJI conferences in Minnesota's 10 judicial districts conducted training on key items related to Fostering Connections requirements for meeting the mental health needs of children in foster care, including:
  - Trauma-informed practice and therapy
  - Agency responsibility for oversight of medication for a child in foster care, including information about Minnesota's psychotropic medication consultation line, and how counties might access it for children in foster care
  - State requirements for mental health screening of children in foster care
  - Data regarding key aspects of Fostering Connections, including data about county rates of compliance with mental health screenings for children, and Minnesota's requirements related to timely obtaining physicals for children who are in foster care.
- The Minnesota Comprehensive Children's Mental Health Act provides guidance for agencies which includes: Training, clinical supervision, caseload limits (15), treatment plan requirements, and offering a continuum of services from outpatient therapy and community-based services to hospitalization and residential treatment services.
- Caseworkers conduct a mental health screening for eligible children ages 3 months to 18 years within 30 days of opening case management. Children identified at-risk of needing immediate attention, intervention or more thorough assessment through the screening process are referred for a mental health assessment.
- Ambit Network is a community-university partnership involving 14 private and public entities, and was developed to meet the mental health needs of children exposed to trauma and violence. It has been training and certifying trauma informed practitioners throughout the state and offering workshops to bring a trauma-informed lens to child welfare practice. Adverse Childhood Events (ACE) information has been disseminated to focus on social/emotional development, and the impact of trauma on brain development.

#### **Assessment of concerns:**

- With considerable responsibilities placed on caseworkers when a child enters foster care, obtaining medical and dental information and services are at times delegated to foster care providers. Sometimes, coordination among caseworkers, biological and natural parents, and health care providers is sporadic, reducing the likelihood that children's health needs are adequately addressed.
- The department is considering legislation for improving accuracy of a child's medical records in SSIS and protecting privacy of children in foster care.
- Delays, or lack of completion of required mental health screenings are the most frequent reason for cases rating as needing improvement in MnCFSRs. Agencies indicate the multiple responsibilities and requirements of caseworkers as the chief reason for delays.

- Statewide, there has been a shortage of dental providers willing to provide services to children on Medical Assistance. Access to child psychiatry and acute psychiatric inpatient care for children is limited in close proximity to their homes.
- Department staff are in the process of publishing a bulletin providing guidance on the monitoring of psychotropic drugs for children in out-of-home placement.

## ***Systemic Factors***

### **Information System**

#### **Data**

In the self assessment that counties and tribes completed in preparation for 2013 MnCFSRs, counties self-rated the systemic factor of Statewide Information System as a 2.9. (Scale of 1-4; 1 and 2 indicating needs improvement, 3 and 4 indicating strength).

#### **Strengths**

- Minnesota's Social Service Information System (SSIS) reports to the Adoption and Foster Care Analysis Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and the National Youth in Transition Database (NYTD).
- SSIS has been in operation statewide since 1999. On April 15, 2010 Administration for Children and Families (ACF) in consultation with National Resource Center for Child Welfare Data and Technology (NRCCWDT) determined Minnesota had completed its AFCARS improvement plan. Minnesota is the only state supervised, county administered system to have a SACWIS system certified.
- Minnesota has completed its SACWIS Action Plan.
- SSIS incorporates federal and state statutes by a combination of alerts and enforcement of requirements at appropriate points in the case process. Social workers access a tool that identifies required case information that is missing. All significant events in the life of a case are documented within SSIS including intake, assessment, case management, placement, court involvement, case plans, Title IV-E eligibility, and case closure.
- SSIS is a case management system that offers child welfare social workers efficient processes to document contacts and case notes, write case plans and letters, and track timelines and financial responsibilities for children and families on their caseload. All case management duties can be documented within SSIS.
- A pilot is scheduled to be conducted utilizing a tablet-based system to increase mobility for caseworkers to complete assessment tools and develop case plans jointly with families in the field in August 2014; however, technical issues have delayed implementation.
- New worker training on how to use SSIS is offered throughout the year. This training focuses on using the system efficiently while completing all assessment and case management requirements. Training emphasizes routine use of SSIS to ensure compliance with all statutory requirements, full documentation of important events and case progress, and creation of a reliable source of information for reporting needs.
- As new versions of SSIS are released, training is provided to county and tribal social workers and mentors to support the transition process.

- Minnesota's SSIS system has developed many built-in reports that allow the state, county and tribes to extract/collect data by specific agency, as well as statewide aggregate data, and also has internal quality control applications in place. The multitude of General Reports and SSIS Analysis & Charting reports allow state, county and tribal staff to pull timely performance data on both federal and state outcome indicators which informs policy development and decision making. System users have grown to rely on the data, and many agencies have staff that can effectively utilize the data reports.
- Minnesota has enhanced the specialized training for county/tribal supervisors and directors in the use of SSIS reports to evaluate and manage work within local social service agency.

**Concerns:**

- Ongoing concerns are expressed by agency caseworkers and supervisors/managers regarding the continued increase in data entry requirements, and the impact on time available to meet with client families. Recently, documentation requirements defined by law have increased regarding screened-out reports.
- The system may have slow response times when county equipment is not at recommended levels. Enhanced versions of SSIS may require additional learning and a change to workflow. County social workers have little time to learn about new versions of SSIS and maximize their benefit from the system.
- County/tribal agencies have expressed frustration with document template flexibility; SSIS is in the process of improving the ability of local agencies to allow for individualized salutations in letters or notices.

**Case Review System**

**Data:**

In the self assessment that counties and tribes completed in preparation for 2013 MnCFSTRs, counties self-rated the systemic factor of Case Review System as a 3.4. (Scale of 1-4; 1 and 2 indicating needs improvement, 3 and 4 indicating strength).

**Written Case Plan Data:**

Of the placement cases reviewed through MnCFSTRs in 2013, children, mothers and fathers were engaged in case planning at the following rates:

- 91.5 percent (43/47) children
- 85.9 percent (55/64) mothers
- 77.3 percent (34/44) fathers

**Assessment of Strengths:**

- Judges refer to the "Judges Juvenile Protection Bench book" for guidance on quality judicial processes dealing with reviewing and monitoring of parent progress on case plans.
- Social workers meet with parents and children individually, or as part of family meetings, to develop case plans. To facilitate discussion, social workers may prepare drafts or outlines of case plans in advance and later incorporate family input. Supervisors review plans before they are finalized, and family members, foster parents, guardians ad litem, social workers and supervisors sign final case plans.

- Case plans are filed with the court and approved by the judge, subject to hearing.
- The out-of-home placement plan template in SSIS includes all statutory and Title IV-E required case plan elements, including required Independent Living Skills (ILS) plans.
- Supervisors monitor the timely completion of case plans by reviewing SSIS reports.
- Mobile SSIS applications make it possible for social workers in some counties to complete case plans with families, enter them electronically and obtain signatures in one meeting, reducing delays in finalizing case plans.
- Findings from quality assurance reviews indicate that county agencies overall rate their case review system a strength. County agency staff consistently assess processes for ensuring written case plans and family involvement in case planning as strengths. County agencies have access to SSIS General Reports regarding completion of initial child protection and out-of-home placement plans, and any delays in updating plans.

**Assessment of Concerns:**

- Agency resources may impact the timely completion of case plans within 30 days. Caseworkers are challenged to complete the Out-of-Home Placement Plan template, given statutory and Title IV-E requirements in the plan.
- Consistency of case plans/out-of-home placement plans being filed with the court. Some judges and attorneys have difficulty understanding the content and purpose of case plans.
- There is no SSIS General Report regarding status of current activated plans needing updating.

**Periodic Reviews/Permanency Hearings/Termination of Parental Rights-Data:**

The following court data is available:

- Length of Time to Permanency Report. The summary version of this report depicts the number of children who were the subjects of an order for “permanency” by the number of days it took to achieve the order. The report is available statewide, by judicial district, and by county; statewide data will be included in the CFSP.
- Length of Time to Adoption Report. The summary version of this report shows the number of children under guardianship of the commissioner of the Minnesota Department of Human Services who were subjects of a final adoption order, as that order is reported in the guardianship portion of the child’s permanency matter. The finalization order is not reported from the adoption matter itself. This report is available statewide, by judicial district, and by county; statewide data will be included in the CFSP.

Social service data:

- The AFCARS Compliance Report (14A) indicates that 94.26 percent of periodic reviews were held in a timely manner. (Data from previous Compliance Reports is included below.)

Compliance Report	Percent of Periodic Reviews that were Held in a Timely Manner
14A	94.26%
13B	94.43%
13A	95.73%
12B	95.58%

**Assessment of Strengths:**

- Focus groups are conducted during MnCFSRs with judges and court stakeholders; they generally indicate that periodic reviews and permanency hearings, with few exceptions, meet requirements.
- Minnesota statute and Juvenile Protection and Delinquency Rules clearly outline requirements for review and permanency hearings.
- Judges refer to the “Judges Juvenile Protection Bench Book” for guidance on quality judicial processes for 90-day disposition review hearings, permanency progress review hearings at six months, permanent placement determination hearings at 12 months, permanency trials and post-permanency review hearings.
- After the court finds children to be in need of protection or services, Child in Need of Protection or Services (CHIPS) review hearings are scheduled at least every 90 days until permanency is achieved. Social workers and guardians ad litem submit court reports updating all parties on progress towards achieving case plan goals.
- Timely and effective review hearings, focused on meeting all judicial review requirements, monitoring progress on case plans or lack thereof, and the court’s findings of reasonable or active efforts, avert later legal challenges, promoting timely achievement of permanency.
- In accordance with Juvenile Protection Rule 41.06, courts are holding regular review hearings.
- Statewide implementation of the Children’s Justice Initiative supports ongoing improvement in juvenile court practice.

**Assessment of Concerns:**

- Implementing both Indian Child Welfare Act (ICWA) and Adoption and Safe Family Act (ASFA) requirements, particularly the requirements of filing a termination of parental rights petition within 15 of the last 22 months of a child’s placement, and expert testimony to support the termination of parental rights
- Scheduling consecutive days for termination of parental rights trials is challenging in some jurisdictions which have crowded court calendars
- Lack of resources for appointed counsel for noncustodial parents (usually fathers) results in lack of advocacy early in the court process for adequate and appropriate services; most noncustodial parents have lawyers appointed at the time a permanency petition is filed, which is late in the process, and a parent and child could have benefitted from advocacy for services, supports, and visitation earlier in the process
- Interstate Compact on the Placement of Children (ICPC) requirements allow for the mixed results Minnesota gets when it submits a request to another state; this includes lack of uniformity across jurisdictions about the home study process itself, consistent definition of what a relative study is, who must be licensed, the difference between studies for purposes of adoption and for foster care
- The international service process is increasingly a challenge, particularly the varying requirements for parents who are not residents of the United States, especially in non-Hague Convention jurisdictions

- Recognition by judges of the need for trauma trained assessors and therapists (this is good), and the challenges in timely meeting the needs of a child and parent because of the need for more qualified mental health professionals
- Need for continuous attention to training on child welfare and to permanency as a value in the Judicial Branch. When new judges are appointed, there is need for training on the “how to” of achieving permanency and, perhaps even more important, training and support for understanding and appreciating the need for permanency for children
- For older youth, keeping a dual focus on both achieving the highest possible legal, emotional, and social permanency and at the same time planning for transition to adulthood after foster care.

### **Notice of Hearings and Reviews to Caregivers-Data**

- Foster parent surveys are sent to all county/tribal licensed child foster care homes when MnCFSRs are conducted. Of the 836 survey respondents in the years 2010-2013 (64 counties), 45 percent indicated they receive notices of court proceedings for children in their care, and the notification includes information on exercising their right to be heard.

### **Assessment of Strengths:**

- Minnesota statutes outline clear requirements for notice of hearings and reviews to caregivers
- During MnCFSRs, agencies and foster parents are informed of the right for foster parents to be notified and heard regarding children in their care.

### **Assessment of Concerns:**

- Clarity of roles and responsibilities to ensure foster parents receive notification of court hearings.
- Consistent efforts to address barriers of foster parent notification and attendance at hearings varies at the local level.

## **Quality Assurance/Continuous Quality Assurance System**

The department has a continuous quality improvement system that covers the 87 counties and the two initiative tribes that administer child welfare services in Minnesota. The Quality Assurance system evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.

### **Foundational Administrative Structure**

#### **Assessment of Strengths:**

- Minnesota is a state supervised/county administered child welfare system. The state agency has, by statute, oversight and authority over monitoring of county performance and implementation of a Continuous Quality Improvement (CQI) system.
- State agency leadership views the working relationships and collaboration efforts with the counties and tribes as paramount to success in development of a fully functioning statewide QA and CQI system. State agency staff has been engaged in dialog with county

partners to elicit input into the development of a QA and CQI system that is beneficial and effective for counties and tribes.

- Minnesota has developed an administrative structure that is conducive to supporting its QA and CQI system. The state has dedicated staff within its QA/CQI unit, Child Safety and Permanency Division, under the state director of child welfare. The QA/CQI staff is supervised by the manager responsible for the oversight of the Minnesota Child Welfare Training System, Quality Assurance and Research and Evaluation units.
- Minnesota has a well-established QA process (MnCFSR) that is utilized to set the foundation for its overall CQI process. This QA process has written policies and procedures that encompass parts of a functioning CQI system, i.e., case review process, training for state QA staff and standardized training for peer reviewers prior to participation as a case reviewer for MnCFSRs; and a process for providing counties and tribes results/feedback through the MnCFSR exit conferences and final reports.
- All quality assurance staff are engaged in the CQI Training Academy and seeking certification.

#### **Assessment of concerns:**

- While there are written policies and procedures related to the case review process, Minnesota will develop and/or enhance written policies and procedures to support an overall CQI process that is used consistently across the state, and not limited to the MnCFSR process. These policies and procedures include consistent CQI standards for the state agency, counties, tribes, and other public agencies having Title IV-E agreements on the behalf of state, as well as any private agencies with case management responsibilities.
- Minnesota will expand and/or create training opportunities around CQI for staff and individuals at all levels (state, counties, tribes and or private agencies) for use of CQI in a broader sense to enhance capacity and effectiveness of the CQI system and support its culture. As Minnesota continues to develop its CQI system, staff review current and developing QA and CQI activities for reliability and consistency statewide.
- Minnesota will continue to assess capacity and resources to develop and sustain an on-going CQI system at current staffing levels.

#### **Quality Data Collection**

##### **Assessment of Strengths:**

- Uses of the MnCFSR for collecting case level qualitative data and SSIS system to capture quantitative data.
- The MnCFSR is modeled after the federal CFSR process and uses experienced QA staff and peer reviewers to conduct second level QA on the instruments while on-site. The MnCFSR leads for each review conduct another level of QA of the case record review findings for data quality issues around the instruments and ratings.
- The SSIS system allows the state to extract/collect data by county/tribe as well as statewide aggregate data, and has internal quality control applications in place.
- Processes in place to accurately collect data sufficient to document and capture processes and outcome measurements related to reports of child maltreatment and investigation and/or assessment, and experience of children in foster care through AFCARS, NCANDS, SACWIS, NYTD data.

- A state data unit that has processes in place to identify data quality issues and works routinely with the Children’s Bureau, as needed, to resolve problems.
- Collects systemic data specifically related to service array through its MnCFSR process.
- Capacity to collect data around staff training and foster parent training provided through the Minnesota Child Welfare Training System.

**Assessment of concerns:**

- Exploring the internal data team not only examining the case record review data for quality issues, but also determining how they might incorporate a review process to ensure data validity of quantitative data, as well.
- Exploring the use of its many quantitative data resources available. Staff continue to seek the best data sources to inform CQI and will consider expansion of the use of data outside the SSIS system to use data that will assist the development of a well-rounded statewide CQI system.
- Reviewing the latest data profile, as there are data quality and completeness issues around dropped case and adoption counts.
- Enhancing capacity around systemic factors, particularly foster parent recruitment, retention and training.

**Case Record Review Data and Process**

**Assessment of Strengths:**

- The MnCFSR case review process identifies strengths and areas needing improvement in child welfare practice around child safety, well-being and permanency. The instrument used in the case review process is standardized, utilized statewide and collects qualitative case-level data.
- Written policies, procedures, and practices for the MnCFSR to ensure a reliable and valid application of review protocols.
- All QA case reviewers are trained and oriented in the MnCFSR process and protocols. Peer reviewers receive standardized training from QA staff prior to their participation as a case reviewer.
- The ability to conduct targeted case reviews to assess specific domains when analysis is needed (i.e., safety, ICWA, re-entry).
- Use of random sampling to select cases for review. Sampling includes one-third in-home cases and two-thirds foster care cases. Cases are also stratified to ensure the sample includes adequate representation of African American, Native American children and children over age 14.
- Case record reviews are scheduled based on child population; therefore, counties with the largest populations are reviewed more frequently.
- The MnCFSR process includes three case-specific interviews that may include a child, parent, caseworker, and/or key stakeholders in a case. If an ICWA case, a fourth interview includes a representative from the tribe.
- MnCFSR interviews are used to help determine case ratings, as well as assess systemic factors. In past MnCFSR cycles, the state conducted approximately 180 case record reviews annually. However, in the next cycle, it will aim for between 240-260 case record reviews. This is to ensure that the sample is sufficiently large to make statistical

inferences about the population served. It is believed that the state's sample plan provides for an adequate statewide representation of case population.

- A formal second level QA process and on-site facilitated debriefings of the review teams during the review to ensure inter-rater reliability is achieved.
- The results of the MnCFSR reviews and the subsequent program improvement plans are shared with county directors and the lead judges for the counties. These findings are also posted on the department website.

**Assessment of concerns:**

- Explore processes to ensure that case record samples include adequate representation of children from juvenile justice and mental health systems.
- Continue the process of assessing whether the sample size for the largest counties is sufficient to assure adequate representation of case population and, if needed, to explore any state QA/CQI staffing capacity issues.
- Develop policy and/or procedures around targeted case record reviews.

**Analysis and Dissemination of Quality Data**

**Assessment of strengths:**

- A data sharing agreement between the court and child welfare system for analyzing data to improve permanency outcomes for children/youth.
- A Research and Evaluation Unit analyzes data and produces an annual Child Welfare Report, which includes reporting on safety, foster care and adoption trends, and performance on federal and state indicators. This data is further broken out by county or tribal jurisdiction, and is analyzed across demographic and geographic variables.
- A Child Welfare Data Dashboard draws data from the SSIS system. This data has 13 child welfare measures for all counties and two tribes, published quarterly and posted on the department's website.
- The Research and Evaluation Unit has the capacity to publish topic-specific policy and/or research briefs to promote understanding of key performance or practice issues.
- The capacity to use data from the MnCFSR and/or SSIS systems to work directly with counties on targeted practice issues.

**Assessment of concerns:**

- A wealth of accessible data is available, however, there is a need for the state to determine which data sets would best inform its statewide CQI system and develop standardized use for this data.
- While having the capacity to collect data from various sources, state agency staff will explore development of standardized mechanisms for gathering, organizing and tracking information and results over time.
- Efforts have been made to develop a standardized process for agency decision makers, counties, tribes, courts, juvenile justice, mental health representatives, and other stakeholders to be involved in analyzing and understanding data, and developing a process for providing feedback on analysis and conclusions. The state has requested technical assistance in this area.

- In addition to stakeholder interviews completed during the MnCFSR on-site review process, Minnesota will explore development of a process that would include gathering data from stakeholders such as parents, youth, guardians, foster parents and private agencies to help inform the state's CQI process.
- State agency staff is considering methods to develop/deliver clear and meaningful data reports that staff at all levels of the child welfare system can utilize in their daily work to improve outcomes for children and families.

## **Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process**

### **Assessment of strengths:**

- Results from MnCFSRs are used by the state, counties and tribes to develop individual program improvement plans and implement practice adjustments.
- Development of final reports after each MnCFSR distributed to the counties and subsequently posted on the department's website.
- Results of MnCFSRs are used to identify additional technical assistance needs for counties and tribes.

### **Assessment of concerns:**

- Development of statewide summary reports regarding findings of the case reviews, and identify programmatic changes the state has taken to improve services in response to these findings.

## **Staff Training**

### **Data:**

- Survey data collected from staff who completed on-site evaluations after attending the Foundation training series during CY2013 had a greater level of understanding of the knowledge and skills needed to do their job as indicated by an increase on a Likert scale from 2.96 average rating prior to attending to 3.79 average rating following completion of modules.
- Survey data collected from staff who completed on-site evaluations after attending Child Welfare Direct Practice (ongoing) trainings during CY2013 had a greater level of understanding of the knowledge and skills needed to do their job as indicated by an increase from 3.12 average rating prior to attending to 4.02 average rating following completion of a variety of trainings.
- Survey data collected from supervisors and lead staff who completed on-site evaluations after attending the Leadership CORE training series during CY2013 had a greater level of understanding of the knowledge and skills needed to do their job as indicated by an increase from 2.76 average rating prior to attending to 3.67 average rating following completion of a variety of trainings.
- In the self assessment that county agency and tribal staff complete in preparation for 2013 MnCFSRs, counties self-rated the systemic factor of Staff Training as a 2.9. (Scale of 1-4; 1 and 2 indicating needs improvement, 3 and 4 indicating strength).

### **Assessment of strengths:**

- Minnesota has a staff development and training program that meets or exceeds federal requirements. The Minnesota Child Welfare Training System (MCWTS) is a comprehensive, competency-based system that promotes culturally responsive services rooted in strength-based, family-centered best practices that support child safety, permanency and well-being. The MCWTS also provides quality, trauma-informed training for social workers, resource families and supervisors to support continuous improvement of services to and outcomes for children and families. MCWTS is funded by a combination of federal Title IV-E, state and county resources.
- MCWTS trainers are public and private agency professionals and foster, adoptive and kinship caregivers. Trainers are experienced, have current knowledge in their subject area, and are required to complete courses on culture and diversity and the Indian Child Welfare Act.
- The Minnesota Child Welfare Training System conducts Child Welfare Foundation Training (CWFT), providing skill-intensive foundation curricula that combines classroom and computer lab training, as well as Web-based training (WBT). Foundation training includes the latest in child welfare practice reform philosophies, along with WBT module post-tests and supervisor resource pages. Foundation training meets the statutory requirement {Minn. Stat. 626.559, subd. 1a} for training of new child protection workers. Foundation training is offered at a frequency to accommodate new child protection workers, meeting the statutory required training within the first six-months of employment. In 2013, there were 23 classroom trainings with 305 participants. Foundation training is a series where participants are required to attend the entire series, thus the same person may be counted multiple times.
- The Children's Mental Health Foundation training series, designed for new county children's mental health case managers to meet training requirements, is also available. The training focuses on:
  - Developing skills that encompass the children's mental health case process from an outcome-based perspective
  - Teaching collaborative strategies which empower a child's family
  - Helping case managers understand the roles and responsibilities of families and community service providers
  - Teaching collaborative methods for assessing a child's needs and identifying resources
  - Providing information about advocacy and the wraparound process.
- A multitude of ongoing Child Welfare Direct Practice training is offered, covering a wide variety of subject matter specific to child welfare practice, including working with children and families from diverse cultures, designed to enhance the knowledge and skills of child welfare caseworkers.
- Culture and diversity training courses based on best practices for working with African American, Asian American, American Indian, Latino/Hispanic, and immigrant-American families utilize community stakeholders, such as parents having experiences working with the child welfare system, foster parents, in-home service providers and county child welfare staff, to develop and train the curricula.
- A Leadership Core training series (six classes) is offered for supervisors, managers and lead staff from county/tribal agencies to enhance leadership knowledge and skills. The

series is offered in several locations around the state annually. In 2013, there were 25 classes conducted with 383 attendees.

- The “Strengthening Child Welfare Supervision” series, consisting of eight classes, was developed as part of Minnesota’s 2007 PIP to equip child welfare supervisors with additional skills and tools to improve outcomes for children, families and service delivery; improve worker retention and job satisfaction; and become more consistent and effective as a supervisor. In 2013, MCWTS offered four sessions of this series statewide, with 34 participants.

#### **Assessment of Concerns:**

- Increased social worker caseloads and, at times, significant travel distances to attend training are challenges to some county agencies to ensure that all new child welfare workers attend Core training within the first six months of their employment.
- County social workers with both child protection and children’s mental health cases must attend the social worker Core and children’s mental health Core series. As a result, some workers are not able to manage all their case-related duties during these extended periods of training.
- MnCFSRs provide data and information on agency practices and systemic issues however, the state agency needs to continue efforts to more effectively share MnCFSR results with MCWTS, and collaborate to ensure identified agency training needs are met.
- Evaluative data is not currently available for the “Strengthening Child Welfare Supervision” series; however, state agency staff will review its current evaluations for this series and explore processes that would yield data similar to that provided above.

### **Service Array**

#### **Data:**

- An analysis of service array across Minnesota through MnCFSRs indicated that a comprehensive array of child welfare services is available to most counties and tribes. In the self assessment that county and tribal agencies complete in preparation for 2013 MnCFSRs, self-rated the systemic factor of Service Array and Resource Development as a 3.1. (Scale of 1-4; 1 and 2 indicating needs improvement, 3 and 4 indicating strength). Separate focus groups were conducted across the state with parents, youth, caseworkers and community leaders, which corroborated the above analysis.
- Foster parent surveys are sent to all county/tribal licensed child foster care homes when MnCFSRs are conducted. Of the 836 survey respondents in the years 2010-2013 (spanning 64 counties), 75 percent indicated that services to meet children’s educational, medical, dental and mental health needs are available in their community.

#### **Assessment of strengths:**

- The Minnesota Department of Human Services ensures a service array in accordance with federal requirements under 45 CFR 1355.34(c)(5), that child and family services must provide for the safety and protection of children, as well as preserve and support families, according to defined service principles. This requirement is achieved through

the department's supervisory role/support to county agencies, and implementation of protocols and best practice at the county level.

- The Minnesota Vulnerable Adults and Children Act of 2011 [§256M] require counties to develop a Biennial Service Agreement to set performance targets and describe strategies for achieving child safety, permanency and well-being outcomes.
- Focus groups were conducted with service recipients, caseworkers, and other agency stakeholders in each county participating in a MnCFSR. The results indicated that services were routinely tailored to meet child and family needs. Services in languages other than English were available in most areas, however, challenges exist in accessing them locally and transportation barriers are present.
- Service array and resource development to prevent placement, achieve reunification and/or Transfer of Permanent Legal and Physical Custody (TPLPC), and achieve permanency through adoption are supported by the department and delivered through county agencies.
- Placement prevention services include an array of protection, family support and family preservation services.
- Family Assessment and Family Investigations include assessment of safety, risk and developing protective service plans.
- Family Group Decision Making, Signs of Safety, Parent Support Outreach Program, family-based crisis services and children's mental health are utilized in most county agencies.
- Community-based services that are culturally relevant to meet basic needs and supportive services such as parenting education, respite care, individual and family counseling, and family-based skill building are available in most counties.
- The Minnesota Children's Cabinet has engaged the Legislature to invest in improving children's access to mental health services statewide. Legislation was passed that will double current funding levels, and continue to increase funding for the next five years to build greater capacity in schools for mental health early intervention and treatment services. The Affordable Care Act requires health insurance to cover mental health and substance abuse treatment on par with other health services, which may significantly expand access to treatment for both children and adults.
- Services to achieve reunification include:
  - Family Group Decision Making, Signs of Safety, Concurrent Permanency Planning, chemical health treatment and adult mental health services.
- Services to achieve permanency through adoption include:
  - Multiple adoption support and preservation programs (post-adoption supports, help-line and support groups).
  - Adoption Subsidy.
- The Minnesota Legislature enacted Northstar Care for Children during the 2013 session. By creating a unified rate structure for children in foster care, relative care and adoption, Northstar Care for Children will provide county agencies and tribes with significant tools to assist children in foster care to gain permanent legal families through transfer of legal custody to relatives or through adoption. This should be of particular assistance to American Indian children, African American/Black children, older children and sibling groups. The Minnesota Assessment of Parenting for Children and Youth is a uniform assessment process, and a key part of Northstar Care for Children. Most of the tool has been built into SSIS, with completion before 2015.

- Generally, county agencies report an adequate service array across a continuum of child welfare services, from prevention through permanency, including resources for formal evaluation and community-based services. Specific gaps identified are discussed in the challenges section.
- County agencies work cooperatively with neighboring county agencies, tribes, local private non-profit agencies, community-based service providers, advocacy organizations and/or faith communities to improve availability and access to an array of services to meet the needs of children and families.

**Assessment of concerns:**

- Service array and resource development is variable across the 87 counties depending on availability of local resources, community needs, geographic and demographic characteristics of the counties, and/or other emerging issues. Counties are challenged to meet the competing demands for local resources given changing population demographics and a need to develop expertise and local services/resources to meet culturally specific needs with diminishing resources.
- In MnCFSRs, agencies and stakeholders most commonly identify gaps in services that include: Limited availability of acute psychiatric beds for adolescents in close proximity to their homes, availability of inpatient substance abuse treatment centers for parents that allows them to have their children with them, and dental care for children with coverage through Medical Assistance. In some areas, there can be waiting lists or a need to travel out of county to access some specialized, short supply services such as child psychiatry or parenting capacity assessments. Services outside the child welfare domain, such as transportation and affordable housing, have also been identified.

## **Agency Responsiveness to the Community**

**Data:**

In the self assessment that county agencies and tribal agencies completed in preparation for 2013 MnCFSRs, county agencies self-rated the systemic factor of Agency Responsiveness to the Community as a 3.2. (Scale of 1-4; 1 and 2 indicating needs improvement, 3 and 4 indicating strength).

**Assessment of strengths:**

- The Minnesota Department of Human Services develops and implements the Title IV-B Child and Family Services Plan according to federal regulations requiring broad involvement and consultation with a range of public and private non-profit agencies and community-based organizations, parents, and others (as indicated in collaboration and service coordination area).
- The Minnesota Vulnerable Adults and Children Act of 2011[§256M] require counties to develop a Biennial Service Agreement to set performance targets and describe strategies for achieving child safety, permanency and well-being outcomes. Development of the Biennial Service Agreement requires that the public is informed and has an opportunity to provide input on the use of state and federal funds.
- The Tribal/State Agreement outlines the policies and procedures agreed to by both the tribes and the state that specify the roles and duties of each in implementation of child

welfare services to Indian families and children. This agreement was signed by each of the federally recognized tribes in Minnesota and the Minnesota Department of Human Services in 2007.

- Minnesota counties have established multi-disciplinary Child Protection Teams, Child Mortality Review teams (locally and at the state level), Citizen Review Panels and made significant efforts to establish broader parent/youth involvement.
- The Minnesota Children's Justice Initiative conducts semi-annual gatherings of court and social service stakeholders around pertinent topics/issues arising from data or input from attendees. CJI staff, frequently in collaboration with the department, prepares data packets of statewide and local data, develops discussion points, and engages speakers for focused meetings. These are led by the Supreme Court Justice and the Department of Human Services commissioner in several jurisdictions across the state.
- In an effort to ensure the greatest level of accessibility, Minnesota has documents/forms that can be translated/interpreted into 70 languages. Efforts to ensure documents are in accessible formats on public websites and written in plain language have been implemented.

**Assessment of concerns:**

- At both the state and county levels, facilitating access and supporting involvement of parents and youth in ways that are meaningful to planning and review is challenging. Attempts to achieve input occur through use of public hearings, surveys, attendance at focus groups or participation in advisory committees.

## **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

**Data:**

- In the self assessment that county and tribal agencies completed in preparation for 2013 MnCFSRs, self-rated the systemic factor of Foster and Adoptive Parent Licensing, Recruitment and Retention as a 2.6. (Scale of 1-4; 1 and 2 indicating needs improvement, 3 and 4 indicating strength).
- Based on 454 home study requests received from other states in FFY2013, 46 percent were completed within 60 days.

**Assessment of strengths:**

- Minnesota statutes and rules define standards for placement facility licensure, provisions for relative licensure for related children in need of out-of-home placement, foster care licensing application procedures, due process procedures to deny a license, issues correction orders and conducts hearings.
- Minnesota statutes also establish requirements for adoption home studies, including completion of criminal and social services background checks. An adoption home study must be completed prior to placing a child for adoption. Minnesota statutes allow a court to waive adoption home study requirements for persons related to a child through blood, marriage or adoption.

- The Licensing division enforces standards adopted to protect the health, safety, rights and well-being of children in programs required to be licensed. The licensing standards for all licensed facilities that serve children are consistently updated.
- The Licensing Division licenses all residential child treatment facilities. The Department of Corrections licenses correctional facilities. Both conduct periodic on-site reviews and monitor plans for corrective action when indicated.
- County social service agencies license, support and monitor local family foster homes. Some approved, private child placing agencies license, support and monitor treatment family foster homes. Treatment homes often provide care for children with more serious emotional and behavioral needs. Both county and private licensing agencies share licensing recommendations with the department. The Licensing Division conducts on-site reviews and monitors plans for corrective action when indicated.
- Additional resources were appropriated to the Background Study Unit in the Division of Licensing to both expand the scope of background studies and to increase efficiency in completing the studies. To keep people who receive care as safe as possible, new authority gives the Background Study Unit access to Minnesota's Predatory Offender Registry as part of every background study, and the authority to receive new criminal offense information from the Minnesota Court Information System through development of an electronic notification system currently under development.
- Minnesota places first priority for foster care recruitment and permanent placement with the extended family and kin of children in need of foster or adoptive placement.
- The department contracts with several private adoption agencies to provide services through the Public Private Adoption Initiative (PPAI).
- After a child becomes available for adoption, the responsible county agency must make recruitment efforts to identify an appropriate adoptive parent. Adoption recruitment activities may include:
  - Registering a child on the State Adoption Exchange
  - Listing a child on state and national public photo Web listings
  - Presenting a child at a monthly Task Force on Permanency meeting
  - Featuring a child in a weekly KSTP-TV "Thursday's Child" waiting child segment
  - Highlighting a child in a monthly Star Tribune waiting child feature
  - Contracting with a private agency to provide intensive child-specific recruitment services.
- In 2013, a federal Title IV-E audit was conducted in Minnesota. The state was found to be in substantial compliance with Title IV-E requirements.
- The MCWTS is in the process of developing standardized training for county licensors in various practice areas, including supervising for safety.
- Findings from quality assurance reviews indicate that counties, overall, rate systemic capacity for foster and adoptive homes a strength, acknowledging, however, the challenges to recruiting and retaining families who can accommodate large sibling groups, youth with challenging behaviors and culturally appropriate homes.

**Assessment of concerns:**

- Child foster care licensing functions are carried out across 87 counties and several private agencies. Uniformly applying licensing regulations is a continuous effort, especially if agencies are under-staffed and licensors have mixed caseloads.

- The quality of background studies relies on individuals providing accurate information. Foster and adoptive families may not always notify an agency when changes occur in their household.
- Completing a comprehensive background study and the reconsideration process can delay placement decisions.
- The time to complete and process necessary foster care application materials may vary across county agencies. Experienced licensing social workers, with manageable caseloads, are more effective/expedient in guiding and supporting prospective foster parents through the licensing process.

### **3. Plan for Improvement**

#### ***Goals, Objectives and Measures of Progress***

##### **Goal1: Racial and ethnic equity exists for children in the child welfare system.**

Rationale: Child welfare professionals and researchers have documented a pattern of disparities in the experiences and outcomes for children and families of color. For example, African American and American Indian children are more likely than their counterparts to have an accepted report of maltreatment, be removed from their families and placed in foster care, remain in care longer and are less likely to exit foster care through reunification or other forms of permanency. The department remains committed to ensure American Indian children and families, and children and families of color, achieve equitable opportunities, experiences and outcomes.

In Minnesota, American Indian children, African American/Black children and children with two or more races identified were more likely than those of other races to be involved with the child protection system. They were six, three and three times more likely than a White child to be subjects of an allegation of maltreatment, respectively. Similarly, American Indian, African American/Black, and children of two or more races were placed out-of-home at rates 14.3, 4.4 and 3.6 times higher than that of a White child, respectively.

Measures to be used: Annual Child Welfare Report

Amount of progress to be made overall: The disparities are egregious, and the problem is complex. The problem is not simply in comparison to White children. Nearly one of every 12 American Indian children in Minnesota will spend time in out-of-home care this year and about 1 in 50 African American children will experience foster care. An aggressive target for the next five years is to reduce these rates of out-of-home care by ten percent.

##### **Objective 1.1: Decrease the disparate number of American Indian children and children of color in out-of-home placement.**

Outcomes: Increased family stability decreased educational disruption, improved parent-child attachment, improved family engagement in services.

Interim benchmarks and time table:

	Disparity Ratios compared to White children				
Race	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
African American/Black	25.0	24.3	23.7	23.0	22.5
American Indian	82.0	80.0	78.0	76.0	74.0
White	6.0	6.0	6.0	6.0	6.0

**Objective 1.2: Increase access to strength-based early intervention services for American Indian families and families of color.**

Outcomes: Families who are able to access the Family Group Decision Making services early in their involvement with child welfare will be more engaged in services, children will be less likely to be removed from home, and children who must be removed from home will be more likely to be placed with relatives, improved child safety, better crisis planning and use of harm reduction strategies.

Families who were in screened-out maltreatment reports and accepted Parent Support Outreach services will receive services that will help minimize risk of child abuse and neglect before more intensive intervention is warranted. Children will be less likely to become involved in child protection assessments and investigations and as a result, less likely to be removed from home.

Interim benchmarks and time table:

**Family Group Decision Making Conferences Provided**

Race	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
African American/Black	412	416	420	424	428
American Indian	164	166	168	170	172

**Parent Support Outreach Services Provided**

Race	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
African American/Black	412	416	420	424	428
American Indian	164	166	168	170	172

**Objective 1.3 Reduce the racial and ethnic disproportionate application of discretionary assignment to investigation response**

Outcomes: Children and their families will have equal access to Family Assessment, a strengths-based intervention that focuses on engaging the family in planning for reduction of risk factors that may lead to repeated incidents of child maltreatment. Families will be more willing to cooperate in services and be supported in resolving risk factors that lead to repeated incidents of child maltreatment.

Interim benchmarks and time table:

Percent of children in child protection reports referred for a Family Investigation response for discretionary reasons

Race	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
African American/Black	50%	45%	40%	35%	35%
American Indian	50%	45%	40%	35%	35%
White	35%	35%	35%	35%	35%

**Intervention 1a: Promote trauma-informed, community-based child maltreatment prevention through the African American Babies Coalition.**

Rationale: According to Minnesota’s Child Welfare evidence- based Model optimum outcomes are achieved through partnerships involving Minnesota’s public child welfare system, the state’s children, youth and families as well as the communities in which they live and work. In order to address the disproportionality that continues within Minnesota’s child welfare system Minnesota works with community based efforts that can support change by developing and promoting culturally specific strategies and policies that can have a positive impact system wide.

Data and analysis to support: This is a promising new strategy. This pilot will show how families can benefit from integrating trauma-knowledge into policies and practices to improve outcomes for abused and neglected children.

**Intervention 1b: Explore Possible Expansion of American Indian Child Welfare Initiative**

Rationale: The American Indian Child Welfare Initiative is a collaboration among tribal, county, and state governments with the shared goal of improving child welfare outcomes for American Indian children, and reducing the disproportionate number of American Indian children in the state’s child welfare system. Currently, ICWI tribes include Leech Lake and White Earth.

Data and Analysis to support: Data reveals promising results. The number of American Indian children needing out-of-home placement has declined by 19 percent. Tribal programs exceed statewide performance on federal child welfare outcome measures in the areas of absence of repeat maltreatment, rate of relative care, and foster care re-entry.

**Intervention 1c: Explore Expansion of Parent Support Outreach Program (PSOP) to non-initiative tribes/tribal programs**

Rationale: The Parent Support Outreach Program offers voluntary, supportive, strengths-based family driven services to families who are identified to be at risk to prevent child maltreatment from occurring.

Data and Analysis to support: AICWI tribes participating in PSOP in general had a lower rate of increase of accepted child maltreatment reports than all children statewide. Improvements occurred mostly in the areas of housing/environmental/physical needs, family relationships, and social support systems.

**Goal 2: Children in the child welfare system have stable placement experiences and timely permanency.**

Rationale: Children in the child welfare system who experience multiple moves are at increased risk for poor outcomes in achieving permanency in a timely manner, academic achievement, socio-emotional health, developing insecure attachments, and distress due to the instability and uncertainty that comes with not having a stable family environment. One way of lessening the occurrence of children’s displacement is permanency planning, including concurrent permanency planning. Reunification is Minnesota’s primary permanency plan for children in foster care. The purpose of permanency planning is to develop and implement methods that increase the likelihood that children move out of foster care into permanent family homes as quickly as possible. Permanency planning is a policy, philosophy, and practice created to return every child who enters foster care to the stability of a family as quickly as possible.

In Minnesota, performance on measures of timeliness to reunification have historically been above average, however, the stability of those reunifications has been below national standards, with 26.2 percent of children reunified returning to foster care within 12 months for FFY 2013. Measures of placement stability met, or nearly met, the national standard for children in care for less than 24 months. For children in care for 24 months or longer, 34.2 percent had two or fewer placement settings during their removal episode.

Measures to be used: National standards, Child Welfare Annual Report, MnCFSR, Data Dashboard

Amount of progress to be made overall: Minnesota will make progress towards Round 2 national standards for measures of placement re-entry and placement stability for children in care 24 or more months and re-entry by 2019.

**Objective 2.1: Lower the rate of foster care re-entry.**

Outcomes: Improved safety for children, better health, education and other well-being outcomes, more efficient and effective service delivery by county and tribal child welfare agencies and courts.

Interim benchmarks and time table:

Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge?:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
25%	23%	21.5%	19.5%	18%

**Objective 2.2: Increase placement stability for children who experience out-of-home placement.**

Outcomes: Better attachment to temporary care givers, fewer disruptions in visitation schedules, fewer disruptions in education and other services, earlier establishment of potential permanency options when reunification may not be possible.

Interim benchmarks and time table:

Two or fewer placement settings for children in care for 24+ months: Of all children served in foster care during the 12-month target period who were in care for at least 24 months, what percent had two or fewer placement settings?:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
34%	36%	38%	40%	42%

**Objective 2.3: Improve permanency for older youth waiting for adoption.**

Outcomes: All children need a permanent family. Increasing permanency has a positive effect on a youth’s physical and emotional well-being, and decreases the risk of homelessness and involvement in the criminal justice system. This is particularly true for older children in care ages 12–17.

Interim benchmarks and time table: The objective is to decrease the number of children waiting for adoptions in relation to the number adopted during a year. In 2013, there were three children under guardianship ages 12–17 without an adoptive placement for every one adopted. By 2019, Minnesota plans to reduce that ratio to two-to-one.

The number of children ages 12 - 17 who were waiting for an adoptive placement at year end, and the number of children ages 12 - 17 who were adopted during that year:

	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
Adopted	70	74	78	82	86
Waiting for adoption	200	190	180	171	162

**Objective 2.4: Improve permanency for all children waiting for adoption**

Outcomes: All children need a permanent family. Increasing permanency has a positive effect on youth’s physical and emotional well-being. Finding an adoptive home for children waiting prevents further placement instability and promotes long-term attachment to caring adults.

Interim benchmarks and time table: In 2013, there were 1.2 children waiting for an adoptive placement for every one child adopted. By 2019, we would like to reduce this ratio to 1 to 1.

The number of children who were waiting for an adoptive placement at year end and the number of children who were adopted during that year:

	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
Adopted	540	550	560	570	580
Waiting for adoption	670	645	625	600	580

**Objective 2.5: Increase use of relative placements for foster care**

Outcomes: Children in relative placements experience fewer moves while in care and have stronger attachment to temporary caregivers with whom they may already have a significant relationship, and may continue to have a significant relationship post-reunification. Placement with relatives is helpful for maintaining a more culturally familiar environment for children and a faster timeline to permanency if reunification is not possible.

Interim benchmarks and time table:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
39%	40%	42%	44%	45%

**Intervention 2a: Implement revised Structured Decision Making reunification tool, targeted at re-entry.**

Rationale: The current Minnesota Structured Decision Making © Reunification tool does not fully represent best practices related to indicators of successful reunification. Integration in SSIS is anticipated in early 2015. The revised instrument includes ratings on safety and risk reassessment domains and engagement with the visitation plan (quality and frequency of visits). This results in a permanency plan goal recommendation. To support the goal of preventing re-entry into out-of-home care, the department seeks to improve the quality of reunification decisions.

Data and analysis to support: In 2013 Children’s Research Center conducted an analysis of Minnesota data and provided a revised assessment instrument.

**Intervention 2b: Continue to promote implementation of Permanency Roundtables.**

Rationale: Improved legal permanency for children and older youth who have challenges that make them more likely to age out of foster care.

Data and analysis to support: A national study of youth aging out of foster care found that 38 percent had emotional problems, 50 percent had used illegal drugs, and 25 percent were involved with the legal system. Only 48 percent of foster youth had graduated from high school at the time of discharge, and only 54 percent had graduated from high school two to four years after discharge. As adults, children who spent long periods of time in multiple foster care homes were more likely than other children to encounter problems such as unemployment, homelessness, and incarceration, as well as to experience early pregnancy. <sup>1, 2</sup>

[1]Courtney, M.E., and Piliavin, I. (1998). Foster youths' transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care. Madison: WI, School of Social Work, University of Wisconsin-Madison, 1998, cited in Pew Commission on Children in Foster Care. (2004). *Fostering the Future: Safety, Permanence, and Well-Being for Children in Foster Care*. <http://pewfostercare.org/>  
[2]Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, 82(6), 727-746.

**Intervention 2c: Contracting with private agencies to provide Concurrent Permanency Planning to children and families.**

Rationale: Expanding the use of concurrent permanency planning will increase the pool of families with the training and the skills to support children in out-of-home placements during the reunification and/or permanency planning process.

Data and analysis to support: Concurrent Permanency Planning has been an effective tool for counties in promoting permanency for children.

**Intervention 2d: Implement Northstar Care.**

Rationale: By creating a unified rate structure for children in foster care, relative care and adoptions, Northstar Care for Children will provide counties and tribal agencies with significant new tools to assist children in foster care to gain permanent legal families through transfer of legal custody to relatives or through adoption. This should be of particular assistance to American Indian children, Black/African heritage children, older children and sibling groups.

Data and analysis to support: Minnesota's Title IV-E child welfare waiver demonstration, called the Minnesota Permanency Demonstration (MnPD), was a continuous benefit, assisted guardianship demonstration administered by the department. The purpose of the MnPD was to determine whether a continuous (or single) benefit program would increase permanency rates and shorten foster care stays for children who have been in foster care for an extended period of time. The continuous benefit program raised the public assistance benefits received by caregivers who adopt or accept permanent legal and physical custody of their foster children to a level equal to the rate paid for foster care. The findings from the 2005-2010 project showed that the continuous benefit had a positive effect on moving children to permanency.

### **Intervention 2e: Continue to facilitate and participate in the statewide re-entry workgroup**

Rationale: As part of integrating a Continuous Quality Improvement framework into the work at the department and in the local agencies, we will continue to work with the three local child welfare agencies that experience consistent difficulty with performance on the foster care re-entry measure, and have the largest populations of children in foster care that affect Minnesota's overall performance.

Data and analysis to support: Hennepin, Ramsey and St. Louis Counties have all exceeded the national standard for foster care re-entry in each of the years 2007-2013, with average rates of 20.0 percent, 32.2 percent and 30.1 percent over those seven years, respectively. These counties also made up 47 percent of the children re-entering care multiple times for CY 2013.

### **Intervention 2f: Increase use of intensive family/relative finder tools (ex: LexisNexis)**

Rationale: Relative Search Family Finder-Lexis Nexis grants were awarded to 58 county agencies to use the internet and other resources through the Lexis Nexis family finder system.

Data and analysis to support: This system enables counties to search broadly to identify relatives on both the paternal and maternal family tree. One focus of the project is an emphasis on locating fathers as soon as possible as part of the case plan.

### **Goal 3: Children and families receive quality services based on a Continuous Quality Improvement System for the state, counties and tribes.**

Rationale: Continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems followed by testing, implementing, learning from, and revising solutions. It relies on an organizational and/or system culture that is proactive and supports continuous learning. Most importantly, it is dependent on the active inclusion and participation of staff at all levels of the agency/system, children, youth, families and stakeholders throughout the process.

Measures to be used: MnCFSR findings, performance on federal data indicators, Child Welfare Data Dashboard

Amount of progress to be made overall: Improved performance on seven safety, permanency and well-being outcomes (as measured through MnCFSRs) and across all data indicators.

**Objective 3.1: Enhance Minnesota’s QA/CQI system based on feedback received from ACF, review of additional sources of information (e.g. NAPCWA), and ongoing assessment of the CQI system.**

Outcomes: Increased system capacity to gather and analyze data and information and use of data and information to adjust programs and policies statewide.

Interim benchmarks and time table:

FFY 2015: Complete review of ACF feedback and develop plan, including timeline for making needed enhancements

FFY 2016: Enhancements noted in ACF feedback letter are completed and ACF determines that Minnesota’s CQI system is in substantial conformity when conducting CFSR.

FFY 2017: Complete ongoing assessment of CQI system, make additional needed enhancements

FFY 2018: Complete ongoing assessment of CQI system, make additional needed enhancements

FFY 2019: Complete ongoing assessment of CQI system, make additional needed enhancements

**Intervention 3a: Request technical assistance from Chapin Hall about analyzing and understanding data and a process for providing feedback on the analysis and conclusions.**

**Intervention 3b: Develop written policies and procedures to support an overall CQI process that is consistent statewide and broader than MnCFSR.**

**Intervention 3c: Add measures to the Child Welfare Data Dashboard to include age, race and ethnicity.**

**Intervention 3e: Expand the use of data outside the SSIS system to inform CQI, and incorporate a review process to ensure validity of quantitative data.**

**Intervention 3f: Expand CQI training opportunities for state, county, and tribal staff.**

**Intervention 3g: Evaluate and adjust MnCFSR case sampling process to ensure case selection is consistent with caseload demographics.**

**Intervention 3h: Develop and implement Indian Child Welfare Act continuous improvement process/pilot.**

**Rationale and support for interventions 3a – 3h:** The Administration for Children and Families (ACF) completed an assessment of Minnesota’s CQI system and provided feedback on the strengths and opportunities to enhance each of the five elements of a CQI system, which are more fully detailed in the system factor section of this plan. Each of the following interventions is a direct recommendation or related to direct recommendations from the ACF assessment and will contribute to the improvement of Minnesota’s CQI system.

**Goal 4: All children in foster care are visited by their caseworker at a frequency that meets their needs, at a minimum of once a month.**

Rationale: Caseworker visits are a critical component of child welfare system procedures for ensuring the safety of children and the well-being of families. Caseworkers meet with children and families to monitor children’s safety and well-being; assess the ongoing service needs of children, families and foster parents; engage biological and foster parents in developing case plans; assess permanency options for a child; monitor family progress toward established goals; and ensure that children and parents are receiving necessary services. At each stage of the intervention, caseworkers, with the support of their supervisors, determine the type of supports that children and their families need to ensure that children are safe, are in or moving toward permanent homes, and have stable living arrangements that promote well-being.

In Minnesota, in federal fiscal years 2012 and 2013, children were seen face-to-face by a social worker 79.5 percent and 78.5 percent of the months they were in out-of-home care, respectively. Performance on this measure was below the national benchmark of 90 percent. The requirement that at least 50 percent of the total number of monthly visits made by social workers was exceeded in both years at 85 percent and 90.6 percent, in federal fiscal years 2012 and 2013, respectively.

Measures to be used: Child Welfare Data Dashboard, Minnesota “Child Welfare Report”, MnCFSR findings

Amount of progress to be made overall: Achieve 95 percent by the end of 2019.

**Objective 4.1: Improve the frequency of caseworker face-to-face visits with children in out-of-home placement.**

Outcomes for children, youth and families or improved elements of service delivery: Increased safety for children in out-of-home placement, increased placement stability, increased timely achievement of permanency, and increased involvement of children in case planning activities.

Interim benchmarks and time table:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
90%	95%	95%	95%	95%

**Intervention 4a: Issue a bulletin to county agencies and American Indian Child Welfare Initiative (AICWI) tribes that includes guidance on ensuring frequent, quality caseworker visits with children and youth in out-of-home placement.**

Rationale: The department convened a group of local child welfare supervisors to solicit their input on strategies for improving performance on the frequency of monthly caseworker visits. Issuing a bulletin that outlines the importance of monthly caseworker visits, state and federal requirements, state and county-specific performance, and tips for improving performance is a direct result of input from that group.

Data and analysis to support the intervention: Experience shows that issuing a bulletin is an effective way for ensuring supervisors and caseworkers, statewide, are receiving the information needed to be disseminated by the department.

**Intervention 4b: Develop and implement a plan for regular data releases to counties and AICWI tribes outlining statewide and agency-specific performance on monthly caseworker visits.**

Rationale: The department convened a group of local child welfare supervisors to solicit input on strategies for improving performance on monthly caseworker visits. The group assisted the department in developing a plan for regular data releases, including frequency and specific information to be included in the releases. The group also identified strategies for caseworkers and supervisors to improve performance that will be included in each release.

Data and analysis to support the intervention: In the 2007 PIP, the department included an action step about improving timeliness of response to maltreatment reports that included dissemination of data to supervisors in counties with low performance. In follow-up contacts with supervisors in those counties, they reported that the receipt of the data prompted them to address performance with staff, which resulted in improvement.

**Intervention 4c: Develop and implement a plan for follow-up with county agencies and AICWI tribes not meeting the 90/95 percent goal, and/or show declining performance.**

Rationale: The department convened a group of local child welfare supervisors to solicit input on strategies for improving performance on caseworker visits. The group agreed that distributing data at regular intervals would be helpful, but the data by itself would not optimize the opportunities for performance improvement. They suggested the department develop a plan for following up with counties not meeting performance standards, or demonstrating declining performance.

Data and analysis to support: Experience through MnCFSRs and other interactions with supervisors show that they have differing levels of skills in analyzing and interpreting data. Following-up to discuss data and assist them in identifying a plan for improvement and their own ongoing monitoring has proven to be effective.

**Intervention 4d: Offer Virtual Presence Communication (VPC) training for supervisors on frequent, quality caseworker visits with children and youth in out-of-home placement.**

Rationale: The supervisor group referenced above identified that a VPC would be a beneficial way to introduce the bulletin, data releases and follow-up plan.

Data and analysis to support: Evaluation results of previous supervisor VPCs indicate that VPC is an effective and preferred venue for the relay of information to agency supervisors.

**Intervention 4e: Continue to monitor performance on frequency and quality of caseworker visits through the MnCFSR. Require agencies that do not meet the 90/95 percent goal to develop specific strategies for improvement.**

Rationale: MnCFSRs have proven to be an effective method for evaluating and monitoring performance.

Data and analysis to support intervention: Supervisors report during PIP monitoring that development of specific PIP action steps to improve performance and quarterly PIP reporting, has been helpful to make improvements.

**Goal 5: Assessments and investigations are initiated in a timely manner for accepted child maltreatment reports.**

Rationale: During the initial assessment, a child protective services caseworker identifies behaviors and conditions about a child, parent, and family that contribute to the risk of maltreatment. Timeliness in initiating an assessment or investigation is a key to assuring child safety. Minnesota law requires that accepted reports alleging substantial child endangerment have an immediate face-to-face contact with a child and their caretaker.

In Minnesota, county and tribal agencies respond to approximately 18,000 accepted reports of child maltreatment annually. The majority of these reports are assigned to Family Assessment Response, a comprehensive strength-based approach to working with families where there is concern of child maltreatment. Minnesota's Family Assessment Response ensures children's safety and family stability by building on families' strengths and responding to individual needs. Family Assessment Response is the preferred intervention for reports of child maltreatment that do not allege severe abuse and neglect. When children are at serious and immediate risk of harm, agencies conduct a Family Investigation Response.

Measures to be used: The percent of children who are successfully seen face-to-face by a social worker within the statutory timelines. This is published quarterly and annually by county on the child welfare data dashboard.

Amount of progress to be made overall: Incremental improvement is expected to reach 90 percent timely contact by 2019.

**Objective 5.1: Improve timeliness of initiating assessments and investigations**

Outcomes: Increased safety for children, better ability to address family crises prior to escalation of serious issues.

Interim benchmarks and time table:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
79%	82%	84.5%	87%	90%

**Intervention 5a: Provide quarterly guidance to county and tribal agencies at Communities of Practice regional meetings.**

Rationale: Technical assistance is key to ongoing continuous quality improvement efforts, particularly within a state supervised/county administered public child welfare system. Effective technical assistance is done within the context of positive and productive professional and peer relationships.

Data and analysis to support: Minnesota has extensive experience and lessons learned within the past fifteen years regarding the importance of peer-to-peer conversations and guidance on best practices. Conducting quarterly meetings in eight locations across Minnesota assures that state and local level staff are in direct communication about challenges and successes, consistent application of policies, recommended best practices, and promotion of strength-based methods with families.

**Intervention 5b: Conduct individual technical assistance with county and tribal agencies using data tools to manage their work and performance, such as General Reports in SSIS, SSIS Charting and Analysis and the quarterly Child Welfare Data Dashboard.**

Rationale: Attention to frequently updated data and providing agencies with the ability to examine their own data, on a case-by-case basis improves performance.

Data and analysis to support: Since the timeliness to initial contact with a child subject of a maltreatment measure was posted on the public dashboard in 2008, performance has improved overall from a 2007 baseline of 57 percent of children seen timely with 4 percent having no contact recorded, to 74 percent being seen timely and less than 1 percent without a recorded contact in 2013.

## **Goal 6: Children who have experienced trauma related to child maltreatment reach optimal social and emotional well-being.**

Rationale: To focus on social and emotional well-being is to attend to children's behavioral, emotional and social functioning – those skills, capacities, and characteristics that enable youth to understand and navigate their world in healthy, positive ways. While it is important to consider the overall well-being of children who experienced abuse and neglect, a focus on the social and emotional aspects of well-being can significantly improve outcomes for these children while they are receiving child welfare services, and after their cases have closed. Emerging research suggests that most of the adverse effects of maltreatment are concentrated in behavioral, social and emotional domains. The problems that children develop in these areas have negative impacts that ripple across the lifespan, limiting their chances to succeed in school, work and relationships. Certain interventions can reduce these impacts of maltreatment.

In Minnesota in 2011, the Minnesota Department of Health surveyed 13,520 adult Minnesotans about their adverse childhood experiences. The study revealed that over half of Minnesotans surveyed had experienced at least one adverse childhood experience. For children involved in the child welfare system, we know traumatic and toxic stress caused by poverty, neglect, abuse, and caregiver depression can weaken their developing brain, disrupting and delaying the nervous, cardiovascular, immune and metabolic systems with damaging effects on learning, behavior and health across a person's lifespan. Through prevention, early intervention and child protection intervention services we are working to prevent and address child maltreatment and advance healthy development and wellbeing. Minnesota is focusing on increasing both protective factors and reducing risk factors by:

- Identifying trauma-related needs of children, families and communities
- Enhancing resources for family and community well-being and resiliency
- Including parents as key partners in improving child welfare policies, programs and practices
- Infusing the protective factors into training for all people who work with children and families
- Integrating the same knowledge, goals and vocabulary into child welfare practices and procedures to create broad and sustainable change and
- Informing parents and communities about the importance of brain development research and the impact of trauma across the lifespan.

Measures to be used: Child Welfare Data Dashboard, Annual Child Welfare Report

Amount of progress to be made overall: Achieve 65 percent of CMH Screening rates for eligible children; Achieve 70 percent of physical health exam rates for children in care and; Reduce the median length of stay in out-of-home care for children birth to age five to 5.3 months by 2019.

**Objective 6.1: Increase rate of Children’s Mental Health screening rates for eligible children.**

Outcomes: Increased rate of children’s mental health screenings conducted for eligible children as seen in the following measure: the percentage of children between the ages of 3 months to 18 years who received Child Protection, Foster Care or Adoptive Services who had at least one CMH screen during the current or previous year. Children with a prior mental health screen or assessment, or who were already under the care of a mental health professional, or were unable to be located, or who parents refused the screen are exempted from the screening requirement.

Interim benchmarks and time table:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
53%	55%	57%	58%	60%

**Objective 6.2: Increase rate of physical health exams for children in care.**

Outcomes: Increased rate of physical health exams for children in foster care as seen in the following measure: The percentage of children in out-of-home care for 30 or more days during a calendar year, who received either a medical exam or a comprehensive child and teen checkup, during that calendar year, or the year before.

Interim benchmarks and time:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
60%	63%	65%	68%	70%

**Objective 6.3: Reduce the time that children age birth to age five spend in foster care.**

Outcomes: The time to permanency of any type will be reduced for children age birth up to five who are in foster care as seen in the following measure: The percentage of children who are discharged to permanency within 12 months of entering foster care for all children who enter foster care in a 12-month period.

Interim benchmarks and time table:

What was the median length of stay, in months, for kids in foster care who exited between ages birth to five?:

FFY2015	FFY2016	FFY2017	FFY2018	FFY2019
5.9 months	5.7 months	5.5 months	5.4 months	5.3 months

Note: Minnesota is setting modest targets for this objective as we hope to also reduce the number of children who are removed for periods of less than three days.

**Intervention 6a: Implement a protocol for children in out-of-home placement due to child maltreatment that includes an SSIS automated pre-screening for trauma exposure, children’s mental health screening and when indicated by the pre-screen rating, a trauma-informed screening interview**

Rationale: Given the impact of trauma on early brain development and across the lifespan, it is important to promote social and emotional well-being of children involved in the child

protection system. Included is an expectation that children in out-of-home care due to child maltreatment are screened for trauma. Screening for trauma exposure is one way to address child maltreatment and advance healthy development and well-being.

Data and analysis to support: Minnesota's data was analyzed to determine if existing instruments could be used to assist with trauma screening. A recent report from the Children's Research Center of the National Council on Crime and Delinquency provided analysis and recommendations to ensure Minnesota children in out-of-home care due to child maltreatment are screened for trauma as required by the federal government. This report shows that pre-screening for trauma exposure can be done by pulling information from tools already used by case workers during a Family Assessment or Family Investigation. For more than a decade, Minnesota social workers have been required to conduct mental health screening for children who receive case management services or who are placed in out-of-home care. The trauma pre-screen and a related trauma interview protocol will compliment this already existing requirement.

### **Intervention 6b: Increase use of Family Group Decision Making conferencing earlier in the life of a case**

Rationale: Family group Decision Making is a family centered process that recognizes the importance of involving family groups in decision making about children who need protection or care. These conferences can be initiated by child welfare agencies whenever a critical decision about a child is required. The principles and values of Family Group Decision Making are consistent with the Minnesota Child Welfare Practice Model. The conferencing process brings together family members, child protection workers and others who support the family to help in the decision making on how best to keep the child safe and identifying who will commit to resource and actions within the safety plan.

Data and analysis to support: Minnesota has extensive experience with Family Group Decision Making including two studies on the work of past Family Group Decision Making grantees. Family Group Decision Making conferences are most often offered within child protection situations and with high risk situations that require comprehensive safety planning. When children must be placed away from their parents, children were found to be more likely placed with or find permanency with relatives when FGDM is provided. By offering Family Group Decision Making earlier in the life of a case we believe we can safely keep more children at home with their parents or, if placement is necessary, identify relative placement resources sooner.

### ***Staff Training, Technical Assistance and Evaluation***

The child welfare staff development and training described in Attachment A includes a listing of all training sessions available through the Minnesota Child Welfare Training System (MCWTS). All are designed to support the goals and objectives of this plan; to achieve safety, permanency and well-being for all children served through the child welfare system. QA staff assists in identifying training needs for specific county and tribal agencies based on results of MnCFSR findings.

The goals and objectives included in this plan are among the greatest challenges in the state's child welfare system. Training, technical assistance and evaluation activities are targeted at those goals and objectives and are geared to improving casework practice and services to families to ensure safety, permanency and well-being. Technical assistance activities are comprehensive and statewide, including but not limited to:

- Quality Assurance staff offer individualized technical assistance to county and tribal agencies specific to findings and strategies included in their Program Improvement Plan (PIP) based on MnCFSR findings. These activities may include: providing information regarding available training and developing a plan to address training needs, assistance in analyzing data, facilitation of a structured change process (e.g., DAPIM, Kaizen, Six Sigma, etc.).
- Responding to data questions or issues outside of MnCFSR-related activities.
- State-facilitated structured change processes outside of MnCFSR-related activities.
- Developing and disseminating practice guides to provide additional information, policy and best practice on specific items identified as statewide issues.
- Quarterly Communities of Practice meetings held regionally across the state to give social workers an opportunity to receive technical assistance, share best practices and address areas of concern related to strength-based family engagement strategies in early intervention and child protection interventions.
- Connecting county and tribal agencies with other organizations (public and private).
- Training on statewide practice issues via Virtual Presence Communication (VPC).
- Technical assistance and consultation, as needed, and as issues arise, by all program staff.

The Child Safety and Permanency Division, Research and Evaluation Unit, conducts evaluation and research activities on an ongoing basis to support the work of the Child Safety and Permanency Division, county and tribal agencies. Staff will continue to respond to program specific questions and concerns through data research, evaluation and analysis as questions and concerns arise. Additional planned activities include:

- Exploration of the feasibility of developing and issuing periodic continuous improvement briefs (e.g., the "Minnesota Child Welfare Continuous Improvement Brief: Examining Child Re-entry into Out-of-home Care" issued in 2013) that support the goals and objectives of the plan.
- Regular data releases that highlight county and statewide performance on key child welfare data indicators. Underway are plans for issuing monthly data releases specific to the frequency of caseworker visits with children in foster care. Data releases will include requirements and policy expectations, performance data, and tips for supervisors and caseworkers on improving performance. This initial data release is scheduled to occur in summer 2014, with plans to add other key indicators, e.g., timeliness of response to maltreatment reports, in the future.

### ***Implementation Supports***

To promote successful implementation of the department's goals and objectives, the main challenge at the department is to ensure staffing levels are augmented and preserved. The

division has experienced a large number of staff retirements in the past year, and has consequently lost a great deal of institutional knowledge.

## **4. Services**

### ***Child and Family Services Continuum***

#### **Child Abuse and Neglect Prevention, Intervention, and Treatment Services**

It is state policy “to protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, families are best served by interventions that engage their protective capacities and address immediate safety concerns and ongoing risks of child maltreatment.” [M.S. 626.556, subd. 1]

Minnesota has a Differential Response Child Welfare Continuum. The child protection system responds to situations where children are alleged to be maltreated, and it helps support families to safely care for their children. Their role is to assess for child safety, risk factors, and family strengths and needs. Sometimes the child protection agency determines that a family needs services to help support them so they can safely care for their child. Services for families may include family counseling, parenting education, assistance in applying for financial benefits, helping a family access services such as early childhood or special education, and/or helping the family meet basic needs such as housing and food.

The Differential Response Continuum means that accepted reports of child maltreatment may receive one of two responses: Family Assessment or Family Investigation. Once a report of maltreatment is made, a screener reviews the initial information about the concern and decides whether or not the report meets the statutory criteria for a child protection response. If it does, the agency determines if the allegations require a Family Investigation or a Family Assessment. Family Investigations are not needed for many struggling families who want what is best for their children. State law designates that a Family Assessment Response is the preferred approach, except in situations that include sexual abuse, egregious harm, and/or maltreatment in a child daycare or foster care home.

#### **Family Investigation**

In a Family Investigation, a child protection social worker interviews:

- The child, who is the alleged victim of the maltreatment
- The child’s parents
- The alleged offender of the maltreatment, and
- Other people, such as school staff or medical providers, who may have information regarding the child’s safety.

Child protection social workers must make two decisions, known as determinations, in every Family Investigation. They determine if:

- The child was abused or neglected
- Child protection services are needed to ensure a child’s safety in the future.

If a parent or other interested party disagrees with determinations, they have the right to ask the social service agency to reconsider the decision. Parents have the right to ask for further reconsideration by the Minnesota Department of Human Services.

If there is a preponderance of evidence that a child has been a victim of maltreatment and the harm was caused by an act, or failure to act, by a person responsible for their child’s care, the county or tribal child protection worker makes a determination that maltreatment has occurred. Social workers often coordinate investigations with law enforcement, which may be involved if there are criminal allegations in a report. Workers assess a child’s safety and risk of possible future maltreatment. Child protection investigators strive to engage families in a positive working relationship to resolve issues. Most families successfully resolve child safety issues and do not need services beyond an investigation.

Social workers have 45 days to complete an investigation and make determinations. They are required to notify parents and the alleged offender of their decisions within 10 days.

Social workers have 30 days to develop a service plan with a family. Plans include goals and steps to take to address identified issues.

When child protective services are needed to ensure a child’s safety, a child protection “ongoing” social worker will be assigned to work with a family. This social worker will:

- Meet with a family to assess strengths and needs
- Develop a service plan to address child safety and other issues that impact child and family well-being.

In most cases, parents agree to work with child protection services. If a parent or caregiver refuses to participate, social workers will consult with the county or tribal attorney, and a Child in Need of Protection or Services (CHIPS) petition may be filed. The CHIPS petition would seek either:

- Temporary legal custody of a child
- A court order that the parent or caregiver participate in services.

If a CHIPS petition is filed, court hearings will be held to determine if a family will be court ordered to work with the child protection agency.

Placement in foster care may be considered if a child protection social worker or law enforcement believes that a child is not safe in the care of their parents. Only law enforcement and the courts have authority to place a child in foster care.

If a social worker believes a child needs to be placed for safety reasons, they can ask the parent to sign a Voluntary Placement Agreement. If the parent does not agree to this, the worker can request that law enforcement place a child on a 72-hour hold, or they can file a CHIPS petition.

If a child is to be placed in care, social workers will typically ask parents for names of relatives or friends who can provide a safe, temporary home for the child. Out-of-home placement is a stressful experience for both children and parents. Any time this stress can be decreased by placing a child with a person known to them, who can safely care for them, workers will strive to do this.

74 percent of child maltreatment reports screened in for a formal response receive a Family Assessment. The other 26 percent of reports receive a Family Investigation.

### **Family Assessment**

In a Family Assessment, no determination of maltreatment is made. In these situations, a county or tribal worker meets with all family members together to discuss and assess child safety concerns, and reviews the family's strengths and needs. Each family is unique; child protection workers assess what services, if any, a family needs, and makes efforts to provide the identified services that will best help the family, and in turn assure child safety.

### **Citizen Review Panels**

Citizen Review Panels involve community members in ensuring that the child protection system works well, protecting children from abuse and neglect. Panel members review and evaluate various aspects of child protection systems at the state level and in their communities. Panels have 11 to 16 citizens and representatives from:

- Community agencies
- County child protection systems
- Minnesota Department of Human Services.

The following are examples of activities done by Citizen Review Panels:

- Evaluate the extent to which county and tribal agencies are effectively handling child protection responsibilities
- Review child protection policies, practices, and procedures and make recommendations for needed changes
- Reach out to the public to assess the impact that current procedures and practices have on children and families in the community
- Analyze trends and recommend policy or practice changes
- Offer insight that those working within the system may miss
- Provide feedback on what is or isn't working
- Provide outside validation of the child protection system's successes and staff efforts
- Increase community understanding of, and investment in, the child protection system
- Provide input on the use of community resources
- Advocate for needed services and resources to protect children from abuse and neglect
- Prepare an annual report highlighting panel activities and recommendations to improve the child protection system.

Federal law requires that each state have at least three Citizen Review Panels to receive federal funding for child protection efforts. Panels currently operate in Chisago, Hennepin, Ramsey, Winona and Washington counties. The department plans to expand citizen review panels throughout the state.

These community volunteers, appointed by the Minnesota Department of Human Services commissioner and county commissioners, serve an initial two-year term. Panel members must be sensitive to diversity, maintain confidentiality and attend training on:

- Strength-based approaches to working with children and families
- Cultural considerations, including the Indian Child Welfare Act and heritage preservation
- Permanency laws and social work practice, including reasonable efforts towards family reunification, case plans, Structured Decision Making, out-of-home placement and alternatives to family reunification
- Legal and court processes for Children in Need of Protection or Services
- Brain development and the effects of child abuse and neglect
- Child development and attachment
- Trauma-informed practices and services
- Disparities in the numbers of children and families of color involved in the child protection system
- Dynamics of domestic violence
- Chemical and mental health, poverty and physical health issues.

Panel members provide their outside perspective on the internal workings of the child protection system. To accomplish this, they meet monthly to:

- Review records, case files and reports
- Gather information through interviews and observation
- Provide independent insight
- Report findings and recommendations to key leaders
- Receive ongoing support and consultation from tribal and county agencies and department staff.

## **Foster Care**

Children thrive best when with their families. Family preservation efforts are provided to prevent out-of-home placement whenever possible. Most often, foster care is temporary and children are reunited with their parents within a short time.

When children must enter foster care, relatives and kin are sought to care for them. Preserving relationships with family members is crucial to a child's sense of safety and well-being. When relatives and kin are not available, county social service and private foster care agencies recruit community members to become foster families.

Whenever possible, foster care enables children to:

- Remain in their communities
- Remain close to their siblings, other family members and friends
- Attend the same schools, team events, cultural and social activities.

Foster families play a critical role by caring for children and providing support to their families. This relationship can continue after children return home. Foster families may provide:

- Temporary, short-term care to children in crisis. They provide a bridge with birth parents to enable children to return safely home, or to an adoptive or another permanent family.
- Long-term care through Concurrent Permanency Planning. Foster families work with birth families to reunite children with their parents. When reunification is no longer possible, foster families may be asked to make a permanent commitment to their foster children by adopting them.
- Respite care to children with special needs whose families may need a short break from their daily routine.

Beginning January 2015, adoptive, foster families, and relative custodians will care for children under a single set of financial benefits and streamlined processes. The changes are part of a new program called Northstar Care for Children. It is designed to help children who are removed from their homes for protection or disability, and follows them to an adoption or transfer of custody to a relative if a child cannot be safely reunified with their parents. It combines three child welfare programs – family foster care, Adoption Assistance and Relative Custody Assistance – to create simpler, uniform benefits for children age 6 and older, and benefits that are coordinated, though not uniform, for children age 5 and younger. No child in placement prior to implementation of the new law will experience changes in benefits or processes as long as they remain with the same caregiver and do not change legal status. A fact sheet, [Northstar Care for Children \(PDF\)](#), provides an overview of the program. More comprehensive information about the program, including administrative details, is on [CountyLink](#).

In Minnesota, more than 70 percent of children in out-of-home placement were in a home setting.

### **Family Preservation Services**

Over the last decade, child welfare systems have been making a philosophical shift in practice toward strengths-based, collaborative work with families, and away from the interventionist, expert approach that was more common in the past. The Minnesota Child Welfare Practice Model reflects this shift in practice. The Parent Support Outreach Project (PSOP) is an example of a program that the department has developed in conjunction with this philosophical and cultural shift in child welfare practice. All counties and AICWI tribes offer PSOP, offering voluntary child welfare services to families experiencing stress, often as an effort to prevent future maltreatment.

The Parent Support Outreach Program offers voluntary, supportive, strengths-based family driven services to those identified to be at risk to prevent child maltreatment from occurring. PSOP provides voluntary support for at-risk families identified through screened out child maltreatment reports, community referrals, or self-referrals.

State appropriations for fiscal years 2014-2015 will allow statewide implementation of PSOP and serve approximately 4,000 at-risk families per year.

Many reports of possible child maltreatment are received by county and tribal social services but are “screened out” from further action because the reported incident does not reach the legal standard of abuse or neglect. In many of these cases, however, there are factors that put children at potential risk. To help those families, and possibly avert future incidents of child maltreatment, the Parent Support Outreach Program was developed to provide outreach and support to families with at least one child under age 10 who is screened-out from a child protection intervention. PSOP offers voluntary, supportive, strengths-based, family-driven services before risk of child maltreatment is realized in an abuse or neglect incident that would require formal child protection intervention.

Research on Parent Support Outreach found that families with high levels of need related to poverty or to chemical dependency, and that received services targeted to those issues, were less likely to have a subsequent accepted report in the child protection system than families with similar identified problems but who received no services. The research also showed that high levels of PSOP implementation had greater reduction of screened in child maltreatment reports.

### **Family Support Services**

The 2013 Minnesota Legislature appropriated funds for statewide expansion of the PSOP program. The PSOP is now in all 87 counties and the American Indian Child Welfare Initiative tribes (AICWI).

#### **Family Assessment Response**

Family Assessment Response (FAR) describes a comprehensive strength based approach to working with families where there is a concern about child abuse or neglect. It is a comprehensive, strengths-based approach to working with families when there is a concern of child abuse or neglect. The approach ensures children's safety and family stability by

building on families’ strengths and responding to individual needs. Both children and parents get the help they need without being labeled.

Family Assessment Response gives child protection workers flexibility to decide how to best meet children’s and families’ needs. Extensive research has found that children are safer and families are healthier when family support services are quickly made available and targeted to specific needs.

With this approach, workers examine child safety and maltreatment risks, but also identify family strengths and needs. This allows social workers to better support families and refer them to the community resources they need.

When families lack some of life’s basic necessities, such as adequate housing, food, transportation, health care, and access to safe and affordable child care, they may not be able to safely care for their children. Some families need services such as counseling to address relationship concerns or child behavior issues, treatment for drug or alcohol problems, or parenting education about topics such

Every year, Minnesota county and tribal agencies accept about 18,000 reports of abuse or neglect. The majority of reports, about 74 percent, are handled through the Family Assessment Response, but about 26 percent require a Family Investigation.

as child development and positive discipline. Families under stress and with limited supports are at a higher risk of child abuse and neglect. Social workers connect families with community resources to address unmet needs to reduce stress and lower the risk of abuse or neglect.

Social workers help families identify strengths to build on to keep children safe and improve families' lives. Identifying what parents do well, such as showing affection or providing a good home for their children, offers more possibilities for family well-being than documenting failures. Building on these strengths and calling in family resources, such as relatives or friends who can help solve problems or provide assistance, helps parents raise their children in safe, healthy, nurturing environments.

Family Assessment Response helps reduce negative labeling of parents involved in the child protection system. Through the program, social workers help develop a partnership among families, agency staff and the community to keep children safe. No determination of abuse or neglect is made, thus parents are not labeled as abusive or neglectful. Families and social workers often consider this a more effective and empowering way to address child protection concerns.

Although there are times when child protection services are needed to keep children safe, and to support and strengthen families, in most cases, government intervention is not necessary over the long term. Family Assessment Response social workers help to link struggling and isolated families with resources in their communities, including schools, neighborhood centers, churches, food shelves, child care centers and family day care, neighbors, extended family and social service agencies. This helps to decrease family isolation, which leads to greater safety for children. Communities also become stronger by ensuring they are connected with all families, including those who are struggling.

The Family Assessment Response program is successful because it:

- Allows flexibility to meet children's and families' needs when child abuse and neglect are reported
- Enables successful parenting with minimal negative labeling
- Applies limited county and tribal resources more effectively to help families in crisis
- Meets individual families' needs to ensure child safety and well-being
- Elicits broader community participation in supporting families and keeping children safe.

### **Family Group Decision Making**

Family group Decision Making (FGDM) is a family-centered process that recognizes the importance of involving family groups in decision making about children who need protection or care. FGDM can be initiated by child welfare agencies whenever a critical decision about a child is required. In FGDM processes, a trained coordinator who is independent of the case brings together family members. The processes position the family group to lead decision

African American and American Indian children have been given priority access to family group conferences due to their disparate child welfare outcomes in Minnesota.

25 percent of all conferences are targeted to early stages of a child protection case and focus on safety and placement prevention.

making and the agency agrees to support family group plans that adequately address the agency's concerns for child safety, well-being and permanency. The goals of FGDM include:

- Engaging families in planning for the safety and well-being of their children so that children may safely remain in their family home whenever possible
- Safely reducing the number of children in placement and safely reduce the lengths of stay in out-of-home placement
- Reducing racial disparities in Minnesota's child placement system
- Providing planning for youth aging out of foster care placement and transitioning to independence.

This approach is just one of many ways in which Minnesota county and tribal social workers build safety for children in their family homes, to plan for permanency when children cannot safely return home, and to assist youth in foster care transition to independence

### **Signs of Safety**

The Signs of Safety approach to child protection casework was developed through the 1990s in western Australia. It was created by Andrew Turnell and Steve Edwards, in collaboration with more than 150 west Australian child protection workers and is now utilized in many other countries. This strengths-based and safety-focused approach to child protection work is grounded in partnership and collaboration. It expands the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilize and strengthen a child's and family's situation. Specialized tools that are used at different points in the life of a case include: Mapping (for thinking your way into and through a case); harm and danger statements (used to build sharp safety goals); three houses and safety house (tools to bring a child's voice to the table); words and pictures (to provide a coherent story to a child about why child protection staff is involved and what the roles are).

### **Services to Support Reunification, Adoption, Kinship Care and Independent Living**

Children of all ages need permanent, stable, loving families. The department ensures that Minnesota children placed for adoption within the state or across state or international lines benefit from all legal protections, and that they and their families receive support and social services to meet their individual needs. Adoption creates a legal parent/child relationship for:

- Children whose birth parents make an adoptive plan
- Children adopted from outside the United States
- Children adopted by stepparents
- Children who come under guardianship of the state.

When courts terminate parents' rights, children are placed in foster care and committed to guardianship of the commissioner of the department. The department's goal is to find permanent homes, preferably through adoption, for all children under the commissioner's guardianship. County social service agencies caring for children are responsible for

identifying children's needs, finding an adoptive family and supporting the adoption placement. While children under state guardianship range from newborn to age 18, many are older than age 6, are members of sibling groups and have significant special needs.

The process of adopting a child under state guardianship entails the following:

Of the 355 Minnesota children who need adoptive homes immediately:

- 69 percent are age 6 and older
- 60 percent are children of color
- 46 percent are siblings who need to be adopted together

- A court terminates parental rights and places a child under state guardianship
- County agencies select a family who can best meet a child's needs
- County or private adoption agencies assist and support the creation of a new family
- The court finalizes the adoption.

To support families who adopt children and address the need for short-term intervention services, the department funds a program through the MN ADOPT called HELP. The program is designed to streamline the referral process; and to provide immediate interventions that may include:

- Availability of referral to statewide therapeutic services
- Full-time clinical specialists
- Individual Education Program (IEP) assistance in schools
- Professional guidance and support
- Tools and resources to minimize a crisis.

The Child Safety and Permanency Division received a federal grant that will allow the department to address the high rate of homelessness among foster youth. Currently, resources required to create an effective, systemic, statewide model of evidence-based interventions aimed to end homelessness among youth and young adults with child welfare involvement are limited and not targeted. Identifying youth with child welfare involvement who are most at risk of homelessness is necessary for prevention, and for efficient and effective delivery of targeted services to foster youth statewide. The goals of this project are to:

- Develop a plan to create or modify an array of existing targeted services to ensure no foster child is homeless, and all foster youth have access to resources and intervention services they need to prevent homelessness
- Build on the preliminary intervention framework developed by the U.S. Interagency Council on Homelessness
- Design an intervention strategy for foster youth who may be most at risk of homelessness
- Develop services that support outcomes for foster youth, such as:
  - Stable housing

According to the 2013 Wilder Research study, "Homelessness in Minnesota," there are more than 10,200 homeless people in Minnesota on a given night. Nearly half are age 21 and younger. More than 1,000 are youth on their own. Thirty-five percent of youth who are homeless were in foster homes at one time.

- Permanent connections
- Education and employment
- Social and emotional well-being.

## **Well-being**

The Minnesota Children’s Trust Fund, along with state and national partners, is engaged in dynamic and effective efforts to prevent child maltreatment and promote family and community well-being. Minnesota’s work is aligned with the national Office on Child Abuse and Neglect in the prevention of maltreatment efforts around four areas:

- Focusing on well-being, which includes how children and youth navigate their daily lives in healthy, positive ways; how they engage in relationships, cope with challenges and handle responsibilities.
- Promoting protective factors as key strategies to enhance well-being
- Supporting evidence-informed and evidence-based practices
- Strengthening critical partnerships and networks.

The Minnesota Children’s Trust Fund emphasizes a strengths-based approach based on the six protective factors that research shows are linked to lower incidence of child abuse and neglect. Experiencing a chronic stressful condition such as neglect or abuse creates what scientists call toxic stress and can disrupt developing brain architecture. Children who are exposed to serious early stress develop an exaggerated stress response that, over time, leads to serious difficulties in learning, memory and self-regulation. It also weakens their defense mechanism against diseases from heart disease to diabetes to depression. This impacts not only the cost to the health care system, but also human potential.

Protective factors are conditions in families and communities that when present, work to increase the health and well-being of children and families. These attributes serve as buffers to toxic stress by helping families find resources, supports, and coping strategies that allow them to parent effectively. The Six Protective Factors are:

- Nurturing and Attachment
- Knowledge of Parenting and Child Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents
- Social and Emotional Competence of Children.

When children are nurtured, they can grow up to be happy and healthy adults. But when they lack secure and healthy attachment to a caring adult, receive inconsistent nurturing, or experience harsh discipline or sexual abuse, the consequences can affect their lifelong health, well-being and relationships with others. Child abuse and neglect affects children of every age, race and family income level. Studies have shown that when multiple risk factors are present, the risk for abuse and neglect are greater.

The Children’s Trust Fund organizes activities around promotion of social and emotional well-being for children and families who have experienced maltreatment, trauma, and/or

exposure to violence. Child maltreatment is a traumatic experience, and the impact can be profound. Research has shown that the challenges are significant for children and families who have experienced trauma. The trauma of child abuse or neglect has been associated with increased risk of: Depression and suicide attempts, substance abuse, developmental disabilities and learning problems, social problems with other children and adults, teen pregnancy, lack of success in education, domestic violence and chronic illnesses, including heart disease, cancer and chronic lung disease, among others.

Traumatic and toxic stress caused by poverty, neglect, abuse, and caregiver depression can weaken the developing brain, disrupting and delaying the nervous, cardiovascular, immune and metabolic systems with damaging effects on learning, behavior and health across a person's lifespan.

To prevent child maltreatment and advance healthy development and well-being, the department is focusing on increasing both protective factors and reducing risk factors by:

- Identifying trauma-related needs of children, families and communities
- Enhancing family and community well-being and resiliency
- Including parents as key partners in improving child welfare policies, programs and practices
- Infusing the protective factors into training for all people who work with children and families
- Integrating the same knowledge, goals and vocabulary into child welfare practices and procedures to create broad and sustainable change
- Informing parents and communities about the importance of brain development research and the impact of trauma across the lifespan.

Positive outcomes for children are more likely when social services are tailored to the unique needs of diverse communities. In response to concerns about children of color and American Indian children in Minnesota being disproportionately represented in the child welfare system, the department is working on several initiatives, including:

- Developing and promoting culturally competent services that strengthen families and communities. This includes publication of "A Practice Guide for Working with African American Families in the Child Protection System" (PDF) a tool primarily intended for use by social workers.
- Pursuing cultural competency at the individual level through training, that include:
  - Course catalogs that describe training for child welfare workers in cultural competency and diversity are on the [Minnesota Child Welfare Training System](#) website.
  - Guidance on selecting a [culturally competent provider](#).
  - [Culturally competent mental health services](#).
  - [Directory of Minnesota Organizations Serving Diverse Populations \(PDF\)](#).
  - A [2012 Health Resources directory](#), created by the Refugee Health Program at the Minnesota Department of Health, which includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott and Washington counties.

## ***Service Coordination***

The continuum of child and family services available in Minnesota is administered at the county level. As such, much of the service coordination essential to clients takes place at the county level through cooperative working relationships with community-based service providers, multi-disciplinary team models of service and delivery and case management services. Service coordination is supported by the department through strategic support functions such as training, information and technology systems, quality assurance and policy development.

Children's Trust Fund is an example of leading strategic partnerships focused on birth to 3 child populations, integrating parent leadership, Minnesota Café Model discussions, and advancement of a strengthening families approach and promotion of the six protective factors within a cultural lens.

CTF is working in partnership with Prevent Child Abuse Minnesota to implement Parent Leadership for Child Safety and Permanency. The initiative promotes parent involvement and shared leadership in support of key child welfare system enhancement goals including:

- Including parents as key partners in rethinking and improving strategies that focus on continuous improvement for child safety, permanency and well-being outcomes
- Connecting parents to policy and practice review and initiatives
- Advancing the use of family-centered strength-based practices
- Meeting the federal mandate of the Community-based Child Abuse Prevention Program (CBCAP) under the Child Abuse Prevention and Treatment Act (CAPTA) to "...develop leadership roles for the meaningful involvement of parents in the development, operation, evaluation, and oversight of programs and services."

A team of diverse parent leaders informs child welfare policies, program and practices to help translate "protective factors" language into understandable, concrete information parents will use, to help promote the protective factors as a child abuse and neglect prevention strategy, and to promote the discussion of strength-based parenting in communities. Members of the Parent Leadership Team serve two-year terms.

The Minnesota Café Model utilizes components from the National Parent Cafes and Community Cafes. The Minnesota Children's Trust Fund, Prevent Child Abuse Minnesota, Minnesota Child Care Resource & Referral, and Child Development Services have committed to statewide training of parents, professionals, and community members in utilizing the Minnesota Café Model. The Minnesota Café Model can create profound changes within families and communities that start with meaningful conversations. The Model is driven by the knowledge that parents can, must, and do tap into their wisdom and resources in order to strengthen their own families. It helps build the protective factors that benefit parents, children, their families and communities.

CTF's public awareness efforts include strategies such as:

- African American Babies Project

- Safe Place for Newborns
- A statewide awareness campaign
- Website development and maintenance
- Development of promotional materials and dissemination
- February Parent Leadership Month
- April Strengthening Families to Prevent Child Abuse Prevention Month.

The FGDM grant initiative for calendar years 2014 and 2015 is implemented in partnership with 15 county grantees representing a total of 52 county agencies and four tribes. Funding may be extended through CY 2016 and 2017, depending on availability of federal funds; \$1,366,090 is allocated for CY 2014 and \$1,366,090 for CY 2015 to fund the initiative. Grant recipients are required to provide a non-federal cash match of 25 percent of the total budget. In past years, grantees have significantly surpassed this 25 percent contribution.

### ***Service Description***

The following categories of Title IV-B, subp. 2, services are available statewide.

#### **Family Preservation**

Services available to families and children include: Child welfare assessment; court-related services; family-based crisis services, counseling services, and life management skills; family services for Family Assessment Response; Family Group Decision Making; Family Assessment Response; Parent Support Outreach Program; respite care; general case management; children’s mental health; family and community support services; child general case management; children’s mental health case management, family-based services and therapeutic support of foster care.

#### **Family Support and Time-limited family reunification**

Services available to families and children include: Information and referral, community education and prevention, health-related, housing, social and recreational, home-based support, homemaking, individual counseling, respite care, group counseling, Family Group Decision Making, adolescent life skills training, and specialized case management.

#### **Adoption promotion and support services**

Services available to families and children include: MN ADOPT, a coordinated system to provide a State Adoption Exchange and adoption information, referral and training for adoption professionals, adoptive families and persons interested in adoption. In addition, the state provides more intensive, therapeutic services for adopted children and their families through the Public/Private Adoption Initiative (PPAI) and the state’s grant contracts with private, non-profit adoption agencies.

### ***Service Decision-making Process for Family Support Services***

#### **Family Group Decision Making**

Grant funding to support the implementation and spread of FGDM in Minnesota has been available since January 2000. Grants are provided to qualified county and tribal agencies in response to a Request for Proposals (RFP) process initiated by the department. Requests for Proposals are posted on the department’s website. The purpose of the FGDM grant initiative is to support and spread FGDM services to Minnesota counties and tribes that are

interested in embedding this service within their child welfare service system. Grantees are expected to provide family group conferencing to a minimum of 25 percent of families early in the life of a case, and commit to at least one department priority, including increasing conferencing services to American Indian families and families of color. It is understood that as additional counties and tribes are added to the grant initiative, funds will be proportionally allocated to agencies according to need and available funding.

### **Family Assessment Response**

All of Minnesota's 87 counties and Leech Lake and White Earth Bands of Ojibwe, receive funding for Family Assessment Response. Allocations are made to each agency based on a formula of the number of Family Assessment Responses completed by the agency in the most recent complete year of data. Funding is used to provide supports, services, and case management to families being served within Family Assessment Response. Once a Family Assessment is completed by a county or tribal social service agency, the majority of services to families are provided by contracted community-based agencies in partnership with county/tribal case managers.

### **Signs of Safety**

All counties and tribes are invited to participate in Communities of Practice and Signs of Safety support efforts. Participation is based on interest and is not required. The agencies are community based local county agencies and tribes that provide family-centered services that draw on the strengths and supports of families, relatives, kin and community-based resources.

### ***Populations at Greatest Risk of Maltreatment***

Populations at greatest risk of maltreatment are identified according to the following data:

- Families reported for child maltreatment and screened in who received a Family Assessment
- Families reported for child maltreatment but screened out from a formal response because the concern had not yet reached the threshold of child maltreatment
- Children at risk of out-of-home placement, or in placement and requiring permanency or youth transition services.

### **Services to address at-risk populations**

A random clinical trial evaluation of the Family Assessment Response found lower re-reporting of child maltreatment, lower out-of-home placements, greater family satisfaction and lower costs over time compared to a control group that received a traditional Family Investigation. The evaluation by the Institute of Applied Research is on the department's Child Protection Web page, [www.dhs.state.mn.us](http://www.dhs.state.mn.us).

The Parent Support Outreach Program serves families that were referred for child maltreatment concerns, but were screened out from a formal response because the report did not reach the threshold for child maltreatment. Minnesota screens out approximately two-thirds of all maltreatment referrals. These referrals do not meet the statutory definition of child maltreatment, but most families have significant exposure to child

maltreatment risks. Families referred, but ruled out, for a child protection assessment or investigations are prioritized. Families are offered voluntary family support services to address risk factors for child maltreatment or unmet needs that threaten the stability of the family. Families often have a past report of child maltreatment; that may result from annual incomes below the poverty level, high levels of social isolation, or a caregiver with mental health concerns. The American Indian Child Welfare Initiative (AICWI) tribes are building the infrastructure to serve those at greatest risk of maltreatment.

Families experiencing poverty or significant substance abuse concerns are at greatest risk of maltreatment issues. The families that receive services for these issues are found to have lower rates of subsequent child maltreatment reports than families not engaged in services.

Family Group Decision Making conferences are conducted for many children seeking reunification with their families or alternative permanency options. Conferences also assist youth transition to independence.

### ***Services for Children Under Age 5***

The department is providing policy guidance for referral of children under age 3 when involved in a substantiated case of maltreatment, as described in Part C of the Individuals with Disabilities Education Act for Infant and Toddler Intervention/Early Childhood Special Education. The Child Abuse Prevention and Treatment Act requires all children under age 3 who are determined victims of child maltreatment to be referred for services. Minnesota requires all children under age 3 who are involved with a substantiated report to have an Infant and Toddler Intervention referral.

The Social Service Information System (SSIS) identifies cases in which the referral is mandated and cases where it is recommended. Workers document that an Infant and Toddler Intervention/Early Childhood Special Education referral is or is not made.

### **Targeted services provided to children to reduce the length of time that those under age 5 are in foster care without a permanent family**

The Minnesota Children's Justice Act Task Force has convened a "Babies Can't Wait" Task Force subcommittee. This subcommittee focuses on improvements for children in foster care, ages birth-5. Tasks for improvement include: Providing training on health and development for young children to those working in the court system, creating benchcards for judges, and providing information on relevant assessments and services for this population. A survey was conducted to identify appropriate county contacts, which will be used to disseminate information. The Minnesota Children's Justice Act Task Force created "The Babies Can't Wait Courtroom Checklist," A tool with questions that address well-being of children in the child welfare system.

**Activities that provide developmentally appropriate services to children under age 5:** Minnesota's statewide infrastructure is supported by creating a common agenda, mutually reinforcing activities and shared measurements.

The University of Minnesota Infant and Early Childhood Mental Health (IECMH) training program is designed to enhance the understanding of child welfare professionals of infant and early childhood mental health. This intensive training promotes interdisciplinary skills and policies necessary to support the social emotional development of at-risk children ages birth to five and the well-being of families.

This training is founded on a core set of infant mental health principles, asserting that child welfare services (among others) for families should be relationship-based, multi-generational, culturally sensitive, grounded in developmental and trauma theory, and supported by reflective practice.

The one-year child welfare specific program was piloted in the metro area this year and we are expanding the opportunity to counties in Greater Minnesota for the 2014-2015 academic year. The program includes a two-semester sequence of courses in early development including the application of research to practice, and three months of reflective consultation. Continuing education units as well as academic credits are available for course enrollment.

#### Building Power for Babies: Developing a Prenatal to 3 Plan for Minnesota

The governor's Children's Cabinet has appointed the Minnesota Department of Health to lead a strategy for improving the health and well-being of children during their first three years of life. The plan will include prenatal care and focus on creating a healthy start for all Minnesota children. The plan strives to eliminate health disparities based on race, ethnicity and geography. The "Building Power for Babies: Developing a Prenatal to Three Plan for Minnesota," "Prenatal to Three Framework" and "The Earliest Opportunities Matter" will be a roadmap for future action by the Children's Cabinet, state agencies, the Early Learning Council and other stakeholders.

#### Early Childhood Comprehensive Systems (ECCS)

In 2013, the Minnesota Department of Health was awarded an Early Childhood Comprehensive Systems (ECCS) grant. The purpose of the grant program is to improve physical, social and emotional health during infancy and early childhood. The goal is to eliminate disparities, and increase access to needed early childhood services by engaging in systems development, integrating activities, and utilizing a collective impact approach to strengthen communities for families and young children. The goal is to improve the quality and availability of early childhood services at both the state and local levels. Children's Trust Fund staff continues its commitment to work with the Minnesota Early Childhood Comprehensive Systems in the strategic planning, coordination and implementation process. Working to promote healthy development. This will be accomplished by promoting early detection and intervention through the following activities:

- Expanding screening and referral in health care and child care
- Supporting the Race to the Top online screening initiative
- Coordinating training on development, screening and referral.

Coordinating activities across sectors by:

- Exploring a centralized access point for existing services
- Exploring data systems to communicate across sectors.

Minnesota Maternal, Infant and Early Childhood Home Visiting program  
Child Safety and Permanency Division staff are working with the Minnesota Maternal, Infant and Early Childhood Home Visiting program to enhance, expand, and sustain evidence-based home visiting programming to better serve Minnesota's most vulnerable children.

#### A Call to Action on Behalf of Maltreated Infants and Toddlers

An assessment tool was created by the American Humane Association, Center for the Study of Social Policy, Child Welfare League of America, Children's Defense Fund and ZERO TO THREE. The document provides a development framework for child welfare policymakers and administrators to assess the socio-emotional and behavioral well-being of infants and young children, their families and communities.

#### Survey of state child welfare agency initiatives for maltreated infants and toddlers ZERO TO THREE and Child Trends

The Child Safety and Permanency Division conducted a survey of child welfare agencies nationally that solicited approaches to addressing the needs of very young children in the child welfare system. This survey was sent to all 50 state child welfare agencies to gather information about policies and practices that address the needs of maltreated infants and toddlers. ZERO TO THREE and Child Trends staff hope that through this survey they will identify policy innovations and highlight key challenges, gaps and common barriers that agencies across the nation face in meeting the needs of very young children who experienced maltreatment.

#### Statewide networking – linking child welfare and early care and education

Child Safety and Permanency Division staff are committed to work in partnership with other state and community-based agencies to improve access to and development of high quality early care and education services for young children in Minnesota's child welfare system.

#### Child Welfare – Early Childhood Collaboration

The intent of this collaborative is to improve the socio-emotional and behavioral well-being of infants and young children ages birth to 5 and their families who are in, or at risk of, entering foster care. This is done by maximizing identification, enrollment and attendance of these children into comprehensive high-quality early care and education services through collaborative service delivery. The Child Welfare – Early Childhood Collaborative (CW-EC) meets to coordinate collaborative service delivery, and to develop policy recommendations to systematically improve optimal development of children and families within child welfare practice.

#### African American Babies Coalition

Child Safety and Permanency Division staff are partners in a pilot project on brain development with the Early Childhood Training and Resource Center, the Minnesota Community Foundation, University of Minnesota Early Childhood Center, community-based family support staff and parents and daycare providers. The project goal is to promote evidence-based knowledge regarding brain development and child abuse and

neglect prevention. The target audience is frontline staff and community residents in African American communities. With community guidance, the Wilder Research Center used focus groups to collect baseline information on practices and beliefs about parenting in African American communities. Information collected will be the basis for planning and community discussions on how to adapt and promote best practices, and the latest research within African American communities. Concurrently, members of the African American Coalition are working with Frameworks Institute to craft a core story that will help change public dialogue about the importance of brain research in raising healthy children.

#### The Birth Parent National Network

Child Safety and Permanency Division staff participates in Birth Parent National Network meetings, convened by the National Alliance of Children's Trust and Prevention Funds in partnership with Casey Family Programs. Participants will plan for development of a network of birth parents to ensure a national voice for parents regarding policies and practices affecting children and families who have experience with child welfare.

#### Minnesota Café Model

The Minnesota Café Model is a collaborative effort among Child Safety and Permanency Division, Children's Development Services, Prevent Child Abuse Minnesota, and Minnesota Child Care Resource & Referral. The Minnesota Café Model Advisory Team has contracted with ZERO TO THREE to develop a Café Model that incorporates parent and provider dialogs from ZTT's "Sharing the Care" curriculum, and Illinois' "Strengthening Families Love is not Enough" Parent Café Model. ZTT worked with Minnesota's Parent Leaders to craft an experiential training that prepares participants to bring the Minnesota Café process to their own communities. Regional implementation and training of the Minnesota Café Model began in spring 2014.

#### Trauma and Adverse Childhood Experiences

Child Safety and Permanency Division staff worked with partners to align, develop and promote statewide trainings that emphasize developmental neurobiology; the Adverse Childhood Experience study; trauma-informed, resilience research; and the socio-ecologic framework oriented around a strengthening families/protective factors framework. Division staff and partners are in the process of developing a strategic plan to roll out statewide.

#### Parent Support Outreach Program/Parent Support Outreach Program-American Indian Families

The Parent Support Outreach Program/Parent Support Outreach Program-American Indian families (PSOP/PSOP-AI) is intended to fill the service gap between families who are able to seek assistance on their own and those mandated into the child protection system. PSOP/PSOP-AI pre-emptively engages at-risk families with young children screened out from receiving a child protection assessment or investigation. PSOP is a voluntary, consumer-driven family support service emphasizing respect, engagement, partnership with families, and recognition of strengths and needs.

#### Part C and SSIS enhancement

During FFY 2014, Children's Trust Fund staff will lead a team of cross disciplinary staff that will include the state Part C and Help Me Grow coordinators. The team will develop training regarding the intersect between child welfare and early childhood. The Part C SSIS enhancement created a new screen in SSIS that is completed by child protection staff working with children ages 3 and under involved in a substantiated case of maltreatment. Training, a bulletin and technical assistance will be developed to help child protection workers complete referrals for these children in SSIS.

#### Minnesota Infant and Toddler Early Intervention Referral

According to Minn. Stat., section 626.556, subd. 10n, Reporting of Maltreatment of Minors, referral to early intervention services requires that a child under age 3 who is involved in a substantiated case of maltreatment shall be referred for screening under the Individuals with Disabilities Education Act, Part C. Parents must be informed that the evaluation and acceptance of services are voluntary. The commissioner of the Minnesota Department of Human Services shall monitor referral rates by county, and annually report information to the legislature beginning March 15, 2014. Refusal to have a child screened is not a basis for a Child in Need of Protection or Services petition under Chapter 260C.

The first Infant and Toddler Intervention installation in the Social Service Information System was completed on Sept. 3 and 4, 2013. A statewide training was conducted by the Minnesota Child Welfare Training System regarding the Infant and Toddler Intervention and Referral on Sept. 30, 2013.

The referral rate by county covers the period Sept. 1, 2013, through Dec. 31, 2013. The statewide aggregate number of infants and toddlers referred for early intervention screening during this period was 246 children under age 3.

#### Help me grow national affiliate

The Minnesota Departments of Health, Education and Human Services are committed to contract with National Help Me Grow (HMG) to explore becoming an affiliate. Help Me Grow is a system that connects at-risk children with the services they need. HMG assists states in identifying at-risk children, and helps families find community-based programs and services. It is a system that builds collaboration across sectors, including child health care, healthy care and education and family support. Through comprehensive physician and community outreach and centralized information and referral centers, families are linked with needed programs and services. Ongoing data collection and analysis helps identify gaps in barriers to the system. HMG provides technical assistance in building, sustaining, and continuous improvement of its systems, and is a recognized leader in the promotion of optimal child development. The system is designed to help states organize and leverage resources to best serve families with children at-risk. Use of the system has been shown to improve access to services and encourage collaboration across sectors, while simultaneously lowering costs. Exploring HMG implementation may provide:

- Easy access to a statewide system that supports families in learning about their children's developmental needs and connects them to appropriate services
- Development of comprehensive systems of child health care, early care and education, and ensure that human service providers have the knowledge, skills and resources to

- identify children at risk
- Public officials and other key stakeholders understand the gaps in available supports and services.

#### Minnesota's Race to the Top Early Learning Challenge Grant

Minnesota received a federal Race to the Top - Early Learning Challenge grant of \$45 million for 2012-2015 to support a plan to improve results for children, and build capacity and accountability into Minnesota's early learning system. The grant supports implementation of the state's plan for early learning reform, including:

- Improving early childhood program quality and accountability
- Building a skilled early childhood workforce
- Improving access to quality early childhood programs for children with high needs
- Aligning state infrastructures around goals.

Together, elements of the plan will establish critical state infrastructure that benefits from improved inter-departmental coordination at the state level, effective data systems, accessible resources for families, and training and development opportunities for providers. Community-based Child Abuse Prevention, Strengthening Families approach and the Protective Factors framework, as well as the Minnesota Café Model for parent engagement, were components of the grant application.

#### Online screening

The Children's Trust Fund is a member of the Interagency Developmental Screening Task Force, a group that reviews and recommends developmental and social-emotional screening instruments for publicly funded programs that screen young children.

### ***Services for Children Adopted from Other Countries***

The department contracts with a private non-profit agency to manage 15 regional, in-person support groups for adoptive parents who meet monthly throughout the state. The grantee also manages online support groups for adoptive parents. Services are provided by peers.

The department contracts with a private non-profit agency to coordinate a help line for adoptive families throughout Minnesota. Clinical specialists trained in adoption provide individualized referrals to adoption-competent mental health professionals in their area. In cases where adoptive families are experiencing financial barriers to obtaining needed adoption-competent clinical services, the grantee makes financial assistance available to support clinical services during periods of instability. This can include in-home counseling. Services provided by private agencies under contract with the department include information and referral, educational programs, support programs, in-home and out-of-home counseling services available to all Minnesota adoptive families with children under age 18.

If an adoption ends in dissolution and custody of a child is transferred to the guardianship of the commissioner, the department provides the same supports as are available to all children under state guardianship.

## **5. Consultation and Coordination Between States and Tribes**

The department continues to carry out ongoing and systemic consultation and coordination with the 11 tribal organizations within the state. The Indian Child Welfare staff provide technical assistance to county social workers on implementation of the Indian Child Welfare Act (ICWA), Minnesota Indian Family Preservation Act (MIFPA), Tribal/State Agreement, and upon request and/or referral, provides policy and best practice advice on working together for Indian children and families. The Indian Child Welfare Advisory Council, Minn. Stat., 260.835, as designated by the commissioner of the Minnesota Department of Human Services, helps formulate policies and procedures relating to Indian child welfare services and makes recommendations regarding approval of grants. [Minn. Stat. 260.785, subs. 1-3] Indian Child Welfare grants, Minn. Stat. 260.785, allows the department to fund primary and special focus grants that support family preservation and reunification services to local social service agencies, Indian organizations, tribes and other entities.

### **Consultation**

Department staff meet quarterly with the Indian Child Welfare Advisory Council to review issues affecting Indian children and families, and actively work together to address disparities.

The council is represented by all 11 tribes in Minnesota, and includes urban representatives from the Duluth, St. Paul and Minneapolis areas. Names of the tribes and their representatives on the Advisory Council include:

White Earth:	Jeri Jasken
Leech Lake:	Edward Franckowiak
Red Lake:	Paula Woods
Fond du Lac:	Lisa Pollak
Grand Portage:	Roger Linehan
Prairie Island:	Vacant
Upper Sioux:	Linette Tellinghuisen
Lower Sioux:	Vacant
Bois Forte:	Angela Wright
Mille Lacs:	Ted Waukey
Shakopee:	Nancy Martin

The Tribal/State Agreement requires parties to meet annually to discuss how the department and the tribes can work together to improve outcomes and services for Indian children and families. Minnesota's Tribal/State Agreement was amended in 2007. According to the 2012 Child Welfare Report, American Indian children had the highest rate

of contact with the child protection system, more than six times more likely to be reported as abused or neglected than were White children.

American Indian children represent 1.8 percent of the general child population; in comparison to children of all races in Minnesota, American Indian children represent 14.3 percent of children in out-of-home placement. These numbers are slightly worse than in previous years.

## **Compliance Measures**

Department staff is currently working to expand qualitative measurement of ICWA compliance and best practices through two expanded quality assurance processes:

- In 2012, a supplemental ICWA practice review protocol to the MnCFSR was added and applies to those ICWA cases selected in county reviews. The state monitors statewide aggregate data and qualitative data gathered through review of ICWA cases as part of the state's quality assurance system (MnCFSR). In 2013, ICWA Addendum data demonstrated a need for increased consistency of engaging tribes and improving ICWA practices, and awareness of the need to connect children with tribal communities. Other areas needing improvement include inquiry with families as to native heritage, notification to tribes, and a need for more culturally relevant services.
- A specialized ICWA county continuous improvement review process is being developed by department staff and tribal representatives. This review will identify counties with high numbers of American Indian children in out-of-home placement and conduct an assessment to analyze county-specific performance with on-site visits, including implementation of an action plan.

## **ICWA components**

1. **Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene:** The Minnesota Indian Family Preservation Act expands and strengthens the federal Indian Child Welfare Act by requiring notification of, and providing intervention by, tribal social services when an Indian child is at risk of placement, including those cases where Indian children are voluntarily in placement. Specific policies and procedures to comply with these requirements are outlined in the department's ICWA Social Service Manual issued to each county agency. Compliance is further supported by SSIS features that include a social worker checklist and built-in documentation feature that helps counties meet ICWA and MIFPA requirements. The Minnesota Child Welfare Training System provides basic, advanced and specialized training curricula on ICWA, MIFPA, the Tribal/State Agreement, the Social Service Manual and SSIS.
2. **Placement preferences for Indian children:** Requirements to follow special placement preferences for Indian children are clearly defined in numerous citations of Minnesota statutes and rules, and are included in the SSIS feature for ensuring compliance with ICWA and MIFPA. Efforts to maintain compliance with this requirement are carried out through referral to the ICWA staff at the department for

mediation assistance, when appropriate, and procedures outlined in the American Indian Child Welfare Manual, SSIS and MCWTS.

3. **Active efforts to provide services to a family to prevent removal of an Indian child from their parent or Indian custodian, or to reunify an Indian child with their parent or Indian custodian after removal:** Requirements to provide active efforts to prevent breakup of the Indian family are clearly defined in numerous citations of Minnesota statutes, and are included in the SSIS feature for ensuring compliance with ICWA and MIFPA. Active efforts findings are required in any Child in Need of Protection or Services (CHIPS) court actions involving an Indian child/family. Qualified expert witnesses, persons designated by each Minnesota tribe, are used in Indian child custody/placement court proceedings. Additional efforts to maintain compliance with this requirement are carried out through referral to the ICWA Compliance Review Team, when appropriate, and procedures outlined in the American Indian Child Welfare Manual, SSIS and MCWTS.
4. **Tribal right to intervene in state proceedings or transfer proceedings to jurisdiction of the tribe:** This ICWA requirement is expressly defined in the Tribal/State Agreement. The agreement clearly describes transferring jurisdiction to tribal social services and tribal courts based on three levels of criteria: Mandatory transfers, conditional transfers and transfer procedures. The Social Service Manual provides procedural guidance to counties to carry out these requirements.

## **Section 422, Protections for Indian children**

1. SSIS has the capacity to gather and report on the status, demographic characteristics, location and goals for the placement of every child who is, or who has been during the previous 12 months, in foster care. Counties are able to gather data and report at the local level, and the department prepares annual reports that provide statewide information on this data.
2. Minnesota has a case review system for each child receiving foster care under supervision of the state. This now includes an Indian Child Welfare Addendum.
3. Minnesota has a service array designed to help children, when safe and appropriate, return to families from which they were removed, or placed in a permanent setting. Most of these services are carried out through local county social service agencies.
4. Minnesota has a pre-placement preventive services program designed to help children at risk of foster care placement remain safely with their families. Most of these services are carried out through local county social service agencies.

## **Activities undertaken to improve compliance with ICWA**

Training on the Indian Child Welfare Act is provided by the Minnesota Child Welfare Training System. Courses include: "ICWA training", "Concurrent Permanency Planning and ICWA", "Bridging Our Understanding: American Indian Family Preservation" and "ICWA Training of Trainers". Training topics span the history and requirements of the federal Indian Child Welfare Act of 1978, the Minnesota Indian Family Preservation Act of 1985, the Tribal/State Agreement of 2007, and the American Indian Child Welfare Manual.

Training includes an overview of legal requirements and cultural competence best practices skill development.

In February 2011, the MCWTS piloted a fully revised social work Foundation curriculum for new county and tribal child welfare and child protection workers via Web-based training (WBT) and classroom training. Various Foundation segments focus specifically on working effectively with American Indian children and families. One WBT module is titled “American Indian Child Welfare Practice.” The four chapters provide culturally relevant context to increase child welfare workers’ understanding of historic influences on today’s American Indian families, and the rationale behind laws and regulations governing work with American Indian children and families. The module introduces workers to the complex legal requirements and a framework of best practices promoted by the department. Narration of the WBT is provided by an American Indian voice. Additionally, trainees move through an interactive scenario that requires them to apply knowledge and best practices. Foundation training is also classroom-based and focuses on skill-building. Concerns that affect American Indian children and families are addressed at multiple points throughout the classroom training, and culminate with workers learning to walk through the life of an American Indian case in policy and practice applications.

The course, “Bridging Our Understanding: American Indian Family Preservation,” collaboratively written by the 11 tribes in Minnesota, is designed to help child welfare professionals understand the cultural perspectives that affect their work with American Indian children and families. The unique teaching approach challenges non-Indian social workers to reconcile practice methods with a relational world view and cultural practices of American Indian tribes in Minnesota. Workers gain knowledge of specific tribal resources that are tribally identified as fundamental to improving service development and delivery to American Indian children and families. Each course is presented by tribally affiliated trainers and representatives from various tribes in Minnesota.

This three-day course scheduled over several months offers child welfare workers a comprehensive experience to gain awareness, understanding and improved practice skills for working with American Indian children and families. Participants are required to complete pre-course assignments prior to attending the first day of class. Participants are also required to complete assignments following the first and second classes. Eighteen training hours are earned upon completion of all assignments and attendance at all three classes in the same series at the same American Indian reservation location. No partial credit hours are given.

This course also addresses the disproportionate representation of American Indian children in the child welfare system.

The “Indian Child Welfare Act Active Efforts Best Practices” guide, issued in 2007, continues to be requested and used by tribes, Indian organizations and the MCWTS. The objective of the practice guide is to provide guidance to county child welfare workers who work with American Indian children and families to build consistency and experience through active efforts practice, as required by federal and state laws. Upon request,

department staff will provide training on the practice guide for county child welfare workers who work with American Indian children and families.

Department staff is charged with providing technical assistance to counties for Indian child welfare activities and other support, as needed, to improve compliance in providing services to American Indian children and families.

### **CFSP Distribution**

A copy of the CFSP will be posted on the department's website. A notice will be sent to tribal leaders when the plan is available.

## **6. Chafee Foster Care Independence Program (CFCIP)**

### ***Agency Administering CFCIP***

The Minnesota Department of Human Services, Child Safety and Permanency Division, Adolescent Services Unit, will administer, supervise, and oversee programs carried out under this plan. The department provides oversight to counties, tribes, and grantees that directly provide CFCIP services and supports by:

- Issuing bulletins to counties and tribes regarding program requirements
- Issuing requests for proposals to community-based agencies outlining duties
- Issuing award letters to counties and contracts to tribes and community-based agencies which state the duties of agencies
- Monitoring programs through reports and site visits
- Offering training.

### ***Description of Program Design and Delivery***

The department meets the program purposes of the Chafee Foster Care Independence Act by disbursing federal funds to counties and tribes through an application process distributed annually via a department bulletin. Non-government, community-based agencies apply for Chafee funds via a Request for Proposals (RFP) process.

In 2014, the application provided for counties and tribes and the RFP for community-based agencies was developed to focus Chafee funding on goals youth must accomplish before discharge from placement. Minnesota statute requires annual court reviews of the independent living plans for youth ages 16 and older in out-of-home placement. The court is required to review progress toward the following goals prior to a youth's discharge from placement:

1. The county social service agency has provided written notification to a child, their parents or legal guardians, and the foster parents, of the availability of foster care benefits to age 21, and how to file an appeal if a request for foster care benefits is denied by the county
2. A child has obtained a high school diploma or its equivalent

3. A child has completed a driver's education course, or has demonstrated ability to use public transportation in the community
4. A child is employed or enrolled in post-secondary education
5. A child has applied for and obtained post-secondary education financial aid for which they are eligible
6. A child has health care coverage and health care providers to meet their physical and mental health needs
7. A child has applied for and obtained disability income assistance for which they are eligible
8. A child has obtained affordable housing with necessary supports, which does not include a homeless shelter
9. A child has saved sufficient funds to pay for the first month's rent and a damage deposit
10. A child has an alternative housing plan, which does not include a homeless shelter, if the original housing plan is unworkable
11. A child, if male, has registered for Selective Service
12. A child has a permanent connection to a caring adult
13. The court shall ensure that the responsible agency, in conjunction with the placement provider, assists a child in obtaining the following documents prior to leaving foster care:

- A Social Security card
- The child's birth certificate
- A state identification card or driver's license
- Green card or school visa
- The child's school, medical and dental records
- A contact list of a child's medical, dental and mental health providers
- Contact information for a child's siblings, if the siblings are in foster care.

Additional Chafee funds were combined with state funds to provide a healthy transition from foster care to reduce the risk of homelessness. Twenty-four community-based agencies applied for funding through an RFP. The combined Chafee/state funds are currently being awarded to 15 of them. These agencies will provide services statewide for either youth ages 16 and older who are in out-of-home placement and referred by county social workers, or youth 16 - 21 who have left placement and are no longer receiving county social services. The grantee agencies will teach youth the life skills they need to make a healthy transition to adulthood by working with them one-to-one or in groups. They will collaborate with the county, foster parents, and other community providers and resources to ensure that the goals listed above are met for each youth served. The RFP also linked the use of funds to achievement on the four outcomes specified in the USICH preliminary intervention model: Stable housing, permanent connections, education/employment and social/emotional well-being. These outcomes will be targeted by using individual-level services that:

- Implement screening and assessment tools
- Use culturally appropriate and effective intervention strategies that target assessed needs and strengths of youth, based on risk and protective factors

- Implement trauma-informed care and positive youth development frameworks
- Implement practices that impact positive changes in risk and protective factors in order to improve core outcome areas over time that help youth make positive transitions
- Implement monitoring of progress and program evaluation during and after implementation of interventions to provide important data for adjusting and improving strategies over time.

Minnesota has three independent Youth Leadership Councils. The purpose of the Youth Leadership Council is to give youth a voice for improving the foster care system both locally and statewide, to strengthen services for youth aging out of care, to provide leadership opportunities, and to represent the interests of youth in policy making and training. These three councils meet quarterly as a statewide group with the Chafee coordinator and provide the department with input on policies affecting older adolescents in foster care as well as service delivery. Along with the RFP regarding service delivery by community agencies, a request was made for additional Youth Leadership Councils. Five additional councils are being developed across the state. Minnesota has a SELF (Support for Emancipation and Living Functionally) Advisory Committee, whose participants are county workers, community-based agency staff, and youth. This committee meets quarterly to discuss the Chafee/SELF program and address any concerns. NYTD and other data are shared during these meetings when needed. This data is also shared with stakeholders, tribes, and courts through bulletins on fostering connections and NYTD as well as a quarterly email entitled “Empowering Youth Update.”

In an effort to customize the federal NYTD regulations to Minnesota’s efforts, the department has adopted the acronym MNYTD to reflect the Minnesota Youth in Transition Database. MNYTD represents Minnesota’s procedures and processes to comply with federal policy. MNYTD requires that any independent living services provided to transitional youth be entered in SSIS, Minnesota’s SACWIS. Surveys, along with contact sheets, are completed by county workers with all youth in placement on or within 45 days after their 17th birthday every three years. Youth, who were in the baseline population of 17-year-olds in care and who completed the MNYTD survey, are asked to respond to the survey again at ages 19 and 21, regardless of whether they are still in care. The department contracts with a vendor (The Improve Group), to locate, communicate with, survey, and administer incentives to these youth annually until they reach age 21.

### ***Serving Youth Across the State***

Each year, at least 90 percent of Minnesota’s counties receive Chafee funds, as well as two to four tribes. The 15 Chafee-funded community-based agencies are located in both metro and greater Minnesota. Some of these agencies serve multiple counties in rural areas.

Data is collected from county agencies regarding services delivered across the state. In comparing this data, there are differences between metro and greater Minnesota in service deliveries. For example, Hennepin County (metro) spent 0 percent of their allocation for transportation; whereas, Todd County (rural) spent nearly 94 percent in the same category.

## ***Serving Youth of Various Ages and States of Achieving Independence***

Until the Chafee Act was passed in FFY 2000, Minnesota did not provide independent living services to youth under age 16. Consultation with counties, grantees, and other agencies on how to best serve younger teens ages 14 - 16 led to a conclusion that teaching this age group “soft skills” such as those listed below was appropriate:

- Self-esteem/image enhancement
- Dealing with discrimination
- Interpersonal relationships/peer pressure
- Conflict resolution
- Communication
- Decision making
- Problem-solving
- Goal-setting/planning
- Anger management skills
- Budgeting, credit and consumer skills
- Separation and loss
- Time management
- Nutrition, meal planning and cooking
- Career exploration/career fairs/volunteer work
- Parenting skills
- Reproductive health.

Foster parent training is also highly recommended as a means of enhanced skills training for younger teens in out-of-home placement. The department’s Minnesota Child Welfare Training System offers free training for county foster parents and relative/kinship care providers on how to prepare youth for adulthood.

County and tribal agencies and foster parents are relied upon to identify Chafee-eligible youth ages 16 and older, and with a youth’s input, develop an independent living plan. The Casey Life Skills Assessment, or other approved assessment tool can be used to direct the independent living plan goals. Youth will also be screened for trauma, which may result in other referrals for services. Social workers are responsible for assuring that a youth accomplishes goals in the independent living plan. The court, per MN Statute, is required to review the independent living plan and the provision of services annually. Youth can be referred to a Chafee-funded community-based agency, work with a foster parent, use Web-based training materials, tap into existing community resources, or combine these and many other strategies over time. Youth that remain in out-of-home placement after age 18 continue to work on an independent living plan with their social worker while working or attending school. Youth that leave placement at age 18 and youth that leave placement after age 16 due to kinship guardianship or adoption remain eligible for Chafee-funded services; however, they are much more likely to access services through a community-based agency rather than a county. For youth who leave care after 18, the social services agency is required to develop a personalized transition plan during the 90-day period

before discharge. The agency is also required to provide the youth a consumer credit report and the option to execute a health care directive.

There are no statutory or legal barriers preventing broadening eligibility criteria. The department believes that youth aging out of long-term care without permanency are at high risk for a host of poor outcomes, thus being the neediest population to serve. Even with this narrow definition of eligibility, Minnesota has many more eligible youth than it can serve, due to lack of funds.

During CY 2013, the amount spent on room and board was \$121,167 or approximately 6.7 percent of Minnesota's Chafee allocation. Use of Chafee funds for room and board is not expected to increase, as state and/or federally funded transitional housing programs are Minnesota's primary affordable housing options for youth.

The department, for the purposes of CFCIP funding, defines room and board to include rent, damage deposits, utilities/telephone installation, furnishings, and food/supplies. Each youth's residence must be approved by the agency serving them before CFCIP funds may be used for a deposit, rent or utilities. Room and board is made available to youth ages 18 through 20 who are not in foster care through community agency grantees. Counties and grantees have the following options. They may:

- Make case-by-case decisions about type, amount, and duration of room and board assistance each youth needs; or
- Require youth receiving room and board assistance to participate in or graduate from an independent living skills training program; or
- Determine on a case-by-case basis the level of supervision and case management needed for youth receiving room and board assistance.

Minnesota has extended title IV-E foster care assistance to young people ages 18-21. Implementation of this program has changed the way in which CFCIP services are targeted to support the transition to self-sufficiency. Those who choose to remain in foster care receive foster care payments; therefore, they typically need less money from CFCIP for room and board assistance. However, they remain eligible for other CFCIP funded services.

Since the inception of this policy on October 1, 2010 through June 30, 2013, nearly 2700 youth have either remained or returned to foster care and received support through the extended foster care program. From July 1, 2012 through June 30, 2013: 732 youth in extended foster care were completing secondary education; 339 were enrolled in post-secondary education; 213 were participating in programming to remove employment barriers; 285 were employed at least 80 hours per month; and 61 were incapable of participating due to a medical condition. These same youth were in the following placement settings: 228 in foster homes; 39 in relative care; 48 in group homes; 58 in residential care; and 329 in supervised independent living. The county assesses which placement is appropriate on a case by case basis.

Services and supports to youth in employment settings include: Job shadowing; internships; career exploration; resume development, job seeking skills, mock interviews,

finding and keeping employment, obtaining needed documents such as identification; cost of uniforms; wage subsidy; and cost of employment training programs. Youth's educational goals are supported by: Tutors; GED fees; test fees; exploring post-secondary education and financial aid options; assisting with post-secondary school applications and fees; assisting with financial aid applications, including Education and Training Vouchers; and assisting with obtaining needed records. Youth leave foster care when they no longer meet eligibility or decide they no longer want to be in placement. A personalized transition plan must be developed and executed during the 90-day period immediately prior to their discharge. Community agency grantees are able to work with these youth during the transition, up to their 21<sup>st</sup> birthday.

### ***Collaboration with Other Private and Public Agencies***

All Chafee-funded counties, tribes, and community-based agencies identify and use other public and private programs and resources to maximize services to youth. Many of these agencies provide services to foster care youth at no cost. They also rely on donations from churches, local businesses, and the services of many volunteers in the community. A benefit of this approach is that it builds future connections and resources for youth in their communities. Examples of additional resources include:

1. Career exploration; job readiness, search, and placement through Workforce Centers.
2. Driver's education instruction through local schools.
3. Financial aid sources, public and private, for youth attending post-secondary school.
4. Personal safety, pregnancy prevention, sex education, health care, and nutrition education provided by public health staff, county extension services, and women's resource centers.
5. Early Childhood Family Education classes through community education.
6. Free and low cost recreation options through YMCA and other outdoor education organizations.
7. Group training events provided by volunteer community experts.
8. Meeting room space donated by churches, community centers, colleges, etc.
9. Apartment start up items donated by churches and local businesses.
10. Volunteer mentors, co-facilitators, and chaperones for retreats.
11. Transitional housing options.
12. Local sobriety groups and sponsors.
13. Vocational rehabilitation programs.

Governor Mark Dayton designated April as Financial Literacy Month in Minnesota. The Minnesota Department of Commerce has organized an interagency group to sponsor numerous events across Minnesota. A representative of the Adolescent Services Unit participates with staff from several other state agencies in this effort. Financial literacy resources were sent to all county and tribal social services and community agencies serving youth. May is designated as Foster Care month. Each Youth Leadership Council participates in local activities to bring awareness to foster care.

Minnesota received a federal planning grant to look at youth at risk of homelessness. This grant will allow the department to address the high rate of homelessness among foster youth. Identifying youth with child welfare involvement who are most at risk of homelessness is necessary for prevention, and for efficient and effective delivery of targeted services to foster youth statewide. One of the goals is to develop services that support outcomes for youth, such as stable housing, permanent connections, education and employment, and social/emotional well-being.

The department's Office of Economic Opportunity (OEO) received Homeless Youth Act funds and gave grants to community-based agencies for homeless shelters and transitional housing across the state. Some of these grantees also receive CFCIP funding. OEO staff reviewed proposals for the RFP for Chafee funds.

Department staff attended the National Governors Association (NGA) "Center for Best Practices Policy Summit on Success Beyond 18" in December 2013 in Sante Fe, New Mexico.

To extend Medical Assistance (MA) benefits for former foster care youth, the Affordable Care Act created a new MA eligibility category for this population effective January 1, 2014. Eligibility applies to those who were in foster care on or after their 18th birthday and on MA or MinnesotaCare, and who do not meet MA eligibility under another basis other than the new adults without children group. This new eligibility category extends coverage to both former Title IV-E and non-Title IV-E children. Individuals who meet the criteria, and who are not otherwise eligible for MA as a child under age 21, a pregnant woman, a parent, or a person who receives Supplemental Security Income (SSI) and is blind or has a disability, qualify for MA as a former foster care youth through the month of their 26th birthday. The former foster care category of MA includes individuals who turned 18, or aged out of foster care prior to January 1, 2014. The former foster care category of MA does not include individuals who were in foster care in another state, or whose foster care in Minnesota ended for reasons other than aging out at age 18 or older. Eligibility for the MA category for former foster care youth is verified by self-attestation. Individuals are not required to provide proof that they were in foster care in Minnesota, or had MA or MinnesotaCare when their foster care ended.

The Safe Harbor bills, Minn. Stat. 260C.007, sub. 31, and Minn. Stat. 145.4716, offer protection and comprehensive services to Minnesota youth who have been sexually exploited. Because of the Safe Harbor Act, youth under age 18 are treated as victims of sex trafficking rather than delinquent. Under Minn. Stat. 626.558, the local social service agency shall develop a multidisciplinary child protection team to assist in developing outreach services for sexually exploited youth, including homeless, runaway, and truant youth who are at risk of sexual exploitation. This team may provide case consultation, a case review process in which recommendations are made concerning services to be provided to identified children and families. The team must include a representative of a youth intervention program, or one representative of a non-profit agency serving youth in crisis. In addition, agency staff should collaborate with the Safe Harbor regional navigator to identify and provide comprehensive services.

Youth living in foster care homes, group homes, and other congregate settings, are vulnerable to sexual exploitation. Youth who run away are particularly vulnerable to sex trafficking. An agency should attempt to locate the youth by collaborating with local law enforcement. Also, the agency should determine the potential factors associated with youth running away from foster care, such as reason for entry into care, length of stay in care, type of placement, and other factors that may have contributed to a youth's running behavior. For youth who are at risk of running away, or with a history of running away, the agency should:

- Involve the youth in seeking a desired placement
- Document ongoing and unsuccessful efforts made by the agency to return the youth home or secure placement with a relative, legal guardian, or an adoptive parent
- Develop a permanency plan in consultation with the youth, when appropriate

### ***Determining Eligibility for Benefits and Services***

Under the CFCIP, youth as young as age 14 and up to age 21 will be served. Minnesota defines Chafee eligible youth as:

- Age 14 and older, in long-term foster care and expected to age out
- Youth with developmental disabilities capable of living independently in the community after aging out of a county/tribal approved out-of-home placement at age 18 or older
- Ages 18 – 21 and aged out of foster care
- Adopted or physical and legal custody granted to a relative after age 16

This eligibility criterion is explicitly spelled out in department bulletins and requests for proposals so that counties, tribes and community-based agencies receiving Chafee funds clearly understand which youth can be served with these funds.

Minnesota ensures fair and equitable treatment of youth receiving benefits in the following ways:

- Clear policies regarding eligibility criteria, the range of services that are recommended and can be funded, and how services can be offered. Regular bulletins, training, and technical assistance by telephone, e-mail, and site visits continuously educate and clarify policies for counties, grantees, foster parents, parents and youth.
- Policies incorporate requirements of the Multi-Ethnic Placement Act of 1994, the Indian Child Welfare Act of 1978, the Adoption and Safe Families Act of 1997, Fostering Connections to Success and Increasing Adoptions Act of 2008, and applicable Minnesota Statutes and Rules. Training for county social workers clarifies that independent living services are desirable for every youth, including youth with permanency goals of reunification or adoption.
- Youth's eligibility for services under the CFCIP is not determined by placement or geography. They can receive services in any county, or from a statewide network of non-profit agencies. They do not lose eligibility if their county social services case is closed, or if they move to a different area of the state, or out-of-state.

- Plans are in place to serve youth at various ages and stages of achieving independence, at any time between ages 14 - 21. Youth may continue receiving services up to age 21 after leaving out-of-home placement, even if they are adopted or legal custody is granted to relatives or kin after age 16.
- Services are made available to Minnesota's American Indian youth on the same basis as non-Indian youth by offering CFCIP funds to all tribal social service agencies.
- Efforts are made to fund non-profit agencies statewide to do outreach and serve youth ages 18 - 21 that are disconnected from the child welfare system.
- Efforts are made to fund non-profit agencies to specifically serve youth of color (African American, Hispanic, and Native American) in areas of the state where those youth are concentrated.
- Demographic data on youth served is closely analyzed to determine Minnesota's effectiveness in equitably serving youth of different ages, genders, races and locations.

### ***Cooperation in National Evaluations***

The department will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

### ***Education and Training Vouchers (ETV) Program***

The ETV program provides up to \$5,000 per year to youth in foster care on or after their 16<sup>th</sup> birthday and continue in foster care up to or beyond age 18, and youth who left foster care after age 16 for adoption or a transfer of physical/legal custody to a relative to attend accredited post-secondary schools. Students participating in the ETV program on their 21<sup>st</sup> birthday can continue to apply for an ETV if they have not reached their 23<sup>rd</sup> birthday and are enrolled and making progress toward completing their post-secondary education.

Eligible students apply to the Minnesota ETV program through an [online application](#) available on the [department's ETV website](#). Students must apply each year that they need ETV funds for school. There are two application deadline periods:

- July 1-Sept. 30 for students starting school in the fall
- Jan.1-31 for students starting school spring semester.

Students applying for the entire school year can receive up to \$5,000 and those applying in January can receive up to \$2,500.

All applicants must submit their financial aid award letter and class schedule. Financial aid award letters from the youths' school/program, ensure coordination with other federal and state sources of aid for post-secondary education costs. First time applicants must also submit their school acceptance letter and a Verification of Eligibility form completed by agency staff to confirm eligibility for the program. Renewal applicants also submit their most recent school transcripts to confirm progress toward completing their post-secondary education.

Department staff receive applications and determine awards. ETV awards are determined by each student's need after financial aid is considered. Students who are under guardianship of the commissioner of the Minnesota Department of Human Services and attending a Minnesota two or four year public post-secondary institutions must request and receive a tuition waiver from their school before their ETV award is determined. All Minnesota 2-and 4 year public post-secondary institutions offer tuition waivers. The department contracts with Lutheran Social Service (LSS) of MN to provide support to the program and to ETV students, act as fiscal agent, and maintain program documentation.

Students receiving ETV awards must submit their grades to ETV staff after each term completed and their class schedule for the next term to continue to use their funds. Students awarded ETVs must attend an orientation session before they can use their funds. Department and LSS of Minnesota ETV staff meets with students at orientation sessions to outline the program rules, explain how students can access their funds, and identify support options, including:

- Maintaining contact with students throughout the ETV award year of July 1-June at orientation sessions, or through emails, phone calls, the ETV Facebook page, quarterly program emails, and text messages to provide reminders, encouragement, resources and program updates.
- Scheduling meetings with students and post-secondary school staff as needed and/or requested.
- Surveying ETV students twice during the award year to measure program effectiveness, educational outcomes, and identify students with academic and personal issues.
- Sending "care packages" to first year ETV students during first semester finals week. The Youth Leadership Council suggested sending packages of food, school supplies, personal care items and a note of encouragement to students.
- Coordinating with agency staff and caregivers of students in extended foster care.

**Describe the methods the state will use to:**

1. Ensure the total amount of educational assistance to youth under this and any other federal assistance program does not exceed the total cost of attendance as defined in Section 472 of the Higher Education Act of 1965; and
2. Avoids duplication of benefits under this and any other federally assisted benefit program.

The ETV program ensures both of the above criteria by awarding ETV funds based on each student's need. Need is determined by subtracting financial aid, income and family contribution from each student's ETV allowable expenses. Students complete a budget that lists the allowable expenses for their placement situation during the school year. The three budget options are for:

- Students in extended foster care. Minnesota has extended Title IV-E foster care assistance to youth ages 18-21. Implementation of this program changed ETV budgets. This budget excludes ETV allowable expenses that the placing agency is responsible to cover per Minnesota Rule, section 9560.0521, subp. 1. The amount that exceeds the

monthly maintenance payment for housing, food and personal incidentals can be added to the student's budget and considered when their ETV award is determined.

- Students in extended foster care who are turning 21 years old and leaving foster care during the award year. This budget includes all ETV allowable expenses however, expenses are listed for the time they are in foster care and after they leave foster care.
- Students not in foster care complete a budget with all ETV allowable expenses.

Expenses considered and paid for with ETV funds for students enrolled in post-secondary school on less than a half-time basis are tuition, fees, books, child care and transportation.

As noted above students who are under the guardianship of the commissioner of the Minnesota Department of Human Services and attending a Minnesota 2-and 4 year public post-secondary institutions must request and receive a tuition waiver from their school before their ETV award is determined. All applicants must submit their financial aid award letter to ensure the type and amount of aid they are receiving. They must also submit their class schedule to confirm the number of credits enrolled in.

### **Efforts to Expand, Strengthen and Improve the Program**

- Continue to collaborate on the Promoting Educational Success committee to develop strategies to prepare foster care youth for post-secondary education and support completion of their education. Partners are the Minnesota Office of Higher Education, the Minnesota TRiO program, Minnesota Department of Education, post-secondary institutions, county and tribal child welfare agencies, community organizations, foster parents and former foster care youth.
- Continue to provide training on the unique needs of foster care youth at financial aid, child welfare, and guardian ad litem conferences.
- Provide resources and training to individuals working with youth, including social workers, foster parents/caregivers, court personnel, guardians ad litem, high school staff, and other supportive adults, to support efforts to prepare youth for post-secondary education.
- Continue to identify students who are under state guardianship to the agency and provide information on post-secondary preparation and the ETV program.
- Continue to provide support to ETV students. The program will focus on supporting first year students by maintaining contact with them before school starts and during the school year, and by sending them a care package.
- Solicit the voice of ETV recipient by surveying them twice during the award year.
- Continue to provide ETV program information to county, tribal and private agency social services staff through the ETV brochure, website, and the Empowering Youth quarterly email update. A link to the ETV website is on the Independent Living Plan and the 90-day Transition Plan.

### ***Consultation with Tribes***

All 11 of the federally recognized tribes in Minnesota were sent the department's bulletin regarding Chafee/SELF funding, and the ability to request funding. Follow-up correspondence was also sent to each tribe regarding interest in these services. Of the 11,

four tribes entered into grant contracts for Chafee funds. The department has one community-based grantee specifically for Native American youth in the metro area. Another grantee in northern Minnesota works closely with a couple of tribes. No tribe has requested to develop an agreement to administer, supervise, or oversee the CFCIP or an ETV program with respect to eligible Indian children.

The ETV program provides updates to county and tribal agency social workers and supervisors. Department staff is available to meet with tribal social service agency staff at their request.

### ***CFCIP Program Improvement Efforts***

The department is currently expanding its statewide Youth Leadership Council by adding more councils across the state. These groups will meet quarterly to discuss the CFCIP and other topics as needed. In between meetings, each council has agreed to consultation by phone or email as the need arises. The federal planning grant regarding youth at risk of homelessness also solicits youth for their ideas.

The SELF Advisory Committee has been revived and also meets quarterly to discuss the CFCIP. This group consists of social workers, non-profit agency staff, and youth.

### ***CFCIP Training***

1. An annual three-day leadership conference is held for Minnesota youth ages 16 – 21 who are CFCIP eligible. It is attended by about 175 youth and 50 youth workers each year.
2. Quarterly meetings will be held for all Minnesota Youth Leadership Councils.
3. Youth Leadership Council members will be trained in “Presenting with Purpose.”
4. Semi-annually, grantee agency meetings will be offered for support, exchange of best practice ideas, and training topics requested by grantees.
5. Monthly, grantee agencies will attend a phone consultation with a trauma-informed therapist. Each agency will present a case over the course of the contract.
6. Upon request by counties, the department will offer its 12-hour curriculum for foster parents on How to Help Youth Transition from Out-of-home Care to Adulthood.
7. Upon request by counties, the department will offer its six-hour curriculum for county social workers on How to Help Youth Transition from Out-of-home Care to Adulthood.
8. Department staff will offer counties and private agencies technical assistance and consultation to deliver the most beneficial, cost-effective services to youth. Guidance and direction is provided for the identification of eligible youth, assessment of youth, development of independent living plans, and interpretation of service standards and guidelines for program activities. Guidance and direction is provided to counties regarding foster care benefits up to age 21.
9. Department staff will offer tribes technical assistance and consultation regarding culturally specific assessment and training materials for Native American youth.

## **7. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits**

Minnesota standards for the content and frequency of caseworker visits with children in foster care are outlined in Minn. Stat. 260C.212, subd. 4a. Monthly caseworker visits:

“(a) Every child in foster care or on a trial home visit shall be visited by the child's caseworker or another person who has responsibility for visitation of the child on a monthly basis, with the majority of visits occurring in the child's residence. For the purposes of this section, the following definitions apply:

(1) "visit" is defined as a face-to-face contact between a child and the child's caseworker;  
(2) "visited on a monthly basis" is defined as at least one visit per calendar month;  
(3) "the child's caseworker" is defined as the person who has responsibility for managing the child's foster care placement case as assigned by the responsible social service agency;  
and

(4) "the child's residence" is defined as the home where the child is residing, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

(b) Caseworker visits shall be of sufficient substance and duration to address issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child, including whether the child is enrolled and attending school as required by law.”

Monthly caseworker visit grant funds will be used to supplement activities in the Minnesota Child Welfare Training System for caseworker and supervisor training. Grant funding will also be used to support QA/CQI staff efforts to evaluate county and tribal agency performance on frequency and quality of caseworker visits through MnCFSRs, and assist agencies in developing plans to improve performance.

## **8. Adoption Incentive Payments**

The department provides many services to children and families with adoption incentive funds, including:

- A contract with a private non-profit agency to coordinate trainings for adoptive parents and adoption professionals. Training topics have included attachment, parenting adopted teens, parenting children with sexualized behaviors, trauma and more. Training is offered both in-person and in webinar formats. Some training is offered as a series and includes a support group component.
- Funding for the Center for Advanced Study in Child Welfare's Permanency and Adoption Competency Certificate (PACC). The program includes 90 hours of training and 18 hours of clinical supervision. Attendees are mental health professionals as well as child welfare workers in public and private agencies. One cohort is trained in the Twin Cities metro area and one in greater Minnesota each academic year.

- A contract with a private non-profit agency to manage 15 monthly, regional, in-person support groups for adoptive parents throughout the state. The grantee also manages online support groups for adoptive parents. Services are provided by adoptive parent peers.
- A help line for adoptive families throughout Minnesota. Clinical specialists who are trained in adoption provide individualized referrals to adoption-competent mental health professionals in their area. In cases where adoptive families are experiencing financial barriers to obtaining needed adoption-competent clinical services, the grantee makes financial assistance available to support clinical services during periods of instability. This can be in-home counseling. Funding cannot supplant existing mental health or other community services and should only be used when alternative funding sources such as Medical Assistance or private insurance are not available.

Funding: A combination of Title IV-B and adoption incentive funds are used. The Permanency and Adoption Competency Certificate program is funded with savings from the withdrawal of adoption assistance from Aid to Families with Dependent Children eligibility.

Minnesota does not legally mandate that any of the specific services described below be provided. However, Minnesota law does require that both adoption incentive funds and savings from the removal of adoption assistance from AFDC be spent on post-adoption services in general. Agencies the department contracts with to provide these services must submit a state FY budget for each year of the four year contracts. Agencies request funds based on projected work and are able to invoice the state quarterly. Grants are monitored and if there is anticipation that funds are not being utilized, additional services are explored to maximize spending.

## **9. Child Welfare Waiver Demonstration Activities**

Not Applicable to Minnesota at this time.

## **10. Targeted Plans within the CFSP**

### ***Foster and Adoptive Parent Diligent Recruitment Plan***

Recruiting activities conducted over the next five years will be done in partnership with county and tribal agencies, the community, foster care providers, Public Private Adoption Initiative (PPAI), Purchase of Service programs, and private adoption agencies. Diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is an effort that supports the Minnesota Child and Family Services Plan goal: Racial and ethnic equity exists for children in the child welfare system.

### **Characteristics of the children**

In 2013, 11,510 children in Minnesota spent some time in out-of-home care. Most of these children were adolescents. African American/Black and American Indian children were over represented in out-of-home care compared to that segment of the population. Slightly more boys than girls spent time in care. Most of the children were placed in a family-type setting.

There were 537 children who were under state guardianship of the commissioner and not yet in adoptive placements in 2012. Of those children, 140 were African American, 52 American Indian, 11 Asian Pacific Islander, 201 white, 61 Hispanic and 72 two or more races.

### **Outreach strategies**

Recruitment strategies will focus on the permanency needs of these child populations:

- State wards in care for one year or more
- Children coming into care at age 10
- LGBTQ youth
- Youth ages 14-18 under guardianship
- Congregate care children: Group homes, etc.
- Youth ages 14-18 in foster care
- Children dually involved in juvenile corrections and child welfare.

### **Diverse methods of disseminating information**

- Partnerships with state, county and contracted adoption agencies to provide child-specific recruitment services. Counties may refer any child age 6 or older for this service.
- An interagency agreement with the Council on Black Minnesotans to implement a “Rallies for Foster Care and Adoption” program in urban communities in Minnesota with the goal of recruiting prospective foster and adoptive families.
- A contract with MN ADOPT to manage the State Adoption Exchange, recruit adoptive families, provide outreach to media, organize general recruitment events, manage an information website and referral service for individuals interested in adopting or fostering.
- Information about how to contact an agency and the steps to become a foster parent is available on the department’s website at: [Children and Family Services](#)

### **Strategies for assuring that all prospective foster/ adoptive parents have access to agencies that license foster and adoptive parents**

- MN ADOPT’s website and telephone referral service provides information about agencies as well as agencies’ locations and schedules of required trainings for individuals interested in adoption.

- Contracted adoption agencies work throughout the state and are able to provide child-specific recruitment services, as well as services to adoptive families statewide.
- Interested families can contact a licensing agency from the department's website: [Children and Families-Licensing](#)

### **Strategies for training staff to work with diverse communities**

Minnesota will continue to offer training through the Minnesota Child Welfare Training System (MCWTS). Training opportunities are available for agency staff, supervisors and foster parents. Training is designed to enhance education and skills related to creating a culturally effective work team, and working directly with individuals and families from diverse communities. A list of training is included in the Child and Family Services Training Plan. Classroom and Web-based training is offered, and facilitated discussions available through "Communities of Practice" courses. The MCWTS conducts ongoing assessments of additional curriculum needs.

### **Strategies for dealing with linguistic barriers**

- Foster care information brochure "Will you care for the children?" has been translated into [Hmong](#), [Somali](#), and [Spanish](#)
- Notice of court hearings to foster parents has been translated into [Hmong](#), [Somali](#), [Spanish](#) and [Vietnamese](#).

### **Non-discriminatory fee structures**

Families interested in adopting children under state or tribal guardianship in Minnesota may work with a county or contracted agency at no cost.

### **Procedures for a timely search for prospective parents**

- Minn. Stat., sections 260c.605, subd.1(d)(3)(iv)(A), requires that children be registered on Minnesota's State Adoption Exchange within 45 days of the date they become legally free for adoption. Minnesota uses recruitment tools to ensure timely adoptive placements, including relative searches, a listserv for adoption professionals, registration on the AdoptUSKids national photo listing website, child-specific recruitment through contracted agencies, and Heart Gallery photography services.
- Partnering with counties, tribes and contracted agencies for special events and media outreach to highlight Black History Month in February, National Foster Care Month in May, and National Adoption Month in November, to publicize the need for foster and adoptive families for Minnesota's waiting children.

### **Other key strategies**

- American Indian Child Welfare Initiative (includes White Earth and Leech Lake)
- Relative Search Family Finder, Lexis Nexis grants. Grants were awarded to county agencies to use internet and other resources through the Lexis Nexis family finder system. This system enables counties to search more broadly to locate relatives.

- To support relative placements, non-safety licensing issues have been set aside and more supports are available to relatives seeking foster care licenses, especially focused on African American, American Indian, Hmong, Laotian, Somali, and Spanish speaking families.

Child welfare policy and data teams work collaboratively to use data to monitor continuous quality improvement. Sharing outcomes and findings with stakeholders and community partners on an annual basis, at a minimum, will support a diligent recruitment plan framework informed by data.

### ***Health Care Oversight and Coordination Plan***

Children in foster care represent a special population with more medical conditions, developmental disorders, and mental health problems than children who are never removed from their homes. Agency staff recognizes a need to improve coordination of programs that impact the quality of health care and delivery of services for children in foster care. Foster care settings include: relative and non-relative family foster care homes, group homes and residential treatment. In 2013, 11,510 children were placed in these foster care settings by county/tribal social service agencies.

The majority of children in placement were adolescents. African American/Black and American Indian children were represented in out-of-home care disproportionate to their representation in the Minnesota child population. Slightly more boys than girls spent time in care. Most of the children were placed in a family-type setting. Approximately 20 percent were in care for one week or less. About 67 percent of discharges from care involved return to the same caregivers prior to placement; another 10 percent of children were adopted.

#### **A. Legislation**

As required by PL 11-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Minnesota enacted legislation effective July 1, 2009, which amended Minn. Stat., section 260C.212, subd. 1, (2008) regarding out-of-home placement plans for all children in foster care. The amendment requires county/tribal social service agencies to document in case plans efforts made to ensure oversight and continuity of health care services for children in foster care, including:

- The plan to schedule a child's initial health screens
- How a child's known medical problems and identified needs from screenings, including any known communicable diseases, will be monitored and treated while they are in foster care
- How a child's medical information will be updated and shared, including immunizations
- Who is responsible to coordinate and respond to a child's health care needs, including the roles of parent(s), agency staff and foster parent(s)
- Who is responsible for oversight of a child's prescription medications
- How physicians or other appropriate medical and non-medical professionals will be consulted and involved in assessing the health and well-being of a child, and determine appropriate medical treatments

- Responsibility to ensure that a child has access to medical care through either medical insurance or Medical Assistance
- The health records of a child, including information regarding the names and addresses of their health care and dental care providers
- Record of a child's immunizations
- A child's known medical problems, including any known communicable diseases; their medications; any other relevant health care information, such as eligibility for medical insurance or Medical Assistance.

On Sept. 30, 2011, President Barak Obama signed P.L. 112-34, the Child and Family Services Improvement and Innovation Act. The law requires states to expand information provided in their Title IV-B plan relating to health care coordination and oversight for children in foster care, including an outline of:

- How the Title IV-B agency will monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings
- Protocols for the appropriate use and monitoring of psychotropic medications, as part of its current oversight of prescription medicines.

### **B. Child and Teen Check-ups**

All Minnesota children who enter foster care are eligible for Medical Assistance (Medicaid). The federal Early and Periodic Screening and Treatment (EPSDT) program, known in Minnesota as Child and Teen Check-ups (C & TC) is a required Medicaid service. C & TC provides comprehensive health care for children and teens, birth-age 20, who are enrolled in Medical Assistance. The goal of the C & TC program is to improve the health of eligible children and teens, and reduce the negative impact of health problems. For children in foster care, it is the responsibility of the county social service agency to ensure that foster children are provided with preventative health care, early diagnosis, and treatment of conditions that threaten their health. The county/tribal social service agency engages birth parents of foster children, when possible, in the routine care and treatment decisions for their child. County/tribal caseworkers and foster parents are active participants in decisions and activities regarding a child's health care needs while in foster care.

Minnesota's Title IV-B health care oversight plan for children in foster care is based on the existing framework of identification and outreach to eligible children in foster care, and provision of health care services provided through the department's C&TC program. This program ensures a coordinated strategy in each county and tribal jurisdiction by a local C & TC coordinator who identifies and responds to the health care needs of children in foster care, including their mental and dental health needs. The role of the county or tribal C & TC coordinator is extensive. In most cases, coordinators are public health nurses who ensure that C & TC objectives are being met. These objectives include identification, outreach and assistance to access health care services; maintain provider lists; provide follow-up on referrals for further assessment, diagnosis and/or treatment; and determine if a child received services.

### **C. Title IV-B health care plan requirements**

Minnesota Statutes, rules and the C & TC program include the following components:

1. A child's health care needs while in foster care are identified through screenings, and are monitored by a child's caseworker, birth parents and foster parents. The county/tribal C & TC coordinator will help access providers based on the C & TC screening. A periodicity schedule for initial and follow-up health screenings is based on a public health model that promotes wellness for Medicaid-eligible children in foster care, who are at higher risk than the general pediatric population.

Minnesota statutes also require that all children who enter foster care are required to have a mental health screening, unless a screening or diagnostic assessment has been performed within the previous 180 days, or a child is under the care of a mental health professional. These screenings may indicate a need for further assessment of children's mental health needs and provision of appropriate treatment services.

2. The state's C & TC program emphasizes the need to avoid fragmented care, and the importance of continuity of care. C & TC coordinators identify and monitor children's health needs and overall participation in the program. They work with providers to avoid duplication of services by coordinating ongoing well-child care with complete C & TC screening and treatment services, including: initial prenatal visits, newborn/well-baby checkups; Head Start, school, camp or athletic physicals; routine well-child care; family planning visits; immunizations and early childhood screening. Whenever possible, a child in foster care has their health needs met with the birth family's medical provider to allow continuity of care. When those providers are not available, C & TC primary care providers are encouraged to become the medical home while a child is in foster care.

3. The state's mandatory out-of-home placement plan for children in foster care is developed by agency caseworkers with birth parents, child (if age appropriate), foster parents and others. The plan is entered into the state's Social Service Information System (SSIS). A child's medical information is required to be entered into the out-of-home placement plan within 30 days of placement, and updated every six months. The out-of-home placement plan includes the health records of a child, names and addresses of a child's health care providers, immunization records, known medical problems, including any communicable diseases, medications and any other relevant health information. Copies of a child's plan are given to all who participated in development of the plan, and to the judge who reviews placement in foster care.

4. When a child with special needs or disabilities cannot receive care or treatment in their own home and need foster care to receive treatment, the state has developed a specific policy for voluntary foster care for treatment. Minn. Stat., Chapter 260D, establishes that a child's safety, health and best interest are the primary considerations for voluntary foster care. A primary feature of the statute is to ensure that a child's birth parents maintain legal responsibility to plan with agency caseworkers and the foster parents for a child's treatment needs. This clarification supports the birth parents' active participation in the care of their child, and their responsibility to make decisions about medical treatment their child receives, including oversight and use of psychotropic medications.

5. Information about a child's physical and mental health, dental care, immunizations, medications, and treatment monitoring information are entered into their case record in SSIS. Minnesota rules require that a child's foster care provider also keep a health record for each child. The record must include a child's medical information, documentation of the history of their illnesses and medical care provided.

6. The department has an interagency agreement with the Minnesota Department of Health (MDH) to provide C & TC training to Minnesota health care program providers. Both departments work with national health organizations and educational programs/institutions to build relationships and increase collaboration through increased communication. At the county level, C & TC coordinators provide program and training information to providers and clinic staff, as appropriate.

7. Minnesota statutes require that, at a minimum, when a county/tribal social service agency accepts a child for foster care placement, it must determine whether they had a physical examination by or under the direction of a licensed physician within the 12 months immediately prior to the date they came into the agency's care. If there is documentation that a child had an examination within the last 12 months, the agency is responsible for seeing that they have another physical examination within one year, and annually in subsequent years. If an agency determines that a child has not had a physical examination within the 12 months immediately preceding placement, it must ensure that they have an examination within 30 days of coming into the agency's care, and once a year in subsequent years. The C & TC program provides health care services to children in foster care on a much more frequent periodicity schedule that is determined by a child's needs and age.

8. Minn. Stat., section 260C.212, subd. 7 (e), requires that when a youth is age 17 or older, during the 90-day period immediately prior to the date they are expected to be discharged from foster care, the responsible social service agency is required to provide them with assistance and support in developing a transition plan that is personalized at the direction of youth. The transition plan must be as detailed as a youth elects, and include specific options on housing, health insurance, education, local opportunities for mentors, and continuing support services, work force supports and employment services. The county agency must also provide them with appropriate contact information if they need more information, or need help with a health care crisis through age 21.

10. The oversight of prescription medicines, including psychotropic medications, is monitored by routine medical appointments, with daily oversight responsibility most often given to a child's foster parents, in consultation with a child's caseworker. A child's birth parents and caseworker authorize medical treatment decisions, depending on the legal status of a child and the ability of the birth parents to participate in these decisions. At times, a court order is sought to authorize specific medical treatment for a child in foster care. Identification of a child's medications is entered into the SSIS system and into their out-of-home placement plan. The out-of-home placement plan contains a section to identify and plan for a child's health needs. Department staff work jointly and in partnership with the Health Care administration and Children's Mental Health Division to develop

protocols, policies and practices for monitoring psychotropic medication use by children in foster care.

10. The federal Patient Protection and Affordable Care Act [P.L. 111-148] requires that education and information provided to youth in the 90-day transition plan include an option to designate another individual to make health care treatment decisions on their behalf if they become unable to make these decisions and they do not have, or do not want, a relative who would otherwise be authorized to make such decisions on their behalf. The procedure for designation of health care treatment decisions is called a Health Care Directive, governed by Minn. Stat., section 145C. If a child wants to pursue a Health Care Directive, a suggested form is in [Minn. Stat., section 145C.16](#).

#### **D. Proposed measurements and trauma-informed initiatives**

- The department monitors C & TC participation rates for children in foster care for each federal fiscal year by county and tribe. The federal participation rate standard for all Medicaid-eligible children is 80 percent. In 2008, the participation rate for Minnesota children in foster care was 80.3 percent. The state proposed to improve the participation rate for children in foster care utilizing the C & TC program by 5 percent, to 85.3 percent during the years 2010 – 2014. In 2009/FFY 2010, the participation rate was 89 percent (based on new CMS methodology which counts only children enrolled in Medicaid for 90 days or more.) In July 2012, the department completed the CMS-416 Foster Care Participation Rate Report by County-Tribe for 2010/FFY 2011; the participation ratio was 86 percent, which meets the state standard.
- The department conducts qualitative case reviews of the health needs of children in foster care using the Minnesota Child and Family Service Review (MnCFSR) model. One of the performance items rated for children in foster care focuses on a child's physical and dental health needs. Another performance item focuses on mental health needs. Both items have compliance components that address whether children in foster care received required physical examinations and mental health screenings within required time frames. The department proposes to improve the strength rating for these two performance items during the years 2015 – 2019 after developing a new baseline for measurement. The measurement reported for the APSR annually will include only children in foster care rated for physical and mental health care needs.
- The department intends to implement a trauma screening protocol as a result of recent analysis and recommendations from the Children's Research Center of the National Council on Crime and Delinquency (NCCD) to ensure Minnesota children in out-of-home care due to child maltreatment are screened for trauma as required by federal law. The NCCD, with the department, disseminated the Developing an Actuarial Index for Child Exposure to Trauma in February 2014. This analysis showed that, in Minnesota pre-screening for trauma exposure can be done by pulling information from tools (Structured Decision Making) already used by case-workers during a child protection assessment. The pre-screening will be imbedded into the state's SSIS system. Along with pre-screening, the children's mental health assessment, and an interview protocol,

children in out-of-home placement due to maltreatment will be screened for trauma exposure. Children identified with trauma-related mental health needs will be referred to full trauma assessment and services. The full screening protocol will be developed and finalized for a pilot project the first two years of the 2015-2019 periods.

- The Child Safety and Permanency Division will continue to partner with the Children's Mental Health Division and the Ambit Network, University of Minnesota, to implement and integrate trauma-informed care throughout the state in order to address the impact of trauma on the lives of children, particularly children in foster care. The Ambit Network will continue to train mental health therapists using a cohort model in the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) model of psychotherapy.
- The department piloted a new trauma-informed child welfare curriculum and provided training to child welfare supervisors and case workers. The trauma curriculum will continue to be offered state-wide to the child welfare workforce. Additional training on the use of psychotropic medications will be provided in partnership with the Children's Justice Initiative to train judges, county and tribal attorneys, public defenders, guardians ad litem, social service managers and others.

## **E. Protocols for monitoring psychotropic medication**

### **Introduction**

The oversight of prescription medicines for children in foster care, including psychotropic medications, is monitored by routine medical appointments, with daily oversight responsibility most often given to a child's foster parents. A child's birth parents and caseworker authorize medical treatment decisions, depending on the legal status of a child, and the ability of birth parents to participate in those decisions. At times, a court order is sought to authorize specific medical treatment for a child in foster care. Identification of a child's medications is entered into SSIS, and into their out-of-home placement plan. The out-of-home placement plan contains a section to identify and plan for a child's health needs. Identification of the person responsible for oversight of prescription medicines must be documented in the out-of-home placement plan, and shared with the foster care provider. The section of the out-of-home placement plan that identifies the role and responsibilities of medical oversight, including medication, is attached as a separate document.

The 2010 Minnesota Legislature enacted legislation authorizing the Minnesota Department of Human Services to develop consultation requirements for certain psychotropic medications for children. The following needs led to this legislation:

- Better collaboration between primary care and behavioral health
- Improved access to scarce psychiatric resources
- Concerns about overuse and inappropriate use of psychotropic medications for children, partly indicated by multiple studies indicating that over 60 percent of all children who were receiving psychotropic medications were not receiving specialized mental health services

- Data showing adults with serious mental illness die 25 years younger, partly due to lack of coordination between physical health and behavioral health
- Pilot projects showing that psychiatric consultation and collaborative care can improve quality of care while reducing costs.

The department consulted with experts in the field and reviewed research to determine which medications and dose ranges would require a collaborative consultation. For the first two years of the project, practitioners writing prescriptions outside of dose ranges were required to consult with the Psychiatric Consultation Service to get a prescription approved.

Effective June 1, 2014, psychiatric consultations will no longer be required for high-dose Attention Deficit Hyperactivity Disorder and Second Generation Anti-psychotic drugs prescribed for children over age 3. Instead, pharmacies will receive an informational message when they bill for prescriptions which exceed the dose/age threshold for recipients under age 18. Also, as of June 1, 2014, a child must be at least 3 years old for all ADHD and SGA prescriptions. Prior authorization (PA) overrides will not be available for children younger than age 3. Some drugs will continue to be subject to higher age requirements. PA requirements for prescription drugs, including age requirements, are available on the PA Criteria and Regimen Review Sheets. The website lists [MHCP Enrolled Pharmacies](#).

**Minnesota developed a statewide protocol for the “Oversight of Psychotropic Medication for Children in Foster Care,” required by the Child and Family Services Improvement and Innovation Act (P.L. 112-34). The state’s protocol provides:**

1. **Comprehensive and coordinated screening, assessment, and treatment planning mechanisms to identify children’s mental health and trauma-treatment needs (including a psychiatric evaluation, as necessary, to identify needs for psychotropic medication):** The Child Safety and Permanency Division will continue to work with the department’s Children’s Mental Health Division; the Ambit Network, a member of the National Child Traumatic Stress Network; and the Children’s Research Center to develop and implement screening protocols. The Child Safety and Permanency and Children’s Mental Health divisions, the state medical director, and staff have convened a committee that meets monthly to develop and plan Minnesota’s protocol for “Oversight of Psychotropic Medication for Children in Foster Care.” The three revised priority areas are to:
  - Complete work on a comprehensive database which includes information from the SSIS system and the Minnesota Medicaid Information System (MMIS). The use of this database will provide a comprehensive perspective of psychotropic medication use among children in foster care from year-to-year.
  - Implement system-wide screening and assessment to identify mental health needs of children in the child welfare system.
  - Continue to research the viability of a foster care health home model.

2. **Informed and shared decision making (consent and assent) and methods for on-going communication among the prescriber, child, caregivers, other health care providers, the child welfare worker, and other key stakeholders:** The state's out-of-home placement plan, Minn. Stat. 260C.212, subd. 1, (9) (iv), requires the local agency to ensure oversight and continuity of health care services for foster children. Judges may authorize psychotropic medications for children in foster care when requested by a local agency for a court order. Department staff consult with legal partners from the Children's Justice Initiative to develop appropriate consent and assent policies, procedures and forms for psychotropic medications. The department will develop policies, procedures and training regarding decision making to meet a child's well-being needs, particularly in the area of consent and assent regarding use of psychotropic medications for children in foster care.
3. **Effective medication monitoring at both the client and agency level:** Minn. Stat. 260C.212, subd. 1 (9) (v), requires the local agency to identify who is responsible for oversight of a child's prescription medications. The department's Psychiatric Consultation Service monitors and provides psychiatric consultation to pediatricians and other primary care providers who prescribe psychotropic medications for children. The new authorization requirements apply to children enrolled in Minnesota health care programs (MHCP). Collaborative psychiatric consultation is available for second generation antipsychotics and attention deficit and hyperactivity disorder (ADHD) drugs prescribed outside dosing guidelines when paid for by MHCP for children under age 18. The service is available to children who have Medical Assistance fee-for-service coverage. Go to [DHS Pharmacy Program](#) for details regarding specific medications and dosage levels that require collaborative psychiatric consultation as part of the prior authorization process. The Psychotropic Medications Oversight and Monitoring Committee will establish an updated baseline for the use of psychotropic medication for children in foster care. It will use data and corresponding reports to create a benchmark for improvements achieved through the new medication monitoring system.
4. **Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible child and adolescent psychiatrist (at both an agency and individual case level):** The department's Psychiatric Consultation Service will provide psychiatric expertise, and local agencies will be trained to use the service to inform and collaborate with experts to meet the mental health needs of children in foster care. Department staff consult with legal partners from the Children's Justice Initiative to develop appropriate consent and assent policies, procedures and forms for children in foster care regarding prescription psychotropic medications.
5. **Mechanisms for sharing accurate and up-to-date information on psychotropic medications to clinicians, child welfare staff, and consumers, including both data sharing mechanisms (e.g., integrated information systems) and methods for sharing educational materials:** The department will continue to work to assess earlier education and training initiatives regarding psychotropic medications for children in care. Staff will develop new educational opportunities, contracts with

providers, training and resources to share with all child welfare and community stakeholders.

#### **6. Training for child welfare workforce and providers on the appropriate use of psychotropic medications:**

- The department and a consortium of regional mental health providers, collaborating in partnership with the Mental Health Integration and Transformation Project, provides consultation to pediatricians and other primary care providers who prescribe psychotropic medications.
- The Child Safety and Permanency Division has developed a strategic plan for a trauma-informed practice model for child welfare services. The Minnesota Child Welfare Training System has piloted and will continue to deliver a trauma-informed curriculum for child welfare staff. Training in collaboration with the Minnesota Children’s Justice Initiative has been provided for approximately 800 judges, county attorneys, public defenders, guardians ad litem, social service managers, supervisors and others.

#### **F. Conclusion**

The state has an infrastructure in place for meeting the health care needs of children in foster care. The Fostering Connections to Success and Increasing Adoptions Act of 2008, [PL 11-351] provided a new framework for child welfare policymakers and practitioners to engage with medical policymakers and providers to identify and treat health care needs. Enhanced training, data collection, oversight, and coordination of policies and resources, will result in improved child health care outcomes, not only for children in foster care, but for all children in Minnesota’s child welfare system.

### ***Disaster Preparedness Plan***

Minnesota’s disaster preparedness plan for child welfare works in tandem with other efforts developed by the department and local governments. The governor’s Executive Order requires all government agencies to have an emergency preparedness plan, emergency response plan, and a recovery/hazard mitigation plan. The Minnesota Department of Public Safety, Division of Homeland Security and Emergency Management (HSEM), has responsibility for the overall Minnesota Emergency Operations Plan (MEOP). Each state agency is required to maintain a Continuity of Operations Plan to provide for continuance of services and recovery in the event of a major disruption of normal operations.

Business Continuity of Operations Plans (COOP) for all Minnesota state agencies are stored in a centralized computer application called the Living Disaster Recovery Planning System (LDRPS).

The department, which oversees most public assistance and social services programs, including child protective services, adoptions, economic assistance, and mental health has

developed a COOP to ensure the continuation of essential functions, and the orderly transfer of authority when operations are disrupted. The plan identifies an Emergency Command Team and its responsibilities, and details work priorities. It includes notification procedures for managers and staff, and guidance on operations in alternate locations. The COOP also addresses preserving essential program records in Minnesota's child welfare information system. Supplemental attachments to the COOP address the Do Not Resuscitate/Do Not Intubate (DNR/DNI) procedure details. A succession chart was created that includes contact names and numbers for the administration, and the order of succession in case of a disaster or emergency. The department has held tabletop exercises in which teams test the COOP by responding to emergency scenarios to evaluate what works and doesn't work. As part of the MEOP, HSEM developed the Minnesota Highly Pathogenic Avian Influenza and Pandemic Influenza MEOP supplement.

Minnesota's public awareness campaign to promote disaster preparedness is called "Ready: Prepare. Plan. Stay Informed" The website, [Minnesota | Ready.gov](https://www.ready.gov), is part of a statewide initiative to instruct families on how to get informed, get prepared, and get connected in case there is a disaster. This campaign was a joint effort between the Minnesota Department of Health and HSEM. Many others, including staff from the department, other government agencies, non-profits, businesses, etc., served on an advisory committee to help develop and launch the campaign. The department offers employees personal disaster preparedness online and classroom training.

Since Minnesota is a state-supervised, county-administered system, roles must be clear to create a system that does not duplicate efforts or leave service gaps. The department is organized to provide support and assistance to counties in case of a disaster, as illustrated in the plans referenced, but the state has no authority to take over child protection. Counties supervise out-of-home placements and provide child welfare services. The department requires county social service agencies to develop and implement a Child Welfare Disaster Preparedness Plan in accordance with federal requirements.

Requirements for counties, and tribes in the Initiative, who administer state programs funded under Title IV-B, subp. 1 and 2, and Title IV-E, include planning how they will:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster
- Preserve essential program records
- Coordinate services and share information with other states.

There have been few occurrences in the past five years of localized disastrous situations that prompted the department to contact counties to ensure these criteria were being met.

In addition to the other plans, duties have been added to contracts the department has with direct service providers to incorporate business continuity protocols. For example, in the

Child Safety and Permanency Division, contracts for youth receiving Education and Training Vouchers (ETV) include a protocol requirement to prepare an independent youth in case of a disaster.

### ***Training Plan***

The Minnesota Child Welfare Training Plan is in Attachment A.

## **Financial Information**

### ***PAYMENT LIMITATIONS – Title IV-B, subpart 1***

Amount of Title IV-B, Subpart 1, funds the state expended for child care, foster care maintenance and adoption assistance payments in FY 2005:

Child care: \$0

Foster care maintenance: \$0

Adoption Assistance: \$75,911

Amount of non-federal funds expended by the state for foster care maintenance payments for FY 2005:

Foster care maintenance: \$88,528,000

No more than 10 percent of Title IV-E Subpart 1, funds may be spent on administrative costs: Refer to CFS-101, Parts I and II.

### ***PAYMENT LIMITATIONS – Title IV-B, subpart 2***

#### **Allocations of Title IV-B, Subpart 2, Funds**

Minnesota has allocated Title IV-B, subp. 2, funds for three primary service areas. The distribution of allocated federal funds is: Community-based family support, 30 percent; family preservation, 30 percent; time-limited family reunification, 30 percent. Adoption and adoption promotion activities will be maintained at a consistent level through a different funding source.

Planning and service coordination activities funded by Title IV-B, subp. 2, include administrative support at the state level, evaluation of effectiveness of family support and preservation, time-limited reunification services, training of county staff and community partners and consultation and program development.

Distribution of funds is consistent with the needs and priorities identified as part of the plan development process.

No More than 10 Percent of Title IV-B, Subpart 2 Funds may be spent for Administrative Costs: Refer to CFS-101, Parts I and II.

**Non-supplantation Requirement**

**State and Local Share of Expenditures  
Related to Title-IVB, subpart 2**

	<b>1992</b>	<b>Estimate 2012</b>
<b>Prevention and Support Services</b>	\$16,088,680	\$27,341,538
<b>Crisis Interventions and Family Preservation</b>	\$35,139,076	\$142,479,122
<b>Reunification</b>	\$27,980,457	\$5,345,661
<b>Time-limited Reunification</b>	-	\$2,785,149
<b>Independent Living Services</b>	\$670,902	\$2,003,533
<b>Total:</b>	<b>\$79,879,115</b>	<b>\$179,955,003</b>

Attached as separate documents are:

**CFS-101s:**

CFS-101, Part I for FY 2015;

CFS-101, Part II with planned expenditures for the use of FY 2015 funds;

CFS-101, Part III with estimated and actual expenditures of FY 2012 grants for the title IV-B, and, at state option, the CFCIP and ETV programs.

Revised CFS-101 Part I for FY 2014

**Assurances and Certifications:**

Title IV-B, subpart 1 Assurances

Title IV-B, subpart 2 Assurances

Title IV-E, Section 477 Certifications:

- Certifications for the Chafee Foster Care Independence Program
- State Chief Executive Officer's Certification for the Education and Training Voucher Program Chafee Foster Care Independence Program