

May 11, 2004

Ms. Joyce Thomas
Regional Administration
Administration for Children and Families
Department of Health and Human Services
233 North Michigan Avenue, Suite 400
Chicago, IL 60601-5519

Dear Ms. Thomas:

This letter is being written as a follow up to our conference call with your office on May 4, 2004. We discussed our request for modifications to our Program Improvement Plan during the conference call. More specifically, we discussed Permanency outcome 1 and our foster care reentry rate, Permanency outcome 2, visitation and family contact and Quality Practices, supervisors promoting quality practices. This conversation was extremely helpful and enabled us to further refine our amendment requests.

Therefore, we have made changes to the amended Program Improvement Plan on pages 8, 9 and 19 and we have identified the changes in bold italic. Please see Attachment A. If your office approves our amendment request, we will modify our Program Improvement Plan and report on the changes in our Eighth Quarterly Status Report. In closing, we would like to thank Chris Guthrie, Carolyn Wilson-Hurey, Jerry Milner and Sylvia Kim for their assistance and we look forward to continuing this work with your office.

Sincerely,

Erin Sullivan Sutton, Director
Child Safety and Permanency Division

CC: Christine Guthrie

Attachment

MINNESOTA PROGRAM IMPROVEMENT PLAN

State Agency

Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155-3832
651-296-3800

Lead agency staff responsible for development of this plan

Erin Sullivan Sutton, J.D., Assistant Commissioner, Children's Services Administration
Dorothy Renstrom, M.S.W., Director, Family and Children's Services Division
Don Siltberg, B.A., Child Welfare Program Consultant

The staff persons identified as lead staff in the action plans also participated in development of this plan.

Individuals involved in development of Program Improvement Plan

Representatives of the Minnesota Association of County Social Services Administrators

David Sainio (Chisago County)
Deb Kenney (Washington County)
Dick Pingry (St. Louis County)
Ken Ebel (Sherburne County)
Larry Kleindl (Kandiyohi County)
Matt Casey (Becker County)
Patrick Coyne (Dakota County)
Rick Williams (Beltrami County)
Rob Sawyer (Olmsted County)
Sarah Maxwell (Hennepin County)
Steve Zorn (Hennepin County)
Judith Holden (Carlton County)
Judy Brumfield (Scott County)
Susan Ault (Ramsey County)

Statewide Assessment Consultation Team Members (participants in October 27, 2001 meeting):

Mary Regan, Minnesota Council of Child Caring Agencies
Judy Nord, Supreme Court Children's Justice Initiative
Tim Walsh, Department of Corrections
Ann Hill, Ombudsperson for Families
Bao Nengchu, Ombudsperson for Families
Steve Johnson, Sherburne County
Julia Bunny Jaakola, Fond du Lac reservation and Indian Child Welfare Advisory Council
Nan Kalke, University of Minnesota/Child Welfare Training System

Structure

Safety, permanency and well-being outcomes are each addressed separately. Further attention is given to five major strategies, each of which addresses one or more of the outcome areas. In addition, the plan includes clarification or guidance on seven policy areas and provision of screening tools and training related to children's mental health.

Time period

Two years will be needed to achieve improvement in all seven outcome areas.

Scope

The scope of the plan is statewide, except that counties already meeting the national standards for foster care reentries or placement stability, according to CY 2000 data, will not be expected to develop a plan to address those areas. The work on the use of Children's Mental Health interview guidelines will begin in pilot counties and then be implemented statewide.

Overall evaluation strategy

Minnesota plans to utilize data from the Social Services Information System whenever feasible. Benchmarks are indicated for each strategy, and targets have been selected for the three national standards which Minnesota failed. By April of 2003, Minnesota plans to use data from the Social Services Information System and from the quality assurance reviews of county practices as measurement of our progress toward substantial conformity on the outcome items which were problematic during the on-site review.

Other initiatives supportive of this plan

Minnesota is committed to building on the current reform efforts undertaken to improve services and outcomes for children and families. The work of the Alternative Response pilots is strongly supportive of the goals of this plan, especially Safety Outcome 2 and Well-being Outcome 1. Family Group Decision Making efforts are supportive of increased family involvement in case planning. Concurrent Permanency Planning, the Public/Private Adoption Initiative and Children's Justice Initiative are major efforts in Minnesota, which support improvement of Permanency Outcomes 1 and 2.

The Department has also worked on two other areas identified as concerns during the Child and Family Services Review. An advisory committee was formed to study the outcomes for African American children in the child welfare system because of their disproportionate representation. A second work group was formed to develop a single benefit set for children receiving foster care payments, Adoption Assistance and Relative Custody Assistance. Both committees have submitted reports to the 2002 legislature.

SAFETY OUTCOMES

SAFETY OUTCOME 1

Children are, first and foremost, protected from abuse and neglect.

INDICATORS

Minnesota met the national standards for the rate of repeat maltreatment (5.9 percent in contrast to a national standard of 6.1 percent) and the rate of maltreatment of children in foster care (0.41 percent in comparison to the national standard of 0.57 percent.)

- The case review showed that 87.23 percent of the cases rated as substantially achieved against a minimum standard of 90 percent. The remaining cases were rated as partially achieved.
- “Timeliness of initiating investigations of report of child maltreatment” was rated as an area needing improvement (23.81 percent of the cases were rated as needing improvement). 76.19 percent of the cases received a rating of “strength.”
- “Repeat maltreatment” was identified as a strength, with 95.74 percent of the cases identified as a strength.

GOAL

Minnesota will improve its timeliness in initiating investigations within the statutorily established time frames.

TARGET DATE

Two years after the approval of the program improvement plan.

EVALUATION PROCESS

Data from the department’s Social Services Information System, will be used to evaluate compliance. Timeliness of initiation of investigation will also be assessed during the Department of Human Services’ quality assurance reviews of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Time Frame	Action Steps	Lead Staff
June 2002	Family and Children’s Services staff will issue a bulletin providing guidance on the time lines for initiation of investigation and the need for documentation when a report of alleged abuse or neglect is not assessed.	Maxie Rockymore

Benchmark:

- Issuance of bulletin. (June 2002)

- 2. Statewide Implementation of Structured Decision Making.** Structured Decision Making includes a priority response tree which will assist staff in determining when in-person contact should be made. See page17 for further details about this action plan and benchmarks.

SAFETY OUTCOME 2

Children are safely maintained in their homes whenever possible and appropriate.

INDICATORS

The on-site case review resulted in 88.37 percent of the cases rated as substantially achieved against a minimum standard of 90 percent. One case, or 2.33 percent, was rated as partially achieved, with the remaining six cases, or 13.95 percent, rated as not achieved or not addressed. (These percentages were provided in the Health and Human Services Final Assessment.)

- The item “Services to family to protect children in home and prevent removal” was rated as needing improvement in six cases (20.69 percent); 79.3 percent of cases received a rating of “strength.”
- The item “Risk of harm to children” was rated as needing improvement in seven cases (15.56 percent); 84.44 percent of cases received a strength rating.

Of particular concern to Minnesota were the observations that in some cases there was a lack of assessment of risk and identification of needs and that in some cases services were provided to the family, but risk was not targeted.

GOAL

Minnesota will improve its assessment of risk and matching of services to family needs so that identified risk and safety factors are addressed.

TARGET DATE

Two years after the approval of the program improvement plan.

EVALUATION PROCESS

The use and quality of risk assessment and matching of services to family needs will be evaluated during departmental quality assurance reviews of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Statewide Implementation of Structured Decision Making. Structured Decision Making will help improve performance in the access of risk and safety assessment and matching of services to the risk and safety concerns and the needs of the family. Structured Decision Making tools are already available in the Social Services Information System. Over 45 counties have begun use of the tools as part of the risk assessment pilot authorized by the Legislature. See page 17 for further details about this action plan and benchmarks.
2. Quality Practices. Quality practices efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors, and managers with the data and specific feedback

they require to improve practice. See page 19 for further details about this action plan and benchmarks.

3. Improving Case Planning and Case Documentation. This strategy supports improvements in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

PERMANENCY OUTCOMES

PERMANENCY OUTCOME 1

Children have permanency and stability in their living situations.

INDICATORS

Minnesota met one of the four national standards included in permanency outcome 1. Minnesota's percentage for length of time to reunification, 80.3 percent, exceeded the national standard of 76.2 percent. Minnesota did not meet the national standards for:

- length of time to achieve adoption (27.5 percent with a national standard of 32.0 percent)
- stability of foster care placements (82.3 percent with a national standard of 86.7 percent)
- foster care reentries (22.7 percent with a national standard of 8.6 percent).

Although Minnesota's statewide data indicated a rate of reentry not in conformity with the national standard, all of the cases during the on-site review were rated as "strength," not needing improvement.

The case review indicated that 62.5 percent of the cases (15 cases) were given a rating of substantially achieved with 29.17 percent (seven cases) partially achieved and 8.33 percent (two cases) not achieved. The result from the case reviews indicates a number of concerns.

- Placement stability was rated as a strength in 75 percent of the cases. Twenty five percent (six cases) were rated needing improvement.
- "Permanency Goal for Children" was rated as a strength in 69.57 percent of cases reviewed for that item, while 30.43 percent (seven cases) were rated as needing improvement.
- The item "Adoption" was rated as a strength in 75 percent of the cases reviewed for that item. One case, or 25 percent, was rated as needing improvement.
- The item "Permanency Goal or Other Planned Living Arrangement" was rated as a strength in 66.67 percent of the cases appropriate for review of that item, with five cases, or 33.33 percent, needing improvement.
- In contrast, the item "Independent Living Services" was rated as a strength.

GOAL

Minnesota will continue its efforts to achieve permanency for children through the efforts of the public/private adoption initiative, the development of concurrent permanency planning, provision of training and collaboration with the courts. The performance of Minnesota on the national standard for time to adoption will improve to 30.5 percent, i.e., of the children adopted in a one-year period, 30.5 percent will be adopted within 24 months of the date they entered foster care.

Minnesota will improve its performance on the measure of stability of foster care placement by 2 percent, from 82.3 percent (as measured at the federal review) to 84.3 percent. As of January 2002, we estimate that for calendar year 2000, 79.4 percent of the 12,150 children in care less than 12 months had no more than two placement settings. Therefore, the actual improvement necessary may be closer to 5 percent.

Minnesota will improve the performance on the measurement of foster care re-entries by 2 percent, from 22.7 percent (as measured at the federal review) to 20.7 percent. As of February 2002, we estimate that for calendar year 2000, 31.1 percent of the children who entered care in CY 2000 had a previous placement episode within the 12 months prior to the placement episode beginning in 2000. Considering that level of performance, the actual improvement needed may be approximately 10 percent.

Minnesota will further assess its reentry and placement stability data. We remain concerned about possible errors or idiosyncrasies in our data. However, we also recognize that many of the placement reentries may be appropriate. Minnesota's child welfare system includes many children who receive services due to their own behavior. Some children receive time-limited services away from their family as a consequence of their behavior. We do not want to discourage appropriate use of time-limited interventions that contribute to better outcomes for children.

It is important to take note of the recent change in federal policy affecting IV-E reimbursement for children in placements with emergency licensure. This policy may result in additional placements for children at risk.

Finally, we remain concerned that the discrepancy between the on-site review data and the data profile regarding foster care could not be resolved in a way that gave credit to the on-site findings. The approach used did not reflect the commitment noted on page 4025 of the January 25, 2000 Federal Register: "We will resolve any discrepancies between the statewide data and the on-site review findings so that substantial conformity does not rely totally on one or the other information source."

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

Data from the Social Services Information System will be used to evaluate Minnesota's progress against the national standards. Minnesota's progress toward substantial conformity on this permanency outcome will be evaluated using data from the department's quality assurance reviews of county case practice.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Family and Children's Services staff will work with the Social Services Information System to clarify to counties that respite care should not be coded as a placement. This error may be affecting both reentry and placement stability rate.

Time Frame	Action Steps	Lead Staff
June 2002	Family and Children's Services staff will clarify respite care by means of a policy bulletin.	Kris Johnson

Benchmark:

- Issuance of bulletin. (June 2002)

2. Quality Practices. This strategy will support supervisors in promoting improved practice in permanency planning and will provide all parties with objective assessments of case practice in out-of-home placement and permanency planning. See page 19 for further details about this action plan and benchmarks.
3. Assessment of factors related to Minnesota's rates of reentry into foster care and placement stability. This effort is focused on developing a better understanding of the factors affecting placement instability and re-entries into care. See page 21 for further details about this action plan and benchmarks.
4. **Reduction in the use of long-term foster care.** Efforts identified in this strategy will help to improve permanency planning, thereby reducing the time required to finalize an adoption.

PERMANENCY OUTCOME 2

The continuity of family relationships and connections is preserved for children.

INDICATORS

This outcome was rated on case reviews of 24 children. In 83.33 percent of the cases, the outcome was rated as substantially achieved; the remaining cases were rated as partially achieved. Four items were rated as strengths:

- Proximity of foster care placement (100 percent)
- Preserving connections (95.65 percent)
- Relationship of child in care with parents (83.33 percent)
- Relative placement (95.65 percent).

Two items were identified as needing improvement:

- Placement with siblings (76.92 percent)
- Visiting with parents and siblings in foster care (68.18 percent).

GOAL

Minnesota will improve the quality and consistency of practice in regard to sibling placement and contact and visitation of parents and children in foster care. These efforts will be supported by a recent change in the law. The 2001 State Legislature modified Minnesota Statute 260C.178, subdivision 1, to require that when a child in placement has siblings also ordered into placement, the court must inquire about the agency's efforts to place the children together, and if they are not placed together, to inquire about the agency's efforts to place them together. If siblings are not placed together, a visitation plan must be established.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

Placement of siblings, contact between siblings and visitation of parents and their children will be evaluated by the department's external review staff.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Time Frames	Action Steps	Lead Staff
September 2002	Family and Children's Services staff will issue policy guidance for placement of siblings, contact among siblings and best practices in visitation between parents and their children in foster care. Consideration will be given to modifications of the host county contract format so that residential care providers do not use denial of family contact as punishment.	Carol Janson Maxie Rockymore Bob DeNardo Kris Johnson Deborah Beske Brown
Benchmark: · Issuance of bulletin. (September 2002)		

2. Quality Practices. Issues involving sibling placement and contact and visitation of parents with their children will be emphasized as part of supervisors' best practices and considered as part of the quality assurance reviews of the counties. See page 19 for further details about this action plan and benchmarks.
3. Improving Case Planning and Case Plan Documentation. Practices involving sibling and visitation will be improved through the use of the revised out-of-home placement plan. See page 23 for further details about this action plan and benchmarks.

WELL-BEING OUTCOMES

WELL-BEING OUTCOME 1

Families have enhanced capacity to provide for their children's needs.

INDICATORS

The on-site review findings indicate that in 71.43 percent of the cases reviewed, this outcome was rated as substantially achieved, with 12.24 percent partially achieved and 16.33 percent not achieved or addressed. All four of the items under this outcome were rated as areas needing improvement. The following are the items with the percentage of the cases in which this item was rated as a strength:

- Needs and services of child, parents, foster parents - 69.39 percent
 - Child and family involvement in case planning - 69.39 percent
 - Worker visits with the child - 81.63 percent
 - Worker visits with the parent - 82.05 percent

Of particular concern was the observation that in some cases there were major needs that affected safety and permanency that were unmet by the agency.

GOAL

Minnesota will improve its assessment of family strengths and needs, its matching of services to those needs and the involvement of the family in case planning. Minnesota will improve its consistency of worker visits with children and with parents.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

The quality of needs assessment, matching of services to needs, family involvement in case planning and frequency of worker visits with parents and children will be evaluated during the quality assurance reviews of counties. Data from the Social Services Information System about frequency of contact will be utilized to the extent feasible.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Policy guidance will be issued to emphasize the importance of in-person contact with the child placed out of home since Minnesota statutes and rules do not address this issue

Time Frame	Action Steps	Lead Staff
September 2002	Family and Children's Services staff will issue policy guidance regarding frequency of in-person contact with children in placement.	Maxie Rockymore Kris Johnson Deborah Beske Brown

Benchmark:

- Issuance of bulletin. (September 2002)

2. Statewide Implementation of Structured Decision Making. Structured Decision Making includes processes that support increased family involvement in case planning and a more thorough assessment of family strengths and needs. In Structured Decision Making frequency of contact with families is tied to level of risk. See page 17 for further details about this action plan and benchmarks.
3. Quality Practices. Quality Practice efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors, and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and benchmarks.
4. Improving Case Planning and Case Documentation. This strategy supports improvements in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

WELL-BEING OUTCOME 2

Children receive appropriate services to meet their educational needs.

INDICATORS

The on-site review indicate that in 81.58 percent of the cases reviewed, this outcome was rated as substantially achieved, with 5.26 percent partially achieved and 13.16 percent not achieved or addressed. The only item under this outcome was rated similarly. Observations of concern included the following: “There were multiple school changes related to placement changes,” and “The inclusion of school records in the case records was the exception.”

GOAL

Minnesota will improve its documentation of children’s educational needs and the related services in the case plan for the child and family. Minnesota already has a recruitment initiative underway, which will support counties in keeping children in their home communities and school districts whenever possible.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

The issue of services related to children’s educational needs will be evaluated as part of the quality assurance review of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Quality Practices. Quality practices efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors, and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and benchmarks.
2. Improving Case Planning and Case Plan Documentation. This strategy supports improvements in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

WELL-BEING OUTCOME 3

Children receive adequate services to meet their physical and mental health needs

INDICATORS

The on-site review findings indicate that in 67.39 percent of the cases rated, this outcome was substantially achieved, with 15.22 percent rated as partially achieved and 17.39 percent not achieved or addressed. On the item "Physical health of the child," 84.21 of the cases were rated as a strength, while 15.79 percent were rated as needing improvement. The observation was made that "The medical portion of the case plan was often left blank."

On the second item under this outcome, "Mental health of the child," 70 percent of the rated cases received a "strength" rating, while 30 percent were rated as needing improvement. Observations of particular concern included the following: "If a mental health issue was not directly related to the presenting problem, typically it was not addressed," and "The lack of initial assessment has resulted in the mental health needs of children going unmet."

GOAL

Minnesota will identify a children's mental health screening tool for use by child protection, foster care, and adoption staff. Further, Minnesota will improve its documentation of children's health needs and related services on the case plan for the child and family.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

The issue of services related to children's physical and mental health needs will be evaluated as part of the Department of Human Services external review of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

The DHS Children's Mental Health Division has developed a mental health interview guide which has been designed to identify needs for mental health assessment in children. It is currently being piloted in six sites, including programs that serve all ages of children and one county foster care unit. While an initial evaluation of the interview guidelines will be completed this summer, a full validation study will take place over the following year. The following are the steps in the collaboration process to move this set of guidelines into use in child welfare. Because the guidelines have not been validated, DHS will not require all counties to use them immediately. The piloting of their use in child welfare agencies will provide DHS with an opportunity to determine when and how this process should be initiated.

Time Frame	Action Steps	Lead Staff
September 2002	Initial study of child interview guidelines is completed	Glenace Edwall
October 2002 - September 2003	County child welfare staff pilot use of Children's Mental Health interview guidelines	Claire Hill Glenace Edwall
December 2003	Validation study of Children's Mental Health guidelines is completed	Glenace Edwall University of Minnesota researcher (to be identified)
January 2004	Policy bulletin is issued regarding use of mental health screening tool	Claire Hill
January - May 2004	Training is provided to counties on tool	Dick Dean

Benchmarks for this strategy include the following::

- Completion of initial study of CMH interview guidelines. (September 2002)
- Issuance of bulletin regarding pilot. (October 2002)
- Completion of validation study. (December 2003)
- Issuance of policy bulletin regarding use of CMH screening tool. (January 2004)
- Provision of training to county staff. (January - May 2004)

2. **Quality Practices.** Quality practices efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors, and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and benchmarks.
3. **Improving Case Planning and Case Plan Documentation.** This strategy supports improvement in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

STRATEGIES

STATEWIDE IMPLEMENTATION OF STRUCTURED DECISION MAKING

This strategy builds on Minnesota's expanding use of the Structured Decision Making model developed by the Children's Resource Center at the National Council for Crime and Delinquency. This approach will improve performance in the area of safety, particularly in the areas of risk and safety assessment and matching services (including worker contacts with the family) to risk, safety and the needs of the family.

Structured Decision Making as used by Minnesota counties includes a priority assignment decision tree based on the risk to the alleged victim which is indicated by the report of suspected maltreatment. Training in the use of this tool along with supervisory oversight is expected to increase the prompt response to reports in which the risk is heightened and allow an appropriately timely response to other reports.

Because Structured Decision Making provides structure to all child protection decision making points, increases the consistency and validity of decision making, and targets resources to the families most at risk, it will improve the effectiveness of child protection decision making and will reduce the risk of harm to children served.

Use of Structured Decision Making will also support work to improve visits between parents and children, a permanency outcome indicator. The strength/needs tool will help improve family involvement in case planning, a well-being indicator.

Time Frame	Action Steps	Lead Staff
March 2002 Ongoing	Family and Children's Service's staff convene and support statewide advisory group (county staff, policy and training staff) to address state policy or other issues related to Structured Decision Making implementation.	Kris Johnson John Langworthy
April - June 2002	Family and Children's Services staff identify training needs and develop training plan.	Toni Hill-Menson Richard Dean
July 2002	Family and Children's Services staff issue bulletin regarding use of Structured Decision Making tools and announce training plan.	Kris Johnson John Langworthy
July - December 2002	County staff communicate with Department of Human Services about their plans to utilize Structured Decision Making process, and waivers are granted.	County managers
July 2002 - February 2003	Family and Children's Services provides or arranges for initial training on Structured Decision Making throughout state.	Toni Hill-Menson Richard Dean
July 2002	Department of Human Services proposes legislation for 2003 legislature to replace previous risk assessment process with Structured Decision Making process.	Kris Johnson John Langworthy Maxie Rockymore

January 2003 Ongoing	Structured Decision Making is integrated into core and specialized training. Updated training is provided as part of child welfare training system	Sue Stoterau Toni Hill-Menson
July 2003 Ongoing	If legislation is passed, Structured Decision Making is implemented statewide	Kris Johnson John Langworthy

Benchmarks:

- Identification of statewide advisory committee (March 2002)
- Issuance of bulletin regarding Structured Decision Making and training plan (July 2002)
- Implementation of training plan (July 2002 - February 2003)
- Addition of counties to current group using structured decision making tools (July and August 2002 and ongoing)
- Measurement of improvements using information on Social Services Information System.(to be determined)

Technical Assistance: The department will work with staff of the Children's Resource Center at the National Council for Crime and Delinquency to plan training and statewide implementation.

QUALITY PRACTICES

This strategy comprises three parts. The three components will reinforce each other and will have an impact on local practice in all outcome areas. This approach builds on the existing work of the Department of Human Services quality assurance reviews of county child protection agencies. This process already results in a plan by the county to address the concerns raised by the review. The Child Welfare Training System already provides a series of training for supervisors and managers, and the proposed training on quality practices will be included in the system. The Social Services Information System has developed a series of reports and recently provided training to supervisors in their use, but further work is needed to support the use of data in promoting quality practices.

Time Frame	Action Steps	Lead Staff
A.	Supervisors: Promoting Quality Practices	
April - December 2002	Family and Children's Services staff, with assistance from county supervisors, design a guide for use by supervisors in case consultation with an emphasis on best practice for quality assurance. Family and Children's Services staff issues a bulletin regarding this approach.	Larry Wojciak John Hanna Dick Dean
June - December 2002	Minnesota Child Welfare Training System integrates quality assurance practice issues into Core Overview training for supervisors by emphasizing those parts of Social Worker Core that cover the issues identified in the Federal Review.	Sue Stoterau

September 2002 - June 2003	Minnesota Child Welfare Training System revises the Supervisor Core curriculum to include training on issues identified in the Federal Review.	Dick Dean
September 2002 - June 2003	Minnesota Child Welfare Training System develops and provides training for supervisors on quality practices and quality assurance. New data reports are also addressed as they become available	Dick Dean Nan Beman
September - December 2003	Family and Children's Services evaluates effectiveness of supervision in promoting quality practices.	Larry Wojciak John Hanna
B.	Supervisors and Managers: Using Data to Improve Case Practice	
June - August 2002	Indicators work group is convened to refine Minnesota's performance indicators and make recommendations regarding a series of reports using data from Social Services Information System on best practice issues <ul style="list-style-type: none"> · by worker · by supervisory work group · by unit/agency. 	Nan Beman John Hanna
September 2002 - April 2003	Report formats are coded onto Social Services Information System or queries developed.	Nan Beman
May 2003	New report formats are issued to counties.	Nan Beman
May - September 2003	County supervisors and managers implement use of reports.	County Supervisors and Managers
C.	Department of Human Services Quality Assurance Staff: Improving Quality Assurance Reviews	
March 2002	Quality Assurance staff begin modification of quality assurance process using federal outcome measures	Don Siltberg
April - December 2002	New quality assurance process is piloted and evaluated.	Don Siltberg Larry Wojciak
January 2003 and Ongoing Quarterly	Results of reviews are collected	Chris Borsheim Laura Beilke
May 2003 Ongoing	Quality Assurance staff begin use of new data report in their reviews.	Larry Wojciak Chris Borsheim Linda Carroll John Hanna
Benchmarks:		

- Development of guide for supervisors on best practice in quality assurance. (December 2002)
- Trainings provided to supervisors on quality practices and assurance. (June 2002 - June 2003)
- Development of reports using data from the Social Services Information System. (May 2003)
- Implementation of new quality assurance program using federal outcome measures. (January 2003)
- Results of quality assurance reviews are collected and evaluated as part of the Program Improvement Plan monitoring. (April 2003 and ongoing)

Technical Assistance: The department will evaluate with Health and Human Services staff about the need for assistance in regard to the development of reports for use by supervisors and managers and the modification of its quality assurance process.

ASSESSMENT OF FACTORS RELATED TO MINNESOTA'S RATES OF REENTRY INTO FOSTER CARE AND PLACEMENT STABILITY

This strategy is intended to address Minnesota's performance in foster care and placement stability. Preliminary data suggest that placement instability and reentries are generally higher with older children and children in care for emotional or behavioral difficulties. Rates vary by county and the factors affecting these rates will vary by county. Therefore, plans to address these items will be county-specific. Counties already functioning in conformity with the national standards in calendar year 2000 will not be required to submit a plan.

Time Frame	Action Steps	Lead Staff
April - June 2002	Assemble data about children who re-enter or experience placement instability	Ila Kamath
June - August 2002	Convene workgroup of county leaders and staff from Family and Children's Services; Children's Research, Planning and Evaluation and Social Services Information System with assistance from University of Minnesota if feasible	Dorothy Renstrom
September 2002	Finalize questionnaires for county staff responses and formats for case lists	Dorothy Renstrom Work group
October 2002	Questionnaires and case lists are sent to counties	Dorothy Renstrom Work group
November - December 2002	Counties return questionnaires and identify plans to address issues. Follow up is conducted with non-responders.	County staff Work group
January 2003	County responses are analyzed.	Dorothy Renstrom Ila Kamath Jean Swanson-Broberg Paul Wiener
February - March	Regional forums are held on issues of re-entry and placement	Dorothy Renstrom

2003	instability and possible solutions are identified.	John Hanna Kris Johnson Maxie Rockymore Deborah Beske Brown
April 2003	Report is prepared identifying themes, policy and practice changes needed, actions underway in counties and recommended actions.	Dorothy Renstrom Work group
May 2003	Updated plan is sent to HHS.	Dorothy Renstrom
June 2003 Ongoing	Department staff begin implementation of recommended actions.	Dorothy Renstrom
Benchmarks:		
<ul style="list-style-type: none"> · Identification and convening of workgroup. (June 2002) · Development of questionnaire and case list format. (September 2002) · Regional forums held. (February - March 2003) · Report on survey results, county plans and recommended actions. (April 2003) · Updated plan sent to HHS. (May 2003) · Measurement of improvement using information in Social Services Information System. (To be determined) 		

Technical Assistance: The department will evaluate the need for assistance in analyzing data and developing questionnaires for county staff. **Consultation may be needed from the National Resource Center for Information Technology.**

IMPROVING CASE PLANNING AND DOCUMENTATION

This strategy builds on work already underway by Department of Human Services staff and county partners to simplify and improve the out-of-home placement plan. This effort will support improvement in all three outcome areas.

Time Frame	Action Steps	Lead Staff
January 2002	Out-of-home placement plan form revised to address: <ul style="list-style-type: none"> · Sibling placement and contact · Identified risk and safety factors · Documented risk assessment and services matched to the family needs · Child and family involvement in case planning · Frequency of social worker contact with child and family 	Deborah Beske Brown

	<ul style="list-style-type: none"> · Child's educational needs · Physical mental health of the child 	
March - May 2002	Training provided on the new out-of-home placement plan, including both technical and policy training on the elements of the out-of-home placement plan	Deborah Beske Brown Nan Beman
May 2002	Workgroup formed to redesign the new child protection service plan format for child protection service cases. Workgroup is made up of representatives from county child protection staff and supervisors, and DHS staff including Family and Children's Division and Social Service Information system.	Deborah Beske Brown John Langworthy Jerry Lindskog
May - August 2002	<p>Child protection case plan is redesigned. Case plan redesign will need to address:</p> <ul style="list-style-type: none"> · Structured decision making · Identified risk and safety factors · Documented risk assessment and services matched to the family needs · Child and family involvement in case planning · Frequency of social worker contact with child and family · Child's educational needs · Physical and mental health of child 	John Langworthy Kris Johnson Jerry Lindskog Deborah Beske Brown Sara Klise
August 2002	New child protection plan provided to computer programmers for Social Services Information System.	Nan Beman
November 2002	Bulletin sent to all county social service agencies announcing the new format and plans for training on revised child protection plan.	Nan Beman Sara Klise
January - May 2003	Training on new child protection plan proceeds.	John Langworthy Kris Johnson Jerry Lindskog Deborah Beske Brown Sara Klise
May 2003	Implementation of new plan after training is completed. Implementation date may vary based on the complexity of change needed to the Social Services Information System.	
Benchmarks:		
<ul style="list-style-type: none"> · Training provided on the out-of-home placement plan. (March - May 2002) · Work group convened to redesign child protection services core plan. (May 2002) · Redesign of CPS case plan. (August 2002) · Training provided on revised CPS case plan. (January - May 2003) 		

- Statewide implementation of plans on Social Services Information System. (May 2003)

Technical Assistance: Needs for technical assistance for this effort are expected to be minimal.

REDUCTION IN THE USE OF LONG-TERM FOSTER CARE AS A PERMANENCY PLAN

A number of collaborative efforts have supported the movement of Minnesota children into permanent families. These include the public/private adoption initiative, concurrent permanency planning efforts and the work of the Children's Justice Initiative with Minnesota courts. A study of the rate disparity issue has been completed, and proposals for change have been made to the legislature. Assessments of this issue has suggested a number of areas of need. There is a need to improve understanding and skill in the adoption process and in case practice, especially in regard to decision making regarding permanency. Consolidation of home study requirements would be helpful in reducing the time to adoption and implementing concurrent permanency planning. This strategy will help Minnesota improve permanency outcome 1.

Time Frame	Action Steps	Lead Staff
March 2002	Internal work group convened to identify factors affecting the use of long term foster care	Connie Caron
March 2002	Study of disparity among foster care, adoption assistance and relative custody assistance rates released to legislature and others	Dorothy Renstrom
March 2002 Ongoing	Follow-up efforts on children free for adoption are intensified	Carla Mortensen
March - December 2002	Training provided on adoption policy and procedures	Carla Mortensen Connie Caron Laurie Ruhl
April 2002	Training on needs of adolescents for permanency provided to multi-disciplinary team members involved in Children's Justice Initiative (with assistance of National Resource Center for Permanency Planning and Foster Care.)	Ann Ahlstrom
April 2002	Discussion held with Ramsey and Hennepin county staff regarding factors affecting the use of long term foster care and possible strategies to reduce its use (with assistance of National Resource Center for Permanency Planning and Foster Care.)	Kris Johnson
May - June 2002	Work group of foster and adoptive parents, county and state staff and others convened to identify factors to be considered, protocols to be followed when county is considering a disposition of long term foster care.	Carla Mortensen Kris Johnson

May - September 2002	Obtain feedback on consolidated adoption and foster care study format and finalize it.	Connie Caron Bob DeNardo Deborah Beske Brown
June - July 2002	Identify and develop possible legislative proposals for the 2003 Legislature from the disparity study, long-term foster care workgroup, and other legislative changes that would affect use of long term foster care.	Ann Ahlstrom Bob DeNardo
November 2002	Practice guide is developed to address permanency decision making.	Carla Mortensen Kris Johnson
December 2002	Bulletin issued regarding new consolidated home study format.	Bob DeNardo
January - May 2003	Training on practice guide is developed and implemented.	Connie Caron Carla Mortensen Kris Johnson
July 2003	If legislation is passed, Department staff plan its implementation.	Dorothy Renstrom

Benchmarks:

- Provision of training on adolescents' needs for permanency and adoption policy and procedures. (April - December 2002)
- Legislative proposals developed. (July 2002)
- Development of consolidated adoption and foster care format. (December 2002)
- Development of practice guide. (November 2002)
- Decline in number and percentage of plans for long term foster care. (To be determined)

Technical Assistance: The National Resource Center for Permanency Planning will provide support to training and discussion identified in 3rd and 4th steps.

AGREEMENTS

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

Name of State Executive Officer for Child Welfare Services

Date

Name of HUB Director/Regional Administrator, ACF

Date

AMENDMENTS

This section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). Copies of approved renegotiated PIPs must be retained and distributed as noted above immediately upon completion of the renegotiation process.

The content of the attached PIP was renegotiated on [REDACTED]. The renegotiated content of the attached PIP has been approved (initialed) by State personnel and the ACF Regional Office with authority to negotiate such content and is approved by the following State and Federal officials:

Name of State Executive Officer for Child Welfare Services

Date

Name of HUB Director/Regional Administrator, ACF

Date

MINNESOTA PROGRAM IMPROVEMENT PLAN

State Agency

Minnesota Department of Human Services
444 Lafayette Road North
St. Paul, MN 55155-3832
651-296-3800

Lead agency staff responsible for development of this plan

Erin Sullivan Sutton, J.D., Assistant Commissioner, Children's Services Administration
Dorothy Renstrom, M.S.W., Director, Family and Children's Services Division
Don Siltberg, B.A., Child Welfare Program Consultant

The staff persons identified as lead staff in the action plans also participated in development of this plan.

Individuals involved in development of Program Improvement Plan

Representatives of the Minnesota Association of County Social Services Administrators

Susan Ault (Ramsey County)
Judy Brumfield (Scott County)
Matt Casey (Becker County)
Patrick Coyne (Dakota County)
Ken Ebel (Sherburne County)
Judith Holden (Carlton County)
Deb Kenney (Washington County)
Larry Kleindl (Kandiyohi County)
Sarah Maxwell (Hennepin County)
Dick Pingry (St. Louis County)
David Sainio (Chisago County)
Rob Sawyer (Olmsted County)
Rick Williams (Beltrami County)
Steve Zorn (Hennepin County)

Statewide Assessment Consultation Team Members (participants in October 27, 2001 meeting):

Ann Hill, Ombudsperson for Families
Julia Bunny Jaakola, Fond du Lac reservation and Indian Child Welfare Advisory Council
Steve Johnson, Sherburne County
Nan Kalke, University of Minnesota/Child Welfare Training System
Bao Nengchu, Ombudsperson for Families
Judy Nord, Supreme Court Children's Justice Initiative
Mary Regan, Minnesota Council of Child Caring Agencies
Tim Walsh, Department of Corrections

Structure

Safety, permanency and well-being outcomes are each addressed separately. Further attention is given to five major strategies, each of which addresses one or more of the outcome areas. In addition, the plan includes clarification or guidance on seven policy areas and provision of screening tools and training related to children's mental health.

Time period

Two years will be needed to achieve improvement in all seven outcome areas.

Scope

The scope of the plan is statewide, except that counties already meeting the national standards for foster care re-entries ~~or placement stability~~, according to CY 2002 data, will not be expected to develop a plan to address those areas. ***Placement stability work is statewide, using the resources of the National Resource Center for Foster Care and Permanency Planning.*** The work on the use of Children's Mental Health interview guidelines will begin in pilot counties and then be implemented statewide.

Overall evaluation strategy

Minnesota plans to utilize data from the Social Services Information System whenever feasible. Benchmarks are indicated for each strategy and targets have been selected for the three national standards which Minnesota failed. By April of 2003, Minnesota plans to use data from the Social Services Information System and from the quality assurance reviews of county practices as measurement of our progress toward substantial conformity on the outcome items which were problematic during the on-site review.

Other initiatives supportive of this plan

Minnesota is committed to building on the current reform efforts undertaken to improve services and outcomes for children and families. The work of the Alternative Response pilots is strongly supportive of the goals of this plan, especially Safety Outcome 2 and Well-being Outcome 1. Family Group Decision Making efforts are supportive of increased family involvement in case planning. Concurrent Permanency Planning, the Public/Private Adoption Initiative and Children's Justice Initiative are major efforts in Minnesota, which support improvement of Permanency Outcomes 1 and 2.

The department has also worked on two other areas identified as concerns during the Child and Family Services Review. An advisory committee was formed to study the outcomes for African American children in the child welfare system because of their disproportionate representation. A second work group was formed to develop a single benefit set for children receiving foster care payments, Adoption Assistance and Relative Custody Assistance. Both committees have submitted reports to the 2002 legislature.

SAFETY OUTCOMES

SAFETY OUTCOME 1

Children are, first and foremost, protected from abuse and neglect.

INDICATORS

Minnesota met the national standards for the rate of repeat maltreatment (5.9 percent in contrast to a national standard of 6.1 percent) and the rate of maltreatment of children in foster care (0.41 percent in comparison to the national standard of 0.57 percent.)

- \$ The case review showed that 87.23 percent of the cases rated as substantially achieved against a minimum standard of 90 percent. The remaining cases were rated as partially achieved.
- \$ ATimeliness of initiating investigations of report of child maltreatment@ was rated as an area needing improvement (23.81 percent of the cases were rated as needing improvement). 76.19 percent of the cases received a rating of Astrength.@
- \$ ARepeat maltreatment@ was identified as a strength, with 95.74 percent of the cases identified as a strength.

GOAL

Minnesota will improve its timeliness in initiating investigations within the statutorily established time frames.

TARGET DATE

Two years after the approval of the program improvement plan.

EVALUATION PROCESS

Data from the department=s Social Services Information System ***and the department=s quality assurance reviews*** will be used to evaluate compliance. Timeliness of initiation of investigation will also be assessed during the Department of Human Services= quality assurance reviews of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Time Frame	Action Steps	Lead Staff
June 2002 April 2003	Family and Children's Services <i>Child Safety and Permanency</i> staff will issue a bulletin providing guidance on the time lines for initiation of investigation and the need for documentation when a report of alleged abuse or neglect is not assessed.	Maxie Rockymore

Benchmark:

\$ Issuance of bulletin. ~~June 2002~~ (*April 2003*)

2. **Statewide Implementation of Structured Decision Making.** Structured Decision Making includes a priority response tree which will assist staff in determining when in-person contact should be made. See page 17 for further details about this action plan and benchmarks.

SAFETY OUTCOME 2

Children are safely maintained in their homes whenever possible and appropriate.

INDICATORS

The on-site case review resulted in 88.37 percent of the cases rated as substantially achieved against a minimum standard of 90 percent. One case, or 2.33 percent, was rated as partially achieved, with the remaining six cases, or 13.95 percent, rated as not achieved or not addressed. (These percentages were provided in the Health and Human Services Final Assessment.)

- \$ The item ~~AServices to family to protect children in home and prevent removal@~~ was rated as needing improvement in six cases (20.69 percent); 79.3 percent of cases received a rating of ~~Astrength.@~~
- \$ The item ~~ARisk of harm to children@~~ was rated as needing improvement in seven cases (15.56 percent); 84.44 percent of cases received a strength rating.

Of particular concern to Minnesota were the observations that in some cases there was a lack of assessment of risk and identification of needs and that in some cases services were provided to the family, but risk was not targeted.

GOAL

Minnesota will improve its assessment of risk and matching of services to family needs so that identified risk and safety factors are addressed.

TARGET DATE

Two years after the approval of the program improvement plan.

EVALUATION PROCESS

The use and quality of risk assessment and matching of services to family needs will be evaluated during departmental quality assurance reviews of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

- 1. Statewide Implementation of Structured Decision Making.** Structured Decision Making will help improve performance in the access of risk and safety assessment and matching of services to the risk and safety concerns and the needs of the family. Structured Decision Making tools are already available in the Social Services Information System. Over 45 counties have begun use of the tools as part of the risk assessment pilot authorized by the Legislature. See page 17 for further details about this action plan and benchmarks.
- 2. Quality Practices.** Quality practices efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and

benchmarks.

3. **Improving Case Planning and Case Documentation.** This strategy supports improvements in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

PERMANENCY OUTCOMES

PERMANENCY OUTCOME 1

Children have permanency and stability in their living situations.

INDICATORS

Minnesota met one of the four national standards included in permanency outcome 1. Minnesota's percentage for length of time to reunification, 80.3 percent, exceeded the national standard of 76.2 percent. Minnesota did not meet the national standards for:

- \$ Length of time to achieve adoption (27.5 percent with a national standard of 32.0 percent)
- \$ Stability of foster care placements (82.3 percent with a national standard of 86.7 percent)
- \$ Foster care re-entries (22.7 percent with a national standard of 8.6 percent).

Although Minnesota's statewide data indicated a rate of re-entry not in conformity with the national standard, all of the cases during the on-site review were rated as **Astrength,@** not needing improvement.

The case review indicated that 62.5 percent of the cases (15 cases) were given a rating of substantially achieved with 29.17 percent (seven cases) partially achieved and 8.33 percent (two cases) not achieved. The result from the case reviews indicates a number of concerns.

- \$ Placement stability was rated as a strength in 75 percent of the cases. Twenty five percent (six cases) were rated needing improvement.
- \$ **APermanency Goal for Children@** was rated as a strength in 69.57 percent of cases reviewed for that item, while 30.43 percent (seven cases) were rated as needing improvement.
- \$ The item **AAdoption@** was rated as a strength in 75 percent of the cases reviewed for that item. One case, or 25 percent, was rated as needing improvement.
- \$ The item **APermanency Goal or Other Planned Living Arrangement@** was rated as a strength in 66.67 percent of the cases appropriate for review of that item, with five cases, or 33.33 percent, needing improvement.
- \$ In contrast, the item **AIndependent Living Services@** was rated as a strength.

GOAL

Minnesota will continue its efforts to achieve permanency for children through the efforts of the public/private adoption initiative, the development of concurrent permanency planning, provision of training and collaboration with the courts. The performance of Minnesota on the national standard for time to adoption will improve to 30.5 percent, i.e., of the children adopted in a one-year period, 30.5 percent will be adopted within 24 months of the date they entered foster care.

Minnesota will improve its performance on the measure of stability of foster care placement by 2 percent, from 82.3 percent (as measured at the federal review) to 84.3 percent. As of January 2002, we estimate that for calendar year 2000, 79.4 percent of the 12,150 children in care less than 12 months had no more than two placement settings. Therefore, the actual improvement necessary may be closer to 5 percent.

Minnesota will improve the performance on the measurement of foster care re-entries by .67 percent, from 22.7 percent (as measured at the federal review) to 20.7 percent. As of February 2002, we estimate that for calendar year 2000, 31.1 percent of the children who entered care in CY 2000 had a previous placement episode within the 12 months prior to the placement episode beginning in 2000. Considering that level of performance, the actual improvement needed may be approximately 10 percent. *from 27.7 percent (the federal measurement for 2001) to 27.03 percent.*

Minnesota will further assess its re-entry and placement stability data. We remain concerned about possible errors or idiosyncrasies in our data. However, we also recognize that many of the placement re-entries may be appropriate. Minnesota's child welfare system includes many children who receive services due to their own behavior. Some children receive time-limited services away from their family as a consequence of their behavior. We do not want to discourage appropriate use of time-limited interventions that contribute to better outcomes for children.

It is important to take note of the recent change in federal policy affecting IV-E reimbursement for children in placements with emergency licensure. This policy may result in additional placements for children at risk.

Finally, we remain concerned that the discrepancy between the on-site review data and the data profile regarding foster care could not be resolved in a way that gave credit to the on-site findings. The approach used did not reflect the commitment noted on page 4025 of the January 25, 2000 Federal Register: *¶We will resolve any discrepancies between the statewide data and the on-site review findings so that substantial conformity does not rely totally on one or the other information source.¶*

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

Data from the Social Services Information System will be used to evaluate Minnesota's progress against the national standards. Minnesota's progress toward substantial conformity on this permanency outcome will be evaluated using data from the department's quality assurance reviews of county case practice.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Child Safety and Permanency staff will work with the Social Services Information System to clarify to counties that respite care should not be coded as a placement. This error may be affecting both re-entry and placement stability rate.

Time Frame	Action Steps	Lead Staff
June 2002 April 2003	Family and Children's Services Child Safety and Permanency staff will clarify respite care by means of a policy bulletin.	Kris Johnson

Benchmark:
\$ Issuance of bulletin. (June 2002) (April 2003)

2. **Quality Practices.** This strategy will support supervisors in promoting improved practice in permanency planning and will provide all parties with objective assessments of case practice in out-of-home placement and permanency planning. See page 19 for further details about this action plan and benchmarks.
3. **Assessment of factors related to Minnesota=s rates of re -entry into foster care and placement stability.** This effort is focused on developing a better understanding of the factors affecting placement instability and re-entries into care. See page 21 for further details about this action plan and benchmarks.
4. **Reduction in the us e of long-term foster care.** Efforts identified in this strategy will help to improve permanency planning, thereby reducing the time required to finalize an adoption.

PERMANENCY OUTCOME 2

The continuity of family relationships and connections is preserved for children.

INDICATORS

This outcome was rated on case reviews of 24 children. In 83.33 percent of the cases, the outcome was rated as substantially achieved; the remaining cases were rated as partially achieved. Four items were rated as strengths:

- \$ Proximity of foster care placement (100 percent)
- \$ Preserving connections (95.65 percent)
- \$ Relationship of child in care with parents (83.33 percent)
- \$ Relative placement (95.65 percent).

Two items were identified as needing improvement:

- \$ Placement with siblings (76.92 percent)
- \$ Visiting with parents and siblings in foster care (68.18 percent).

GOAL

Minnesota will improve the quality and consistency of practice in regard to sibling placement and contact and visitation of parents and children in foster care. These efforts will be supported by a recent change in the law. The 2001 State Legislature modified Minnesota Statute 260C.178, subdivision 1, to require that when a child in placement has siblings also ordered into placement, the court must inquire about the agency=s efforts to place the children together, and if they are not placed together, to inquire about the agency=s efforts to place them together. If siblings are not placed together, a visitation plan must be established.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

Placement of siblings, contact between siblings and visitation of parents and their children will be evaluated by the department=s *external quality assurance* review staff.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Time Frames	Action Steps	Lead Staff
September 2002 <i>April 2003</i>	<p>Family and Children's Services <i>Child Safety and Permanency</i> staff will issue policy guidance for placement of siblings, contact among siblings and best practices in visitation between parents and their children in foster care. Consideration will be given to modifications of the host county contract format so that residential care providers do not use denial of family contact as punishment. Additionally, multiple efforts will be employed to eliminate the practice of denying family contact as punishment.</p>	Deborah Beske Brown Bob DeNardo Carol Janson Kris Johnson Maxie Rockymore
Benchmark: \$ Issuance of bulletin. (September 2002) (April 2003)		

2. Quality Practices. Issues involving sibling placement and contact and visitation of parents with their children will be emphasized as part of supervisors= best practices and considered as part of the quality assurance reviews of the counties. See page 19 for further details about this action plan and benchmarks.

3. Improving Case Planning and Case Plan Documentation. Practices involving sibling and visitation will be improved through the use of the revised out-of-home placement plan. See page 23 for further details about this action plan and benchmarks.

WELL-BEING OUTCOMES

WELL-BEING OUTCOME 1

Families have enhanced capacity to provide for their children's needs.

INDICATORS

The on-site review findings indicate that in 71.43 percent of the cases reviewed, this outcome was rated as substantially achieved, with 12.24 percent partially achieved and 16.33 percent not achieved or addressed. All four of the items under this outcome were rated as areas needing improvement. The following are the items with the percentage of the cases in which this item was rated as a strength:

- \$ Needs and services of child, parents, foster parents - 69.39 percent
- \$ Child and family involvement in case planning - 69.39 percent
- \$ Worker visits with the child - 81.63 percent
- \$ Worker visits with the parent - 82.05 percent

Of particular concern was the observation that in some cases there were major needs that affected safety and permanency that were unmet by the agency.

GOAL

Minnesota will improve its assessment of family strengths and needs, its matching of services to those needs and the involvement of the family in case planning. Minnesota will improve its consistency of worker visits with children and with parents.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

The quality of needs assessment, matching of services to needs, family involvement in case planning and frequency of worker visits with parents and children will be evaluated during the quality assurance reviews of counties. Data from the Social Services Information System about frequency of contact will be utilized to the extent feasible.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

Policy guidance will be issued to emphasize the importance of in-person contact with the child placed out of home since Minnesota statutes and rules do not address this issue

Time Frame	Action Steps	Lead Staff
September 2002 <i>April 2003</i>	Family and Children's Services Child Safety and Permanency staff will issue policy guidance regarding frequency of in-person contact with children in placement.	Deborah Beske Brown Kris Johnson Maxie Rockymore

Benchmark:
\$ Issuance of bulletin. (*September 2002*) (*April 2003*)

2. **Statewide Implementation of Structured Decision Making.** Structured Decision Making includes processes that support increased family involvement in case planning and a more thorough assessment of family strengths and needs. In Structured Decision Making frequency of contact with families is tied to level of risk. See page 17 for further details about this action plan and benchmarks.
3. **Quality Practices.** Quality Practice efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and benchmarks.
4. **Improving Case Planning and Case Documentation.** This strategy supports improvements in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

WELL-BEING OUTCOME 2

Children receive appropriate services to meet their educational needs.

INDICATORS

The on-site review indicate that in 81.58 percent of the cases reviewed, this outcome was rated as substantially achieved, with 5.26 percent partially achieved and 13.16 percent not achieved or addressed. The only item under this outcome was rated similarly. Observations of concern included the following: ~~A~~There were multiple school changes related to placement changes,@ and ~~A~~The inclusion of school records in the case records was the exception.@

GOAL

Minnesota will improve its documentation of children's educational needs and the related services in the case plan for the child and family. Minnesota already has a recruitment initiative underway, which will support counties in keeping children in their home communities and school districts whenever possible.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

The issue of services related to children's educational needs will be evaluated as part of the ~~external quality assurance~~ review of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

- 1. Quality Practices.** Quality practices efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and benchmarks.
- 2. Improving Case Planning and Case Plan Documentation.** This strategy supports improvements in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

WELL-BEING OUTCOME 3

Children receive adequate services to meet their physical and mental health needs

INDICATORS

The on-site review findings indicate that in 67.39 percent of the cases rated, this outcome was substantially achieved, with 15.22 percent rated as partially achieved and 17.39 percent not achieved or addressed. On the item ~~A~~Physical health of the child,@ 84.21 of the cases were rated as a strength, while

15.79 percent were rated as needing improvement. The observation was made that ~~A~~The medical portion of the case plan was often left blank.~~@~~

On the second item under this outcome, ~~A~~Mental health of the child,~~@~~ 70 percent of the rated cases received a ~~A~~strength~~@~~ rating, while 30 percent were rated as needing improvement. Observations of particular concern included the following: ~~A~~If a mental health issue was not directly related to the presenting problem, typically it was not addressed,~~@~~ and ~~A~~The lack of initial assessment has resulted in the mental health needs of children going unmet.~~@~~

GOAL

Minnesota will identify a children's mental health screening tool for use by child protection, foster care and adoption staff. Further, Minnesota will improve its documentation of children's health needs and related services on the case plan for the child and family.

TARGET DATE

Two years after approval of program improvement plan.

EVALUATION PROCESS

The issue of services related to children's physical and mental health needs will be evaluated as part of the Department of Human Services ~~external~~ ***quality assurance*** review of counties.

STRATEGIES

The following strategies will be employed to address this outcome.

1. Policy clarification and guidance:

The DHS Children's Mental Health Division has developed a mental health interview guide which has been designed to identify needs for mental health assessment in children. It is currently being piloted in six sites, including programs that serve all ages of children and one county foster care unit. While an initial evaluation of the interview guidelines will be completed this summer, a full validation study will take place over the following year. The following are the steps in the collaboration process to move this set of guidelines into use in child welfare. Because the guidelines have not been validated, DHS will not require all counties to use them immediately. The piloting of their use in child welfare agencies will provide DHS with an opportunity to determine when and how this process should be initiated.

Time Frame	Action Steps	Lead Staff
September 2002	Initial study of child Interview Guidelines (<i>screening tool</i>) is completed	Glenace Edwall
October 2002 - September 2003 March 2004	County child welfare staff pilot use of Children's Mental Health Interview Guidelines (<i>screening tool</i>)	Glenace Edwall Claire Hill Bill Wyss
December 2003 April 2004	Validation study of Children's Mental Health guidelines is completed. <i>Children's Mental Health Division will review and select approved screening tools.</i>	Glenace Edwall University of Minnesota researcher (to be identified)
January 2004 April 2004	Policy bulletin is issued regarding use of mental health screening tools	Claire Hill Bill Wyss
January - May April - July 2004	Training is provided to counties on tools	Claire Hill Bill Wyss
Benchmarks for this strategy include the following:		
<ul style="list-style-type: none"> \$ Completion of initial study of CMH Interview Guidelines (<i>screening tool</i>) (September 2002) \$ Issuance of bulletin regarding pilot. (October 2002) <i>Counties recruited and selected for pilot (September 2003)</i> \$ Completion of validation study. (December 2003) <i>A variety of screening tools will be reviewed and recommended for approval by the commissioner</i> \$ Issuance of policy bulletin regarding use of CMH screening tool (January 2004) (April 2004) \$ Provision of training to county staff (January - May 2004) April - August 2004. 		

2. **Quality Practices.** Quality practices efforts will support supervisors in their role as consultants in case practice and provide workers, supervisors and managers with the data and specific feedback they require to improve practice. See page 19 for further details about this action plan and benchmarks.
3. **Improving Case Planning and Case Plan Documentation.** This strategy supports improvement in documentation and in case planning practice critical to improvement of this outcome. See page 23 for further details about this action plan and benchmarks.

STRATEGIES

STATEWIDE IMPLEMENTATION OF STRUCTURED DECISION MAKING

This strategy builds on Minnesota's expanding use of the Structured Decision Making model developed by the Children's Resource Center at the National Council for Crime and Delinquency. This approach will improve performance in the area of safety, particularly in the areas of risk and safety assessment and matching services (including worker contacts with the family) to risk, safety and the needs of the family.

Structured Decision Making as used by Minnesota counties includes a priority assignment decision tree based on the risk to the alleged victim which is indicated by the report of suspected maltreatment. Training in the use of this tool along with supervisory oversight is expected to increase the prompt response to reports in which the risk is heightened and allow an appropriately timely response to other reports.

Because Structured Decision Making provides structure to all child protection decision making points, increases the consistency and validity of decision making and targets resources to the families most at risk, it will improve the effectiveness of child protection decision making and will reduce the risk of harm to children served.

Use of Structured Decision Making will also support work to improve visits between parents and children, a permanency outcome indicator. The strength/needs tool will help improve family involvement in case planning, a well-being indicator.

Time Frame	Action Steps	Lead Staff
March 2002 Ongoing	Family and Children's Services Child Safety and Permanency staff convene and support statewide advisory group (county staff, policy and training staff) to address state policy or other issues related to Structured Decision Making implementation.	Kris Johnson John Langworthy
April - June 2002	Family and Children's Services Child Safety and Permanency staff identify training needs and develop training plan.	Richard Dean Toni Hill-Menson
July 2002 - April 2003	Family and Children's Services Child Safety and Permanency staff issue bulletin information regarding use of Structured Decision Making tools and announce training plan.	Kris Johnson John Langworthy
July - August <i>Ongoing</i>	County staff communicate with Department of Human Services about their plans to utilize Structured Decision Making process and waivers are granted.	County managers
July 2002 - February 2003 <i>Ongoing</i>	Family and Children's Services Child Safety and Permanency provides or arranges for initial training on Structured Decision Making throughout state.	Richard Dean Toni Hill-Menson

<u>July 2002</u>	Department of Human Services proposes legislation for 2003 legislature to replace previous risk assessment process with Structured Decision Making process.	Kris Johnson John Langworthy Maxie Rockymore
January 2003 Ongoing	Structured Decision Making is integrated into core and specialized training. Updated training is provided as part of child welfare training system	Toni Hill-Menson Sue Stoterau
<u>July 2003</u> <u>Ongoing</u>	If legislation is passed, Structured Decision Making is implemented statewide.	Kris Johnson John Langworthy
<p>Benchmarks:</p> <ul style="list-style-type: none"> \$ Identification of statewide advisory committee (March 2002) \$ Issuance of bulletin information regarding Structured Decision Making and training plan (July 2002 - April 2003) \$ Implementation of training plan (July 2002 - February August 2003) \$ Addition of counties to current group using Structured Decision Making tools (July and August 2002 and ongoing) \$ Measurement of improvements information on Social Services Information System. (to be determined) using quality assurance review. 		

QUALITY PRACTICES

This strategy comprises three parts. The three components will reinforce each other and will have an impact on local practice in all outcome areas. This approach builds on the existing work of the Department of Human Services quality assurance reviews of county child protection agencies. This process already results in a plan by the county to address the concerns raised by the review. The Child Welfare Training System already provides a series of training for supervisors and managers, and the proposed training on quality practices will be included in the system. The Social Services Information System has developed a series of reports and recently provided training to supervisors in their use, but further work is needed to support the use of data in promoting quality practices.

Time Frame	Action Steps	Lead Staff
A.	Supervisors: Promoting Quality Practices	
April - December 2002 June 2003	Family and Children's Services Child Safety and Permanency staff, with assistance from county supervisors, design a guide for use by supervisors in case consultation with an emphasis on best practice for quality assurance. Child Safety and Permanency staff issues a bulletin regarding this approach.	Dick Dean John Hanna Larry Wojciak
June - December 2002 - June 2003	Minnesota Child Welfare Training System integrates quality assurance practice issues into Core Overview training for supervisors by emphasizing those parts of Social Worker Core that cover the issues identified in the Federal Review.	Sue Stoterau
September 2002 - June 2003	Minnesota Child Welfare Training System revises the Supervisor Core curriculum to include training on issues identified in the Federal Review.	Dick Dean
September 2002 - June 2003	Minnesota Child Welfare Training System develops and provides training for supervisors on quality practices and quality assurance. New data reports are also addressed as they become available	Nan Beman Dick Dean
September - December 2003 January 2003 - Ongoing	Family and Children's Services evaluates effectiveness of supervision in promoting quality practices. State quality assurance staff promote and support quality practices in supervision by 1) educating county supervisors regarding the CFSR process, 2) providing supervisors with outcome based quality assurance tools and information and 3) sharing useful and specific outcome and performance item methods of measurements.	John Hanna Larry Wojciak

B.	Supervisors and Managers: Using Data to Improve Case Practice	
June - August 2002	Indicators work group is convened to refine Minnesota's performance indicators and make recommendations regarding a series of reports using data from Social Services Information System on best practice issues \$ by worker \$ by supervisory work group \$ by unit/agency.	Nan Beman John Hanna Don Siltberg
September 2002 - <i>April - January 2004</i>	Report formats are coded onto Social Services Information System or queries developed.	Nan Beman
<i>May - September 2003</i> <i>March 2004</i>	New report formats are issued to counties.	Nan Beman
<i>May - September 2003</i> <i>April 2004</i>	County supervisors and managers implement use of reports.	County Supervisors and Managers
C.	Department of Human Services Quality Assurance Staff: Improving Quality Assurance Reviews	
March 2002	Quality Assurance staff begin modification of quality assurance process using federal outcome measures.	Don Siltberg Larry Wojciak
<i>April - June December 2002</i>	New quality assurance process is piloted and evaluated.	Don Siltberg Larry Wojciak
<i>July 2002</i> <i>January 2003</i> and Ongoing Quarterly	Results of reviews are collected.	Laura Beilke Chris Borsheim
May 2003 Ongoing	Quality Assurance staff begin use of new data report federal outcome measures for their reviews.	Chris Borsheim John Hanna Larry Wojciak

Benchmarks:

- \$ Development of guide for supervisors on best practice in quality assurance. (~~December 2002~~ **June 2003**)
- \$ Trainings provided to supervisors on quality practices and assurance. (June 2002 - ~~June 2003~~ **Ongoing**)
- \$ Development of reports using data from the Social Services Information System. (~~May~~ **January 2004**)
- \$ Implementation of new quality assurance program using federal outcome measures. (January 2003)
- \$ Results of quality assurance reviews are collected and evaluated as part of the Program Improvement Plan monitoring. (April 2003 and ongoing)

Technical Assistance: The department will evaluate with Health and Human Services staff about the need for assistance in regard to the development of reports for use by supervisors and managers and the modification of its quality assurance process.

ASSESSMENT OF FACTORS RELATED TO MINNESOTA=S RATES OF RE-ENTRY INTO FOSTER CARE AND PLACEMENT STABILITY

This strategy is intended to address Minnesota=s performance in foster care and placement stability. Preliminary data suggest that placement instability and re-entries are generally higher with older children and children in care for emotional or behavioral difficulties. Rates vary by county and the factors affecting these rates will vary by county. Therefore, plans to address these items will be county-specific. Counties already functioning in conformity with the national standards in calendar year 2002 will not be required to submit a plan.

Time Frame	Action Steps	Lead Staff
April – June July 2002 - Ongoing	Assemble data about children who re-enter or experience placement instability	Ila Kamath
June – August November - December 2002	Convene workgroup of county leaders and staff from Child Safety and Permanency; Children=s Research, Planning and Evaluation and Social Services Information System with assistance from University of Minnesota if feasible	Dorothy Renstrom
September 2002	Finalize questionnaires for county staff responses and formats for case lists	Dorothy Renstrom Work group
October 2002 June 2003	Questionnaires and case lists are sent to counties	Dorothy Renstrom Work group
November – December 2002 June - July 2003	Counties return questionnaires and identify plans to address issues. Follow up is conducted with non-responders.	County staff Work group
January-July 2003	County responses are analyzed.	Jean Swanson-Broberg

		Ila Kamath Dorothy Renstrom Paul Wiener
February - March 2003 July 2002 - July 2003	Regional forums are held on issues of re-entry and placement instability and possible solutions are identified.	Deborah Beske Brown John Hanna Kris Johnson Dorothy Renstrom Maxie Rockymore
April - September 2003	Report is prepared identifying themes, policy and practice changes needed, actions underway in counties and recommended actions.	Dorothy Renstrom Work group
May - September 2003	Updated plan is sent to HHS.	Dorothy Renstrom
June 2003 Ongoing	Department staff begin implementation of recommended actions.	Dorothy Renstrom
<p>Benchmarks:</p> <ul style="list-style-type: none"> \$ Identification and convening of workgroup. (June - November 2002) \$ Development of questionnaire and case list format. (September 2002) (June 2003) \$ Regional forums held. (February - March 2003) (July 2002 - July 2003) \$ Report on survey results, county plans and recommended actions. (April - September 2003) \$ Updated plan sent to HHS. (May - September 2003) \$ Measurement of improvement using information in Social Services Information System. (To be determined) <i>We are using SSIS and federal measurement regarding re-entry and placement stability.</i> 		

Technical Assistance: The department will evaluate the need for assistance in analyzing data and developing questionnaires for county staff. ***Consultation may be needed from the National Resource Center for Information Technology.***

IMPROVING CASE PLANNING AND DOCUMENTATION

This strategy builds on work already underway by Department of Human Services staff and county partners to simplify and improve the out-of-home placement plan. This effort will support improvement in all three outcome areas.

Time Frame	Action Steps	Lead Staff
January—May 2002	Out-of-home placement plan form revised to address: \$ Sibling placement and contact \$ Identified risk and safety factors \$ Documented risk assessment and services matched to the family needs \$ Child and family involvement in case planning \$ Frequency of social worker contact with child and family \$ Child=s educational needs \$ Physical mental health of the child.	Deborah Beske Brown
March—May—June 2002	Training provided on the new out-of-home placement plan, including both technical and policy training on the elements of the out-of-home placement plan.	Nan Beman Deborah Beske Brown
May—July 2002	Workgroup formed to redesign the new child protection service plan format for child protection service cases. Workgroup is made up of representatives from county child protection staff and supervisors and DHS staff including Child Safety and Permanency and Social Service Information System.	Deborah Beske Brown John Langworthy Jerry Lindskog
May—August December 2002	Child protection case plan is redesigned. Case plan redesign will need to address: \$ Structured Decision Making \$ Identified risk and safety factors \$ Documented risk assessment and services matched to the family needs \$ Child and family involvement in case planning \$ Frequency of social worker contact with child and family \$ Child=s educational needs \$ Physical and mental health of child.	Deborah Beske Brown Kris Johnson John Langworthy Jerry Lindskog
August—December 2002	New child protection plan provided to computer programmers for Social Services Information System.	Nan Beman
November 2002—June 2003	Bulletin sent to all county social service agencies announcing the new format and plans for training on revised child protection plan.	Nan Beman

<i>January – May July 2003</i>	Training on new child protection plan proceeds.	Deborah Beske Brown Kris Johnson Sara Klise John Langworthy Jerry Lindskog
<i>October November 2003</i>	Implementation of new plan after training is completed. Implementation date may vary based on the complexity of change needed to the Social Services Information System.	Nan Beman
<p>Benchmarks:</p> <ul style="list-style-type: none"> \$ Training provided on the out-of-home placement plan. (March – May 2002) (<i>May - June 2002</i>) \$ Work group convened to redesign child protection services core plan. (<i>May July 2002</i>) \$ Redesign of CPS case plan. (<i>August December 2002</i>) \$ Training provided on revised CPS case plan. (<i>January – May July 2003</i>) \$ Statewide implementation of plans on Social Services Information System. (<i>May November 2003</i>) 		

Technical Assistance: Needs for technical assistance for this effort are expected to be minimal.

REDUCTION IN THE USE OF LONG-TERM FOSTER CARE AS A PERMANENCY PLAN

A number of collaborative efforts have supported the movement of Minnesota children into permanent families. These include the public/private adoption initiative, concurrent permanency planning efforts and the work of the Children's Justice Initiative with Minnesota courts. A study of the rate disparity issue has been completed, and proposals for change have been made to the legislature. Assessments of this issue has suggested a number of areas of need. There is a need to improve understanding and skill in the adoption process and in case practice, especially in regard to decision making regarding permanency. Consolidation of home study requirements would be helpful in reducing the time to adoption and implementing concurrent permanency planning. This strategy will help Minnesota improve permanency outcome 1.

Time Frame	Action Steps	Lead Staff
March-April 2002	Internal work group convened to identify factors affecting the use of long term foster care.	Connie Caron
March 2002	Study of disparity among foster care, adoption assistance and relative custody assistance rates released to legislature and others.	Dorothy Renstrom
March 2002 Ongoing	Follow-up efforts on children free for adoption are intensified.	Carla Mortensen
March - December 2002-June 2002 - March 2003	Training provided on adoption policy and procedures.	Connie Caron Carla Mortensen Laurie Ruhl
April - October 2002	Training on needs of adolescents for permanency provided to multi-disciplinary team members involved in Children's Justice Initiative (with assistance of National Resource Center for Permanency Planning and Foster Care).	Ann Ahlstrom
April 2002	Discussion held with Ramsey and Hennepin county staff regarding factors affecting the use of long term foster care and possible strategies to reduce its use (with assistance of National Resource Center for Permanency Planning and Foster Care).	Kris Johnson
May - June October 2002	Work group of foster and adoptive parents, county and state staff and others convened to identify factors to be considered, protocols to be followed when county is considering a disposition of long term foster care.	Kris Johnson
May - September	Obtain feedback on consolidated adoption and foster care study	Deborah Beske Brown

2002	format and finalize it.	Connie Caron
June - July 2002	Identify and develop possible legislative proposals for the 2003 Legislature from the disparity study, long term foster care workgroup, and other legislative changes that would affect use of long term foster care.	Ann Ahlstrom Bob DeNardo
November 2002 <i>June 2003</i>	Practice guide is developed to address permanency decision making.	Kris Johnson Carla Mortensen
December 2002 <i>March 2003</i>	Bulletin issued regarding new consolidated home study format.	Bob DeNardo
January - May <i>June - December</i> 2003	Training on practice guide is developed and implemented.	Connie Caron Kris Johnson Carla Mortensen
July 2003	If amendments passed, department staff plan its implementation.	Dorothy Renstrom
Benchmarks:		
<ul style="list-style-type: none"> \$ Provision of training on adolescents= needs for permanency and adoption policy and procedures. (April 2002 - December 2002 <i>March 2003</i>) \$ Legislative proposals developed. (<i>July 2002</i>) \$ Development of consolidated adoption and foster care format. (December 2002) (<i>March 2003</i>) \$ Development of practice guide. November 2002 (<i>June 2003</i>) \$ Decline in number and percentage of plans for long term foster care. (To be determined) 		

Technical Assistance: The National Resource Center for Permanency Planning will provide support to training and discussion identified in 3rd and 4th steps.

AGREEMENTS

The following Federal and State officials agree to the content and terms of the attached Program Improvement Plan:

Name of State Executive Officer for Child Welfare Services

Date

Name of HUB Director/Regional Administrator, ACF

Date

AMENDMENTS

This section should be completed only in the event of renegotiations regarding the content of the PIP, pursuant to 45 CFR 1355.35(e)(4). Copies of approved renegotiated PIPs must be retained and distributed as noted above immediately upon completion of the renegotiation process.

The content of the attached PIP was renegotiated on _____. The renegotiated content of the attached PIP has been approved (initialled) by State personnel and the ACF Regional Office with authority to negotiate such content and is approved by the following State and Federal officials:

Name of State Executive Officer for Child Welfare Services

Date

Name of HUB Director/Regional Administrator, ACF

Date



Department of Health and Human Services

Administration For Children and Families

Region V

Illinois • Indiana • Michigan • Minnesota • Ohio • Wisconsin

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Kevin Goodno, Commissioner
Minnesota Department of Human Services
444 Lafayette Road
St. Paul, Minnesota 55155

Dear Commissioner Goodno:

The Administration for Children and Families (ACF), Region V, congratulates the State of Minnesota on completion of the Program Improvement Plan (PIP) under the Federal Child and Family Services Reviews (CFSR). Minnesota has successfully completed all provisions of the PIP.

In May 2001, the Administration for Children and Families completed an on-site review of child welfare and juvenile justice cases being served by Minnesota's Department of Human Services. The subsequent program improvement plan, which addressed the review findings, covered a two-year period ending in June 2004. ACF has now verified that the State successfully completed all of the action steps and achieved all of the data and program goals that were negotiated between ACF and the State and included in the PIP. Therefore, all applicable penalties based on our initial determination of nonconformity are rescinded.

The completion of this plan is a milestone for both Minnesota and ACF. It represents three years of dedication and commitment from staff at every level. The Regional Office would like to specifically acknowledge Erin Sullivan Sutton and staff for their major role in conducting the CFSR and in developing, implementing and completing the program improvement plan. Her leadership and expertise were critical to the State's successful achievement of the plan's goals.

ACF is very pleased to note that the State recognizes the need for continuing improvement. Although the PIP is completed, we look forward to continuing our work with you and your staff on the major systemic initiatives begun under this PIP.

ACF commends the State for its commitment and leadership in improving outcomes for children and families. Once again, congratulations on the successful completion of your PIP.

Sincerely,

Joyce A. Thomas
Regional Administrator

cc: Wade F. Horn, Ph.D, Assistant Secretary, ACF
Joan E. Ohl, Commissioner, ACYF, ACF
Susan Orr, Associate Commissioner, CB, ACYF, ACF
Maria Gomez, Assistant Commissioner, CFS, MDHS
Erin Sullivan Sutton, Director, CFS, MDHS
Jerry Milner, Director, CFSR Unit, CB, ACYF, ACF
Johnson, Bassin & Shaw (JBS), Inc., Child Welfare Review Project