

**Minnesota  
Child and Family Services Review  
Statewide Assessment**

**FINAL VERSION  
7-25-07**

## Section I – General Information

<b>Name of State Agency</b>	
Minnesota Department of Human Services Child and Family Services Administration Child Safety and Permanency Division	
<b>Period Under Review</b>	
Onsite Review Sample Period: April 1, 2006 to September 30, 2007 Period of AFCARS Data: April 1, 2005 to March 31, 2006 Period of NCANDS Data: April 1, 2005 to March 31, 2006	
<b>State Agency Contact Person for the Statewide Assessment</b>	
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## **Background**

Minnesota is a state-supervised, county-administered social service system. Eighty-seven counties, organized into eighty-four separate administrations provide services to children and families within their jurisdiction. County revenues fund a significant portion of the services provided to children and families. Resources available to support county child welfare program varies across counties.

A fundamental role for the Division of Child Safety and Permanency (the department) is to develop policy and practice guidance and advocate for systemic changes to support consistent, quality services and promote positive outcomes for children and families no matter where they reside in the state. The department has direct responsibility for child protection, family support and preservation, foster care and adoption, youth and adolescent programs, the Indian Child Welfare Act, and the Social Service Information System. The department collaborates with Children's Mental Health Division and the Department of Corrections to promote a continuum of services for children involved in multiple systems. At the county level, co-case management occurs between child welfare, children's mental health and juvenile justice programs when necessary to support seamless service delivery.

In the years just prior to, and after the state's first Child and Family Service Review (CFSR) in 2001, the department partnered with counties and courts to launch several statewide, capacity-building initiatives. Initiatives such as the Social Service Information System, Alternative Response/Family Assessment, Structured Decision Making, Family Group Decision Making, Children's Justice Initiative, Public Private Adoption Initiative, and study of African American and American Indian disparities, provided the foundation for improved child and family outcomes. Recent initiatives represent expansion of past efforts; and, constitute new efforts to build capacity for community involvement, and provide access to early intervention services intended to prevent child maltreatment and reduce disparities. Initiatives such as the Children's Justice Initiative/Alcohol and Other Drugs Project, American Indian Child Welfare Demonstration Project, Parent Support Outreach Project and MFIP Family Connections provide a framework for continuing improvements for child and family outcomes.

In 2003, state child welfare quality assurance protocols were modified to closely resemble the federal CFSR process. By the end of 2007, each county, in partnership with the state, will have completed a Minnesota Child and Family Service Review (MnCFSR). Outcomes and performance items are being integrated into day-to-day child welfare practice throughout the state. Although some disparity in resources and services across counties exists, systemic capacity and practice standards are supporting an overall higher quality and consistency of services to children and families.

## **Approach to Completing Statewide Assessment**

Minnesota convened three primary teams in its approach to developing the statewide assessment (SWA). The *data team*, composed of department staff, reviewed the Child Data Profile provided by the Children's Bureau and conducted an analysis of performance on the national standard measures. A *core team* of program staff worked in concert and completed draft responses to many of the 45 statewide assessment (SWA) items. This work was reviewed by the state CFSR coordinators and consolidated into the SWA document. A *statewide assessment advisory team*,

comprised of a broad range of state, county, tribal and community partners was assembled to inform the assessment process, including a review of the department's approach to analyzing the data and completing the narrative item responses.

Youth and tribal focus groups were conducted to inform the SWA process. Three focus groups were held with youth, ages 15 through 19, receiving services through community drop-in centers or homeless youth-service programs in the Twin Cities metropolitan area. Three additional focus groups included youth from suburban and rural locations, in or recently discharged from foster care, and involved in an independent living skills program. Each of the 61 youth who participated in a focus group also completed a written survey. The survey model was developed in consultation with the National Resource Center for Youth Development and addressed a range of safety, permanency and well-being issues.

Three focus groups were held with tribal child welfare agency managers and caseworkers, along with urban tribal representatives and attorneys who represent American Indian children and parents. Focus groups were conducted in the northwestern, Twin Cities metropolitan and southern parts of the state. Approximately 30 individuals, from the following agencies participated: Prairie Island Community, White Earth Reservation Social Services, Minneapolis American Indian Center and the Indian Child Welfare Law Center.

Although the SWA instructions included a set of exploratory issues to consider per each of the 45 items, the format for completing item narratives was not prescribed. Developing a reader-friendly format that logically informs the onsite review, program improvement planning process and county agency partners was a priority. It was our goal that the SWA serve as a resource document for department staff when developing policy and practice guidance and for counties when creating their own program improvement plans. With this goal in mind, as well as to coordinate the work of SWA teams and synthesize input from varying sources, guidelines for developing the narrative assessment for each performance item were applied, using the following definitions:

- Policy - statute, rule, bulletins and/or best practice guides that regulate/define requirements and performance standards for case work or systemic factors.
- Practice - how policy-driven practice is implemented at the case or systemic factor level.
- Performance measures - variables that provide context and/or appear to have the greatest affect on performance, i.e., does performance vary by race/ethnicity or by geographic region.
- Challenges - factors, either internal or external to the child welfare agency that have an affect on practice and performance.
- Collaboration - community partners and stakeholders in the broader "child welfare system" and how they contribute to good outcomes.
- Promising Approaches - potential strategies for improving performance.

### **Performance Measures**

Each item in the SWA includes a section on performance measures to demonstrate an evaluation of progress since the 2001 CFSR. This section describes the baseline for performance established in the first CFSR, discusses the strategies used to improve performance through the program improvement plan and subsequent efforts when necessary, and assesses the effect of those efforts

on current performance. Data analysis for the SWA was intended to enhance understanding of performance, identify where barriers to performance might exist, and ascertain where future program improvement efforts might be targeted.

Performance measures include elements of the Minnesota Data Profile, where applicable to each item, and other sources of data--such as Child Welfare Reports, MnCFSR findings, program reports and other specialized reports--to provide a comprehensive assessment of performance. In some cases, the description identifies a need for further analysis to determine if geography or some other demographic variable are contributing factors to performance. Data analysis will be a continuing effort throughout the CFSR and program improvement plan.

Cumulative MnCFSR findings, generated from reviews across 74 counties, from 2003 through 2006 are reported for each of the items. Four year trends are reported as improved, stable or declining. Over the last two years reviews, in particular, performance has declined on a number of items, due in large part to the following variables:

- changes in state policy resulting in new evaluation criteria (i.e., children's mental health screening requirement effective in mid-2004);
- enhanced criteria for evaluating agency's efforts to identify, engage and meet needs of fathers to achieve consistency with expectations for second round CFSR's (i.e., criteria applied to six performance items in 2005 and 2006 MnCFSR's);
- county sample for each year represents variation across geography, resources and needs (i.e., findings reflect performance of 18-20 different counties each year and no urban or suburban counties are represented in 2006 MnCFSR data).

### **Moving in the Right Direction**

Each of the seven systemic factors was rated in substantial conformity during the state's 2001 CFSR based in part on a number of innovative, statewide initiatives, conceived and launched just prior to the review. Building on that foundation the state has continued to carry out improvements to the child welfare infrastructure over the past six years.

The state successfully completed its initial CFSR program improvement plan in mid-2004 and quality improvement efforts continued with the development and implementation of the 2004 – 2009 Child and Family Services Plan (CFSP) and subsequent annual updates. The CFSP was conceptually integrated and structurally aligned with the federal Child and Family Service Reviews. The performance goals and objectives of the CFSR provide a common platform for ongoing planning and evaluative efforts to achieve improved safety, permanency and well-being outcomes across federal and state programs.

This second-round CFSR is an opportunity to re-examine our state supervised, county administered child welfare system, further developing and refining our strategies and approaches to more effectively support children and families. The level of collaboration between county, tribal and community agencies, the court and youth throughout the SWA process contributed to a comprehensive and open assessment process and set the stage for a successful onsite review.



## Section II- Safety and Permanency Data

CHILD SAFETY PROFILE	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
<b>I. Total CA/N Reports Disposed<sup>1</sup></b>	17,471		25,595		22,791		18,843		27,682		24,662		19,570		28,888		25,713	
<b>II. Disposition of CA/N Reports<sup>3</sup></b>																		
Substantiated & Indicated	5,519 <sup>A</sup>	31.6	8,183	32.0	7,739	34	5,561	29.5	8,499	30.7	7,989	32.4	5,310	27.1	8,194	28.4	7,758	30.2
Unsubstantiated	5,148	29.5	7,770	30.4	6,592	28.9	4,656	24.7	7,018	25.4	6,025	24.4	4,354	22.2	6,589	22.8	5,663	22.0
Other	6,804	38.9	9,642	37.7	8,460	37.1	8,626	45.8	12,165	43.9	10,648	43.2	9,906	50.6	14,105	48.8	12,292	47.8
<b>III. Child Cases Opened for Services<sup>4</sup></b>			7,163	87.5	6,767	87.4			7,639	89.9	7,191	90.0			5,335	65.1	5,049	65.1
<b>IV. Children Entering Care Based on CA/N Report<sup>5</sup></b>			2,814	34.4	2,664	34.4			3,271	38.5	3,104	38.9			2,985	36.4	2,825	36.4
<b>V. Child Fatalities<sup>6</sup></b>					10	0.1					15	0.2					11	0.1
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>7</sup></b> [Standard: 94.6% or more]					3,814 of 4,025	94.8					3,839 of 4,066	94.4					3,870 of 4,062	95.3
<b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup></b> (12 months) [standard 99.68% or more]					14,087 of 14,129	99.70					14,108 of 14,168	99.58					14,273 of 14,326	99.63

<b>Additional Safety Measures For Information Only (no standards are associated with these)</b>																			
	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006						
	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	
VIII. Median Time to Investigation in Hours (Child File) <sup>9</sup>	>24, but<48						<24						>24, but<48						
IX . Mean Time to Investigation in Hours (Child File) <sup>10</sup>	94.8						86.6						76.1						
X. Mean Time to Investigation in Hours (Agency File) <sup>11</sup>	87 <sup>B</sup>						79						n/a						
XI. Children Maltreated by Parents While in Foster Care. <sup>12</sup>					70 of 14,129	0.50							62 of 14,168	0.44				69 of 14,326	0.48

<b>CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)</b>																		
	Fiscal Year 2004ab						Fiscal Year 2005ab						12-Month Period Ending 03/31/2006					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
XII. Recurrence of Maltreatment <sup>13</sup> [Standard: 6.1% or less]					211 of 4,025	5.2					227 of 4,066	5.6					192 of 4,062	4.7
XIII. Incidence of Child Abuse and/or Neglect in Foster Care <sup>14</sup> (9 months) [standard 0.57% or less]					25 of 12,398	0.20					41 of 12,481	0.33					26 of 12,548	0.21

<b>NCANDS data completeness information for the CFSR</b>			
<b>Description of Data Tests</b>	<b>Fiscal Year 2004ab</b>	<b>Fiscal Year 2005ab</b>	<b>12-Month Period Ending 03/31/2006</b>
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	5.30	5.92	5.28
<b>Percent of victims with perpetrator reported</b> [File must have at least 75% to reasonably calculate maltreatment in foster care]	100	100	100
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 75%]	99.84	99.98	100
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]	99.78	99.76	99.75
<b>Average time to investigation in the Agency file</b> [PART measure]	Reported	Reported	n/a
<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ]	100	100	100

**FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE**

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

<b>Disposition Category</b>	<b>Safety Profile Disposition</b>	<b>NCANDS Maltreatment Level Codes Included</b>
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.
5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or

after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were

recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

### **Additional Footnotes**

A. In 2004, Minnesota went statewide with Alternative Response. For the 3 prior years, we had been in an experimental design research phase where 50% of the reports eligible for the alternative response actually received the investigative response. Consequently, from 2004 forward, there are many more "Alternative response- non-victim" children – and far fewer "substantiated" or "unsubstantiated" children.

B. In FFY2004 Agency File, MN provided the following comment: "The significant reduction in response time from 2003 to 2004 was due to at least two factors. First, the 2003 data contained several reports that had extremely long response times, skewing the average. In addition, response time was a major program emphasis in 2004 and county staff made a concerted effort to reduce the response time."

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006		
	% of Children	# of Children	% of Children	# of Children	% of Children	# of Children	
<b>I. Foster Care Population Flow</b>							
Children in foster care on first day of year <sup>1</sup>		6,320		6,148		6,490	
Admissions during year		7,809		8,020		7,836	
Discharges during year		7,545		7,282		7,312	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)		1,692		1,417		1,244	
Children in care on last day of year		6,584		6,886		7,014	
Net change during year		264		738		524	
<b>II. Placement Types for Children in Care</b>							
Pre-Adoptive Homes		463	7.0	396	5.8	382	5.4
Foster Family Homes (Relative)		1,341	20.4	1,576	22.9	1,521	21.7
Foster Family Homes (Non-Relative)		2,933	44.5	2,992	43.5	3,016	43.0
Group Homes		630	9.6	645	9.4	664	9.5
Institutions		1,033	15.7	1,046	15.2	1,179	16.8
Supervised Independent Living		10	0.2	8	0.1	3	0.0
Runaway		167	2.5	187	2.7	184	2.6
Trial Home Visit		4	0.1	28	0.4	57	0.8
Missing Placement Information		3	0.0	8	0.1	8	0.1
Not Applicable (Placement in subsequent year)		0	0.0	0	0.0	0	0.0
<b>III. Permanency Goals for Children in Care</b>							
Reunification		3,560	54.1	4,437	64.4	4,773	68.0
Live with Other Relatives		212	3.2	205	3.0	203	2.9
Adoption		1,239	18.8	886	12.9	733	10.5
Long Term Foster Care		1,329	20.2	1,068	15.5	933	13.3
Emancipation		89	1.4	70	1.0	48	0.7
Guardianship		22	0.3	25	0.4	16	0.2
Case Plan Goal Not Established		124	1.9	112	1.6	128	1.8
Missing Goal Information		9	0.1	83	1.2	180	2.6

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,348	35.7	2,133	31.0	2,256	32.2
Two	1,591	24.2	1,718	24.9	1,710	24.4
Three	970	14.7	1,085	15.8	1,123	16.0
Four	508	7.7	630	9.1	618	8.8
Five	316	4.8	371	5.4	342	4.9
Six or more	850	12.9	947	13.8	961	13.7
Missing placement settings	1	0.0	2	0.0	4	0.1
<b>V. Number of Removal Episodes</b>						
One	3,916	59.5	4,207	61.1	4,336	61.8
Two	1,546	23.5	1,581	23.0	1,592	22.7
Three	593	9.0	601	8.7	610	8.7
Four	280	4.3	270	3.9	248	3.5
Five	126	1.9	111	1.6	108	1.5
Six or more	114	1.7	111	1.6	108	1.5
Missing removal episodes	9	0.1	5	0.1	12	0.2
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup> (percent based on cases with sufficient information for computation)</b>	1,274	37.9	1,194	33.5	1,214	31.7
<b>VII. Median Length of Stay in Foster Care (of children in care on last day of FY)</b>	11.9		10.3		10.3	
<b>VIII. Length of Time to Achieve Perm. Goal</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	5,439	1.4	5,143	1.6	5,060	2.0
Adoption	607	25.8	688	26.4	711	24.3
Guardianship	571	9.2	489	8.9	528	9.3
Other	910	19.9	936	16.1	988	16.8
Missing Discharge Reason (footnote 3, page 16)	0	--	0	--	0	--
Total discharges (excluding those w/ problematic dates)	7,527	3.2	7,256	3.4	7,287	4.1
Dates are problematic (footnote 4, page 16)	18	N/A	26	N/A	25	N/A

<b>Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4</b>			
	<b>Federal FY 2004ab</b>	<b>Federal FY 2005ab</b>	<b>12-Month Period Ending 03/31/2006</b>
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification</b> [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 116.3	State Score = 117.0	State Score = 116.0
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 <sup>th</sup> percentile = 75.2%]	87.7%	89.0%	88.8%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 <sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure)]	Median = 3.3 months	Median = 3.3 months	Median = 3.4 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 <sup>th</sup> Percentile = 48.4%]	66.4%	62.8%	61.4%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 <sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)]	28.1%	27.9%	27.8%

	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	State Score = 91.1	State Score = 89.8	State Score = 98.8
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 <sup>th</sup> Percentile = 36.6%]	44.2%	45.9%	48.8%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 <sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)]	Median = 25.8 months	Median = 26.4 months	Median = 24.3 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 <sup>th</sup> Percentile = 22.7%]	14.1%	16.7%	17.1%
<b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 <sup>th</sup> Percentile = 10.9%]	2.1%	2.7%	2.5%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 <sup>th</sup> Percentile = 53.7%]	42.5%	40.1%	47.0%

	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 103.0	State Score = 105.7	State Score = 106.2
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75 <sup>th</sup> Percentile = 29.1%]	15.3%	16.7%	16.1%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75 <sup>th</sup> Percentile = 98.0%]	91.2%	91.5%	91.3%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25 <sup>th</sup> Percentile = 37.5% (lower score is preferable)]	46.0%	42.8%	42.0%

	Federal FY 2004ab	Federal FY 2005ab	12-Month Period Ending 03/31/2006
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	State Score = 92.9	State Score = 85.7	State Score = 83.2
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 <sup>th</sup> Percentile = 86.0%]	84.7%	79.7%	79.3%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 <sup>th</sup> Percentile = 65.4%]	57.9%	51.3%	46.7%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 <sup>th</sup> Percentile = 41.8%]	32.1%	29.9%	28.7%

Special Footnotes for Composite Measures:

In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive.

Of course, in actual calculation of the total composite scores, these “lower are preferable” scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	2,406	66.9	2,545	66.6	2,619	69.3
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	66	2.7	51	2.0	26	1.0
Foster Family Homes (Relative)	532	22.1	560	22.0	650	24.8
Foster Family Homes (Non-Relative)	957	39.8	1,046	41.1	1,036	39.6
Group Homes	233	9.7	234	9.2	262	10.0
Institutions	613	25.5	614	24.1	570	21.8
Supervised Independent Living	0	0.0	1	0.0	1	0.0
Runaway	4	0.2	23	0.9	27	1.0
Trial Home Visit	0	0.0	15	0.6	45	1.7
Missing Placement Information	1	0.0	1	0.0	2	0.1
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
<b>III. Most Recent Permanency Goal</b>						
Reunification	2,091	86.9	2,292	90.1	2,263	86.4
Live with Other Relatives	49	2.0	48	1.9	38	1.5
Adoption	149	6.2	71	2.8	58	2.2
Long-Term Foster Care	51	2.1	45	1.8	25	1.0
Emancipation	13	0.5	17	0.7	19	0.7
Guardianship	1	0.0	0	0.0	3	0.1
Case Plan Goal Not Established	47	2.0	30	1.2	13	0.5
Missing Goal Information	5	0.2	42	1.7	200	7.6

<b>IV. Number of Placement Settings in Current Episode</b>						
One	1,528	63.5	1,469	57.7	1,435	54.8
Two	575	23.9	583	22.9	647	24.7
Three	189	7.9	258	10.1	320	12.2
Four	63	2.6	141	5.5	119	4.5
Five	30	1.2	46	1.8	48	1.8
Six or more	21	0.9	48	1.9	50	1.9
Missing placement settings	0	0.0	0	0.0	0	0.0

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	1,559	90.7	1,570	90.3	1,565	89.6
Adoption	7	0.4	8	0.5	5	0.3
Guardianship	80	4.7	65	3.7	73	4.2
Other	72	4.2	96	5.5	103	5.9
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	3.2		2.9		4.1	

### ACFARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	1	0.0 %	1	0.0 %
File contains children who appear to have exited before they entered	18	0.0 %	25	0.0 %	24	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	N/A	C files do not include dropped cases.	34	0.5 %	47	0.6 %
Missing discharge reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	<b>As a % of adoption exits</b>	N	<b>As a % of adoption exits</b>	N	<b>As a % of adoption exits</b>
File submitted lacks data on Termination of Parental Rights for finalized adoptions	27	4.4 %	21	3.1 %	10	1.4 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N=adoption count disparity).	5	0.7% fewer in adoption file	20	2.9% fewer in the adoption file (Adoption file as of 8/24/06)	N/A	There is no rolling year adoption file.
	N	<b>Percent of cases in file</b>	N	<b>Percent of cases in file</b>	N	<b>Percent of cases in file</b>
File submitted lacks count of number of placement settings in episode for each child	1	0.0 %	2	0.0 %	4	0.1 %

**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

	Federal FY 2004ab		Federal FY 2005ab		12-Month Period Ending 03/31/2006	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) <b>[Standard: 76.2% or more]</b>	4,971	91.4	4,722	91.8	4,621	91.3
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	268	44.2	316	45.9	347	48.8
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	7,954	87.9	7,662	83.1	7,604	82.4
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	1,796	23.0 (65.3% new entry)	1,649	20.6 (67.1% new entry)	1,585	20.2 (68.0% new entry)

#### FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY 04, FY 05 , and 06 counts of children in care at the start of the year exclude 172 , 176 , and 196 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 3.2 in FY 04. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 2.9 in FY 05. This includes 1 child who entered and exited on the same day (who had a zero length of stay).

<sup>7</sup>This First-Time Entry Cohort median length of stay is 4.1 for 06. This includes 1 child who entered and exited on the same day (they had a zero length of stay).

## Section III – Narrative Assessment of Child and Family Outcomes

### A. Safety

#### **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

**Item 1: Timeliness of initiating investigations of reports of child maltreatment.** How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

#### **Policy**

- Child maltreatment response requirements were enacted in 2005 by the Minnesota Legislature and became effective Aug. 1, 2005. Statutory requirements now prescribe the timelines for making the first face-to-face contact for both Investigative and Family Assessment responses. The guidelines reflect national best practice standards, and assure a timely response and attention to child safety.
- Minnesota defines initiation of a child protection investigation/Family Assessment as the face-to-face contact with the child and the child’s primary caregiver. When the child(ren) and/or the primary caretaker cannot be located, the local child protection agency:
  - Attempts to contact the child(ren), the primary caregiver, or a collateral source with new and relevant information every day until face-to-face contact is made; or
  - Determines that a law enforcement health and safety check is required or consult with the county attorney about a court order making the child available for a safety assessment, or
  - Determines the whereabouts of the family cannot be ascertained and an investigation cannot be completed.
- Minnesota Statutes 626.556, Subd. 10 (i), Reporting of Maltreatment of Minors Act establishes the requirement for a timely response to screened-in reports of child maltreatment. (This includes reports assigned for either Traditional Investigation or Family Assessment.) For reports alleging substantial child endangerment<sup>1</sup>, as defined in Minnesota Statutes 626.556 Subd. 2 (c), a face-to-face contact with the child and primary caregiver is required immediately, defined as: “as soon as possible but no longer than 24 hours,” or daily attempts until contact is made. For all other reports the face-to-face

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<sup>1</sup> Substantial child endangerment is defined as:

Egregious harm; sexual abuse; abandonment; neglect that substantially endangers the child’s physical or mental health, including a growth delay, which may be referred to as failure to thrive, that has been diagnosed by a physician and is due to parental neglect; murder; manslaughter; assault; solicitation, inducement, and promotion of prostitution; criminal sexual conduct; solicitation of children to engage in sexual conduct; malicious punishment or neglect or endangerment of a child; use of a minor in sexual performance; parental behavior, status, or condition which mandates that the county file a termination of parental rights petition (M.S. 626.556, Subd. 2)

contact with the child and primary caregiver must occur within 5 calendar days, or attempts every 5 calendar days until contact is made. In both categories the contact must be sufficient to complete a safety assessment and ensure the immediate safety of the child.

- Minnesota Rules 9560.0216, Subp. 5, direct county child protection agencies to respond to screened-in reports of child maltreatment within the timeframes established under Minnesota Statutes 626.556, Subd. 10 (i), cited above.
- DHS Bulletin # 06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families*, provides guidance on timely response to reports of child maltreatment including the statutory requirements cited above.
- The department is in the process of developing a Web site to provide information to mandated and voluntary reporters of child maltreatment as well as a curriculum to be used in state and county training of mandated reporters. Both of these products are scheduled to be developed by the fall of 2007.

### Practice

- Minnesota's response continuum supports an immediate intervention (investigative response) for reports alleging serious harm while allowing a less intrusive, strength-based response (Family Assessment Response) for all other reports. Investigations result in a decision about the occurrence of child maltreatment and the need for protective services. These decisions are based on coordinated investigation efforts by child protection and law enforcement, and consultation with the county attorney occurring on an as-needed basis. Family Assessments set aside fault finding and focus on non-adversarial family engagement and collaborative efforts to assure child safety and child and family well-being.

### Performance Measures

- Child Maltreatment - Minnesota Child Welfare Reports

Year	Child Maltreatment Reports	Unique Children Subject of Report	Determined Victims
2001	17,798	23,546	9,876
2002	17,805	23,757	9,416
2003	17,571	23,430	9,024
2004	17,294	22,475	8,510
2005	18,674	24,684	7,983
2006	19,846	26,142	7,623

By 2005, nearly half of the child maltreatment reports, 46.5 percent, received an alternative response (Family Assessment), which does not conclude with a finding of

maltreatment. This explains the declining number of determined victims over 5 years, even though the number of child maltreatment reports and unique children reported were increasing.

- Federal Child and Family Service Review, 2001: 76 percent of 21 cases were rated a strength.
- Minnesota Child and Family Service Review findings, 2003-2006: 70 percent of 404 cases were rated a strength.
- Minnesota Child and Family Service Review Timeliness of Assessment Report, 2005-2006: 73 percent of 241 assessments achieved a timely face-to-face contact with the child.
- Performance Report Timeliness of Initiating Assessments: Days to First Completed Face-to-Face Contact Report - Children's Research, Planning and Evaluation. The following report was issued for the first time in early 2006, after amendments to Minnesota Statutes, to establish a performance baseline and monitor performance on meeting revised requirements for responding to reports of maltreatment. The report was issued to counties for three time periods along with policy instruction and practice guidance. Although Minnesota performance standards for initiating assessments allow for *attempted* contacts, this report captures only *completed* face-to-face contacts with children, so the rate of compliance with state requirements is presumed to be higher. A report that includes the timeliness of attempted contacts is under development and will be issued during 2007.

Percent of Face-to-Face Contacts Meeting Performance Standard

Report Period	All reports	Substantial Child Endangerment	Non-substantial Child Endangerment	Family Assessment
4th Quarter 2005 (baseline)	73.2	63.3	83.0	71.4
1 <sup>st</sup> and 2 <sup>nd</sup> Quarter 2006	74.2	64.0	84.0	72.0
2 <sup>nd</sup> and 3 <sup>rd</sup> Quarter 2006	75.6	66.0	85.0	75.0

Performance is steadily improving in each reporting period. Response to reports of substantial child endangerment, which has the most rigorous standard, also has the lowest achievement of face-to-face contact within timeframes. Performance on Family Assessment response is very likely reflective of the impact of the statutory amendments which shortened the response requirements from 10 days to 5 days. Data quality may be a consideration for reporting performance on timeliness. Face-to-face and completed contacts need to be recorded for each child in an assessment case. If the caseworker does not record activity for each child in the assessment workgroup or record the actual date of contact, the report would under-represent performance.

- Minnesota Safety Profile Elements VIII, IX and X: Minnesota demonstrated improved performance over 3 reporting periods for mean time to investigation (child file) reducing time from 94.8 hours to 76.1 hours; and over 2 reporting periods for mean time to investigation (agency file) from 87 hours to 79 hours.

- Summary of Performance: Timeliness of initiating assessments was rated an area needing improvement in Minnesota during the 2001 CFSR. Program improvement strategies included policy clarification on response timeframe and activity, developing a county level performance report in SSIS, and completing statewide implementation of Structured Decision Making. Quality assurance reviews were used to evaluate effectiveness of these strategies, as well as, to promote best practices across counties. Findings from quality assurance reviews indicate consistent performance over 4 years. Fifty-two counties have developed and implemented plans for improving timely initiation of assessments.

Quality assurance review findings from 2003 and consultation with community stakeholders in the development of the 2005-2009 Child and Family Service Plan contributed to continuing strategies for improving child safety, and represented the department's next phase of integrating Family Assessment (formerly alternative response) and traditional child protection under a single statutory authority. Consultation with the National Resource Center on Child Maltreatment and input from a statewide stakeholder advisory committee concluded with recommendations for revised (shorter) timeframes for completing face-to-face contacts with children and families in response to reports of maltreatment. Legislation enacting these recommendations became effective in August 2005. A policy guide was issued in January 2006 and training on the new requirements was shortly thereafter incorporated into Social Worker Core training curriculum.

Because of the significant revisions in initiating assessment requirements, it is not meaningful to compare historic performance to current performance on this measure. Trends in face-to-face contact reports, reflecting performance on the new requirements indicate that performance on initiating timely assessments is moving in the right direction, at a time when the number of child maltreatment reports is at a five-year high and resources have been reduced. As Minnesota is able to train and support staff on meeting new requirements, and county agencies align resources to achieve contact within tighter timeframes, performance on timely initiation is expected to improve. It is likely, given the case sample selection period for the CFSR, that neither the affect of new response criteria nor the improvements in achieving face-to-face contact, will be fully reflected in the onsite case review.

### **Challenges**

- When child maltreatment reports require a joint response with law enforcement, the logistics involved in arranging the investigation may delay meeting with the child and family.
- Loss of federal and state funding has stressed the capacity of many counties to maintain sufficient staff to comply with all the requirements of the social service programs they manage, including child protection services and response timelines.
- There is some variation across counties in screening reports of maltreatment and determining which reports constitute substantial child endangerment, requiring an immediate county agency response.
- With the development of the multiple child protection response continuum, considerable training and technical assistance was dedicated to establishing and supporting Family Assessment response. There is a perception that this shift in focus may contribute to a

diminished sense of urgency and level of expertise in responding to reports of substantial child endangerment.

- Locating families is, at times, challenging, especially in more populous or larger geographic counties.

### **Collaboration**

- Child maltreatment response requirements were established by the Minnesota legislature in 2005 and became effective Aug. 1, 2005. These requirements were recommended by a committee of department, county and community stakeholder representatives with the assistance of the National Resource Center on Child Maltreatment and based on a literature review of best practices.
- To address variation in screening practice across counties, the department developed statewide screening criteria which were published in June 2007. Development of these guidelines involved extensive participation and collaboration among state, county, tribal and community stakeholders.
- Minnesota Statutes require cross reporting with law enforcement and coordination of investigations. In most counties this has led to strong partnerships and effective interventions.

### **Promising Approaches**

- A task force including members of the Minnesota Association of County Social Service Administrators (MACSSA), the Association of Minnesota Counties (AMC), tribes, community professionals and the department convened to make recommendations for financing the future of child welfare in Minnesota. MACSSA and AMC supported legislative efforts to enact these recommendations during the 2007 legislative session.
- The department supports timely initiation of child maltreatment response with training and technical assistance:
  - The Minnesota Child Welfare Training System includes the child maltreatment response requirements in social worker Core training.
  - New child maltreatment response requirements were presented in a statewide supervisor forum, *Considering Safety Issues* on Oct. 25, 2005. This presentation included a discussion of the best practices standards that informed the statutory amendments.
  - Quarterly, family assessment worker meetings are held regionally. Department staff attend to discuss assessment practices and review program related reports.
- In some counties, multi-disciplinary teams screen child protection referrals on a daily basis and determine whether the report should be assigned for a Family Assessment or Traditional Investigation.
- Federally funded Quality Improvement Centers promote skilled supervision. This improves social worker recruitment and retention to keep child protection expertise in the field.
- Some counties develop formal agreements with local law enforcement agencies to define roles and responsibilities for cross reporting and coordinated response to reports of child maltreatment. Children's Justice Act, TEAM Training Conferences that include child protection, law enforcement and county attorney staff support effective collaboration in child protection matters.

### Focus Group Input

- Of 61 youth surveyed, 28 reported that a caseworker had made at least one family contact. Most youth indicated that during these contacts, social workers did not consider the youth's perspective but believed the parent's side of the story.
- The need to provide statewide training for mandated reporters was expressed, along with more guidance for counties in determining a child's heritage at the point of intake. Over the past year, the department has worked with a broad group of county and community stakeholders to develop statewide screening criteria and plans to initiate extensive mandated reporter training.
- Considerable variation across counties in screening child protection referrals was noted, specifically, decisions on which track to assign reports (Family Assessment or traditional investigation), timely notification to tribal agencies and the level of collaboration with tribes in conducting assessment or investigations.

**Item 2: Repeat maltreatment.** How effective is the agency in reducing the recurrence of maltreatment of children?

### Policy

- Child maltreatment response requirements were enacted in 2005 by the Minnesota Legislature and became effective Aug.1, 2005. Statutes and Rules require that investigations and Family Assessments be completed within 45 days and that case plans are written within 30 days of disposition of a report. The Statutes cited under Item 1, requiring a timely investigation also have an impact on reducing the recurrence of maltreatment by supporting timely intervention and assuring the immediate safety of the child.
- Minnesota Statutes 626.556, Subd. 10 (e), require the completion of an investigation or Family Assessment within 45 days of the receipt of a report. Minnesota Statutes 626.556, Subd. 10 (m) and Minnesota Rules 9560.0225, Subpart 2, require a written case plan within 30 days of the determination that child protective services are needed or upon the joint agreement of the local welfare agency and the family that family support and preservation services are needed. The greatest likelihood of subsequent maltreatment is in the time period immediately following the initial report.
- Minnesota Statutes 626.556 and Rules 9560, require that Investigations address the need for protective services and require that Family Assessments address the need for protective services or the provision of family support and preservation services upon joint agreement of the child welfare agency and the family.
- The department allocates \$3,200,000 in grants to county child welfare agencies to support the early provision of services to families needing protective services or at risk of future child maltreatment, DHS Bulletin # 06-32-10 *Human Service Allocations For 2007*.
- DHS Bulletin # 06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families*, provides guidance on timely response to reports of child maltreatment including the statutory requirements cited above

**Practice**

- Minnesota’s multiple response continuum supports an immediate intervention (investigative response) for reports alleging serious harm. Investigations result in a decision about the occurrence of child maltreatment and the need for protective services. Minnesota has well-established protocols that outline child protection and law enforcement duties and responsibilities in the investigative process.
- For reports alleging less serious harm, the Family Assessment (FA) model is the preferred response. FA sets aside fault finding and focuses on non-adversarial family engagement and collaborative efforts to assure child safety and child and family well-being. Differential response research and the use of a strength-based, engagement-focused model demonstrates improved outcomes for families and greater satisfaction by participants. This same research demonstrates that the provision of services to low and moderate risk families also produces lower re-reporting rates, fewer placements and cost savings over time.

**Performance Measures**

- Repeat Maltreatment (previous National Standard) - Minnesota Child Welfare Reports

National Standard Six-month Recurrence of Maltreatment: 6.1% or lower

Year	2001	2002	2003	2004	2005	2006
Recurrence Rate	6.3	5.9	5.0	5.1	5.3	5.3

- Federal Child and Family Service Review, 2001: 96 percent of 47 cases were rated a strength. Minnesota performance on the national standard for repeat maltreatment was 5.9 percent, which met the standard of 6.1 percent or less.
- Minnesota Child and Family Service Review, 2003-2006: 92 percent of 572 cases were rated a strength.
- Minnesota Safety Profile Elements VI and XII: Minnesota met the National Standard for Absence of Maltreatment Recurrence (94.6 percent or higher) in the most recent reporting period and demonstrated improvement from 94.8 to 95.3 percent absence of recurrence over 3 reporting periods. Minnesota demonstrated improved performance over 3 reporting periods for the Recurrence of Maltreatment Standard (previous National Standard) from 5.2 percent to 4.7 percent recurrence.
- Summary of Performance: Based on case review findings and performance on the national standard for recurrence of maltreatment, this measure was rated a strength in the 2001 CFSR so program improvement efforts were not required. Minnesota has maintained a level of performance exceeding the National Standard for recurrence of maltreatment consistently since 2001 and meets the new national standard for Absence of Recurrence of Maltreatment. Findings from quality assurance reviews indicate consistently strong and stable performance on repeat maltreatment. Twenty-three counties have developed and implemented program improvement plans based on their quality assurance reviews.

Minnesota has adopted more ambitious and proactive standards for assessing performance on preventing repeat maltreatment. Using a measure of recurrence within 12 months as a performance standard and developing a measure of re-reporting that can be

applied to the continuum of child maltreatment response in Minnesota reflects the state's priority for improving child safety outcomes.

- Performance on Repeat Maltreatment (Minnesota Standard) - Minnesota Child Welfare Reports

Minnesota performance standards for Repeat Maltreatment extends the timeframe for recurrence of a maltreatment event to 12 months.

Minnesota Standard Twelve-Month Recurrence of Maltreatment

Year	2001	2002	2003	2004	2005	2006
Recurrence of Maltreatment Rate	10.1	9.2	8.9	8.4	9.2	X

- Performance on Six and Twelve Month Re-Reporting - Minnesota Child Welfare Reports  
Repeat maltreatment performance standards do not apply to cases that receive a Family Assessment Response because there is no finding of maltreatment. Nearly half of child maltreatment responses are Family Assessment, so in order to examine child safety in FA cases a measure of re-reporting was developed. Although this is a related safety measure it is not comparable to the measure of repeat maltreatment.

Six and Twelve Month Re-Reporting Rates – 2005

2005	Unique Child Subjects	6 Month Rate	12 Month Rate
All Assessments/Investigations	11,828	9.7	16.8
Traditional Investigations	7,462	10.3	17.5
Family Assessment	4,524	9.0	16.0

**Challenges**

- Loss of federal and state funding has stressed the capacity of many Minnesota counties to maintain sufficient staff and resources to adequately serve children and families. Specifically, there is a diminished service array, fewer services available and less access to culturally specific services. There is limited ability to invest in prevention and early intervention services and some counties face pressures to close cases earlier.
- Families that enter the child protection system often have complex problems involving multiple community systems. Some counties have been profoundly impacted by parental use of methamphetamine and/or poly-drug use.
- In some cases where multiple reports of child maltreatment are received, consultation with county attorneys and, when appropriate, the filing of CHIPS Petitions does not consistently occur due in part to lack of resources.

## **Collaboration**

- The child maltreatment response requirements were established by the Minnesota Legislature in 2005 and became effective Aug.1, 2005. These requirements were recommended by a combined DHS, county and community stakeholder committee with the assistance of the National Resource Center on Child Maltreatment and a literature review of best practices.
- Hennepin and Ramsey counties contract with community-based social service agencies to deliver post-assessment services to families addressed under the Family Assessment Response. Most other counties frequently engage community service providers to meet the needs of their families. This practice increases the capacity of the local agency to serve families, makes services more geographically and culturally accessible, and connects families to supportive networks that can endure beyond agency involvement.
- The Minnesota Child Welfare Training System has made training available to community providers serving child protection clients, at no cost. This practice has increased the capacity of community programs to serve child protection families, established a consistent practice model across the state and has increased the dialogue between government and community-based service providers.

## **Promising Approaches**

- Minnesota's response continuum supports a tailored response to the needs of the families. Reports alleging substantial child endangerment, including sexual abuse, require the immediate initiation of a traditional child maltreatment investigation.
- Family Group Decision Making supports family involvement in providing safe and stable homes for children and reducing future maltreatment.
- The Midwest Children's Resource Center (MCRC), CornerHouse, and First Witness conduct comprehensive, forensic child maltreatment interviews and associated child health examinations; and offer training and services to assist children, families and counties in responding to the state's most serious child maltreatment cases.
- Research concerning differential response and the use of a strength-based, engagement-focused model whenever possible demonstrates improved outcomes for families including reduced re-reporting rates, lower out of home placement rates and improved child and family well-being. Evaluation of the Family Assessment Response (FAR) by the Institute of Applied Research identified a reduction in subsequent reports of child maltreatment when the FAR response protocol was applied. This information is posted on the DHS ([www.dhs.state.mn.us](http://www.dhs.state.mn.us)) and IAR ([www.iarstl.org](http://www.iarstl.org)) web sites
- Minnesota completed a validation study of Structured Decision Making risk assessment tools and a subsequent re-calibration of those tools. The proposed revisions will improve the predictive capacity of the instrument across all major racial and cultural groups. The revised risk assessment tools will be available on SSIS and introduced through state-wide training in July 2007.
- CHIPS review hearings every 90 days, along with Family Dependency Treatment Court programs, provide increased monitoring of parental behaviors related to matters of child safety.
- The department supports performance on preventing repeat maltreatment with training and technical assistance:

- The child maltreatment response statutory requirements were reviewed in a statewide supervisor's forum, *Considering Safety Issues*, on Oct. 25, 2005. This presentation included a discussion of the best practices standards that informed the statutory requirements.
- The Minnesota Child Welfare Training System includes the child maltreatment response requirements in social worker Core training. The training system also offers specialized training concerning both the investigative and Family Assessment Responses.

### **Focus Group Input**

- Feedback from tribal child welfare staff from the northern part of the state indicated that some counties in that region, due in large part to lack of resources, were reluctant to place American Indian children in foster care. In the urban area, however, concerns were expressed that counties did not provide adequate services to support families and cases were only addressed when serious child safety issues were present and placement of children was necessary.

### **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

**Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.** How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

### **Policy**

- Minnesota Statutes 260.012 (a), require reasonable and active efforts to prevent out-of-home placement.
- Minnesota Statutes 626.556, Subd. 10 (h), provide that the local welfare agency responsible for conducting traditional investigations and Family Assessment shall collect available and relevant information to determine child safety, and risk of subsequent child maltreatment. An assessment of family strengths and needs is also required for FA cases.
- Minnesota Rules 9560.0214, Subp. 6, defines child protective services as services provided by the local agency to protect a child who has reportedly been maltreated by a person within the family unit, or within a facility responsible for the child's care. Child protective services include assessment or investigation, protective intervention, planning and provision of services.
- *Guidelines for Responding to Child Maltreatment and Domestic Violence* (DHS-3247) provide direction to child protection staff when responding to situations in which child maltreatment and domestic violence are both occurring.
- *Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS-4938), helps caseworkers build family-centered practice supports, family resilience and strengths utilizing individualized assessments, along with an array of formal and informal services.

**Practice**

- Upon receipt of a maltreatment report, the agency conducts a screening to determine if the report meets child protection statutory criteria. If so, it is assigned for either a Traditional Investigation or a Family Assessment. All reports alleging “substantial child endangerment” are assigned for a Traditional Investigation and require an immediate response. All other reports are assigned for either a traditional investigation or Family Assessment requiring a response within five days.
- In both traditional investigations and Family Assessments, agency social workers meet with children and their primary caregivers to assess the immediate safety needs of children in the home. Safety plans are completed and when children’s safety needs cannot be addressed in the home, out-of-home placement in the least restrictive setting available is made. In cases where children can be safely maintained in the home, family support or community-based services are provided to meet identified needs. Child and parent needs are assessed through completion of SDM tools, along with informal, ongoing social worker assessments.
- Requirements for child protection response include screening or assessment for substance abuse, co-occurrence of domestic violence, referrals to early childhood developmental screenings and children’s mental health screening.
- When post-investigation or assessment services are provided, county agencies match services to the needs identified. SDM tools are completed and caseworkers and family and/or community workers continue to meet with the family until safety and risk issues are significantly mitigated to support case closing.

**Performance Measures**

- Post-Assessment Services - Minnesota Child Welfare Reports

Percent of Cases with Services Needed Determined/Identified

Type of Case	2001	2002	2003	2004	2005	2006
Traditional/ Maltreatment Determined	51	54	56	59	64	X
Traditional/Maltreatment Not Determined	11	12	13	17	18	X
Family Assessment	NA	37	36	29	21	X
Total Cases	29.4	33.0	34.5	35.0	35.6	X

Services most frequently recommended include case management, parenting education, mental health services, individual counseling, chemical dependency services, information and referral, and family counseling. Out-of-home placement is seldom recommended in Family Assessment cases, about 1 percent of cases, but increasingly recommended in traditional child protection cases, from 13 to 24 percent of cases, from 2001 to 2005.

- Number of Children in Foster Care - Minnesota Child Welfare Reports

Total Number of Children in Foster Care

2000	2001	2002	2003	2004	2005	2006
18,451	17,587	17,202	15,294	14,359	14,723	14,770

After five years of consistent and significant decline in number of children in foster care, 2005 and 2006 both reflect slight increases of children in foster care.

- Age Groups of Children Entering Care - Minnesota Child Welfare Reports

Percent of Children in Foster Care by Age Group

Age Group	2001	2002	2003	2004	2005	2006
0-7	23.2	24.4	27.2	29.2	31.1	31.8
8-12	18.4	17.7	17.6	16.1	15.7	15.0
13 and older	58.4	57.9	55.1	54.5	53.1	53.1

Younger children are entering foster care at increasing rates while entry for children 8 and over is declining.

- Reasons Children Enter Foster Care - Minnesota Child Welfare Reports

Percent of Reasons for Entering Foster Care: Significant Trends

Reason	2000	2001	2002	2003	2004	2005	2006
Alleged Neglect	16.1	15.8	16.7	18.4	19.4	20.2	20.1
Parent Drug Abuse	6.2	6.7	7.5	8.8	10.4	12.5	12.6
Child Behavior	29.4	28.5	27.1	23.8	23.3	22.1	22.2

The trends for reasons children enter foster care are consistent with the trends for age group. Younger children are more likely to enter care due to neglect and parental drug/alcohol abuse. Older children are more likely to enter care for reasons of their own behavior. The next most common reason for entry to foster care is caretaker inability to cope which comprises about 10 to 12 percent of reasons over the past six years. All other reasons for entering foster care have remained largely stable over six years.

- Children in Foster Care by Race/Ethnicity, 2005 - Minnesota Child Welfare Reports

Race/Ethnicity of Children in Foster Care

	<b>African American</b>	<b>American Indian</b>	<b>Asian</b>	<b>Pacific Islander</b>	<b>White</b>	<b>2 + Races</b>	<b>Hispanic</b>
Percent of Total Children in Care	20.0	11.5	2.0	0.1	56.3	7.1	7.8
Percent of Children in MN Population	5.0	1.6	4.2	0.0	83.9	3.4	4.3

African American, American Indian and children with two or more races are disproportionately represented in Minnesota’s foster care population. Proportions of children in foster care by race/ethnicity have remained relatively unchanged since 2000.

- Federal Child and Family Service Review, 2001: 79 percent of 29 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 88 percent of 543 cases were rated a strength.
- Minnesota Safety Profile Elements III and IV: In the most recent reporting period, 65.1 percent of cases were open for post-investigative services. Two prior reporting periods included a calculation error which precludes an assessment of performance on this measure over time. Children entering foster care based on a determined report of child abuse and neglect rose from 34.4 to 36.4 percent over three reporting periods.
- Minnesota Point-in-Time Permanency Profile Element I: In the most recent reporting period, 17 percent of all discharges from foster care occurred in 7 days or less of the child’s admission. Nearly 60 percent of children who left foster care in 7 days or less were placed on the basis of a police protective hold and 87 percent were under the supervision of county social services. Over 53 percent of children in short stays were White, but African American children (24.7 percent) and Asian children (3.9 percent) were represented at rates exceeding their proportion in all foster care episodes. More than 24 percent of the children who were discharged in 7 days or less returned to foster care within the calendar year. Reasons for entry into short stays in foster care were most often child’s behavior (39.1 percent) or alleged neglect (21.2 percent). This cohort of children will be analyzed for the contribution to the state’s overall re-entry into foster care rate.
- Minnesota First-Time Entry Cohort Permanency Profile Element I: Of all entries into foster care during the first six months of a reporting period, the percent of children entering for the first time rose from 66.9 to 69.3 percent over three reporting periods.
- Summary of Performance: Services to protect children and prevent removal was rated an area needing improvement in the 2001 CFSR. Program improvement strategies included: complete statewide implementation of Structured Decision Making, including tools that assist with assessment of safety/risk and matching services; support supervisors in their role as consultants in case practice by providing access to data, training and improved quality assurance; redesign and improve case planning and case documentation formats for child protective services, with emphasis on identifying needs and planning for appropriate services. Quality assurance reviews were used to evaluate the effectiveness of

these strategies and promote best practice across counties. Findings from reviews reflect improved performance, with performance in 2006 at 94 percent of 115 cases rated a strength. Thirty-four counties have developed and implemented plans to improve performance on services to protect children and prevent removal based on the findings of quality assurance reviews.

Although performance is improving, data reflect continuing challenges to providing services necessary and appropriate to prevent removal or re-entry into foster care. Consultation and needs assessment carried out in preparation of the 2005-2009 Child and Family Service plan led to strategies for addressing two overarching challenges: disproportionality/disparity related to American Indian and African American children in the child welfare system, and the impact of methamphetamine and poly-drug use/abuse on rates of child maltreatment and removal from home. In response, these broad systems-change strategies were implemented:

- Children's Justice Initiative-Alcohol and Other Drugs project, a collaborative initiative between the MN Supreme Court, Child Safety and Permanency and Chemical Health Divisions of the department, and technical assistance from the National Resource Center on Substance Abuse and Child Welfare
- African American Disparities Committee
- American Indian Child Welfare Demonstration Project
- Update of the Tribal/State Agreement
- Build systemic capacity to increase community involvement in the prevention and early intervention of child maltreatment: Parent Support Outreach Project and MFIP Family Connections.

Based on recent MnCFSR findings it appears that these efforts are contributing to positive performance on efforts to prevent children's entry into foster care.

### **Challenges**

- In some counties, county social workers are not available to assist law enforcement in responding to after-hours child welfare referrals. In these cases, children may be placed out-of-home until a social worker is available to meet with the child and family.
- Sometimes children are placed because their parents are incarcerated, or for other reasons not related to the parent's capacity to properly care for their child. Minnesota has a high rate of children in care for less than eight days.
- The range of placement prevention services varies considerably across counties. Families may wait several weeks before receiving in-home services. Restrictions of third-party payments makes it prohibitive for service providers to consistently participate in "wraparound services" or other multi-disciplinary meetings.
- Services that match the linguistic and other cultural needs of families are not readily available throughout the state.
- Ongoing cross-training of child protection, law enforcement and county attorney staff is needed to support high quality child protection investigative practice.
- Poverty is an underlying cause of child maltreatment and out-of-home placement. Reduction in federal funding associated with welfare reform has contributed to increased poverty and homelessness in the state.

### **Collaboration**

- Pre-placement screening teams involving county, court and community partners are used in some counties to determine when it is appropriate to recommend out-of-home placement.
- Some counties have very active multi-disciplinary child protection teams. Agency response to both investigations and Family Assessments are discussed and service recommendations often include coordination among several community partners.
- A county fiscal best practices group has been studying and developing best practice recommendations for preventing or managing out-of-home placements.

### **Promising Approaches**

- In some counties, child protection staff and local law enforcement officials have strong working relationships and conduct timely and comprehensive joint investigations. They also team well with the county attorney's office on critical case decisions and as a group have completed intensive child protection forensic training courses.
- DHS facilitates ongoing regional meetings with Family Assessment social workers offering consultation and training aimed at promoting best practice standards across the state.
- Some counties have well-defined protocols for conducting joint investigations or assessments with Indian Child Welfare agencies which facilitates active efforts to prevent placements.
- An urban county contracts with community agencies to jointly complete Family Assessments. The child protection agency social worker and the contracted community worker meet with the family to complete the assessment. The child protection agency completes the Structured Decision Making Safety Assessment and Family Risk Assessment. The community agency completes the Family Strengths and Needs Assessment and provides post-assessment, culturally appropriate services if needed.
- Prevention services, such as the MFIP Family Connections and Parent Support Outreach Project, along with programs supported through the Children's Trust Fund provide resources to families to prevent involvement with the child protection system.
- In a few counties where Family Dependency Treatment Courts and Drug Courts are established, drug-using parents receive additional support, and are held more accountable for their recovery and care of their children.
- Family Group Decision Making (FGDM) interventions are used in some counties early in the life of a case to identify supports for families so parents are better able to safely provide for the needs of their children. In 2005, 357 families received FGDM family support and preservation services to prevent out-of-home placement.

### **Focus Group Input**

- Some youth indicated that services provided to their family were helpful, including anger management courses for their parents, and family and individual counseling for family members.
- Provision of child welfare services earlier in the life of a case and greater collaboration between tribal and county child welfare staff in the planning and delivering culturally appropriate services was encouraged. The revised Tribal/State Agreement was cited as a resource for clarifying how this service collaboration should be provided.

**Item 4: Risk assessment and safety management.** How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?

### Policy

- Minnesota Statutes 626.556, Subd. 10E (G), a determination that child protection services are needed means that the local welfare agency has documented conditions during the investigation or assessment sufficient to conclude that a child is at significant risk of maltreatment if protective intervention is not provided.
- Minnesota Statutes 626.556, Subd. 10, the local welfare agency responsible for conducting a family assessment shall collect available and relevant information to determine child safety, risk of subsequent child maltreatment. Family strengths and needs are assessed when providing post-assessment services.
- Minnesota Rules 9560.0228, Subp. 4, the local agency shall monitor the provision of services to assure compliance with the written protective services plan. When a child remains in the home while protective services are being provided, the child protection worker's supervisor shall conduct a review at least semiannually.
- Minnesota Statutes 260C.193, Subd. 3, the policy of the state is to ensure that the best interests of children in foster or residential care are met by requiring individualized determinations of the needs of the child and of how the selected placement will serve the needs of the child in foster care placements.
- SSIS requires the completion of SDM safety and risk assessment tools in all child protection investigations and Family Assessments. Safety assessments must be completed within 3 working days of initiating an investigation/assessment. Risk assessments must be completed at the conclusion of the investigation/assessment and prior to case closing.
- *Guidelines for Responding to Child Maltreatment and Domestic Violence*, (DHS-3490) provides direction to child protection staff when responding to situations in which child maltreatment and domestic violence are both occurring.

### Practice

- When a child remains in the home while protective services are being provided, the caseworker meets at least monthly or contacts the family at least monthly to monitor the provision of family-based services. The caseworker consults with family-based service providers at least quarterly reviewing the protective service plan to determine the appropriateness of services being provided.
- When children are placed in foster care, the agency is responsible to place them in foster homes or treatment facilities that are best-suited to meet each child's specific needs. Agency staff are required to provide ongoing support to foster care providers related to improving the quality of the placement for children. This includes regular contact with foster care providers and the children in their care.

### Performance Measures

- Incidence of Child Abuse and/or Neglect in Foster Care (previous National Standard) – Minnesota Child Welfare Reports

## National Standard Child Abuse/Neglect in Foster Care: .57 or lower

Year	2001	2002	2003	2004	2005	2006
% CA/N in Foster Care	.41	.28	.37	.40	.52	X

- Federal Child and Family Service Review, 2001: 84 percent of 45 cases were rated a strength. Minnesota performance on the national standard for maltreatment of children in foster care was .41 percent, which met the standard of .57 percent or less.
- Minnesota Child and Family Service Review, 2003-2006: 79 percent of 645 cases were rated a strength.
- Minnesota Safety Profile Elements VII , XII and XI: Minnesota did not meet the National Standard for Absence of Child Abuse and/or Neglect in Foster Care (99.68 percent or higher) in the most recent reporting period with 53 children represented in a rate of 99.63 percent. Minnesota consistently met the previous National Standard of .57 percent or less Incidence of Child Abuse and/or Neglect in Foster Care, over six years. On the data profile element for Children Maltreated by Parents While in Foster Care, Minnesota's performance was consistent over three reporting periods at .5 percent or less.
- Child Mortality Reviews

## Incidence of Child Fatalities Due to Maltreatment

Year	2001	2002	2003	2004	2005	2006
# Child Fatalities	16	15	13	11	15	X

Cases involving fatal or near-fatal injuries caused by maltreatment, where maltreatment was suspected, or where the death was not due to natural disease process but was believed to be preventable are reviewed through a process that was revised in 2003 to allow more comprehensive and evaluative review. Ninety child mortality reviews were conducted in the last year. Most commonly, children died as a result of accidental injury (20), unsafe sleep conditions (23), or homicide (12). Findings are used to inform changes in child protection policy, procedures and practice where areas needing improvement are identified. These efforts have resulted in changes to child protection screening criteria, improvements in the Minnesota Child Welfare Training System, and legislative changes clarifying the role of probation agents as mandated reporters. In the cases of fatalities that are preventable and not due to maltreatment, such as unsafe sleep conditions, the state joins with other abuse/neglect prevention agencies/programs to provide broad public awareness and education about safer practices.

- Summary of Performance: Performance on risk of harm to child was rated an area needing improvement in the 2001 CFSR. Program improvement strategies included: complete statewide implementation of Structured Decision Making, including tools that assist with assessment of safety/risk and matching services; support supervisors in their role as consultants in case practice by providing access to data, training and improved quality assurance; redesign and improve case planning and case documentation formats

for child protective services, with emphasis on identifying needs and planning for appropriate services. Quality assurance reviews were used to evaluate the effectiveness of these strategies, as well as, support supervision and promote best practice across counties. Findings from reviews reflect declining performance. Forty three counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews.

A strategy for improving risk assessment performance included in the 2005-2009 Child and Family Service plan, consisted of a formal validation study of the Structured Decision Making, Family Risk Assessment tool, particularly as it applied to various racial, ethnic and culturally groups. Results of the validation study were used to support recalibration of the risk assessment tools. Changes were completed in late 2006 and the revised tools, accompanied by statewide training will be available in July 2007.

Minnesota's performance on the National Standard for Incidence of Child Abuse and/or Neglect in Foster Care has been historically strong, so little is known about this cohort of children or the contributing factors to performance. An analysis of this performance standard will include information on age, race, relationship of offender/victim and placement setting data in order to determine possible reasons for the current performance. The onsite case review using the detailed criteria in the revised instrument could be helpful in targeting areas of strength and needing improvement in our performance on risk assessment and safety management.

### **Challenges**

- When children are receiving services from more than one program area, such as child protection, juvenile justice and mental health, the continuity of service delivery is at times disjointed. The roles and responsibilities of children, parents and service providers are not clearly defined which may affect service delivery and outcomes for children.
- When child protection investigation and/or assessment workers do not fully share the contents of their contacts with families, important safety factors may not be addressed by the ongoing caseworkers. Coordination is especially challenging for larger agencies that have separate investigation/assessment and ongoing field units.
- HIPPA and other data sharing restrictions limit professionals working with parents with substance and/or mental health problems from sharing important information with caseworkers.
- Minnesota has a growing homeless youth population and dedicated funding to address this increased need has diminished since 2004. No state agency has case management responsibility for this population. The risk of harm to these youth is clear and present.

### **Collaboration**

- The state's revised Child Mortality Review process includes an examination of cases of child mortality and near-mortality both at a state and county specific level. These case reviews involve multi-disciplinary teams that provide systemic and practice recommendations to county agencies.

- Minnesota statutes require counties to establish multi-disciplinary child protection teams that are authorized to share case information and discuss service needs pertinent to cases involving child abuse and neglect.
- Community-based service organizations work in partnership with counties to meet the safety and risk needs of children served through the child welfare system.

### **Promising Approaches**

- The recalibration of the state's SDM Risk Assessment instrument is complete and now has greater predictive capacity, especially related to American Indian families. Integration of the instrument into SSIS, along with statewide training is scheduled for mid-2007.
- Several counties have adopted Andrew Turnell's *Signs of Safety*™ child protection case consultation model. This strength-based, safety-focused approach provides a framework for supervisors and caseworkers to explore critical safety issues and develop interventions that promote child safety and effective risk management.
- The revised state Child Mortality Review process has led to a greater volume of cases reviewed, as well as more comprehensive recommendations to county and community organizations and agencies. In 2004, Minnesota Statutes were amended requiring all licensed foster and day care providers to attend state sponsored Shaken Baby training.
- Where multi-disciplinary, family treatment teams are in place, strong professional connections between adult mental health and child welfare staff exists. These relationships support earlier identification and treatment for parents with mental health conditions that may compromise their children's safety.
- The CJI/Alcohol and Other Drug (CJI/AOD) project developed a pilot program with one county where Recovery Specialists are assigned to work with parents that have relapsed, including planning specifically for the safety needs of the children in the home. CJI/AOD staff are in the process of applying for a federal grant to expand the program statewide.
- Recent legislation to increase funding for homeless youth services was passed by the state legislature in 2007. The funding will support greater access to basic need programming for homeless youth.
- DHS provided a statewide Virtual Presence Communication training for child welfare supervisors that focused on assessing risk and safety planning. Sixty three supervisors attended.

### **Focus Group Input**

- Twenty-seven youth reported being homeless at some time in their lives. Thirteen were asked to exchange sex for some basic need while they were without a home. These youth were not runaways from foster care or under the custody of a county while they were homeless.

## B. Permanency

### Permanency Outcome 1: Children have permanency and stability in their living situations.

**Item 5: Foster care re-entries.** How effective is the agency in preventing multiple entries of children into foster care?

#### Policy

- Minnesota Statutes 260C.201, Subd. 1, was revised adding a trial home visit disposition allows children placed in foster care to be returned to the care of their parent or guardian for a period of time not to exceed six months. During the period of the trial home visit, the responsible social services agency retains custody and has authority to see the child in any setting deemed appropriate, has access to information about the child, provides services to the child and parent, and may terminate the trial home visit to protect the child's health, safety and welfare.
- DHS Bulletin #06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families*, provides guidance for agencies when considering trial home visits and clarifies that time spent under a trial home visit is not considered when calculating permanency timelines for children.
- *A Practice Guide for Working with African American Families in the Child Welfare System* (DHS-4702) serves as a resource and reference manual for caseworkers as they engage African American families in effective service delivery.
- *Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS-4938) is designed to help caseworkers utilize individualized assessments, along with an array of formal and informal services and relationships to support families.
- *Practice Guide for Concurrent Permanency Planning* (DHS-4778) emphasizes reunification and the establishment of alternative permanency goals when appropriate.

#### Practice

- Prior to placing children in foster care, caseworkers assess the safety needs of children and evaluate the capacity of parents or guardians to meet those needs. Recommendations to place children are made when a child's safety cannot be reasonably ensured through the provision of individualized in-home services.
- Prior to returning a child from foster care to their home, caseworkers increase contact with parents, children and service providers to determine the likelihood of successful reunification. The SDM reunification tool is also used to inform this decision. Post-reunification services are provided and when a trial home visit disposition is ordered, the agency retains custody and provides services to support both the parent and children.

**Performance Measures**

- Foster Care Re-entries- Minnesota Child Welfare Reports

Performance Standard – 8.6 percent or less

Year	2001	2002	2003	2004	2005	2006
<b>% Foster care entries within 12 months of prior discharge</b>	30.4	27.3	24.3	22.7	19.3	19.1

Minnesota has achieved significant improvements in reducing re-entry into foster care over 6 years.

- Federal Child and Family Service Review, 2001: 100 percent of 24 cases were rated a strength. Minnesota performance on the national standard for re-entry was 22.7 percent which did not meet the standard of 8.6 percent or less.
- Minnesota Child and Family Service Review, 2003-2006: 77 percent of 216 cases were rated a strength.
- Minnesota Data Profile Composite 1, Timeliness and Permanency of Reunification: The state score for timeliness and permanency of reunification was 116.0 which did not meet the standard of 122.6 or higher. The state score on this composite remained largely unchanged over three reporting periods. The state met or exceeded performance targets for all three Component A measures, but did not meet the performance target for the Component B measure for re-entry.
  - Component B, Permanency of Reunification
    - Measure1: Re-entries to foster care in less than 12 months: Minnesota’s foster care re-entry rate according to the new calculation is 27.8 percent, which does not meet the 25<sup>th</sup> percentile performance target of 9.9 percent. Re-entry is a statewide challenge with only two counties meeting the 9.9 percent performance target. Minnesota’s re-entry rate represents the experience of 1,729 children who re-entered care in less than 12 months of a prior discharge. A demographic description and variable analysis of these children is being developed which will help target our future program improvement efforts.
- Summary of Performance: Foster care re-entry was rated a strength, based on the case review during the 2001 CFSR. Minnesota did not, however, meet the national standard for foster care re-entry and accordingly, was required to develop a program improvement plan which included the following strategies:
  - Clarify Adoption Foster Care Automated Reporting System (AFCARS) definitions of placement and improve data entry
  - Conduct a *Placement Re-entry and Stability Study* to analyze the incidence and contributing factors for foster care re-entry. The study was comprised of two components: an assessment of 455 cases of foster care re-entry in Hennepin County conducted by the University of Minnesota; and, county level survey and analysis of a sample of 130 children who experienced re-entry during 2002.
  - Support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance.

Key findings from the *Placement Re-entry and Stability Study* were used to raise awareness and support development of training and technical assistance to improve re-entry. Over 50 counties developed re-entry improvement plans based on specific findings of their local surveys.

Minnesota had demonstrated significant improvement in reducing the rate of foster care re-entry at the conclusion of the Program Improvement Plan, however, still did not meet the national standard for performance. Development of the 2005-2009 Child and Family Service Plan addressed the need for continuing improvement efforts for reducing foster care re-entry and carried out the recommendation for providing trial home visits as a disposition option, a key finding from the re-entry study. In addition, the department planned continued support for county level efforts to improve rates of re-entry through training, technical assistance and quality assurance. Findings from quality assurance reviews indicate stable performance over four years. Forty counties have developed and implemented plans for program improvement to address performance issues identified in quality assurance reviews.

The new re-entry measure calculated using a discharge rather than an entering cohort of children results in a less favorable re-entry rate and does not allow for comparing performance over time. Based on the previous re-entry standard the state has continued to demonstrate improvement, indicating that strategies have been effective. Trial home visit is a recent legal option and should contribute to reduction in re-entry rate. In the most recent reporting period only 45 children were in trial home visit so there has been limited opportunity to systematically monitor the provision of services. Children's Justice Initiative Teams which are operational in all Minnesota counties are another possible agent for achieving statewide improvements in re-entry.

### **Challenges**

- Parents with serious mental and/or chemical health problems are, at times, unable to provide a safe environment for their children. Frequently, in these cases, agency and community providers have regular contact with the parents and children so are keenly aware of the safety risks. Children are removed from the home if appropriate resources are not available.
- Minnesota has a very high rate of reunifying children within 12 months of placement. The state and its county partners have had a strong historical commitment to family preservation and the allocation of resources to maintain families. This commitment and related practices increase the potential for foster care re-entry. Further study of the correlation between the length of time in foster care and subsequent re-entry, as well as appropriateness of service delivery is indicated.

### **Collaboration**

- Unlike some states, Minnesota's statewide information system tracks child re-entries across county lines.
- Both child welfare and juvenile justice placements are recorded on the state's information system which provides an opportunity for child welfare and juvenile justice professionals to review re-entry events.

### Promising Approaches

- The University of Minnesota's Center for Advanced Studies in Child Welfare issued *Practice Notes #18 Trial Home Visits: Strengthening Reunification Practices* in March 2006. This issue included a discussion on strengthening parent capacity and understanding ethical and cultural factors associated with the use of trial home visits. In addition, the notes addressed other direct practice issues related to successful reunification.
- The department's Research, Planning and Evaluation Unit designed a comprehensive child re-entry study that will examine a number of variables associated with children that have experienced re-entry. This level of information has not been available in the past and will provide a foundation for informing future policy development.
- There are currently two Family Dependency Treatment Courts operating in the state, with more in the planning stage. These court models offer intensive judicial oversight. They hold parents accountable for providing safe and stable environments for their children through increased support in achieving and maintaining sobriety through regular drug testing and immediate relapse intervention.
- In cases where child re-entry has occurred, agencies review the circumstance that preceded the re-entry with their county multi-disciplinary placement team. The team evaluates the full range of pre- and post-reunification services to determine if the frequency and/or quality of services contributed to the child's re-entry into care.

**Item 6: Stability of foster care placement.** How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?

### Policy

- Minnesota Statutes, 260C.212, Subd. 1, state that if a child was placed in a residential facility pursuant to a court order, the responsible social services agency may not change the child's placement unless the agency specifically documents that the current placement is unsuitable or another placement is in the best interests of the child. These requirements do not apply if the new placement is in an adoptive home or other permanent placement.
- Minnesota Statutes 260C.212, Subd. 1, state that if a child is removed from a permanent placement disposition within one year after the placement was made, (1) the child must be returned to the residential facility where the child was placed immediately preceding the permanent placement; or (2) the court shall hold a hearing within ten days after the child is removed from the permanent placement to determine where the child is to be placed. A guardian ad litem must be appointed for the child for this hearing.

### Practice

- When children are placed in foster care, agency caseworkers make reasonable efforts to place children with relatives when possible and appropriate. In 2007 legislation passed requiring active efforts to locate relatives in ICWA eligible cases. Caseworkers provide foster providers with relevant information related to children's educational, physical and mental health needs. Case plans are developed within 30 days and a copy of the plan is provided to foster care providers. The needs of foster providers are assessed and their role

and responsibilities clarified. Ongoing caseworker contact with the child and foster providers is discussed, as well as, contingency plans for addressing emergency issues. In most county agencies, licensing social workers are also available to respond to concerns raised by foster providers.

### Performance Measures

- Placement Stability – Minnesota Child Welfare Reports

Performance Standard – 86.7 percent or higher

Year	2001	2002	2003	2004	2005	2006
% of children in placement with two or less moves	86.1	87.9	86.0	91.6	89.8	89.2

Minnesota has had relatively consistent performance on placement stability, meeting the national standard in 4 out of 6 years. In 2005, the department reported reasons for change in placement settings in the Annual Child Welfare Report. The most common reason for moves was provider request (17.3 percent), followed by needs less restrictive setting (13.9 percent), needs more structure (13.8 percent), move from emergency to non-emergency setting (13.4 percent), and move to relative placement (12.7 percent).

- Federal Child and Family Service Review, 2001: 75 percent of 24 cases were rated a strength. Minnesota performance on the national standard for placement stability was 82.3 percent which did not meet the standard of 89 percent or more, (the national standard for placement stability was later adjusted to 86.7 percent).
- Minnesota Child and Family Service Review, 2003-2006: 84 percent of 387 cases were rated a strength.
- Minnesota Permanency Profile Composite 4: Placement Stability – The state score for placement stability was 83.2 which did not meet the national standard of 101.5 or higher. The state score declined from 92.9 to 83.2 over 3 reporting periods.
  - Measure 1: Two or fewer placements in less than 12 months- Performance on this measure was 79.3 percent which does not meet the 75<sup>th</sup> percentile performance target of 86.0 percent. Performance declined moderately over 3 reporting periods from 84.7 percent to 79.3 percent. Less than 40 percent of counties met the performance target for this measure. Performance is not consistent with the state's calculation of stability for roughly the same reporting period.
  - Measure 2: Two or fewer placements between 12 and 24 months – Performance on this measure was 46.7 percent which does not meet the 75<sup>th</sup> percentile performance target of 65.4 percent. Performance declined significantly over 3 reporting periods from 57.9 percent to 46.7 percent. Less than 30 percent of counties met the performance target for this measure.
  - Measure 3: Two or fewer placements over 24 months – Performance on this measure was 28.7 percent which does not meet the 75<sup>th</sup> percentile performance target of 41.8 percent. Over 3 reporting periods, performance declined from 32.1 percent to 28.7 percent. About 20 percent of counties met the performance target for this measure.

Performance on placement stability is largely consistent across the state with only 3 counties meeting the performance target for all three measures. A demographic description and variable analysis of these measures is being developed which help target program improvement efforts.

- Minnesota Point-in-Time Permanency Profile Element IV: The percent of children with one placement setting in their current episode of care declined from 35.7 to 32.2 percent over 3 reporting periods. The percent of children with three, four or six placement settings in their current episode of care, increased slightly over 3 reporting periods.
- Minnesota First-Time Entry Cohort Profile Element IV: The percent of children with only one placement setting in their current episode of care declined significantly from 63.5 to 54.8 percent over three reporting periods. Another significant and concerning trend for this cohort was the children who had three placement settings in their current episode of care, increasing from 7.9 to 12.2 percent over 3 reporting periods.
- Summary of Performance: Based on both case review findings and performance on the national standard for placement stability, this measure was rated an area needing improvement in the 2001 CFSR. Program improvement strategies included:
  - Clarify AFCARS definitions of placement and improve data entry
  - Conduct a *Placement Re-entry and Stability Study* to analyze the incidence and contributing factors for placement stability. The study was comprised of two components: an assessment of 60 cases in Hennepin County conducted by the University of Minnesota, and county level survey and analysis of a sample of 136 children who experienced at least two moves during a placement episode in 2002.
  - Support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance.

The *Placement Re-entry and Stability Study* determined that incidence rates and contributing factors to placement instability were largely concentrated in urban counties that routinely used emergency shelter facilities for initial placements. IV-E reimbursement considerations (which reduced initial placements with unlicensed relatives), child behaviors, access to mental health treatment, and foster parent training and support were all listed as contributing factors in the study and were used to raise awareness and support development of training and technical assistance to improve placement stability. Technical assistance from the National Resource Center for Foster Care and Permanency Planning; enhancement of Foster, Adoptive and Kinship training curriculum through the Minnesota Child Welfare Training System; and quality assurance reviews represent some of the efforts Minnesota has made to improve performance on placement stability. Findings from these reviews indicate varying performance over 4 years. Thirty-three counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews.

At the conclusion of the program improvement plan, performance on placement stability exceeded the national standard, yet the state has continued to be challenged to maintain solid performance for this measure. Reasons for moves indicate that supportive services for foster parents, and/or more thorough assessment of children's needs and provision of services may be strategies to improve performance. The department is currently hosting a Breakthrough Series Collaborative on Foster Parent Recruitment and Retention with

technical assistance through the National Resource Center for Foster Care and Permanency Planning. This effort holds potential for providing direction to practice, policy or resource development to improve placement stability.

### **Challenges**

- A few county agencies initially place children in short term shelter care to assess their needs. If an extended placement is deemed necessary, appropriate placement resources are located and the agency makes a placement recommendation to the court. Most county agencies place children directly into foster care avoiding this transitional placement.
- Changes in child placements sometimes occur when relatives are not identified early in the case and later come forward offering to provide a home for children previously placed in non-relative foster care.
- There is a lack of culturally diverse foster parents and foster parents able and willing to care for youth and children with significant emotional and behavioral problems. This may result in some children placed in homes not equipped to meet their multiple needs.
- It is not clear that county agencies offer the same level of support to relative foster parents as non-relative foster parents. Further training, data analysis and clearer policy/expectations are needed in this area.

### **Collaboration**

- Minnesota Kinship Caregivers Association and Minnesota Adoption Support and Preservation offer regional contacts and support groups for foster and adoptive parents.
- State and county foster care associations, with representation from the department and county social service agencies, focus on providing training and support for foster providers and advocating for public policy at both the state and county level.

### **Promising Approaches**

- In a few counties, therapeutic support of foster care is routinely provided. Mental health and/or family support staff meet with foster parents and discuss what services are needed to support successful placement. Ongoing services both in the foster home and center-based are provided. The primary caseworker, service provider, foster parent and the children in care meet and discuss case progress and needs.
- Minnesota's Breakthrough Series Collaborative on Foster Recruitment and Retention (2006-2007) involved several counties completing self-assessments of their county foster care system and developing action plans to address areas of need. Quarterly, two-day training sessions occurred and teams shared their action plan results. Each county established baseline performance measures and continues to measure progress on each individual performance areas
- The inclusion of foster parents in Family Group Decision Making conferences or case planning meetings is occurring in some counties. Input from foster parents improves the overall assessment of need and informs service provision that supports stability of foster care placements.
- Some counties have strong foster care licensing programs, which includes regular licenser visits with foster parents, comprehensive and ongoing recruitment efforts, mentoring programs for new foster providers and regular appreciation events.

**7: Permanency goal for child.** How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

### **Policy**

- Minnesota Statutes 260.012 (a) and Juvenile Protection Rules 41.05, provide that once a child alleged to be in need of protection or services is under the court's jurisdiction, the court shall ensure that reasonable efforts are made to reunite the child with the child's family at the earliest possible time, and when a child cannot be reunified that the responsible social service agency makes reasonable efforts to finalize an alternative permanent plan.
- Minnesota Statutes 260C.301, Subd. 3 require that a petition for termination of parental rights be filed within 30 days of determining that a child has been subjected to egregious harm or any of the other conditions identified in Statutes relieving the county of its obligation to make reasonable efforts to reunify the child with their parent(s).
- Minnesota Statutes 260C.212, Subd. 1(a) and Juvenile Protection Rules 38, require that an out-of-home placement plan, that includes the child's permanency goal, shall be prepared within 30 days of the child's court-ordered placement.
- Minnesota Statutes 260C.213, require social services agencies to develop an alternative permanency plan while making reasonable efforts toward reunification.
- Minnesota Statutes 260C.201, Subds. 11 and 11 (a) and Juvenile Protection Rules 42.01, require a hearing to address permanency within six months of placement for children under the age of 8, and for all children within 12 months of placement.
- Minnesota Statutes 260C.201, Subd. 11 (c) and Juvenile Protection Rules 42.05, require courts to order reunification, termination of parental rights/adoption, transfer of permanent legal and physical custody to a relative, long term foster care, foster care for a specified period of time or guardianship and legal custody to the commissioner of human services at the end of permanency hearings.
- DHS Bulletin # 06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families* provides guidance on best practice for foster care and meeting Title IV-E requirements, including efforts to achieve permanency.
- *Practice Guide for Concurrent Permanency Planning* (DHS-4778) promotes best practice in permanency planning, emphasizing reunification and a step-by-step approach for working with families to establish an alternative permanency plan if a child cannot return home.

### **Practice**

- When children are placed in foster care, caseworkers meet with families to develop out-of-home placement plans within 30 days. Caseworkers review goals and services to promote reunification, along with permanency timelines with children, parents and other key persons in the case. When appropriate, concurrent permanency goals and related services are discussed and documented in the case plan.
- Throughout the case, workers conduct frequent meetings with parents, children, foster providers, their supervisor and other key persons involved in the case to evaluate progress toward reunification. This information is shared with the court at 90 day review hearings. When children are not reunified within the required time period, permanency hearings are held. The court reviews available information and decides if further reunification efforts

are in the child's best interest and/or an alternative permanency goal should be established.

- When children meet ASFA requirements criteria for termination of parental rights, agencies are required to file or join a TPR petition unless an exception, or compelling reason, for not filing are specified. Agencies, county attorneys, guardians ad litem, family members and other key persons in the case are consulted in these decisions.

### **Performance Measures**

- Federal Child and Family Service Review, 2001: 70 percent of 23 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 86 percent of 385 cases were rated a strength.
- Minnesota Point-in-Time Permanency Profile Element III: The most significant differences in permanency goals for children in foster care, over the three reporting periods occurred for children with goals of reunification, increasing from 54.1 to 68.0 percent; adoption, decreasing from 18.8 to 10.5 percent; and long-term foster care, decreasing from 20.2 to 13.3 percent. From 2003 to 2005, 2166 children entered state guardianship in Minnesota and adoptions were finalized for 2018 children, making it likely that fewer children were in foster care waiting to achieve completed adoption. Currently there are more children in permanent homes through TPLPC and adoption than placed in foster care. Decreases in long-term foster care are discussed in Item 10 and performance on achieving reunification and adoption goals are discussed in Items 8 and 9.
- Minnesota First Time Entry Cohort Profile Element III: The most significant differences in permanency goals for children in foster care, over the three reporting periods, occurred for children with goals of adoption, decreasing from 6.2 to 2.2 percent; long-term foster care, decreasing from 2.1 to 1.0 percent; and missing goal information, increasing from 0.2 to 7.6 percent, an issue requiring further examination. Percent of children with reunification goals represented the largest percent of children by far and remained relatively constant, changing from 86.9 to 86.4 percent over three reporting periods.
- Summary of Performance: Permanency goal for child was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included support for supervisors in promoting improved practice in permanency planning. Minnesota also implemented a broad strategy for reducing use of long-term foster care as a goal. At the time of the first round CFSR, the CJI initiative and concurrent permanency planning programs were in early stages of implementation. Over time the impact of these initiatives and improvements in case practice were reflected in performance, and at the conclusion of the program improvement plan, county performance for Item 7 on MnCFSRs was at 89 percent of cases rated a strength. Findings from quality assurance reviews over four years have been stable. Thirty-two counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews.

Minnesota continued statewide roll-out of Children's Justice Initiative through 2004, and in many counties this initiative has improved permanency outcomes. Concurrent permanency planning allocations, along with other state and federal aids, were cut in

2003 and although some counties still have strong programs in place, with loss of funding the program has realized diminished impact. The Title IV-E Waiver, Minnesota's Permanency Demonstration Project holds potential for establishing more appropriate and expedient permanency goals for children, by eliminating any financial disincentives for considering adoption.

### **Challenges**

- Courts and county agencies sometimes find it difficult to integrate permanency requirements found in the Adoption Safe Families Act (ASFA) with provisions of the Indian Child Welfare Act (ICWA). Specifically, ASFA requires filing a petition to terminate parental rights if a child has been in care for at least 15 of the most recent 22 months.
- Scheduling timely permanency hearings is often a challenge for court administrators due, in part, to the high level of court activity.
- The lack of public defenders to serve as counsel for parents and children can delay permanency proceedings and may be an impediment to parents fully understanding their rights in the permanency planning process.
- Understanding the impact of poverty and culture, including language differences, is critical in adequately assessing parental capacity and establishing appropriate permanency goals for children.
- When children are placed in foster care due to parental drug abuse, reunification timelines do not provide adequate time for some parents to recover and successfully resume care and custody of their children.
- In some cases where older children are placed in foster care and reunification is not a viable permanency option, long-term foster care is ordered without a rigorous examination of other more preferable permanency options.
- Statutory guidance and policies exist to support timely permanency for children however, some courts do not consistently follow this guidance. For example, the requirement for filing Termination of Parental Rights Petitions in certain egregious harm cases is not applied consistently.

### **Collaboration**

- Guardians ad litem, assigned to represent the best interest of children, in child welfare cases, consult with agency caseworkers and participate court in hearings that evaluate the appropriateness of permanency goals.
- Some counties and district courts have strong working relationships with tribal child welfare agencies and tribal courts, including ongoing permanency planning consultation.
- Permanency review teams, comprised of agency staff, county attorneys, family members and other key people in the case provide input in the permanency planning process.

### **Promising Approaches**

- Family Group Decision Making is available in 71 counties and 10 tribes and at times is used to engage family members in developing appropriate permanency goals for children.
- One county developed the Parallel Protection Process (PPP) which is implemented prior to admit or deny court hearings in child protection cases, including emergency child placements. Key persons in the case are assembled to discuss the issues that precipitated

court involvement. In over 95 percent of the cases where the PPP was employed, mutually agreeable plans were developed and contested trials avoided. Other counties have adopted this model within the past few years.

- Children’s Justice Initiative teams were established in counties to improve court practice at the local level. Several resources, including the *CJI County Practice Guide* and the *Judges Juvenile Protection Benchbook*, provides county CJI teams with guidance for developing judicial procedures which support the establishment of timely and appropriate permanency goals for children.
- The CJI/Alcohol and Other Drug toolkit provides strategies for agencies and courts to support treatment for parents and related permanency planning for children.
- In counties with high functioning CJI teams, 88 percent of the cases reviewed during MnCFRSs (2004-2006) were rated a strength for item 7. In all other counties, item 7 was rated a strength in 71 percent of the cases reviewed.

### **Focus Group Input**

- Of the 35 youth surveyed who were at one time under the jurisdiction of juvenile court, 16 felt their opinions were mostly or always considered and 19 reported their opinions were partially or not considered during court hearings.
- One youth was concerned that social workers, attorneys and judges do not understand how important court hearings are for youth. She wished they would take time to clearly explain the court process and include her more in making decisions. She explained how at times she “felt invisible” in court, while people decided her future.
- The perceived inconsistency between the requirements found in the Indian Child Welfare Act and the Adoption Safe Families Act regarding permanency timelines was cited as a source of tension between county and tribal child welfare agencies. Some specific training in this area was recommended.
- Not all county caseworkers and court personnel understand that the responsibility of urban tribal representatives is to speak for the tribe in cases where American Indian children and families are involved in the child welfare system. Urban representatives are able to provide expert testimony in court hearings and collaborate with caseworkers on developing case plans and clarifying active efforts standards.
- County based CJI teams were viewed as a useful vehicle for addressing child welfare and court areas of practice. In counties where child welfare agencies and courts are challenged to comply with ICWA, the local CJI teams might consider focusing more time and attention of these matters.

**Item 8: Reunification, guardianship, or permanent placement with relatives.** How effective is the agency in helping children in foster care return safely to their families when appropriate?

### **Policy**

- Minnesota Statutes 260.012 (a) and Juvenile Protection Rules 41.05, provide that once a child alleged to be in need of protection or services is under the court’s jurisdiction, the court shall ensure that reasonable/active efforts are made to reunite the child with the child’s family at the earliest possible time, and when a child cannot be reunified the responsible social service agency makes reasonable efforts to finalize an alternative permanent plan.

- Minnesota Statutes 260C.201, Subd.10 and Juvenile Protection Rules 41.06, require the court to review out-of-home placements at least every 90 days to determine whether placement is necessary or if children can be safely returned home.
- Minnesota Statutes 260C.213, require social services agencies to develop an alternative permanency plan while making reasonable efforts toward reunification.
- Minnesota Statutes 260C.201, Subd. 11 (a) and (c) and Juvenile Protection Rules 42.01 and 42.05, require a hearing to address permanency within six months of placement for children under the age of 8, and for all children within 12 months of placement. At the conclusion of permanency hearings, courts must order reunification or another permanent placement.
- Minnesota Statutes 260C.201, Subd. 11 (d), allow for the transfer of permanent legal and physical custody (TPLPC) to a relative if reunification is not possible.
- DHS Bulletin # 06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families* provides guidance on best practice for foster care and meeting Title IV-E requirements, including efforts to achieve permanency.
- *Practice Guide for Concurrent Permanency Planning* (DHS-4778), promotes best practice in permanency planning, emphasizing reunification and a step-by-step approach for working with families to establish an alternative permanency plan if a child cannot return home.
- *Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS-4938), is designed to help caseworkers utilize individualized assessments, along with an array of formal and informal services and relationships to support families.
- *Paths to Permanency* (DHS-4906) is used by agency social workers to help foster parents with decisions regarding permanency for children in their care.
- *Relative Custody Assistance* (DHS-4769), explains the legal, financial and medical obligations and available options to relatives who may choose to become the permanency legal and physical custodians of children.

### **Practice**

- Caseworkers and families develop out-of-home placement plans that identify services designed to address safety concerns and promote reunification. Concurrent permanency planning (CPP) is provided in cases where children under eight years of age are placed in foster care. Agencies may offer CPP in cases involving older children when the establishment of a secondary permanency goal is appropriate.
- Caseworkers maintain frequent contact with families, service providers, foster parents and others to review progress toward meeting reunification goals. Judges also review progress at regular intervals and reunite children with parents when safety concerns are adequately addressed.
- When the court determines that reunification is not possible and an able and willing relative is available to provide care, Transfer of permanent legal and physical custody (TPLPC) to a relative may be ordered. The caseworker's primary focus shifts to supporting relative custodians in caring for children permanently. Caseworkers and families prepare Relative Custody Assistance agreements arranging financial assistance and health insurance for children.

**Performance Measures**

- Reunification within 12 Months (previous national standard) – Minnesota Child Welfare Reports

National Standard for Reunification within 12 months: 76.2% or higher

Year	2001	2002	2003	2004	2005	2006
<b>% Children Exiting Foster Care to Reunification in less than 12 Months</b>	91.2	91.2	90.3	91.9	91.4	90.4

- TPLPC to a Relative within 12 Months (Minnesota performance standard) – Minnesota Child Welfare Reports

Year	2004	2005	2006
<b>% Children Exiting Foster Care to TPLPC in 12 Months</b>	70.8	69.0	64.0

Minnesota established this performance measure for TPLPC in 2004. This is a preferred permanency option when reunification is not an option. Achievement of TPLPC to a relative is the same as achieving a reunification goal in AFCARS.

- Federal Child and Family Service Review, 2001: Reunification, guardianship or permanent placement with relatives was not assessed in the first round of CFSR.
- Minnesota Child and Family Service Review, 2003-2006: 83 percent of 230 cases were rated a strength.
- Minnesota Data Profile Composite 1, Timeliness and Permanency of Reunification: The state score for timeliness and permanency of reunification was 116.0 which did not meet the standard of 122.6 or higher. The state score on this composite remained largely unchanged over three reporting periods. The state met or exceeded the performance targets (25<sup>th</sup> or 75<sup>th</sup> percentile) on all 3 measures related to Component A.
  - Component A, Timeliness of Reunification
    - Measure 1: Exits to reunification in less than 12 months: Performance on this measure is 88.8 percent which exceeds the 75<sup>th</sup> percentile performance target of 75.2 percent or higher. Performance on this measure remained relatively constant over three reporting periods and is consistent statewide, with over 95 percent of the counties meeting or exceeding the performance target.
    - Measure 2: Exits to reunification, median stay: Performance on this measure is 3.4 months which exceeds the 25<sup>th</sup> percentile performance target of 5.4 months or lower. Performance on this measure remained relatively constant over three reporting periods and is consistent statewide with over 93 percent of counties meeting or exceeding the performance target.
    - Measure 3: Entry cohort reunification in less than 12 months: Performance on this measure is 61.4 percent with exceeds the 75<sup>th</sup> percentile

performance target of 48.4 percent or higher. Performance declined from a high of 66.4 percent in the first reporting period. Across the state, performance is consistent with nearly 90 percent of counties meeting or exceeding the performance target.

- Minnesota Point-in-Time Permanency Profile Element VIII: Median months to discharge to reunification increased slightly over three reporting periods from 1.4 to 2.0 months. Minnesota has a high number of children who exit foster care in less than 8 days, which would contribute to a low median months measure.
- Minnesota First-Time Entry Cohort Profile Element V: Percent of children discharged from foster care to reunification/relative placement decreased slightly over three reporting periods from 90.7 to 89.6 percent.
- Summary of Performance: In the 2001 CFSR, Item 8 was an assessment of independent living services rather than reunification. Minnesota did meet the national standard for reunifications within 12 months, however, so program improvement was not required. Findings from the state's quality assurance reviews indicate stable statewide performance on achieving reunification. Twenty-nine counties have developed and implemented plans for program improvement based on findings of their quality assurance reviews.

### **Challenges**

- Delays in achieving permanency may occur when comprehensive and timely relative searches are not conducted and/or specialized assessments or services are not available or accessible in the early stages of a case. This includes failure to access psychiatric and parental capacity evaluations, and/or alcohol and other drug treatment resources.
- When children are placed in foster care, parents may lose their public assistance, including subsidized housing. These losses, along with a lack of available transportation and inadequate insurance coverage create serious barriers to timely reunification.
- Court continuances are sometimes granted when parents have severe chemical and mental health needs, non-custodial parents are not identified in a timely manner and a lack of judges and/or public defenders make it difficult to schedule timely permanency hearings.
- Non-custodial parents have "participant" status in juvenile court proceeding and are not assigned public defenders. Only when permanency trials occur are non-custodial parents provided public defenders. In these cases, continuances may be granted to allow public defenders time to prepare for permanency trials.

### **Collaboration**

- Reunification efforts require considerable collaboration across systems including, county agencies, families, court personnel, foster parents and service providers.

### **Promising Approaches**

- TPLPC is supported by the Title IV-E Waiver, Minnesota's Permanency Demonstration Project, which facilitates alternate permanency outcomes for children in long-term foster care. Since November of 2005, more than 700 children from 5 counties have been entered into the project. To date, almost 40 percent of the children in the experimental group of the project have moved from foster care to permanency through adoption or TPLPC. Among other research components, the independent evaluator has been studying the

effects of the project on the decision-making patterns of African American and American Indian foster parents.

- Some counties have well-developed concurrent permanency planning (CPP) programs, allowing workers with smaller caseloads to provide more intensive services and support to children, parents and resource care providers. One county with a particularly innovative CPP program, achieved strength ratings on all 12 permanency items on their MnCFSR.
- Whole family placement is an especially effective strategy when chemically dependent and/or teenage mothers and their children are placed in facilities or foster homes. Individualized treatment for the mother, along with parenting skill training, can occur while consistent parent/child contact is maintained.
- In 2005 to 2006, counties with high functioning CJI teams had strength ratings for item 8 in 88 percent of the cases reviewed, while all other counties received strength ratings in 75 percent of cases reviewed.
- In 2005, Minnesota Statutes were amended allowing the court to order trial home visits. Children return home for up to six months, while remaining in the care and custody of the county, which allows agencies to provide services to support successful reunification.

### **Focus Group Input**

- Youth were in agreement that short term placements were not helpful. Longer, more stable placement experiences were needed to make the changes necessary for them to successfully return home.

**Item 9: Adoption.** How effective is the agency in achieving timely adoption when that is appropriate for a child?

### **Policy**

- 1997 Federal Adoption and Safe Families Act (ASFA) requires an agency to seek termination of parental rights if a child was in care for at least 15 of the most recent 22 months, or the child was abandoned, or the child's parents were convicted on one of the felonies designated in Section 475 (5)(E) of the Social Security Act. Exceptions or compelling reason for not filing the TPR are also cited in ASFA.
- Minnesota Statutes 259.20 to 259.89, establish that the best interests of children are met in the planning and granting of adoptions; and that laws and practices governing adoption recognize the diversity of Minnesota's population and the diverse needs of persons affected by adoption.
- Minnesota Statutes 260C.201, Subd. 11, describe the procedures and conditions for the court to follow to promote timely permanency dispositions.
- Minnesota Statutes 260C.212, Subd. 1 (c) (6), describe the case plan requirement to document the steps to finalize the adoption or legal guardianship of a child.
- Minnesota Statutes 260C.317, Subd. 3 (b), state the court shall retain jurisdiction in a case where adoption is the intended permanent placement disposition until the child's adoption is finalized, the child is 18 years of age, or the child is otherwise discharged from the jurisdiction of the court.
- Minnesota Statutes 259.75, require the state to establish an adoption exchange that contains a photo and description of each child who has been legally freed for adoption.

- Minnesota Statutes 259.67, Subd. 2, require the Commissioner’s approval or denial of an adoption assistance agreement within 15 days after an agreement is entered.
- Minnesota Rules 9560.0010 to 9560.0180, direct that each child free to be legally adopted has a suitable adoptive home and agency services support the child’s integration into the adoptive family.
- DHS Bulletin # 06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families* provides guidance on statutory amendments that impact timeliness to finalizing adoptions.
- *Adoption Assistance for Children with Special Needs* (DHS-3321), *Answers to Your Questions About Adoption* (DHS-O698), and *Completing an Adoption in Minnesota: Rights and Responsibilities of Birth Parents, Prospective Adoptive Parents and Adoption Agencies* (DHS-3206) are all guides designed to inform persons interested in adoption and support adoption of Minnesota children.
- *Relative Search Best Practice Guide* (DHS-4558A), assists social service agencies in performing relative searches when a child is removed from the home.

**Practice**

- When the primary or concurrent permanency goal for children is adoption, caseworkers initially recruit family members able and willing to adopt. If relatives are not available, recruitment efforts are expanded and include contact with private adoption agencies. Agencies file termination of parental rights petitions consistent with the timelines and exceptions required in the ASFA.
- When court ordered TPR has occurred and adoption is the permanency goal, court hearings are held every 90 days to review progress toward identifying an adoptive resource and completing the steps necessary to legally finalize the adoption.
- The guardian ad litem and counsel assigned for the child continue on the case until an adoption decree is entered and report to the court on the status of the adoption process.
- The department contracts with a non-profit agency to manage the State Adoption Exchange. The exchange facilitates prospective matches between waiting children and home studied families.
- County and private agency adoption caseworkers attend monthly Permanency Task Force meetings. The meetings provide opportunities to match waiting children with home-studied families, and training on adoption-related topics.
- Historically, two separate home study formats for adoption and foster care were used. In 2003, the department merged the two into one format which reduced barriers and timelines to finalization, particularly for foster parent adoptions.

**Performance Measures**

- Adoption within 24 Months- Minnesota Child Welfare Reports

Performance Standard - 32 percent or more						
Year	2001	2002	2003	2004	2005	2006
<b>Percent Achieving Adoption in &lt; 24 Months</b>	36.0%	38.7%	45.9%	40.4%	47.0%	X

- Federal Child and Family Service Review, 2001: 75 percent of 4 cases were rated a strength. Minnesota performance on the national standard for adoption was 27.5 percent which did not meet the standard of 32 percent or more.
- Minnesota Child and Family Service Review, 2003-2006: 78 percent of 91 cases were rated a strength.
- Minnesota Permanency Profile Composite 2: Timeliness of Adoptions. The state score for timeliness of adoptions was 98.8 which did not meet the standard of 106.4 or higher. The state score on this composite improved from 91.1 to 98.8 over three reporting periods. The state met or exceeded the performance target (25<sup>th</sup> or 75<sup>th</sup> percentile) on 2 out of 5 adoption measures.
  - Component A, Timeliness of Adoptions of Children Discharged from Foster Care.
    - Measure 1: Exits to adoption in less than 24 months: Exits to adoption in less than 24 months performance is 48.8 percent which exceeds the 75<sup>th</sup> percentile performance target of 36.6 percent or more. Performance on this measure steadily improved over three reporting periods and is consistent statewide, with over 66 percent of the counties meeting or exceeding the performance target.
    - Measure 2: Exits to adoption, median stay: Exits to adoption, median stay performance is 24.3 months which exceeds the 25<sup>th</sup> percentile performance target of 27.3 months or less. Performance improved over three reporting periods and is consistent statewide, with nearly 66 percent of the counties meeting or exceeding the performance target.
  - Component B, Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.
    - Measure 3: Children in care more than 17 months adopted by end of year: 17.1 percent of children in care more than 17 months at the beginning of the year, who had not achieved another permanency outcome, were adopted by the end of the reporting year. Performance has improved by 3 percent over three reporting periods but does not meet the 75<sup>th</sup> percentile performance target of 22.7 percent or more. Overall, about 20 percent of counties met this performance target.
    - Measure 4: Children in care more than 17 months with TPR: 2.5 percent of children in foster care more than 17 months at the beginning of the year became legally free for adoption (a TPR reported for both mother and father) within the next 6 months. Performance improved slightly, over three reporting periods but does not meet the 75<sup>th</sup> percentile performance target of 10.9 percent or more. Overall, about 12 percent of counties met this performance target.
  - Component C: Progress Toward Adoption of Children Who are Legally Free for Adoption.
    - Measure 5: Children with TPR adopted in less than 12 months: 47 percent of children achieved a finalized adoption within 12 months of TPR. Performance improved by 4.5 percent over three reporting periods, exceeding the national median of 45.8 percent, but not meeting the 75<sup>th</sup> percentile performance target of 53.7 percent. Over 30 percent of counties met this performance target.

- Minnesota Point-in-Time Permanency Profile Elements II, III, VI, VIII: In the most recent reporting period, 5.4 percent of children were in a pre-adoptive placement, a slight decline over 3 reporting periods that appears to closely correspond to the increase of placements in foster care with relatives. Fewer children have a permanency goal of adoption, from 18.8 to 10.5 percent over three reporting periods. This is likely reflective of Minnesota's considerable progress in achieving finalized adoptions between 2002 and 2005 resulting in fewer children remaining in foster care while waiting for adoption. Over three reporting periods, there has also been a decline in the number and percent of children in care 17 out of the most recent 22 months, from 1,274 children (37.9 percent) to 1,214 children (31.7 percent) of all children in care. Finally, as Minnesota was achieving adoption for more children each year, from 607 to 711 over three reporting periods, the median months to achieving adoption declined from 25.8 to 24.3 months.
- Minnesota First-Time Entry Cohort Profile Elements II, III, V: Experience of children in the first-time entry cohort closely resembles the experience of children in the point-in-time cohort. Over three reporting periods, fewer children were in pre-adoptive placement settings, 2.7 to 1.0 percent, corresponding to the increase in placements in relative foster care, 22.1 to 24.8 percent. Four percent fewer children had a goal of adoption and slightly fewer children were discharged to finalized adoption over three reporting periods.
- Summary of Performance: Based on both case review findings and performance on the national standard for adoption, this measure was rated an area needing improvement in the 2001 CFSR. At the time of the CFSR, Minnesota had recently implemented several broad systems-improvement initiatives: Public Private Adoption Initiative, concurrent permanency planning, Children's Justice Initiative and Family Group Decision Making, demonstrating the state's commitment to improving child permanency outcomes. CFSR findings in 2001 would not have reflected the impact of these initiatives. With all of these efforts already in place, the department's program improvement plan for adoption, was to continue plans for statewide implementation, or enhancement, of existing efforts. By end of calendar year 2001, Minnesota had achieved a performance rate of 36 percent on the national standard for adoption within 24 months and this performance has continued to steadily improve. By the end of calendar year 2006 Minnesota's performance on the national standard was nearly 49 percent, indicating successful and ongoing efforts to improve timeliness of achieving adoptions.

Efforts to improve adoption outcomes in a broader context were continued post-program improvement plan. Minnesota received a federal Adoption Opportunities Activities Grant in 2003 to support the Homecoming Project, a program designed to increase the number of adoptions of adolescents under state guardianship by carrying out intensive, child-specific recruitment activities and conducting statewide awareness and education regarding the unique needs of older youth and permanency. Minnesota received approval and implemented a Title IV-E waiver program in October 2004 that supports a continuous benefit set to eliminate financial barriers for foster families willing to adopt or assume permanent legal custody of special needs children. All five-counties involved have entered children into the waiver project. The majority of the children are from Hennepin and Ramsey Counties. Both of these programs represent strategies being carried out to achieve goals of the Child and Family Service Plan, to improve adoption outcomes and reduce the use of long-term foster care.

Assessment of Minnesota's performance on the current national measure, Permanency Composite 2: Timeliness of Adoptions, indicates that, Component B, Progress Toward Adoption for Children in Foster Care for 17 Months or Longer, requires the most improvement, with performance on both corresponding measures below the national median. Analysis of these measures, for purposes of understanding the underlying causes of performance will be ongoing. However, what we currently know about statewide rates of TPR's, children/youth in foster care for long periods of time, children/youth in long-term foster care, and children/youth under state guardianship provides some foundation to our assessment.

Our data and analysis leads us to conclude that the children represented in the Component B measures, children in care for 17 months or more, are likely children for whom the permanency goal is not adoption: children who have a goal of long-term foster care, children already in court-ordered long term foster care, or children who have been in care for a long period of time with continuing goal/efforts to achieve reunification. This cohort of children is predominately between the ages of 15 to 18, with a high incidence of behavior problems and disability, including developmental disability and severe emotional disturbance. Reasons for placement in foster care is often due to their own behaviors and for meeting treatment needs, which do not necessarily provide a basis for TPR. Even in cases where adoption might be considered an appropriate permanency goal, given the challenges to recruiting adoptive parents for older children with special needs, proceeding with a TPR without having a prospective adoptive home identified, may not serve the child's interests. Another consideration for this cohort of children is tribal membership, with a strong, traditional cultural preference for permanency decisions that value maintaining, rather than terminating, parental rights.

Continued analysis of performance on this permanency composite will improve our understanding of the dynamics of this specific child cohort and facilitate plans for effective improvement strategies. To the extent that the CFSR onsite case review for Item 7 (related to AFSA criteria and timelines for TPR) and/or Item 9 (related to factors that delay adoptions); or the stakeholder interviews for systemic factors related to Case Review or Foster/Adoptive Parent Recruitment contribute to a greater understanding of performance, those findings will be considered in planning for program improvement.

### **Challenges**

- Adoption is a complex child welfare program area that intersects substantially with the law. In some counties there is a lack of specialized social workers who are familiar with adoption best practices, possess needed clinical skills, and are expert in completing required paperwork.
- During the years 2003-2006, 12 adoption cases were contested annually. Contested adoption cases may extend the time to finalize an adoption by one year or more which significantly increases the state average time for completing adoptions.
- Agencies struggle to locate adoptive resources for older children, especially if they have emotional and/or behavioral problems. Not all counties believe that older children are adoptable and consequently do not actively pursue resources to locate adoptive homes for these children.

- Specialized training for social workers and guardians ad litem is needed to improve their knowledge of the adoption process and their abilities to skillfully discuss adoption as a permanency option with children.
- Incomplete and/or untimely initiation of relative searches, including efforts to contact non-custodial fathers, can result in delaying adoptions.

### **Collaboration**

- The department partners with county social services agencies to complete the work required to legally finalize the adoption of children under state guardianship. Adoption staff meet quarterly with the two most populous counties and discuss a broad range of adoption issues focusing on reducing barriers to timely permanency for children.
- In some counties, caseworker and guardians ad litem review adoptive home studies and discuss which adoptive family best matches the needs of the child.

### **Promising Approaches**

- Public Private Adoption Initiative (PPAI) allows the department to contract with nine private adoption agencies to provide a continuum of adoption services. The PPAI agencies are particularly successful in recruiting, training, and home-studying a pool of prospective adoptive families prepared to adopt Minnesota waiting child. In calendar year 2006, the PPAI agencies contributed to 159 adoptive placements and 44 finalized adoptions. The department has proposed making funds available to tribes for Public/Private Adoption Initiative services.
- The Homecoming Project is a five-year federal Adoption Opportunities Activities Grant demonstration initiative to provide child-specific recruitment efforts for adolescents to increase the rate and frequency of adoption for waiting children ages 13 to 17. Since the project inception, 11 youth adoptions were finalized and an additional 13 youth are in pre-adoptive placements. Four youth are placed in permanent families, but not legally adopted.
- Minnesota Adoption Support and Preservation (MN ASAP) actively supports adoptive, kinship, and foster families. MN ASAP has three service components: 1) information clearinghouse; 2) training for parents and professionals; and 3) parent support network. In a given year, the three components provide services to approximately 15,000 adoptive, foster, and kinship parents who are caring for children with special needs.
- Counties use the Adoption Process Checklist for Children Under State Guardianship tool, developed by the department, in completing the steps required to legally finalize adoptions. In addition, the department provides technical assistance and consultation to counties upon request.
- In 2006, the department implemented policies and hired additional staff to review and process county requests to complete Interstate Compact on the Placement of Children (ICPC) forms and adoption assistance paperwork. Prior to these changes, it took a few months to complete these activities. Currently, ICPC requests are completed in 48 hours and adoption assistance within 15 days.
- In tribal court, suspension of parental rights and customary adoptions are used to establish permanency for American Indian children, consistent with traditional tribal values.

- Early and continued use of FGDM promotes timely and comprehensive relative searches and is useful in engaging family members in planning for and meeting the permanency needs of their relative children.

**Item 10: Other planned permanent living arrangement.** How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?

### Policy

- Minnesota Statutes 260C.201, Subd. 11, state the court may order a child into long-term foster care only when there are compelling reasons why other preferred permanency options are not in the child's best interest, the child has reached 12 years of age and reasonable efforts to locate an adoptive or relative home have not been successful, or a younger child is ordered into the same long-term foster care home as a sibling who is 12 years of age or older. Court reviews of long-term foster care must be held at least every 12 months and must find that the placement continues to be appropriate and meets the child's permanency and stability needs.
- Federal law, U.S.C. 674(1) (D) and Minnesota Statutes 260C.212, Subd. 1, require that each child age 16 or over, has a plan to prepare for transition from foster care to independent living.
- DHS Bulletin # 06-68-01, *Overview of 2005 Laws Affecting Children and Families*, provides guidance on statutory amendments which ensure that Minnesota's language, definitions, and use of long-term foster care is consistent with federal Title IV-E requirements.
- *Practice Guide for Using Long Term Foster Care* (DHA-4862), promotes best practices in permanency planning by carefully examining under what circumstances long-term foster care is in the best interests of a child.
- *Helping Youth Transition from Out-of-Home Care to Adulthood Best Practices Guide*, requires that youth 16 and older who are in out-of-home care because of a permanency disposition have an independent living plan.

### Practice

- Agency caseworkers petition the court to have children placed in long-term foster care (LTFC) only when the requirements defined in Minnesota Statutes 260C.201 are met. LTFC is the least preferred permanency option for children and the ongoing appropriateness of the placement must be reviewed at least annually in court. Agency caseworkers must continue to have regular contact with the children, foster care providers and with parents when it is in children's best interest. An independent living plan must be developed for all foster care youth 16 years old or older. The plan must address the individual needs of youth, including but not limited to housing, employment, education, health, social and recreational, and connection with family and community.
- Reducing Long-Term Foster Care was an overarching strategy in Minnesota's 2002 program improvement plan. A broad range of actions steps were completed, including practice discussions with county caseworkers, consultation with the National Resource Center for Permanency Planning and Foster Care and issuance of practice guides.

Although the number of long-term foster care placements is still a concern and efforts to reduce its use continue, implementation of each of these strategies has contributed to decreasing the number of children with this permanency goal.

**Performance Measures**

- Long Term Foster Care as a Permanency Goal - AFCARS report

LTFC Goal as a Percent of All Permanency Goals

Year	2001	2002	2003	2004	2005	2006
Percent of Goals: LTFC	14.9	14.8	15.7	15.0	11.1	8.8

- Federal Child and Family Service Review, 2001: 67 percent of 15 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 70 percent of 83 cases were rated a strength.
- Minnesota Data Profile Composite 3, Permanency for Children and Youth in Foster Care for Long Periods of Time: The state score for permanency for children and youth in foster care for long periods of time was 106.2 which did not meet the national standard of 121.7. The state score on this composite improved from 103.0 to 106.2 over three reporting periods. The state did not meet performance targets on any of the 3 measures.
  - Component A, Achieving Permanency for children in foster care for long periods of time.
    - Measure 1: Exits to permanency prior to 18<sup>th</sup> birthday for children in care for 24+ months: Performance on this measure improved from 15.3 to 16.1 percent over three reporting periods, but does not meet the 75<sup>th</sup> percentile performance target of 29.1 percent or higher. About 13 percent of counties met or exceeded this performance target.
    - Measure 2: Exits to permanency for children with TPR: Performance on this measure was stable over three reporting periods, and most recent performance of 91.3 percent did not meet the 75<sup>th</sup> percentile performance target of 98.0 percent or more. Performance on this item appears to be weighted by the experience of urban counties with over two-thirds of counties statewide meeting or exceeding the performance target and 51 counties performing at 100 percent.
  - Component B, Growing up in foster care.
    - Measure 1: Children emancipated who were in foster care for 3 years or more: Performance on this measure improved from 46.0 to 42.0 percent over three reporting periods, but does not meet the 25<sup>th</sup> percentile performance target of 37.5 percent or lower. Nearly 60 percent of counties met or exceeded this performance target.
- Minnesota Point-in-Time Permanency Profile Elements III, VIII: Long-term foster care as a permanency goal declined from 20.2 to 13.3 percent over three reporting periods. Median months for achieving a discharge to adoption declined from 25.8 to 24.3, and

median months for achieving a discharge to ‘other’ permanency goal declined from 19.9 to 16.8.

- Minnesota First-Time Entry Cohort Profile Elements III, V: Long-term foster care as a permanency goal declined from 2.1 to 1.0 percent over three reporting periods. Most children were discharged from foster care to reunification. Children discharged from foster care to something other than reunification or adoption, increased from 4.2 to 5.9 percent.
- Youth Discharged from Foster Care at Age 18 – Minnesota Child Welfare Reports

Youth Leaving Foster Care for Discharge Reason: Reached Age of Majority

Year	2001	2002	2003	2004	2005	2006
Total Youth	561	568	629	587	555	582
Youth Under State Guardianship (Subset of Row 1)	24	41	192	143	113	83

Of the 555 youth discharged from foster care in 2005 for reaching age of majority over 55 percent had been in care for 3 or more years at the time of their discharge.

- Summary of Performance: Permanency goal of other planned permanency living arrangement was rated an area needing improvement in the 2001 CFSR. Program improvement strategies were directed to reducing the use of long-term foster care as a permanency plan, and included a broad array of efforts. Initiatives already implemented at the time of the CFSR such as Public Private Adoption Initiative, concurrent permanency planning, and Children’s Justice Initiative were supporting efforts to move children into permanent families. A study of the effect of rate disparity was completed and provided the foundation for legislation and later implementation of a Title IV-E Waiver project to remove financial barriers for families considering adoption or transfer of custody. A consolidated home study format for foster and adoptive homes was developed in an effort to support concurrent permanency planning and reduce time to achieving adoption. A statewide, long-term foster care task force was convened and ultimately developed a comprehensive best practices guide for deciding when and how to use long-term foster care in those cases where the goal meets the child’s needs. Technical assistance from the National Resource Center for Permanency Planning was provided in the development of training for multi-disciplinary Children Justice Initiative teams. Quality assurance reviews have evaluated performance on other planned permanency living arrangement, with particular emphasis on assessing county efforts to consider and rule out other permanency options and evaluating the stability of the child’s long-term placement setting. Forty-eight counties have developed and implemented program improvement plans to address performance issues identified in their quality assurance reviews.

There is a strong and clear vision in the Child Safety and Permanency Division to ensure that children have opportunities for permanency and lifelong connections. Data support that Minnesota has been successful in reducing the number of children with a goal of

long-term foster care since the CFSR, however, data also indicate that a large number of children are in foster care for long periods of time, and too many youth are aging out of foster care without achieving permanency. There are continuing efforts to improve these outcomes, among them, the Homecoming Project, use of customary tribal adoptions, Minnesota Permanency Demonstration Project, and training that reflects an enhanced awareness of the needs of adolescents for permanency. A solid infrastructure for achieving permanency is in place, and the orientation and practice regarding long-term foster care has continued to improve since the first round of CFSR.

### **Challenges**

- In most cases, foster care providers receive greater monetary support than adoptive parents. This financial disparity may be a disincentive for some foster parents to consider adopting children in their care
- Children ordered into long-term foster care oftentimes experience placement disruptions and when they age out of foster care they generally do not maintain an ongoing, supportive relationship with their foster care providers.
- Independent living skills programs are not readily available in all parts of the state. Courts do not always request or consistently receive detailed information pertaining to adolescents' independent-living skills, and what services are in place to address those needs.

### **Collaboration**

- Chafee funds are made available to all Minnesota counties and tribes annually. Non-profit agencies also receive funds on a competitive basis. Funds support programs that teach life skills to youth in groups or on a one-to-one basis. In 2005 the department entered into grant contracts with 25 non-profit agencies to provide intensive transition services to youth in foster care and to assist youth who have aged out of care from experiencing homelessness
- Adolescent services staff have collaborated with the Minnesota Child Welfare Training System to establish two curriculums to promote successful transitions for youth in foster care. One curriculum is for social workers and the other is for foster parents. Each curriculum is being modified to place an increasing emphasis on searching for other permanency options.
- For the past 12 years a group including counties, non-profit agencies, department staff and former foster care youth have planned and implemented an annual three-day, youth leadership conference for current and former youth in care. It is held on a college campus and is attended by about 200 youth and their adult supporters.

### **Promising Approaches**

- Several Minnesota counties use Family Group Decision Making programs to convene transition conferences for youth, aging out of care. Transition conferences bring service providers and supportive family members together to establish a transition plan and support networks for youth.
- The department's Child and Family Service Plan includes strategies to reduce the use of long-term foster care. A division-wide work team is identifying child characteristics most

prevalent in the long-term foster care population and developing intervention strategies to promote enhanced outcomes for these youth.

- One of the principle findings of the 2001 CFSR was that disparity in benefit rates between foster care, transfer of custody and adoption resulted in more children placed into long-term foster care. In response, Minnesota applied and was authorized in 2004 to operate a Title IV-E Waiver, the Minnesota Permanency Demonstration Project. The project offers a continuous benefit to eligible foster parents who choose to adopt or accept a transfer of custody of the child in their care. To date, permanency has been achieved for over 100 children in the experimental group. The project is now focusing on evaluating the effects of continuous benefits on foster parent's decision to provide permanent homes for children, especially African American and Indian American providers.
- The department plans to establish a state Youth Advisory Board that will engage foster care youth in child welfare policy discussion. The plan includes on-site consultation with the executive director of Foster Club, ten youth and their social workers and representation from a co-sponsoring, private foundation.
- The CJJ Advisory Committee has chosen, "Improving Outcomes for Older Kids in Care" as one of four primary focus areas for their work in the upcoming year.

### **Focus Group Input**

- Several youth were in multiple out-of-home placement facilities since removal from their home. The consensus among these youth was that longer, more stable placement experiences were needed for them to make the changes necessary to successfully live with family or on their own. Short-term consequential placements were seen as punishment and not supportive of personal growth.
- Foster youth described their Support for Emancipation and Living Functionally (SELF) group experiences as helpful in providing them with independent living skills and encouragement in setting and reaching personal goals. (Note: These small group activities are funded through the state's federal Chafee Grant)

## **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

**Item 11: Proximity of foster care placement.** How effective is the agency in placing foster children close to their birth parents or their own communities or counties?

### **Policy**

- Minnesota Statutes 260C.212, Subds. 1 and 2, require that the out-of-home placement plan must contain a description of the residential facility including a consideration of available settings which are in close proximity to the home of the parent when the case plan goal is reunification, and how the placement is consistent with the best interests and special needs of the child.
- Minnesota Rules 9560.0223 and 9560.0603, require the child shall be placed in the least restrictive setting consistent with the child's health and welfare and in the closest

proximity to the child's family as possible. If the child was placed in another county or state, the plan must address why the child was not placed in the local county.

### **Practice**

- Caseworkers, oftentimes in conjunction with foster care licensors, make diligent efforts to locate foster homes that are best suited to meet the needs of the child requiring foster care. Placing children in close proximity to the home of their parents or guardian is a primary consideration.
- Some counties regularly use temporary shelter care as the first placement setting until a more thorough assessment of the child's needs and complete search of available and appropriate placement resources is conducted.
- County placement screening teams review placement requests for children. These teams are comprised of representatives from social services, corrections, therapeutic professionals and sometimes, parents and children. Relative, foster or treatment homes in close proximity to the residence of the child's parent or guardian are initially considered.

### **Performance Measures**

- Federal Child and Family Service Review, 2001: 100 percent of 23 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 97 percent of 347 cases were rated a strength.
- Summary of Performance: Proximity of foster care placement was rated a strength in Minnesota during the 2001 CFSR, so program improvement efforts were not required. Although children are at times placed away from their home communities to access specialized treatments or services, ongoing evaluation of proximity of placement, through the department's quality assurance reviews, reflect that performance is consistently strong across Minnesota counties. Twelve counties have developed and implemented program improvement plans to address issues of performance identified in quality assurance reviews.

### **Challenges**

- Over 70 self-assessments completed as part of MnCFSRs, indicate that, in most counties, there is a need for more foster homes for adolescents and sibling groups. In rural counties it is difficult to recruit and retain foster families in every school district.
- Children with specialized treatment needs may be placed away from their home counties to access appropriate services.
- Caseworkers may have conflicting priorities when making child placement decisions. Placement with relatives or placing children in culturally appropriate homes may require moving children from their home community.
- Some specialized treatment facilities, located across state lines but in close proximity to the child's home community, are underutilized because they are not eligible for state Medical Assistance (MA) reimbursement. In contrast, some children are placed out of state in non-MA reimbursable facilities because they are less costly. Both situations may contribute to placement of children further away from home.

### **Collaboration**

- Multi-disciplinary placement screening and county child protection teams are utilized by county caseworkers to discuss child placement considerations, including identifying children's unique placement needs.

### **Promising Approaches**

- In 2006, eight Minnesota counties in conjunction with the National Resource for Family Centered Practice and Permanency Planning and Casey Family Programs, established a Breakthrough Series for Recruitment and Retention of Resource Homes. Each participant county developed methods of measuring the usefulness of the changes they initiated. Recruiting and retaining a diverse cadre of local foster homes was a goal of the Breakthrough Series.
- Some counties conduct effective and ongoing foster care recruitment efforts to meet the cultural and treatment needs of children requiring foster care.
- Whole family foster care is used to keep young mothers and their children together to maintain important connections.
- Specific recruitment strategies of contacting churches, schools, civic groups and other community organization to find foster homes for individual children is being considered in some counties.
- Some counties use a statewide e-mail distribution list of agency social workers and foster care licensors to locate foster homes for children in close proximity to relocated parents, other relatives or specialized treatment facilities.

**Item 12: Placement with Siblings.** How effective is the agency in keeping brothers and sisters together in foster care?

### **Policy**

- Minnesota Statutes 259.24, 259.57 and 260C.212, require the Commissioner or agency to make every effort to place siblings together in foster care and with adoptive families. Siblings should be placed together at the earliest possible time unless it is determined not to be in the best interests of a sibling or unless it is not possible after appropriate efforts by the responsible social services agency.
- Minnesota Statutes 260C.178 and 260C.193, state the court shall inquire of the responsible social services agencies efforts to place siblings together, whether full, half or step. If the children are not placed together at the time of the hearing, the court shall inquire at each subsequent hearing of the agency's efforts to place the siblings together. If siblings are not placed together the court shall review the responsible social services agency's plan for visitation among siblings required as part of the out-of-home placement plan.
- Minnesota Rules 9560.0450, Subp. 2(g), states sibling groups who are state wards cannot be separated for purposes of adoption without the specific consent of the Commissioner.
- DHS Bulletin #03-68-04, *Improving Outcomes for Children*, informs social services agencies regarding the placement and visitation of siblings in foster care. In addition, it outlines the principles and required documentation that guides the Commissioner's decision in consenting to the separation of siblings for the purpose of adoption.

- *Item 12: Placement with Siblings PIP Tip* provides practice guidance for agency supervisors and caseworkers.

**Practice**

- When sibling groups require out-of-home placement, caseworkers make concerted efforts to locate foster homes able and willing to care for all the siblings. In the following situations siblings are placed apart: sexual perpetration among siblings; significant physical aggression among siblings; a sibling has special needs necessitating therapeutic services available only in a separate setting; a non-custodial parent to one or more siblings, but not all, is willing to provide substitute care; or existing foster care resources are not licensed to care for a large sibling group.
- As part of out-of-home placement plans, caseworkers, parents, children and other key persons involved in the case, develop visitation plans to ensure that siblings placed in separate foster homes have regular contact, including face-to-face visits when appropriate.
- Agency caseworkers conduct regular visits with children in placement and their substitute care providers. The frequency and quality of the visits between siblings placed separately is assessed. Caseworkers use this information to inform their practice in promoting healthy sibling relationships.

**Performance Measures**

- Federal Child and Family Service Review, 2001: 77 percent of 13 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 95 percent of 201 cases were rated a strength.
- Sibling Groups in Adoptive Placements – Children’s Research and Planning Unit

Sibling Groups in Adoptive Placements

YEAR	Sibling Groups Adopted Together	Sibling Groups Adopted With One or More (but not all) of Their Siblings
2003	89%	34%
2004	90%	0%
2005	90%	58%
2006	92%	85%

Minnesota has had consistently strong performance on placing siblings together in adoptive placements, but significant improvements have occurred since 2004 in placing children with at least one other sibling.

- Summary of Performance: Placement with siblings was rated an area needing improvement in Minnesota during the 2001 CFSR. At the time of the CFSR, Minnesota

had recently enacted legislation intended to support sibling placement, requiring enhanced court oversight of agency efforts to place siblings together. CFSR findings would not have reflected these requirements. With the supporting legislation in place, additional program improvement strategies included issuance of policy guidance for placement of siblings and revision of the out-of-home placement case planning format to specifically address sibling placement. New policy and case planning requirements were integrated into Minnesota Child Welfare Training System curriculums. Effectiveness of improvement strategies was evaluated during quality assurance reviews. By end of 2003, performance on sibling placement in foster care was 95 percent and this level of performance was sustained over the subsequent 3 years. Fourteen counties have developed and implemented plans to improve performance on placement with siblings.

### **Challenges**

- Siblings involved in multiple service areas, such as child protection, juvenile justice, children's mental health, chemical health and developmental disabilities do not share the same program caseworkers which may result in infrequent sibling contact and/or siblings remaining separated longer than necessary.
- Locating foster homes able and willing to care for large sibling groups, especially when some of the children have significant emotional, behavior and/or development issues, is often challenging.
- Placing and maintaining children in the same foster home is more complicated when siblings are placed at different times.
- When initial decisions to place siblings separately are not comprehensively reviewed by the agency and the court, siblings may remain separated longer than necessary.
- Once sibling separation is approved by the Commissioner, adoptive parents may commit to ensuring sibling contact; however, there is no further monitoring once the adoption is finalized.

### **Collaboration**

- Guardians ad litem, assigned to represent the "best interest of children" in child welfare cases, consult with agency caseworkers and are required to provide written recommendations at each 90 day placement review hearings.

### **Promising Approaches**

- FGDM is a useful strategy for identifying potential relative caregivers and extended family supports needed to promote and maintain sibling group placement.
- When children are placed separately for treatment reasons, the wraparound service model is an effective approach for evaluating when it is in the best interest of children to be reunited.
- Agency caseworkers and foster parents across the state employ a number of creative practices to promote positive siblings relationships for children placed separately. These practices include siblings attending the same school, participating together in after-school activities, having the same respite care provider and attending common cultural and religious experiences.

- The MCWTS offers Foster, Adoptive and Kinship training on a regular basis and upon request across the state. The importance of sibling relationships and the effects of sibling separation are addressed.

**Item 13: Visiting with parents and siblings in foster care.** How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

### Policy

- Minnesota Statutes 260C.178, Subd. 3 and 260C.201, Subd. 5, state if the court orders that the child be placed outside of the child's home, then it shall set reasonable rules for supervised or unsupervised parental visitation. No parent may be denied visitation unless the court finds it would endanger the child's physical or emotional well-being. The court shall set reasonable rules for visitation for any relatives and with siblings of the child.
- Minnesota Statutes 260C.212, Subd. 1, describe the components of the out-of-home placement plan, including the visitation plan for the parents, relatives and siblings not placed together in foster care.
- Minnesota Statutes 260C.193, Subd. 3, require the court to review the agency's visitation arrangements as indicated in the out-of-home placement plan.
- Minnesota Statutes 259.58, state adoptive parents and a birth relative or foster parents may enter an agreement regarding communication with or contact between an adopted minor, adoptive parents, and a birth relative or foster parents.
- Minnesota Rules 9560.0603, Subp. 4(G), indicate the placement plan must describe the visitation rights and obligations of the parents, guardians and other relatives and determine if visitation is consistent with the best interests of the child.
- Minnesota Rules 2960.3080, Subps. 8 and 9, require license holders not to withhold visits as a form of discipline and to follow the child's visitation and communication plan developed by the placing agency and child's parents, or required by court.
- DHS Bulletin # 03-68-04 *Improving Outcomes for Children*, provides guidance to agency social services regarding visitation for parents and siblings separated in foster care.
- *Item 13 PIP Tip: Visitation with Parents and Siblings in Foster Care* provides practice guidance for agency supervisors and caseworkers.
- *Involving Fathers PIP TIP: Involving Fathers* provides practice guidance for agency supervisors and caseworkers.

### Practice

- Upon a child's entry into foster care the caseworker and parents jointly develop visitation plans. Careful consideration of the level of supervision and the overall quality of visits is made. The planned frequency of visits between parents and siblings separated in foster care is consistent with the children's age and development, and supportive of each child's permanency goal.
- Caseworkers assess the needs of children, parents and foster providers ongoing and make adjustments to visitation plans promote achievement of case plan goals.

## Performance Measures

- Federal Child and Family Service Review, 2001: 68 percent of 22 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 79 percent of 361 cases were rated a strength.
- Summary of Performance: Visiting with parents and siblings in foster care was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included issuance of a policy guidance bulletin and revision of the out-of-home placement case planning format to specifically address visits with parents and siblings in foster care. Policy and case planning requirements were integrated into Minnesota Child Welfare Training System curriculums. Effectiveness of improvement strategies was evaluated during quality assurance reviews. By the end of 2003 performance on visits with parents and children in foster care was 87 percent, an indication that improvement efforts were achieving desired results. By 2004 and 2005 performance leveled off at 80 percent of cases rated a strength. An enhanced criteria related to visits with fathers was applied to the quality assurance case reviews, contributing to performance of 64 percent of cases rated a strength during 2006. Overall, forty-four counties have developed and implemented program improvement plans for visiting with parent and siblings in foster care.

The department's 2005-2009 Child and Family Service Plan carried on efforts for improving visits with parents and siblings in foster care through numerous action steps: two *PIP Tips*, to provide best practice guidance on visits with parents and visits with siblings in foster care; supervisor's training to support county efforts for developing visitation policy; a best practice model visitation guide, developed by a Minnesota County, posted on the department's supervisor's website; and, national expert consultation and presentation at a statewide adoption conference on facilitating connections between siblings.

Evaluation of the state's current performance indicates that improvements on visits with parents and siblings in foster care will require attention to improving engagement/involvement of fathers.

## Challenges

- In some counties, there is a lack of resources to facilitate visits, such as supervised visitation centers, visitation exchange programs and available transportation.
- Courts may order supervised visitation more frequently than necessary placing undue restrictions on parents and resulting in less frequent child/parent contact.
- Despite state licensing regulations to the contrary, on occasion, a few placement facilities deny child/parent visits as a consequence for children's behavior.
- Arranging visits between children in care and their siblings placed separately and visits between children and non-custodial parents often requires additional coordination and resources.
- Visitation protocols are not consistent across child placing programs, such as chemical health, children's mental health, developmental disabilities and child protection.

- In cases where siblings have multiple program caseworkers, such as child protection, probation, and mental health, clear identification of roles and responsibilities is needed or the frequency and quality of visits may be compromised.

### **Collaboration**

- Multi-disciplinary placement screening and county child protection teams are utilized by county caseworkers to discuss child placement considerations, including parent/child visitation needs.
- Guardians ad litem, assigned to represent the “best interest of children” in child welfare cases, meet with caseworkers, children, parents and foster parents and discuss related issues, including the frequency and quality of visits.
- DHS Licensing Division informs residential care providers of all licensing regulations, including changes prohibiting facilities from making visits contingent upon children’s behavior.

### **Promising Approaches**

- Some counties schedule case coordination meetings within the first week of a child’s placement that includes the caseworker, guardian ad litem, foster care provider, parents, legal representatives and children when appropriate. Some counties convene this meeting as part of the legal process, immediately before or after the first court hearing. Others conduct a less formal gathering at the agency or foster home. Parent and sibling visitation plans are addressed in both meetings.
- A few counties developed comprehensive visitation guides which consider a full range of visitation situations. These guides are reviewed with county child welfare staff and used by supervisors in consultation with caseworkers to ensure visitation planning is comprehensive and ongoing.
- Placing siblings with relatives or in foster homes where foster parents mentor biological parents, promote increased visitation.
- Some substance abuse treatment programs accommodate whole-family involvement and actively support quality parent/child visitation.
- Fifty-three child welfare supervisors attended a statewide Virtual Presence Communication training for child welfare supervisors which focused on developing visitation policy, improving visitation practices, coordinating visits between children and drug-using parents, and reviewing useful SSIS reports.

### **Focus Group Input**

- Of the 35 youth placed in out-of-home care, just under half indicated their opinions were considered in planning for visits with their family. All but one youth felt safe while on family visits.

**Item 14: Preserving Connections.** How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?

## Policy

- Minnesota Statutes 260C.212, Subd.1, require agencies to consider establishing and maintaining family and community connections as factors when placing all children out-of-home.
- 25 U.S.C.§1912 (d), the Indian Child Welfare Act requires remedial services, rehabilitative programs and preventive measures for children in foster care. Active efforts must be made to prevent the breakup of the Indian family, before and after any placement decision is made. Active efforts include maintaining family and tribal connections.
- The Tribal/State Agreement on Indian Child Welfare, an amended agreement entered into between the State's 11 federally recognized tribes and the MN Department of Human Services, was amended on Feb. 22, 2007, with clarification in key areas, including the definition of active efforts.
- The Minnesota Indian Family Preservation Act strengthens and expands parts of ICWA to demonstrate the state's interest in supporting and preserving the cultural heritage of Indian children
- DHS Social Services Manual on American Indian Children, XIII-3559, Active Efforts to Prevent Placement provides best practice guidance to agencies.
- *A Practice Guide for Working with African American Families in the Child Welfare System* (DHS-4702) serves as a resource and reference manual for caseworkers as they engage African American families in effective service delivery.

## Practice

- When a decision is made to place any child in out-of-home care, preserving family, cultural, educational, social and other community connections, as well as the child's treatment needs, are considered by caseworkers when determining the most appropriate placement setting.
- When child protection referrals are received by county agencies, important information pertaining to the nature of maltreatment incident is recorded. Screeners also determine the heritage of the child/ren reported. If the child is American Indian, the agency notifies the appropriate tribe and requests their involvement or involvement of the designed tribal representative at the earliest possible point. If a placement is made, the agency maintains ongoing communication with the tribe or tribal representatives and all provisions of ICWA, MIFPA and the Tribal/State Agreement are observed.
- To achieve active efforts, the Tribal/State agreement requires, in part, that local social service agencies consult with a child's tribe(s) about the availability of tribal support for the family, including traditional and customary practices, and any other tribally-based family preservation and reunification services. This includes developing visitation agreements and addressing transportation issues which may present barriers to children maintaining regular contact with parents, siblings and other family members.
- When any child requires out-of-home placement, caseworkers make diligent efforts to place children with relatives, in their home community and in their current school when possible and appropriate. Contact with family and friends and connections to cultural, religious and other community-based activities are strongly encouraged.

## Performance Measures

- Federal Child and Family Service Review, 2001: 92 percent of 24 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 85 percent of 385 cases were rated a strength.
- Summary of ICWA Compliance Review Team Reports- Results of an expert panel review of 37 reports of county violations of ICWA:
  - Complaints were filed in 14 counties involving children from 16 different tribes.
  - Reporters were most often the biological parent (35 percent) followed by the tribal worker (32 percent). Other reporters included GALs and attorneys or extended family member.
  - ICWA violations were determined in 54 percent (20) of the cases in 11 counties.
  - Violations determined (may be more than 1 violation per case): active efforts violation (9), tribal notice violation (6), placement preference violation (6), expert witness testimony violation (2), no tribal membership verification (1), and other, such as inadequate relative search, voluntary placement agreement not signed before a judge (3).

Determined violations require development of a corrective action plan and these frequently included ICWA training for county agency staff and using the ICWA social worker checklist to ensure compliance.
- Summary of Performance: Preserving connections was rated a strength during the 2001 CFSR, so program improvement efforts were not required. The department added additional criteria to the case review instrument during the second year of quality assurance reviews to assess ICWA compliance and/or county efforts to consult with tribes in making safety and permanency decisions. This additional criteria was likely a contributing factor to the change in quality assurance findings between 2003 and 2004, from 89 percent to 84 percent of cases rated a strength. Overall results of the department's quality assurance reviews reflect that performance on preserving connections has been stable across counties. Thirty-five counties have developed and implemented program improvement plans to address performance on preserving connections.

## Challenges

- Children with significant mental, behavioral, development and chemical health needs may need specialized treatment requiring placement outside of their community and away from family and friends.
- County agencies are challenged to understand the many diverse cultural needs of the children and families they serve. Access to culturally appropriate resources, including foster homes, is a struggle for most counties, especially those located outside urban areas.
- Counties that have less tribal populations are challenged to develop or maintain an expertise regarding implementation of ICWA requirements.
- There are fundamental differences and expectations regarding communication between county and tribal social workers. Tribes view their primary government relationship with the state not the county. Commonly, a lack of response from tribes within a county's expected timeframe can lead to negative assumptions and resentment.

### **Collaboration**

- The ICWA Advisory Council, comprised of tribal and urban representatives, advises the Commissioner of the Department of Human Services on child welfare matters affecting Indian children.
- A meeting between Minnesota's 11 Tribes and the department occurs annually to examine child welfare issues affecting Indian children, including potential legislation to address systemic barriers and issues affecting compliance with ICWA.
- The Minnesota Office of Ombudspersons for Families representing communities of color, advocate in support of placement with relatives to preserve important family relationships.

### **Promising Approaches**

- The Minnesota Child Welfare Training System has developed and provided cross-cultural competency curriculums as recommended by the Culture and Diversity Sub-Committee.
- The American Indian Child Welfare Initiative was authorized during the 2006 legislative session to provide funding and technical assistance to establish comprehensive tribal child protection systems on two reservations.
- ICWA service units, established in a few counties, allow caseworkers the opportunity to develop expertise and cooperative relationships with their tribal counterparts and American Indian service providers.
- Some counties and tribes have developed strong working relationships that include joint investigations/assessments of child maltreatment, convening regular staff meetings, and providing co-case management services.
- DHS supports compliance with ICWA through training and technical assistance. The MCWTS, Social Worker Core training for new social workers provides ICWA-specific training. Training on implementing requirements of the revised Tribal/State Agreement will be delivered in statewide trainings throughout 2007.
- An Indian Child Welfare Compliance Review Process, as amended in the Tribal/State Agreement, provides a mechanism for receipt and resolution of reports alleging non-compliance with ICWA.

### **Focus Group Input**

- Six youth reported they never see their parents, three never see their siblings and 12 never have contact with extended family. Some of these youth were in foster care, while others had no direct involvement with county child welfare agencies. Nearly all youth reported a need and desire for strong family relationships.
- Regular contact with friends and involvement in school and other community activities serve as important supports in dealing with day-to-day issues and planning for living independently.
- Some counties were identified as "in tune" with the spirit of ICWA and made active efforts to place American Indian children in relative or Indian foster homes. This collaboration continued following the initial placement, with county and tribal workers communicating regularly and sharing case work responsibilities. In other counties, this level of collaboration was not an integrated practice and Indian children were at times placed in non-Indian foster homes without timely and thorough relative searches. Later in

the case, if an able and willing relative or Indian foster provider was identified, permanency decisions were complicated.

- Preserving cultural connections for Indian children placed in long-term foster care in non-Indian foster homes was considered challenging, especially because these cases are only reviewed in court on an annual basis. Some non-Indian foster care providers are keenly aware of American Indian traditions and resources while others are not and need additional support and education.

**Item 15: Relative Placement.** How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?

### Policy

- Minnesota Statutes 260C.007, Subd. 27, define relative as a person related to the child by blood, marriage, or adoption, or an individual who is an important friend with whom the child has resided or had significant contact. For an Indian child, relative includes members of the extended family as defined by the law or custom of the Indian child's tribe.
- Minnesota Statutes, 260C.212, Subd. 5, state the responsible social service agency is to first consider placement with a relative without delay, and to identify and notify maternal and paternal relatives of the child's need for placement.
- Minnesota Statute 259.58, require that agencies first consider relatives for child adoptive placement and carry out special efforts to recruit relative adoptive families.
- *Relative Search Best Practice Guide* (DHS-4558A) assists social service agencies in performing relative searches when a child is removed from the home.
- *Family Matters, Information for Relatives Considering Becoming Foster Parents* (DHS-4672) provides information about the emergency licensing process, training, case planning, permanency planning, and available resources for relatives of children in need of foster care.

### Practice

- As soon as possible after determining the need for placing a child in foster care the caseworker, and at the initial placement law enforcement, engages parents to identify relatives and determines if they are willing and able to provide a safe home for the child. The relative search must be comprehensive and include both maternal and paternal relatives of the child, if paternity is adjudicated. Initial relative searches may last up to six months or until a fit and willing relative is located. Caseworkers should document search efforts and placement decisions in SSIS (form 41).
- Relatives are considered as a placement resource each time a child enters foster care and each time they are moved to a different placement location. If reunification is no longer likely, an alternative permanency plan is developed.

## Performance Measures

- Relative Placements – Minnesota Child Welfare Reports

### Children Placed in Relative Foster or Pre-Adoptive Care as a Percent of All Child Placements

Year	2001	2002	2003	2004	2005	2006
Placement in Relative Foster Care	12.2	13.9	16.0	17.5	17.9	X
Placement in Relative Pre-Adoptive	1.0	1.0	1.2	1.2	2.3	X

Historically, African American and American Indian children are placed in relative foster care settings at rates higher than other children in foster care. As a percent of placements of all African American children, from 2002 through 2005, the average rate of African American children in relative foster care was 23.3 percent. As a percent of placements of American Indian children, from 2002 through 2005, the average rate of American Indian children in relative foster care was 20.2 percent.

- Relative Adoptions – Minnesota Child Welfare Reports

### Relative Adoptions

Year	2001	2002	2003	2004	2005	2006
Number of Children Adopted by Relative	113	149	164	160	232	106
Relative Adoptions as a Percent of All Adoptions	21	24	23	28	32	19

- Federal Child and Family Service Review 2001: 96 percent of 23 cases were rated a strength.
- Minnesota Child and Family Service Review 2003-2006: 79 percent of 364 cases were rated a strength.
- Minnesota Child and Family Service Review Fathers Report 2005-2006: Out of 163 cases, relative searches included maternal relatives 69 percent and paternal relatives 62 percent of the time.
- Summary of Performance: Relative placement was rated a strength during the 2001 CFSR so program improvement was not required. Supporting foster care and adoptive placements with relatives, however, remained a priority for Minnesota post-CFSR. Legislation, sponsored by the department, was enacted in 2004 including these new or enhanced requirements: develop a best practice guide for conducting relative searches, conducting relative searches without delay, including both maternal and paternal relatives and specifying that a relative who initially declines to be considered as a placement option be considered at a later date. New relative search policy and practice requirements were integrated into Minnesota Child Welfare Training System curricula. A *PIP Tip* on best practices for relative placement was issued in 2005 and a brochure, issued in 2006, was developed to assist relatives who are considering foster care.

Trends in relative placement for foster care and adoption, as well as finalized adoptions by relatives reflect positive performance for relative placement. When race variables are considered, performance for relative placement is better for African American and American Indian children. Quality assurance review findings contrary to other performance data, likely reflect enhanced criteria for assessing county's efforts to identify and conduct relative search with paternal family members. Forty-one counties have developed and implemented plans for improving performance on relative placement.

### **Challenges**

- Social workers' attitudes toward relative placement may influence the depth of the search and recruitment and retention of relative foster parents.
- Parents at times are unwilling to identify relatives.
- Suitable relatives are sometimes ruled out due to licensing requirements. Background studies may reveal past concerns and have little relevance to the current capacity of a relative to provide a safe and stable home.
- Adjudicated and non-adjudicated fathers and paternal relatives are less likely to be identified than mothers and maternal family members during the relative search process.
- It is challenging for counties to conduct thorough relative search when children in care have relatives living outside of the country.

### **Collaboration**

- DHS foster care and adoption staff developed curriculum on policy, research, best practice and procedures regarding relative/kinship searches and placement and have shared this information with counties throughout the state.
- Minnesota Kinship Caregivers Association offers regional support groups and information for relative caregivers.
- The Minnesota Office of Ombudspersons for Families representing communities of color, advocate in support of placement with relatives to preserve important family relationships.

### **Promising Approaches**

- Some county agencies have developed partnerships between child support and child welfare services to locate parents and establish paternity. In addition, web-based technology is used to enhance the scope and timeliness of relative searches.
- DHS supports best practices in relative search and placements through training and technical assistance. Specialized curriculums have been developed and presented in collaboration with the statewide Kinship Caregivers Association and in partnership between foster care and adoption policy/program staff
- Family Group Decision Making conferences conducted in the early stages of a case have been effective in identifying relatives, able and willing to care for children.
- Larger counties have designated staff, or contract with private agencies, to initiate and complete relative searches which supports more timely and comprehensive relative searches.
- Forty-three child welfare supervisors attended a Virtual Presence Communication training that focused on relative search best practices.

**Item 16: Relationship of child in care with parents.** How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

### Policy

- Minnesota Statutes 260C.212, Subd. 1, state a child's case plan must describe any services, including social and other ancillary supportive services, provided to the child and parents since the date of the child's placement in foster care.
- *Family-centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS-4938) helps caseworkers build family-centered practice supports, family resilience and strengths utilizing individualized assessments, along with an array of formal and informal services.
- *A Practice Guide for Working with African American Families in the Child Welfare System* (DHS-4702) assists social workers in assessing and building on families existing strengths and skills.
- DHS Bulletin # 03-68-04, *Improving Outcomes for Children* outlines other methods besides formal visitation by which parents can maintain a relationship with their children while placed in foster care.

### Practice

- Upon placement and throughout children's foster care stay, caseworkers conduct formal and informal assessments to better understand the characteristics of child/parent relationships. Caseworkers meet with parents, foster parents and other service providers and determine the best methods and means for maintaining and/or promoting meaningful child/parent relationships. This may include parents attending children's medical appointments, school meetings and other community activities. Telephone calls, letters and e-mail messaging between parents and children are also encouraged when appropriate.

### Performance Measures

- Federal Child and Family Service Review, 2001: 83 percent of 18 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 82 percent of 339 cases were rated a strength.
- Summary of Performance: Relationship of child in care with parents was rated a strength in Minnesota during the 2001 CFSR, (the 2001CFSR had a performance standard of 85 percent to meet criteria for strength rating so this is an apparent error in the final report), so program improvement efforts were not required. Nevertheless, efforts to improve performance on parent/child visits (Item 13) and continuing efforts to increase the number of children placed in relative care (Item 15), would expectedly contribute to promoting or maintaining relationships between parents and their children in care. Ongoing performance as evaluated through the department's quality assurance reviews, remained relatively stable averaging 85 percent of cases rated a strength, during 2003 through 2005. Recent performance has declined which likely reflects application of enhanced criteria for assessing efforts to promote or maintain relationships between children and fathers in quality assurance case reviews. Overall, forty-one counties have

developed and implemented plans to improve performance on relationship of children and parents.

### **Challenges**

- Frequent and quality visitation between children in placement and their parents is critical in maintaining and promoting the parent-child relationship. Caseloads and lack of transportation resources and/or family-friendly visitation centers are obstacles to appropriate visitation.
- At times, conflict between custodial and non-custodial parents creates additional barriers to consistent visitation.
- When children or sibling groups are placed in foster care, caseworkers are confronted with the challenge of assessing and promoting the quality of relationships between children and, at times, several parents. Coordinating activities designed to support the child/family relationship may be complicated and time consuming. Some parents may live in different states and/or had little past contact with their children.

### **Collaboration**

- Some county agencies work cooperatively with their child support units in locating non-custodial parents. This provides caseworkers the opportunity to contact parents and determine if they are willing and able to emotionally and physically support their children.

### **Promising Approaches**

- One county agency assigned a caseworker exclusively to the child support unit to assess non-custodial parents' strengths and service needs, with the goal of enhancing their capacity to provide for their children. The county is in the process of evaluating the program across several measures and intends to share their data when available.
- A few counties have fully-staffed, well-developed concurrent permanency planning programs. Parents actively participate in developing case plans and have frequent contact with their children in a variety of settings, including the foster home.
- In some counties, a wraparound service model is used to support children in care and their parents. Professionals involved in the case and extended family and friends meet and work with the agency to achieve case goals, including various ways to maintain and promote the parent/child relationship.
- The Minnesota Fathers and Families Network provides resource information and technical assistance to county and community agencies underscoring the benefits of involving fathers in the lives of their children.

## C. Child and Family Well-Being

### Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

**Item 17: Needs and services of child, parents, foster parents.** How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?

#### Policy

- Minnesota Statutes 626.556, Subd. 10, require that all child maltreatment investigations or Family Assessments include a discussion with parents and other adults in the home regarding chemical use and domestic violence.
- Minnesota Rules 9560.0228, Subps. 3, 4 and 5, require in cases where there is an established need for protective services, that social service agencies evaluate, provide and monitor the delivery of services.
- DHS Bulletin #01-89-01, *Instruction on Limited English Proficiency Plans*, requires counties to complete a plan for providing language interrupters, documents in translation, along with other supports for non-English speaking clients. The DHS public web site provides links to additional related resources.
- Statewide implementation of Structured Decision Making (SDM) was completed in Minnesota in late 2003. Standardized, research-based SDM tools inform agency decisions at key stages in child welfare cases
- *Item 17 PIP Tip: Assessing Needs and Services*, provides practice guidance for agency caseworkers.
- *Family-Centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS 4938) helps caseworkers build family-centered supports, utilizing individualized assessments, along with an array of formal and informal services.
- *A Practice Guide for Working with African American Families in the Child Welfare System* (DHS-4702) serves as a resource and reference manual for caseworkers as they engage African American families in effective service delivery.

#### Practice

- When cases are opened for in-home services, child protection investigations or assessments determine a need for subsequent services. SDM safety, risk and in FA cases, family strengths and needs assessments are completed early and throughout the life of the case. Caseworkers conduct informal needs assessments and when more formal assessments are indicated, referrals are made to appropriate community service providers. Both informal and formal needs assessments are used to develop individualized service plans for children and families.
- When children are placed in foster care, frequently custody of the child is transferred to the county agency. SDM tools are used to inform decision-making at key stages in the case. Caseworker contact with the child, parents and foster care providers is critical in assessing needs and matching services to those needs. Caseworkers are expected to work

with all persons involved in the case to identify needs and access services. Referrals for formal mental and chemical health and other specialized assessments are made as soon as possible and recommended services are provided.

- In both in-home and placement cases, racial and cultural awareness is critical in adequately assessing needs and providing effective services. In cases where clients have limited English proficiency, interpreters should be used to support needs assessment and service provision, and case documents should be provided in translation. Information gathered through MnCFSR case and stakeholder interviews generally reflect use of interpreters and culturally competent providers for making initial and ongoing contacts with LEP families.

**Performance Measures**

- Federal Child and Family Service Review, 2001: 69 percent of 49 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 57 percent of 676 cases were rated a strength.
- Minnesota Child and Family Service Review Fathers Report, 2005-2006:
  - Mothers are more likely than fathers to have a thorough assessment of needs.

Percent of Cases Rated Strength for Assessment of Needs

	<b>In-home Cases</b>	<b>Placement Cases</b>
<b>Mothers</b>	81	81
<b>Fathers</b>	51	56

- Mothers are more likely than fathers to receive services appropriate for their needs.

Percent of Cases Rated Strength for Provision of Services

	<b>In-home Cases</b>	<b>Placement Cases</b>
<b>Mothers</b>	79	77
<b>Fathers</b>	46	57

- Summary of Performance: Needs and services of child, parents and foster parents was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included statewide implementation of Structured Decision Making, including tools that assist in assessing needs and matching to appropriate services; redesign and improve case planning and documentation formats to emphasize identifying needs and planning for services; and, support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance. Quality assurance reviews were used to evaluate the effectiveness of these strategies, as well as, to support supervision and promote best practices across counties.

Findings from quality assurance reviews reflect declining performance on assessing needs and providing services, and most recently this likely reflects the application of an enhanced criteria in quality assurance reviews for assessing needs and providing services to fathers. Sixty-six counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews.

In response to findings of quality assurance reviews and other sources of consultation, Minnesota's 2005-2009 Child and Family Service Plan included numerous strategies to help support practice for 'needs and services of child, parents and foster parents.' Overall, statewide efforts for improving performance have focused on supporting comprehensive assessments and culturally appropriate practice, through development of best practice guides and training; and, facilitating access to assessment and planning tools through SSIS, to promote consistent practice within and across counties. More recent activities have included consultation with the Minnesota Fatherhood and Family Services organization to assist in the development of a best practice guide for identifying and engaging fathers in the care of their children.

Performance on this item represents a broad and diverse range of practice and resources necessary to identify and meet the needs of children, parents (mothers and fathers, custodial and non-custodial, adjudicated and putative) and foster parents, across 87 counties and the spectrum of race, ethnicity and culture. It is difficult to ascertain those areas of practice, resource, or lack of, that contribute most to performance. The department expects that the statewide assessment, stakeholder interviews and onsite case review findings from the CFSR will contribute to our understanding of performance and inform subsequent program improvement.

### **Challenges**

- Timely access to quality services varies considerably across the state's 87 counties. Transportation to and from specialized service providers is a significant challenge in most counties. Problems in accessing parenting capacity and psychiatric evaluations, may be due in part to low MA reimbursement rates.
- There is a need to improve the overall cultural awareness of the diverse needs of children and families, including assessing and delivering culturally competent services.
- A traditional case management model, unlike an active caseworker model, can involve many services providers, potentially placing stress on families because of frequent meetings and conflicting expectations from various service providers. A number of department initiatives, such as FA and FGDM, have supported the development of family-centered, strengths-based practice, advancing a more active caseworker model. MnCFSRs and county program improvement plans have further supported development of this model across counties. Counties that employed an active caseworker practice model, generally had higher ratings on MnCFSR performance items related to assessment of needs, family involvement and caseworker contacts, than other counties.
- There is a need for more consistent sharing of child protection safety and risk assessment information with community providers so they can deliver services that specifically address these critical needs.
- Cases involving methamphetamines and other addictive drugs are a significant stressor on some communities' capacity to address the safety, permanency and well-being needs of children.
- There is a lack of data connecting provision of specific types of services to outcomes making it difficult to quantify and evaluate the results of services.

### **Collaboration**

- Foster care associations inform the state and county agencies of the needs of foster parents and what type of supports contribute to more effective placements for children.
- County agencies and courts depend on community service providers to complete formal evaluations and provide needed services. Clear communication between all parties and adequate service coordination contributes to more timely assessments and effective services for children and families.

### **Promising Approaches**

- Minnesota has a significant refugee and immigrant population and increasing racial and ethnic diversity statewide. Counties, in partnership with community-based service providers, have developed programs to address the special needs of refugee and immigrant groups. Counties have also made efforts to diversify their child welfare workforce to better reflect the racial and ethnic composition of the clients they serve, through targeted staff recruitment efforts and partnerships with universities and community partners to provide internships and advancement opportunities.
- Sixteen counties and 4 tribes are working with the Taking Action on Racial Disparities Project sponsored by the department's Economic Support Division and funded through private foundation grants, to address disparities in performance outcomes for African American and American Indian populations. Although these projects were implemented to address Economic Support outcomes, the scope and breadth of the effort has resulted in broader cultural and systemic change in the participating counties. The project, implemented in 2005 and funded through 2008, includes an evaluation component and opportunity for sharing progress and best practices through regional meetings and statewide conferences.
- The CJI/Alcohol and Other Drugs (AOD) project is working in conjunction with the counties, courts and service providers to provide more effective interventions for drug dependent parents. Drug Court and Family Dependency Treatment Court models are in place, or being developed, in several counties. These models offer more intensive judicial oversight and hold parents accountable for providing safe and stable environments for their children. Implementation of these strategies through the CJI/AOD project includes a plan for evaluation of the effectiveness for improving outcomes for children and families.
- A Breakthrough Series Collaborative on Recruitment and Retention of Foster and Adoptive Homes began in 2006. One of the primary strategies that participants embraced was the seven-day meeting. Specifically, the counties agreed to hold a meeting with all involved parties within seven days of a child's out-of-home placement to initiate the case planning process. The meeting allows children and parents the opportunity to have a voice in developing case plan goals and service provision. Counties are in the process of "testing" the seven day meeting in a limited number of cases, and have not yet applied the practice agency-wide.
- Fifty-two supervisors attended a statewide Virtual Presence Communication training that focused on assessing needs and providing services for children, parents and foster parents.

### Focus Group Input

- Some youth indicated that services provided to their family were helpful, including anger management courses for their parents, and family and individual counseling for family members.
- Homeless youth reported difficulty in getting help to meet their basic needs, such as stable housing and employment. Once they were in a youth shelter program or subsidized housing, they felt supported and better prepared to address other personal, goals related to independence.
- Homeless youth reported a lack of resources to support their efforts to live independently, specifically not enough youth shelter programs or transitional living facilities. There was consensus across youth focus groups that more support services to locate and maintain employment were needed.
- Assessing the needs and providing services for American Indian children, parents and foster parents is challenging due to a lack of culturally appropriate services. The American Indian Child Welfare Initiative provides financial resources and technical assistance to two tribal social service agencies in developing their child welfare systems and meeting the needs of children and families living on their reservation.
- Generally, more culturally specific resources are available in urban areas than in greater Minnesota counties. However, examples were cited where rural counties and tribes have worked collaboratively in assessing needs and delivering culturally appropriate services. Creating strong and respectful working relationship between tribes and counties was seen as the most important resource/service for helping American Indian children and families.

**Item 18: Child and family involvement in case planning.** How effective is the agency in involving parents and children in the case planning process?

### Policy

- Minnesota Statutes 260C.212, Subd. 1 and 7, address case planning requirements for children in foster care. Completion of an out-of-home placement plan is required for all children within 30 days of placement.
- Minnesota Rules 9560.0228, outline case planning requirements for children still living in their home while under protective supervision of the agency. Completion of a protective service case plan is required within 30 days of opening the protective service case.
- Both Minnesota Statutes 260C.212, Subd. 1 and Minnesota Rules 9560.0228, explicitly require the involvement of children and families in the initial development of the case plan and in ongoing evaluation of progress toward meeting plan goals.
- DHS Bulletin #05-68-01 *Revision of Out-of-Home Placement Plan* requires counties to complete a standardized plan for all children in foster care. All Title IV-E, Chafee Foster Care Independence Act and state case plan requirements are addressed.
- *Item 18 PIP Tip: Child and Family Involvement in Case Planning*, provides practice guidance for caseworkers and supervisors.
- *Involving Fathers PIP Tip*, provide practice guidance for caseworkers and supervisors.
- *Family Centered Practice: Engaging, Assessing and Building Strengths with Families* (DHS-4938), helps caseworkers build family-centered practice supports utilizing individualized assessments along with an array of formal and informal services.

- *Helping Youth Transition from Out-of-Home Care to Adulthood Best Practices Guide*, provides guidance to caseworkers and others about developing an Independent Living Skills Plan.
- *A Practice Guide for Working with African American Families in the Child Welfare System* (DHS-4702) serves as a resource and reference manual for caseworkers as they engage African American families in effective service delivery.

**Practice**

- When cases are opened for in-home services, caseworkers are required to complete initial case plans within 30 days and update the plan quarterly. Caseworkers are expected to engage children, parents and service providers in the case planning process. Case plans include an identification of the reasons the protective service plan was opened and a discussion of family strengths and needs. Specific safety, permanency and well-being case goals and plans to achieve them are established.
- When children are placed in foster care, caseworkers are required to complete initial case plans within 30 days of placement and update the plan semi-annually. Children, parents and other persons involved in the case, including guardians ad litem, are expected to be engaged in the case planning process. The out-of-home placement plan addresses how the placement setting best meets the child’s needs; establishes individualized child safety, permanency and well-being goals; plans for child visitation with parent and siblings; and includes independent living plans for adolescents.

**Performance Measures**

- Federal Child and Family Service Review, 2001: 69 percent of 49 cases were rated a strength.
- Minnesota Child and Family Service Review 2003-2006: 59 percent of 675 cases were rated a strength.
- Minnesota Child and Family Service Review Case Planning Report, 2005-2006:
  - Case plans are current in in-home cases more often than in placement cases

Percent of Cases with a Current Case Plan

In-home Cases	Placement Cases	ILS Cases
84	76	68

Independent Living Skills (ILS) Plans are developed as an addendum to out-of-home placement plans for children/youth over age 16.

- Mothers are more likely than fathers to be involved in case planning

Percent of Cases Rated Strength for Involved in Case Planning

	In-home Cases	Placement Cases
Mothers	84	78
Fathers	46	61
Children	47	72

These data indicate that the significant variables in performance on child and family involvement in case planning is involvement of fathers and children.

- **Summary of Performance:** Child and family involvement in case planning was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included statewide implementation of Structured Decision Making, including processes that support increased family involvement in case planning; redesign and improve case planning and documentation formats to provide a more family-friendly format and emphasize child and family involvement in case planning; and support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance. Quality assurance reviews were used to evaluate the effectiveness of these strategies, as well as, to support supervision and promote best practices across counties.

Findings from quality assurance reviews indicate declining performance on child and family involvement in case planning. Recent year's review findings most likely reflect enhanced quality assurance review criteria for assessing involvement of fathers. Sixty-five counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews.

In response to findings of quality assurance reviews and other sources of consultation, Minnesota's 2005-2009 Child and Family Service Plan included numerous strategies to support child and family involvement in case planning. These efforts have been largely focused on building systemic capacity and improving case practice to achieve a family-centered, strengths-based child welfare system. Improved case practice has been supported through development of best practice guides, including guides for culturally appropriate practice, and training. A department workgroup is currently developing a best practices guide for identifying and engaging fathers in case planning and care of their children.

Improving performance on child and family involvement in case planning, clearly requires efforts to improve engagement of fathers (custodial and non-custodial, adjudicated and putative, biological and non-biological). Assessing how and when it is required and/or reasonable to engage fathers and removing barriers for father's involvement will require training and resources. The department anticipates that involving fathers and children in case planning will be an area requiring improvement and expects that stakeholder interviews and case review findings from the CFSR will help inform plans for program improvement.

### **Challenges**

- Scheduling case planning meetings to include custodial and non-custodial parents, service providers, tribal representatives and guardians ad litem is often challenging and sometimes a barrier to completing initial and ongoing case plans.
- Engaging non-custodial parents and children in case planning is a significant challenge when providing in-home services. Oftentimes the services are short-term and focus on

educating and supporting custodial parents/primary caretakers. In some families there is more than one non-custodial parent to locate and engage.

- Determining when and how best to engage non-English speaking children and parents is a challenge. The SSIS case plan format is available in several languages but in order to meet federal Title IV-E and state requirements, it is a complicated document and not easily understood by all clients.
- High caseloads, data entry requirements and frequent court review hearings, require considerable caseworker time. Agencies report that there is not always adequate time to fully engage children and parents in case planning.
- Juvenile probation has historically focused on working with children not parents. There is no clear legal authority for probation to require parents to participate or comply with case plans. Probation faces the challenge of changing this paradigm and promoting greater engagement of parents and other family members in case planning.
- The current Family Assessment Service Plan format does not include or require a child's signature to indicate involvement in case planning. This does not support best practices to involve/engage children, when appropriate, in case planning.

### **Collaboration**

- Agency caseworkers access parent locator information from child support units when searching for non-custodial parents. National data indicates that greater father involvement and financial support is associated with improved outcomes for children.
- In 2005, the adolescent services unit and Citizen Review Panels reviewed 25 adolescent service cases, focused specifically on determining if required ILS plans were contained in the case record, the role youth played in developing the plan and the overall quality of the plans. Assessment of ILS needs and provision of services was rated a strength in 15 cases. Findings and recommendations were provided to the department and resulted improved practice, specifically: *ILS Best Practice Guide* was updated to clarify roles and responsibilities for developing ILS plans; increased caseworker support for adolescents in meeting health and education needs; and consideration for focusing on youth related issues in MnCFSRs.
- Minnesota Statutes require that when a child is assigned a guardian ad litem, the guardian must be consulted in the development of the child's case plan. The case plan is then shared with the court and becomes a part of the court record. Both the caseworker and guardian ad litem provide written case progress updates to the court

### **Promising Approaches**

- Family Case Planning and Youth Tradition Conferences are two FGDM strategies that promote child and family involvement in case planning. FGDM facilitators coordinate and conduct conferences, which reduces caseworker's workload and brings expertise and continuity to the process. Instead of families needing to meet with several providers at different times, all key players in the case are present and mutually agreeable plans are developed.
- In some counties, "case handoff meetings" occur where child protection investigation staff and ongoing caseworkers meet with families early in the case and develop the case plan with the families.

- Approximately 55 percent of all child protection reports are addressed through Family Assessment Response. Engagement of the entire family in the case planning process is a central practice. An extended follow-up study of Minnesota's Family Assessment program indicated that FA protocols, and the provision of post-assessment services led to increased positive attitudes among families, along with reduced levels of future maltreatment reports.
- The Department of Corrections is initiating innovative practices in selected cases to engage youth and parents in case planning. Motivational interviewing and specialized conferencing strategies for youth prior to discharge from residential correctional facilities, are examples. DOC will be evaluating and communicating results of these interventions.

### **Focus Group Input**

- Approximately half of the youth surveyed indicated their opinions were considered in the development of their case plans. Some foster care youth reported that they had developed an independent living skills plan with their caseworker and foster care provider that included educational, employment and future housing goals.
- In some counties, caseworkers partner with tribal child welfare staff to engage parents and children in the case planning process. Oftentimes, staff from both agencies have active roles in the provision of the agreed upon services.

**Item 19: Caseworker visits with child.** How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

### **Policy**

- Minnesota Rules, 9560.0228, Subp. 4, require at least monthly contact with the family when a child remains in the home while protective services are being provided. Face-to-face visits with children are not specifically addressed under this rule.
- DHS Bulletin #03-68-04, *Improving Outcomes for Children* recommends that social workers should have no less than monthly in-person visit with children in foster care, with more visits if emotional, physical and social needs warrant them. This bulletin was developed and issued as a part of Minnesota's 2002 program improvement plan.
- To claim federal Child Welfare Targeted Case Management funds, monthly caseworker face-to-face contact with the child and/or an individual involved in the child's care or treatment is required.
- *Item 19 PIP Tip: Worker Visit with Child* provides practice guidance for frequent and quality caseworker visits.

### **Practice**

- When children are placed in foster care, generally caseworkers visit with foster parents and the children in their care on a regular basis. It is not always clear that caseworkers meet with children privately to hear their viewpoint.
- When cases are open for in-home services, agencies oftentimes contract with family-based service staff to provide supportive family services. Initially, these workers meet

with parents and children on a weekly basis and gradually, as the risk of harm lessens, the frequency of contact is reduced. Agency caseworkers and the family-based service staff communicate regularly and periodically meet together with the families to develop safety plans and review case goals. During MnCF SRs of county child welfare systems, item 19 is rated a if documentation is present that the child’s needs were met by a combination of caseworker and family-based worker contact. The use of family-based services to support families is a service model developed in the 1970’s and well-integrated throughout the state. The Minnesota Family-Based Association sponsors training and a yearly statewide conference.

**Performance Measures**

- Federal Child and Family Service Review 2001: 82 percent of 49 cases were rated a strength.
- Minnesota Child and Family Service Review 2003-2006: 70 percent of 676 cases were rated a strength.
- Minnesota Child and Family Service Review Worker Contact Report, 2005-2006: 59 percent of 79 in-home cases, and 73 percent of 125 placement cases were rated a strength.
- Worker Contact with Child Report – Children’s Research Planning and Evaluation

<b>% of children with at least 1 caseworker contact per month</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>In-home CPS cases</b>	results not valid	47.0	47.3
<b>Foster Care cases</b>	71.1	71.5	70.9

- Summary of Performance: Worker visits with child was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included issuing policy guidance regarding frequency and quality of visits with children; statewide implementation of Structured Decision Making, including tools that link frequency of contact with level of assessed risk; improving case planning and documentation formats to emphasize plans for worker visits; and support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance. Quality assurance reviews were used to evaluate the effectiveness of these strategies, as well as, to support supervision and promote best practices across counties.

Findings from quality assurance reviews indicate stable performance on worker visits and indicate that performance is driven by the frequency of visits not meeting the needs of the child, more often than concerns about quality of visits. Caseloads, staff vacancies and turnover are common contributing factors and in some instances performance is reflective of inadequate documentation in the case file. Fifty-four counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews.

### **Challenges**

- Caseworker turnover and reassignment within county agencies was identified in quality assurance reviews as an impediment to frequent, consistent and high quality caseworker contact with children. A clearer understanding of the causes of worker turnover is needed, to support a more consistent workforce.
- Cases involving both social services and juvenile justice caseworkers require clear identification of roles and responsibilities. In some cases, roles and responsibilities are not clearly defined resulting in infrequent caseworker contact with children.
- Since the last CFSR in Minnesota, significant reductions in federal and state funding to local agencies has resulted in counties reducing their workforce making it more challenging to contact children frequently.
- In some in-home cases, improving specific parenting skills is the primary service focus. Face-to-face contact with all the children in the home is sometimes very difficult and not always aligned with parent's wishes or necessary to achieve the primary service goals.
- Minnesota does not have clear guidance in statute or rule pertaining to the frequency of caseworker contact with children.

### **Collaboration**

- As part of the Child and Family Services Improvement Act, Minnesota received federal funding to promote caseworker contact with children in foster care. The state is in the process of how best to use these funds to promote more frequent and quality contacts
- Several counties employ or contract for both professional and para-professional in-home family services. Although these in-home service providers do not have case management responsibilities, they do meet frequently with children and parents and communicate on a regular basis with county case managers. They also participate in case planning activities, which oftentimes includes safety planning.

### **Promising Approaches**

- An urban county contracts with five community agencies to provide culturally responsive FA services. In 2006, the state reviewed a sample of cases from each of the five community agencies and ninety percent of the cases reviewed were rated as strengths on caseworker contact with children.
- Some Minnesota counties use Structured Decision Making contact standards as a baseline guide for determining the frequency of contact between caseworkers and children.
- Seventy-nine child welfare supervisors attended a Virtual Presence Communication training for child welfare supervisors that focused on caseworker visits with children. The training addressed frequency and content of contacts and stressed the importance of assessing the individual needs of children.

### **Focus Group Input**

- Two-thirds of the youth surveyed had some type of contact with either their caseworker or probation officer at least monthly. Some youth indicated reported during focus groups that they felt comfortable talking with their worker and found the relationship helpful. Other youth described the relationship with their worker in more negative terms.
- The frequency and quality of caseworker contact with children is enhanced when county and tribal child welfare staff work cooperatively and share casework responsibilities.

Where this level of cooperation is not present, children are not seen as often and the quality of contacts are not as closely related to meeting children’s safety, permanency and well-being needs.

**Item 20: Worker visits with parents.** How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

**Policy**

- Minnesota Rules, 9560.0228 requires at least monthly contact with the family if protective services are being provided.
- To claim federal Child Welfare Targeted Case Management funds, monthly caseworker face-to-face contact with the child and/or an individual involved in the child’s care or treatment is required.
- *Item 20 PIP Tip: Worker Visit with Parents PIP Tip*, provides practice guidance to caseworkers and supervisors for improving performance.

**Practice**

- When cases are open for in-home services, agencies frequently contract with family-based service staff to provide services. Oftentimes, parent education is at the heart of the intervention and improving parental capacity to provide a safe and nurturing home environment requires frequent home visits and direct contact with parents. Caseworkers, family-based service staff and parents initially meet to develop case plans and periodically meet thereafter to review progress on case plan goals.
- When children are placed in foster care, caseworkers consult with mothers and fathers regarding the development of the case plan and on ongoing decisions related to the child’s health and education.
- In both in-home and placement cases, the frequency and quality of caseworker contact with mothers and fathers should be based on providing appropriate support for parents relative to meeting the safety, permanency and well-being needs of their children.

**Performance Measures**

- Federal Child and Family Service Review, 2001: 82 percent of 39 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 66 percent of 640 cases were rated a strength.
- Minnesota Child and Family Service Review Worker Contact Report, 2005-2006: 50 percent of 68 in-home cases and 68 percent of 105 placement cases were rated strengths.
- Minnesota Child and Family Service Review Fathers Report, 2005-2006:
  - At least monthly visits are more likely completed with mothers

Percent of Cases with At Least Monthly Visits from Worker

	In-home Cases	Placement Cases
Mothers	71	63
Fathers	35	42

- Summary of Performance: Worker visits with parents was rated an area needing improvement in the 2001 CFSR. Strategies for program improvement included statewide implementation of Structured Decision Making, including tools that link frequency of contact with level of assessed risk; improving case planning and documentation formats to emphasize plans for worker visits; and support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance. Quality assurance reviews were used to evaluate the effectiveness of these strategies, as well as, to support supervision and promote best practices across counties.

Findings from quality assurance reviews indicate declining performance, with recent year's performance most likely reflecting application of an enhanced quality assurance review criteria for assessing worker contacts with fathers. Specific quality assurance review findings indicate that frequency of visits is more often a contributing factor to area needing improvement, than quality of visits. Sixty-two counties have developed program improvement plans to address performance issues identified in quality assurance reviews.

### **Challenges**

- When cases are opened for in-home services, oftentimes the biological parents are living in separate homes, sometimes in different cities or states. Custodial parents may be adverse to involving non-custodial parents in the case planning process. Unlike placement cases, county agencies do not have legal custody of these children. It is not always clear what level of engagement of non-custodial parents is required or appropriate.
- Oftentimes in-home child protection services are provided for a short period of time and targeted at reducing the identified risk that precipitated case opening. Assessing when it is reasonable and necessary to engage incarcerated, or otherwise absent parents in the case planning process, is a challenge.
- Caseworker turnover and reassignment, within county social service agencies was identified in quality assurance reviews as an impediment to frequent and quality caseworker contact with parents.
- Cases involving both social services and juvenile justice caseworkers require clear identification of roles and responsibilities. In some cases, roles and responsibilities are not clearly defined resulting in infrequent caseworker contact with parents.

### **Collaboration**

- The Minnesota Father's and Families Network has worked in conjunction with DHS, several Minnesota counties and community agencies to build capacity for providing culturally appropriate services to fathers. SWA Advisory Team members reported that the Network is an important resource for training on involving fathers in the lives of their children and accessing community providers with expertise in working with fathers.
- Several counties employ or contract for both professional and para-professional in-home family services. Although these in-home service providers do not have case management responsibilities, they do meet frequently with children and parents and communicate on a regular basis with county case managers. They also participate in case planning activities, which oftentimes includes safety planning.

### **Promising Approaches**

- When concurrent permanency planning services are offered, caseworkers meet weekly or bi-weekly with parents to review and, as needed, revise case plans goals. Supervisors regularly consult with social workers on these cases, and parents are clearly aware of permanency timelines.
- Some caseworkers routinely develop calendars with parents of children in placement. All the appointments and important activities involving the parent and child are identified and listed. This may include individual or family counseling sessions, education or health appointments and other case related activities. Caseworkers are then able to assist the parents in addressing potential barriers to attendance.
- Counties and community providers have worked with the Minnesota Fathers and Families Network to engage fathers in culturally appropriate ways to become more positively involved in the lives of their children. This includes greater participation in county child welfare services.
- DHS provided a statewide Virtual Presence Communication training for child welfare supervisors entitled *Engaging and Involving Fathers*. The training addressed the legal and direct practice issues related to fathers' involvement in both in-home and child placement cases.

### **Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

**Item 21: Educational needs of the child.** How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?

#### **Policy**

- Minnesota Statutes 626.556, Subd. 2 (4), define educational neglect as the failure of parents to ensure their children are educated in accordance with Minnesota Statutes and includes educational neglect as a form of child maltreatment.
- Minnesota Statutes 260C.212, Subd.1 (c), require to the extent available and accessible, that specific educational records are considered in developing the child's case plan and that school proximity is considered when selecting the child's placement setting. For children age 16 and older, an independent living plan, including consideration of the youth's educational needs, must be developed.
- DHS Bulletin # 06-68-01 *DHS Issues Overview of 2005 Laws Affecting Children and Families* and DHS Bulletin # 04-68-02 *Refer Abused Neglected Children for Developmental Assessment* require that social services agencies refer children (0-5 years of age) in the child welfare system to the Interagency Early Intervention System for developmental screening.
- DHS Child Well-Being Tool is completed by caseworkers to assess the presenting strengths and needs of individual children across eight life domain areas, including education.

## Practice

- Reports of educational neglect are generally assigned for a Family Assessment. Agency social workers meet with children and parents and, when appropriate, offer individualized services designed to assist parents in meeting the educational needs of their children
- When children are placed in foster care, caseworkers share information with foster parents, including relevant educational information. Caseworkers, foster care providers and parents negotiate respective roles in ensuring that the child's educational needs are met. Caseworkers are expected to gather and use pertinent educational information to develop the case, which includes completing the Child Well-Being Tool.
- When cases are opened for in-home services, the agency and parent(s) determine if educational concerns for the children need to be included in the case plan. This determination is based on completion of a Child Well-Being Tool and the ability of the parent to ensure the children's educational needs are being met.

## Performance Measures

- Federal Child and Family Service Review findings, 2001: 82 percent of 38 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 91 percent of 440 cases were rated a strength.
- Summary of Performance: Meeting educational needs of the child was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included redesign and improve case planning and documentation formats to emphasize plans for meeting children's educational needs; and, support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance. Quality assurance reviews were used to evaluate the effectiveness of these strategies, as well as, to support supervision and promote best practices across counties. Findings from reviews indicate improved performance, with the most recent year's findings at 95 percent of cases rated a strength. Fifteen counties have developed and implemented program improvement plans to address performance issues identified in quality assurance reviews. MnCFSRs have contributed to a clearer understanding of caseworker's roles and responsibilities in attending to educational services for children.

## Challenges

- With considerable responsibilities placed on caseworkers when a child enters foster care, informing the school of the child's placement and obtaining educational information is, at times, delegated to the foster care provider.
- Some schools and social service agencies struggle with data privacy issues in terms of what to share with educational providers (administrators, counselors, and teachers) regarding the circumstances that led to the child's placement into foster care.
- Community response to truancy varies across the state. Coordination among county social service agencies, local schools and courts is lacking in some counties, while other counties have well-developed, multi-systemic truancy policies and protocols in place. MnCFSRs are used to share best practice and facilitate connections between counties with an aim to improve truancy prevention and intervention programs.

- Foster children have lower graduation rates and higher rates of school suspension than non-foster care children. More definitive research and evidence-based practice is needed to reverse these trends.
- Significant reduction in federal funding of local collaborative organizations has contributed to an erosion of available resources and services for children.

### **Collaboration**

- Children in residential care receive integrated treatment and a full range of educational services.
- Young children involved in the child welfare system are referred to local Interagency Early Intervention Committees comprised of special education, social services, public health, early childhood service providers and parents.
- Children's Mental Health and Family Service Collaborative organizations promote cooperative interaction between agency staff, school personnel and other community professionals to enhance child well-being, including improved access to educational services.
- The department is planning to work with the Minnesota Department of Education to develop a formal data sharing agreement, which will allow joint evaluation of educational outcomes for children served through the child welfare system.

### **Promising Approaches**

- One county's CJI team modified the format used by caseworkers to communicate to the court by adding a section for recording children's educational needs and progress. State and regional meetings provide a venue for sharing best practices amongst CJI teams. This change ensures that educational issues are addressed at each court review hearing.
- Eighty-three counties have established Family Service/Children's Mental Health Collaborative organizations that support cross-agency initiatives. A wraparound service model involving teams of agency, school and other key persons in the case provide support and services to families.
- Alternative and day treatment school options, along with mentoring and individual and group counseling programs are available in some districts and provide needed social, emotional and education support for children.

### **Focus Group Input**

- There was consensus among youth that completing their education was critical for successful independence.
- Half the youth surveyed had Individual Educational Plans.
- Many youth found education a struggle and did not believe teachers, school administrators and law enforcement liaison officers were motivated to help them. In contrast some youth, reported school officials were very supportive and invested in helping them reach their goals.
- Truancy and the need for greater coordination among tribes, counties and local schools to improve school attendance for American Indian children and youth was identified as a significant need with serious consequences for children, families and the community. Several issues were cited as contributing factors including county and schools' lack of

cultural awareness, as well as, that traditional public education is not highly valued by some American Indian parents and tribal decision-makers.

### **Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

**Item 22: Physical health of the child.** How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

#### **Policy**

- Minnesota Statutes, 260C.212, Subd.1 (c), require to the extent available and accessible, that specific medical records are considered in developing the child's case plan. For children age 16 and older, an independent living skills plan, including consideration of the youth's medical needs, must be developed.
- Minnesota Statutes 260C.212, Subd. 4 (d), requires a physical exam within 30 days for children who enter foster care.
- Minnesota Statutes 152.137, Subd. 5 and Bulletin # 06-68-01, *DHS Issues Overview of 2005 Laws Affecting Children and Families*, require a child exposed to the manufacture of methamphetamine, its precursors or waste products shall be provided a health screening to assess potential health concerns.
- Minnesota Rules 9560.0600, define provisions for meeting the health and dental needs of every child in placement.
- SDM family strengths and needs assessments are completed by caseworkers in all FA cases. This assessment covers child and family characteristics across 13 variables, including physical health of children.
- *Item 22: Physical Health of the Child PIP Tip* provide practice guidance for supervisors and caseworkers for improving performance.
- DHS Child Well-Being Tool is completed by caseworkers as an aid in assessing needs of individual children across eight life domain areas, including health.

#### **Practice**

- When children are placed in foster care, agency caseworkers share child-specific information with foster parents, including relevant health information. Caseworkers, foster care providers and parents negotiate respective roles to ensure that the child's medical and dental needs are met. Caseworkers are expected to gather and use pertinent health information to develop the case plan, including completing the Child Well-Being Tool and family strengths and needs assessment.
- Physical health exams are scheduled for all children placed in foster care according to the statutory requirement and for children receiving in-home services when necessary.
- When cases are opened for in-home services, the agency and parent(s) determine if health concerns for the children need to be included in the case plan. This determination is based

on completion of a Child Well-Being Tool, family strengths and needs assessment, and the ability of the parent to ensure the children's medical and dental needs are being met.

### **Performance Measures**

- Federal Child and Family Service Review findings, 2001: 84 percent of 38 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 83 percent of 480 cases were rated a strength.
- CCSA Performance Measure: Health Exam Within One Year, 2005 – Children's Research and Planning: For all children in care during the calendar year, who were in care for more than 30 days, 51.3 percent in 2005, and 50.7 percent in 2006 received a physical exam within a year of placement. This report is produced from a data extraction from the SSIS repository and results are dependent on having a medical exam recorded in SSIS. Quality assurance findings from onsite case related interviews indicate that sometimes children's physical exams occur, but are not documented in the electronic system, so it is likely that actual performance on physical exams is much higher.
- Summary of Performance: Meeting physical health needs of children was rated an area needing improvement during the 2001 CFSR. Strategies for improvement included redesign and improve case planning and documentation formats to focus on planning to meet children's physical health needs; and support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance. A more recent effort to ensure meeting children's health needs was improving access to the Child Well-Being assessment tool on SSIS. Quality assurance reviews have been used to evaluate effectiveness of these strategies, as well as, to support supervision and promote best practices across counties.

Findings from quality assurance reviews indicate steady performance. Over the last four years, review findings indicate that performance is often driven by lack of compliance with foster care physical exam requirements, and/or lack of health and immunization records in the case file. There is no indication that concerns exist regarding neglect of children's physical health needs. Forty-one counties have addressed compliance, documentation and other related performance matters in their program improvement plans.

### **Challenges**

- Undocumented immigrant children are increasingly represented in some county child welfare systems. Although these children are eligible for emergency medical assistance, they are ineligible for ongoing MA, which limits their access to preventative and routine health and dental services.
- Specific health care data pertaining to undocumented children or children with undocumented parents is limited making it difficult to determine if appropriate medical services are provided.
- With considerable responsibilities placed on caseworkers when a child enters foster care, obtaining medical and dental information and services are at times delegated to the foster care provider. Sometime, coordination between caseworkers, biological and natural

parents and health care providers is sporadic, reducing the likelihood that children's health needs are adequately addressed.

- Across the state, there has been a shortage of dental providers willing to provide services to children on Medical Assistance.

### **Collaboration**

- Local public health agencies coordinate with social service agencies to provide outreach for the Child and Teen Checkup program which meets the federal requirements for offering and providing Early Periodic Screening, Diagnosis and Treatment services to children eligible for MA.
- County social service agencies have joined with law enforcement, public health, county attorney and medical providers to develop multi-systemic response protocols when children are exposed to methamphetamine.

### **Promising Approaches**

- One county provides foster care providers with a well-organized and comprehensive "traveling file" when children are placed in their care. The file includes the child's health history, immunization records, health plan information, medical and dental providers, medications and forms that foster parents use to record medical appointments and needed follow up. The file "travels" with the child ensuring up-to-date medical history and continuity of health care services.
- One county requires foster parents to complete a monthly reporting form that includes a medical section to provide details about children's health, medical and dental appointments for the month. This practice has been shared with other counties as a potential program improvement plan strategy.
- A large urban hospital has engaged their county human service agency in a dialogue to improve availability and access to health services for people of all economic circumstances. Other metro area counties have partnered to develop a health care program targeted to meet the health needs of low income and undocumented immigrant children.
- Regional dental clinics that specialize in treating children on MA have developed in some locations across the state. These clinics are often established through public/private initiatives.
- In some counties, nurses and pediatricians are members of the multi-disciplinary child protection teams and provide an important health perspective during case consultations and broader community needs discussions.

### **Focus Group Input**

- Fifty-five of 61 youth surveyed reported seeing a medical doctor within the last year. Fifty-two youth currently knew where to access medical services. All but one youth reported having medical insurance.
- The availability and quality of medical services for American Indian children living on some reservations has improved due to investment by tribes in local health resources and facilities. Generally, for American Indian children living on reservations with few financial resources or American Indian children living off reservations, obtaining adequate medical services is more challenging.

**Item 23: Mental/behavioral health of the child.** How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

### Policy

- Minnesota Statutes 245.4874, effective in July 2004, require social service agencies to arrange for or provide a children's mental health screening to high-risk populations of children in the child welfare system.
- Minnesota Statutes 245.487 to 245.4888, outline the Minnesota Comprehensive Children's Mental Health Act.
- Minnesota Statutes 245.491 to 245.495, and 124D.23, provide direction for establishing and maintaining Children's Mental Health and Family Service/Community-Based Collaborative organizations.
- Minnesota Statutes 254A and Minnesota Rules 9530.6405 to 9530.7031, outline the responsibilities for the treatment of drug and alcohol dependency.
- Minnesota Statutes 260C.141, Subd. 2 (a) and 260C.201, direct court and agency practices regarding the placement of children based solely due to their disabilities This includes the provision that a transfer of custody to an agency is not required in order to treat a child's mental health disability in a residential facility.
- Minnesota Statutes 260C.212, Subd. 1(c), require to the extent available and accessible, mental health information is considered when developing the child's case plan.
- DHS Bulletin #04-68-05 *DHS Implements Child Welfare and Juvenile Justice Mental Health Screening and Coordinating the Screening Requirements for Children's Mental Health and Developmental Delay: Guidance for Child Protection Workers* (DHS-4483) outline the mental health screening process, target populations, exemptions, screening instruments and screener requirements.
- DHS Bulletin #06-68-01 *DHS Issues Overview of 2005 Laws Affecting Children and Families* outlines the court and agency procedures for children who are placed solely due to their disabilities.
- *Item 23 PIP Tip: Mental Health of the Child* provides practice guidance for agency supervisors and caseworkers.
- DHS Child Well-Being Tool is completed by caseworkers to assess the needs of children across eight life domain areas, including mental health.

### Practice

- Caseworkers must provide or arrange a mental health screening for eligible children ages 3 months to 18 years old. Children identified at-risk of needing immediate attention, intervention or more thorough assessment through the screening process should be referred for a mental health assessment.
- The Minnesota Comprehensive Children's Mental Health Act provides guidance for agencies which includes: training, clinical supervision, case load limits (15), treatment plan requirements, and offering a continuum of services from outpatient therapy and community based services to hospitalization and residential treatment services.

- Children's substance abuse/use concerns are assessed either by private providers or specifically trained county staff. Youth are referred to appropriate chemical health service providers as needed.
- When children are placed in foster care, caseworkers share child-specific information with foster parents, including relevant mental health information. Caseworkers, foster care providers and parents negotiate respective roles to ensure that the child's mental health needs are addressed. Caseworkers are expected to gather and use pertinent mental health information to develop the case, including completion of the Child Well-Being Tool.
- When cases are opened for in-home services, a children's mental health screening is completed for each child in the family. If further assessment is indicated, referrals are made and reflected in the child protective service plan.

### **Performance Measures**

- Federal Child and Family Service Review, 2001: 70 percent of 40 cases were rated a strength.
- Minnesota Child and Family Service Review, 2003-2006: 72 percent of 528 cases were rated a strength.
- Children's Mental Health Screening and Exemptions Report – Children's Research Planning and Evaluation: In 2005, 3932 children's mental health screenings were completed and 5348 children were determined exempt from the screening requirement. In 2006, 4,081 children's mental health screenings were completed (an increase of 149) and 5,872 children were determined exempt from the screening requirement. The most common reasons for exemption in both years: the child was already under the care of a mental health professional or the child's parent/guardian refused the screening.
- Summary of Performance: Meeting mental health needs of children was rated an area needing improvement during the 2001 CFSR. Strategies for program improvement included development of a mental health interview guide to complete initial assessment of mental health needs and requirement for mental health screenings for children in the child welfare and juvenile justice systems by July 2004. Funding was made available to reimburse for completed mental health screenings to support compliance with the requirement. Additional strategies included redesign and improve case planning and documentation formats to focus on planning to meet children's mental health needs; and support supervisors in their role as consultants on case practice by providing access to data, training and improved quality assurance.

Quality assurance reviews have been used to evaluate performance, as well as to support supervision and promote best practices across counties. Findings from reviews indicate improved performance in 2003 through 2004, followed by significant decline in 2005 and 2006. Implementation of the children's mental health screening requirement within 30 days of a case opening was added as a rating factor for this item in 2005, which most likely explains the decline. Specific findings from the quality assurance reviews indicate that additional training and technical assistance on screening requirements would improve performance and these findings have been communicated to the children's mental health division. Fifty counties have developed and implemented program

improvement plans to address performance issues identified in their quality assurance reviews.

The department recognizes the need for child welfare and children's mental health to work in partnership to assess and improve the system's capacity to meet children's mental health needs. The assessment of children in our foster care system makes it clear that meeting mental health needs of children is a critical component to preventing re-entry into foster care, maintaining stability in foster care, achieving permanency, and improving the well-being of youth in long-term foster care. Children's mental health staff have joined in the statewide assessment process and will be key to planning for program improvements.

In consideration of the time period for case sample selection for the upcoming CFSR, it is likely that the case review will conclude with findings similar to quality assurance results for 2006. The department expects that stakeholder interviews and findings from onsite case reviews will contribute to our overall understanding of performance and inform subsequent program improvement.

### **Challenges**

- Cases involving child protection, children's mental health, substance abuse and juvenile justice caseworkers require clear identification of roles and responsibilities. In some cases, these roles and duties are not well-defined resulting in unmet mental health and/or substance abuse needs for children.
- Access to a full continuum of mental health and substance abuse services may not be available in rural counties. To access these services children must travel to regional centers. Child psychiatric services are lacking in most Minnesota counties.
- In some counties with fewer resources, children's mental health caseloads exceed the statutory standard of 15. In less populous counties, caseworkers have mixed caseloads making it difficult to adhere to the practice requirements associated with each program area.
- A high percentage of children's mental health screenings do not occur due to parent's refusal. More training and support for caseworkers in approaching parents in a culturally appropriate way is needed. The Children's Mental Health division tracks this data and provides follow-up and technical assistance to counties to improve their capacity to engage parents.
- Caseworkers are required to complete multiple screening and assessment tools, which seem to have overlapping purposes. Reducing some requirements and providing more support for caseworkers might contribute to more reliable completion of screenings and valid screening results.

### **Collaboration**

- The Children's Mental Health Division supports a statewide "specialty provider network" that represent mental health providers with experience and expertise in meeting needs of difference cultural and ethnic groups. A directory of these providers is published and available on the DHS website. The Minnesota Department of Human Services has published guidelines for health and human services organizations and providers to

enhance their abilities to serve individuals from diverse cultures. [Guidelines for Culturally Competent Organizations](#), and clinical guidelines for culturally competent mental health services for American Indians are available online.

- The Minnesota Juvenile Justice and Mental Health Initiative has been launched with a goal of improving outcomes for youth in the juvenile justice system with mental health or co-occurring disorders by making systemic changes. Primary partners leading the initiative are the MN Dept of Corrections and MN Department of Human Services, with the support of Commissioners of Education, Health, Public Safety, and the States Court Administrator. An Advisory Task Force is charged with making recommendations and developing an implementation plan by January 2009.
- DHS Children's Mental Health Division provides technical assistance to counties to support compliance with the Minnesota Comprehensive Children's Mental Health Act.
- Counties refer adults and adolescents to community service providers for chemical health treatment. DHS Chemical Health Division provides guidance and technical assistance to counties and services providers to support positive outcomes for clients.
- Residential treatment centers, group homes and privately licensed therapeutic foster homes are licensed and monitored by DHS. County caseworkers meet directly with children, parents and treatment staff to ensure children's mental health needs are addressed.

### **Promising Approaches**

- The universal mental health screening requirement for at-risk children supports early identification of children's mental health needs.
- Eleven counties have proposed pooling their resources to form a regional Children's Mental Health Initiative to improve crisis response, share strategies to more effectively meet children's mental health needs, and streamline the provision of quality of services.
- The Governor's Mental Health Initiative, a key accomplishment of the 2007 legislative session, is aimed at improving the accessibility, quality and accountability of publicly funded mental health services. Additional investments in the state's mental health system will be directed toward school-based mental health services and respite care services for families of children with severe emotional disturbance.
- One county refers all family members open for child protection services to a mental health professional for clinical assessment. Recommendations are provided to the caseworker and when indicated, included in the plan for ongoing support. During the county's MnCFSR, all applicable placement cases were rated a strength for this item.
- In another county, a mental health therapist meets with the child and foster family at the time of placement to assess the need for services. Therapeutic support for the child and foster parents is provided, as needed, throughout the placement episode.
- Several counties refer families with younger children to local public health providers to complete the required mental health screening.

### **Focus Group Input**

- Thirty-four youth surveyed reported having a mental health diagnosis and 29 were able to obtain their medication.
- Fifty of 59 youth knew where to access sexual health services, while 44 of 56 youth knew where to access chemical health services.

- Some tribes and community agencies have developed programs grounded in tribal wellness traditions and practices to support children and youth who are experiencing mental and chemical health problems.

## Section IV – Systemic Factors

### A. Statewide Information System

**Item 24: Statewide Information System.** Is the state operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

- Yes, Minnesota operates the Social Service Information System (SSIS) that meets or exceeds all federal standards and requirements, and at a level that supports a rating of substantial conformity on this systemic factor.

#### Policy

- USC674(a)(3)(C): Minnesota's Social Service Information System (SSIS) is SACWIS compliant with an approved action plan and fully reports to the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).
- SSIS has been in operation statewide since 1999. SSIS was reviewed by the federal team for SACWIS requirements in 2001.
- SSIS incorporates federal and state Statutes by a combination of alerts and enforcement of requirements at appropriate points in the case process. Social workers access a tool that identifies case information that is required and is missing. All significant events in the life of a case are documented within SSIS including intake, assessment, case management, placement, court involvement, case plans, IV-E eligibility, and case closure.
- SSIS is a case management system designed to offer the child welfare social worker efficient processes to document contacts and case notes, write case plans and letters, and track timelines and financial responsibilities for children and families on their caseload. All case management duties can be documented within SSIS.

#### Practice

- SSIS offers new worker training throughout the year. This training focuses on using the system efficiently while completing all assessment and case management requirements. Approximately sixty new child protection social workers are trained each year. Training emphasizes routine use of SSIS in order to ensure compliance with all statutory requirements, full documentation of important events and case progress, and creation of a reliable source of information for reporting needs.
- As new versions of SSIS are released, training is provided to county social workers and mentors to support the transition process.

- Computer-based training that addresses basic SSIS user needs is also available to county personnel.
- Participant attendance and evaluation for all SSIS trainings is recorded in a state data base and used for quality improvement purposes.

### **Performance Measures**

- During the 2001 CFSR, statewide information system was rated in substantial conformity. Areas suggested for improvement in the first round of CFSR, such as capacity to track child maltreatment across counties, have been addressed through system upgrades over the past four years. Findings from quality assurance reviews indicate that counties, overall, rate this systemic factor a strength. Caseworkers often express challenges of balancing their commitments to spending time with children and families and meeting increasing documentation and data entry demands.
- SSIS offers county agency staff approximately 100 general reports in the areas of caseload tracking, client data, eligibility reports, intake statistics, maltreatment and placement data and time reporting.
- Statewide and county specific performance on federal and state outcome indicators is available through SSIS Charting and Analysis. State and county staff access timely child welfare data which informs policy development.
- In 2001 SSIS embarked on a specialized training for county supervisors and directors in the use of SSIS reports to evaluate and manage the work within the county social service agency. Over 100 county managers have attended the *Tools for Management* training. This training is facilitated by an SSIS trainer together with a quality assurance consultant.

### **Challenges**

- Social workers with many years of experience in the field may not be comfortable with the concept of electronic files. Rethinking and reorganizing work style can be a difficult problem. Supervisory staff may not have the skills to help staff members who are struggling with the concept of the computer as the case management system.
- The system may have slow response times when county equipment is not at recommended levels. Enhanced versions of SSIS may require additional learning and a change to workflow. County social workers have little time to learn about new versions of SSIS and maximize their benefit from the system.
- Some caseworkers and county managers have expressed as part of MnCFSRs that data entry requirements have increased and are impacting the time available to meet with client families.

### **Collaboration**

- SSIS was planned and created in partnership with county social service agencies. Major management decisions are made within the framework of that partnership. County SSIS coordinators and mentors gain expertise in the system and share that expertise with county colleagues. They also carry county concerns and enhancement requests to SSIS.
- The Minnesota Department of Human Services collaborates with the Judicial Branch to track safety and permanency outcomes for children who enter the judicial system using data from SSIS and the court data system.

- SSIS has engaged in discussion with tribal and DHS program staff to add two tribal social services agencies to the number of counties that use SSIS. The first of the Minnesota tribal social service agencies to use SSIS will be on the system by summer 2007.
- SSIS, in collaboration with the Research Planning and Evaluation and Quality Assurance units, developed statewide reports designed to improve the timeliness of initiating child protection assessments and investigations and case worker contact with children and parents.

### **Promising Approaches**

- A major project has begun to integrate the training of child welfare policy with the training of SSIS. The goal is to incorporate the use of SSIS into the day-to-day work of the child welfare social worker, so that the policy and the documentation of the work are understood seamlessly. County social work staff requested this major change in the department's approach to training. The reorganized and rewritten training will be a more efficient use of training hours for social workers whose time is stretched thin.
- The quality assurance and SSIS staff offer *Supervisor Forums* addressing major practice questions and concerns, in tandem with reminders in the use of SSIS and the interpretation of data from SSIS to improve practice. Evaluations of the forums have been positive, and requests for future topics and clarification of practice issues are provided by forum participants.
- One county will soon begin providing computer tablets for social worker use in the field. The social worker will be able to create a case plan with the family in their own home, take case notes as soon as possible after a contact, and make use of the information in the system at any time.

**Item 25: Written Case Plan.** Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

- Yes, Minnesota provides a process for ensuring case planning with children and families that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Case Review systemic factor.

### **Policy**

- Minnesota Statutes 260C.212, Subd. 1 and Subd. 7 and Juvenile Protection Rules 38, establish case planning requirements for children in out-of-home placement including that, "an out of home placement plan shall be prepared within 30 days after any child is placed in a residential facility by court order."
- Minnesota Statutes 260C.212, Subd. 1(b) and Juvenile Protection Rules 38, provide that the case plan is "prepared by the responsible social services agency jointly with the parent(s) or guardian of the child and in consultation with the child's guardian ad litem, the child's tribe, if the child is an Indian child, the child's foster parent, and, where appropriate, the child." Statutes prescribe the content of the case plan and establish requirements for independent living plans for children age 16 or over.

- For children who are receiving in-home services, including those children who are subjects of a CHIPS petition, Minnesota Statutes 626.556, Subd. 10 (m) and Minnesota Rules 9560.0225, Subpart 2, require a written case plan within 30 days of the determination that child protective services are needed.
- Minnesota Rules 9560.0228, establish the requirement for child protective services plans for children who are living at home, including that children and families are involved in the development of the plan.

### **Practice**

- Judges refer to the *Judges Juvenile Protection Benchbook* for guidance on high-quality judicial process dealing with review and monitoring of parent progress on case plans.
- Social workers meet with parents and children individually or as part of family meetings to develop case plans. To facilitate discussion, social workers may prepare drafts or outlines of case plans in advance and later incorporate family input. Supervisors review plans before they are finalized and family members, foster parents, guardians ad litem, social workers and supervisors sign final case plans.
- Case plans are filed with the court and approved by the judge subject to hearing.
- The out-of-home placement plan template in SSIS includes all statutory, and Title IV-E required case plans elements, including required Independent Living Skills (ILS) plans.
- Supervisors monitor the timely completion of case plans by reviewing SSIS reports.

### **Performance Measures**

- During the 2001 CFSR, case review system was rated in substantial conformity, however, Item 25: written case plan, was rated an area needing improvement. This finding was based on case review and stakeholder input that case plans were frequently not updated or individualized. The case plan format was considered too long and cumbersome and there were concerns that this was a detriment to facilitating family involvement.

Although plans for program improvement were not required for this item, the same strategies developed to improve performance on Item 18: child and family involvement in case planning, including a redesign and improved case planning document, were applied to improving performance on Item 25. At the time of the first round CFSR, the Children's Justice Initiative was operational in just 12 counties. CJI is now a statewide enterprise and supports the systemic capacity of county agencies and courts to assess and improve how they manage cases of children in foster care.

Findings from quality assurance reviews indicate that counties overall, rate their case review system a strength. Counties consistently assess process for ensuring written case plans and family involvement in case planning as strengths, however, this assessment often does not coincide with performance on Item 18 for child and family involvement in case planning. Considerations for rating Item 18 and Item 25 are different, one item being more practice/performance focused and the other being more process focused, which most likely contributes to the discrepancy. County agencies have access to an SSIS general report, *Placements without Open OHPP* that county managers use to monitor cases that do not have case plans developed within 30 days.

### Challenges

- See Item 18 for list of challenges to written case plan.
- Some judges and attorneys have a difficult time understanding the content and purpose of case plans.
- In the current case review system, a case plan is developed, followed by a disposition order. Later as a result of one or more subsequent review hearings previous disposition orders are modified but not specifically the case plan. This creates some confusion regarding, “what constitutes the current plan/order?” Judicial stakeholders believed that it would be helpful for all parties, and most importantly parents, if there was an efficient way of developing and maintaining a single, up-to-date working document that contained all of the elements of the case plan and court order.

### Collaboration

- Using the *CJI County Practice Guide*, multidisciplinary CJI teams in each county collaborate to identify current practice, areas needing improvement, and strategies for implementing improvements. Among the topics discussed is development and monitoring of case plans.
- See additional collaboration for written case plan listed under Item 18.

### Promising Approaches

- Mobile SSIS applications make it possible for social workers in some counties to complete case plans with families, enter them electronically and obtain signatures in one meeting, reducing delays in finalizing case plans.
- See additional promising approaches for written case plan under Item 18.

### Focus Group Input

- Approximately half of the youth surveyed indicated their opinions were considered in the development of their case plans. Some foster care youth reported that they had developed an independent living skills plan with their caseworker and foster care provider that included educational, employment and future housing goals.

**Item 26: Periodic Reviews.** Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

- Yes, Minnesota provides a process for periodic review every 6 months that meets or exceeds the federal requirements, and at a level that supports a rating of substantial conformity on the Case Review systemic factor.

### Policy

- Minnesota Statutes 260C.201, Subd. 10 and Juvenile Protection Rules 41.06, which require an in-court hearing, provide, “if the court orders a child placed in foster care, the court shall review the out-of-home placement at least every 90 days . . . to determine whether continued out-of-home placement is necessary and appropriate or whether the child should be returned home.”

- Juvenile Delinquency Rule 15.06 states that the court will review all juvenile justice dispositional orders at least every 6 months, or sooner in the event of a probation violation.
- Minnesota Statutes 260C.201, Subd. 10 and Juvenile Protection Rules 42.01, which require an in-court hearing, provide, “no later than six months after the child's placement in foster care, the court shall review agency efforts . . . and order that the efforts continue if the agency has failed to perform the duties.”

### **Practice**

- Judges refer to the *Judges Juvenile Protection Benchbook* for guidance on high-quality judicial process for 90-day disposition review hearings, permanency progress review hearings at 6 months and permanent placement determination hearings at 12 months.
- After the court finds children to be in need of protection or services, CHIPS review hearings are scheduled at least every 90 days until permanency is achieved. Social workers and guardians ad litem submit court reports updating all parties on progress towards achieving case plan goals.
- Timely and effective review hearings, focused on meeting all judicial review requirements, monitoring progress on case plans or lack thereof, and the court’s findings of reasonable or active efforts avert later legal challenges and promote more timely achievement of permanency.
- In accordance with Juvenile Protection Rule 41.06, courts are holding regular review hearings.

### **Performance Measures**

- During the 2001 CFSR, case review system was rated in substantial conformity and this item was rated a strength. Statewide implementation of CJI supports ongoing improvement in juvenile court practice. Findings from MnCFSRs indicate that counties consistently rate their process for periodic review a strength and this finding is supported by stakeholder interviews across urban and rural counties.
- The courts maintain data about the timing and frequency of disposition review hearings, permanency progress review hearings, and permanent placement determination hearings. This data is not currently available due to the court’s transition to a new data system.

### **Challenges**

- Calendaring of disposition review hearings (including additional time necessary for contested review hearings) and permanency hearings is often a challenge for court administrators who are responsible for maintaining master calendars.
- Public defenders need to be available to serve as counsel for parents and children, to ensure that parents fully understand their rights and to avoid delays in achieving permanency. Availability of judges and county attorneys also contribute to timely periodic review hearings.
- Judges rely on timely and accurate reports from social workers and guardians ad litem to inform their decisions. When these reports are late or are incomplete, judges are unable to render decisions, delaying the permanency process.
- Tribal involvement in court proceedings early in the case prevents delays in achieving permanency.

### **Collaboration**

- Using the *CJI County Practice Guide*, multidisciplinary CJI teams in each county collaborate to identify current practice, areas needing improvement, and strategies for implementing improvements. Among the topics discussed is the timing and quality of disposition review hearings and permanency hearings.

### **Promising Approaches**

- CJI has developed and distributed to all judges, court administrators and county attorneys, order templates that comply with federal and state requirements, including templates for disposition review and permanency hearings.
- In some counties, CJI has changed the culture of how the courts and counties address permanency issues for children. Judges play an active role in managing cases, supporting children and families and holding all parties accountable. “One judge-one family” is a key practice to promote this cultural change.
- One county adapted their court assignment and scheduling practice by assigning each public defender to a specific judge as a strategy to alleviate scheduling conflicts.
- In one county, the Citizen Review Panel members participate in administrative reviews for children in long-term foster care. This review process is in addition to the annual court review required for children in long-term foster care.
- Concurrent permanency planning (CPP) cases involving very young children are reviewed with greater frequency in some courts to maximize reunification efforts within the permanency timelines.

**Item 27: Permanency Hearings.** Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

- Yes, Minnesota provides a process for conducting permanency hearings that meets or exceeds the federal requirements, and at a level that supports a rating of substantial conformity on the Case Review systemic factor.

### **Policy**

- Minnesota Statutes 260C.201, Subd 11(a) and Juvenile Protection Rules 42.01, provide that in all cases where the child is in foster care or in the home of the non custodial parent, “the court shall commence proceedings to determine the permanent status of a child not later than 12 months after the child is placed.”
- Minnesota Statutes 269C.201, Subd. 11(a) and Juvenile Protection Rules 42.01, provide, “if the child was under eight years of age at the time the petition was filed alleging the child was in need of protection or services, and the child continues in placement out of the home of the parent or guardian from whom the child was removed, no later than six months after the child's placement the court shall conduct a permanency hearing to review the progress of the case, the parent's progress on the out-of-home placement plan, and the provision of services.”
- Juvenile Protection Rules 4.05;39.02, Subd.2 contains a no-continuance policy which promotes timely permanency proceedings.

### **Practice**

- Judges refer to the *Judges Juvenile Protection Benchbook* for guidance on high-quality judicial process related to 90-day disposition review hearings, permanency progress review hearings at 6 months, and permanent placement determination hearings at 12 months. In accordance with juvenile rules, courts are holding timely permanency hearings.
- As soon as children enter foster care, courts and agency social workers advise parents of permanency timelines, the importance of timely permanency decisions and the potential outcomes if reunification is not achieved within timelines.

### **Performance Measures**

- During the 2001 CFSR, case review system was rated in substantial conformity and this item was rated a strength. Statewide implementation of CJI supports ongoing improvement in juvenile court practice. Findings from quality assurance reviews indicate that counties rate their process for timely permanency hearings a strength, noting however, that delays may occur due to shortage of public defenders or access to court time. Information regarding quality of hearings is not available.
- The courts maintain data about the timing and frequency of disposition review hearings, permanency progress review hearings, and permanent placement determination hearings. This data is not currently available due to the court's transition to a new data system.

### **Challenges**

- Calendaring of disposition review hearings and permanency hearings is often a challenge for court administrators who are responsible for maintaining master calendars.
- Public defenders need to be available to serve as counsel for parents and children, to ensure that parents fully understand their rights and to avoid delays in achieving permanency.
- Tribal involvement early in court proceedings contributes to fewer delays in achieving permanency.
- Delays in determining paternity can lead to delays in achieving permanency.
- In cases involving children under eight years old, permanency hearings are held within six months of placement and oftentimes agency recommendations include requesting additional time to attempt reunification. Generally courts approve these requests, sometimes without significant probing into what case plan changes are needed to support reunification or if it is in the best interest of the child to develop an alternative permanency goal.
- In less populous counties, judges handle many different kinds of cases and may not have expertise in managing child permanency cases. In more populous counties, judges rotate in and out of juvenile court, limiting the extent of their juvenile court experience and sometimes making it difficult to follow the "one judge-one family" model.

### **Collaboration**

- Using the *CJI County Practice Guide*, multidisciplinary CJI teams in each county collaborate to identify current practice, areas needing improvement, and strategies for implementing improvements. Among the topics discussed is disposition review hearings and permanency hearings.

- CJI staff attorneys and lead CJI judges in each county receive MnCFSR reports to facilitate coordination with county agency program improvement plans.

### **Promising Approaches**

- CJI has developed and distributed to all judges, court administrators and county attorneys order templates for disposition and permanency hearings that comply with federal and state requirements.
- Courts require parents to view the CJI video, *In the Best Interest of the Child*, prior to initial hearings on CHIPS petitions. The video provides information about the juvenile court process and emphasizes the importance of permanency for children. In some court districts, guardians ad litem are responsible for viewing the video with families to answer questions and support understanding.
- The Children’s Justice Initiative has recently developed a *CJI Dashboard* to report performance on established key standards for court and community services act child safety and permanency measures.

**Item 28: Termination of Parental Rights.** Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

- Yes, Minnesota provides a process for Termination of Parental Rights that meets or exceeds the federal requirements, and at a level that supports a rating of substantial conformity on the Case Review systemic factor.

### **Policy**

- Minnesota Statutes 260C.201, Subd. 11(b), provide, “Unless the responsible social services agency recommends return of the child to the custodial parent or parents, not later than 30 days prior to the [permanent placement determination hearing] the responsible social services agency shall file pleadings in juvenile court to establish the basis for the juvenile court to order permanent placement of the child.” Subd. 11(c), provides that any trial regarding a permanency petition must be commenced within 60 days of the permanent placement determination hearing. This language is mirrored in Juvenile Protection Rules 42.01.
- Minnesota Statutes 260C.201, Subd. 11(c) and Juvenile Protection Rules 42.05, provide that at the conclusion of the permanent placement determination hearing, the court shall order one of the following: (1) return of the child to the care of the parent from whom the child was removed, (2) termination of parental rights, (3) transfer of permanent legal and physical custody to a relative, long term foster care, (4) foster care for a specified period of time, or (5) guardianship and legal custody to the commissioner of human services. This language is mirrored in Juvenile Protection Rules 42.05.
- Juvenile Protection Rules 43.03, provide that if TPR is granted, the court must hold an in-court review hearing at least every 90 days to review the progress toward adoption.
- Minnesota Statutes 260C.301 through 260C.317, specify the process for voluntary and involuntary termination of parental rights proceedings, consistent with federal law.
- Minnesota Statutes and Juvenile Protection Rules require the filing of a permanency petition by month 11, such as a petition for TPR. The hearing on the petition must take

place by month 12 and will be followed by a trial within 60 to 90 days if the petition is denied. The filing of a TPR petition is mandatory in certain cases where the statutes authorize the agency to "bypass" the child protection phase. There are no circumstances under the statutes or rules that allow the agency to not file a TPR, unless they file one of the other permanency petitions in lieu of TPR petition.

- Juvenile Protection Rules 39.02, Subd. 2(b), require that TPR trials "may not be continued or adjourned for more than 1 week unless the court makes specific findings that the continuance or adjournment is in the child's best interest." Nevertheless, some counties routinely hold a trial for a day or two and then hold a little more of the trial in a week or month and then finalize it a week or month later.
- Juvenile Protection Rules 39.05, Subd. 3(a) require the court to issue its TPR order within 15 days of the conclusion of the trial it can be extended for an additional 15 days if briefs are to be submitted.
- Juvenile Protection Rules 47.02, Subd. 2 require that appeals in TPR matters are filed within 30 days of when the court administrator serves notice that the TPR order has been filed. The appellate court has 60 days to issue its decision from the time the case is deemed submitted.

### **Practice**

- Judges refer to the *Judges Juvenile Protection Benchbook* for guidance on high-quality judicial process dealing with permanency trials and post-permanency review hearings.
- County agencies have the capacity to track children who have been in care for 15 out of the last 22 months through the Social Service Information System.
- County attorneys and county agencies do not typically document for the court why they choose to file one type of permanency petition versus another type of permanency petition. They may do so if, as allowed under Juvenile Protection Rule 33.01, Subd. 4(b), they file a petition that includes alternative permanency options. Under such circumstances, the county attorney/agency must include information in the petition about why each of the permanency options is best for the child. Likewise, in the event another party to the case files a different type of permanency petition as is allowed under the same Rule, both parties will then be required to establish why their permanency option is best for the child.

### **Performance Measures**

- During the 2001 CFSR, case review system was rated in substantial conformity and this item was rated a strength. This item is not specifically evaluated as part of the MnCFSRs. Statewide implementation of CJI supports continuous improvement in juvenile court practice.
- In 2005, it took approximately 260 days from the filing of the trial court order until the filing of the appellate decision. In 2005 the court of appeals implemented internal procedures designed to expedite the appellate process. Recent statistics from May 2007 show that the current time from trial court decision to appellate court decision is still about 240 days. The Juvenile Protection Rules Committee intends to review the procedures to determine if there are other improvements that could be made to reduce the time from filing to appellate decision.

- The courts maintain data about the timing and frequency of disposition review hearings, permanency progress review hearings, and permanent placement determination hearings. This data is not currently available due to the court's transition to a new data system nor was there any focus group feedback on TPR process.

### **Challenges**

- Termination of parental rights trials may last several days. With the volume of juvenile cases, it is very difficult to schedule enough consecutive days to complete these trials. When trials extend over weeks, the likelihood of meeting the ASFA termination of parental rights timelines is reduced.
- The number of court and county agency personnel required to prepare for and conduct TPR trials is considerable. With the increase of TPR's over the last few years, the court system is challenged to meet ASFA permanency requirements.

### **Collaboration**

- Using the *CJI County Practice Guide*, multidisciplinary CJI teams in each county collaborate to identify current practice, areas needing improvement, and strategies for implementing improvements. Among the topics discussed is disposition review hearings and permanency hearings.

### **Promising Approaches**

- The Children's Justice Initiative (CJI) has developed and distributed to all judges, court administrators and county attorneys order templates that comply with federal and state statutes and rules, including templates for disposition review hearings and permanency hearings.
- Several programs/strategies including Family Dependency Treatment Court, Drug Court, concurrent permanency planning and the Parallel Protection Process support reunification. When these programs are successful, time and resource consuming TPR trials are reduced.

**Item 29: Notice of Hearings and Reviews to Caregivers.** Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

- Yes, Minnesota provides a process for notification and "right to be heard," for foster and pre-adoptive parents, and relative caregivers, that meets or exceeds the federal requirements, and at a level that supports a rating of substantial conformity on the Case Review systemic factor.

### **Policy**

- Minnesota Statutes 260C.152 provide, "The foster parents, if any, of a child and any pre-adoptive parent or relative providing care for the child must be provided notice of and an opportunity to be heard in any review or hearing to be held with respect to the child." This language is mirrored in Juvenile Protection Rules 22.02. Statutes and Rules have been recently amended to provide for a "right to be heard."

### **Practice**

- Judges refer to the *Judges Juvenile Protection Benchbook* for guidance on high-quality judicial process dealing with Service and Notice and relative searches.
- Court administrators are required to send a Notice of Hearing for every child protection hearing to foster parents, pre-adoptive parents, and relative caregivers.
- During court proceedings, judges ask whether any foster parents, pre-adoptive parents, or relative caregivers are present and whether they have any information to share.
- Agency social workers provide identifying information to county attorneys and court administrators, including addresses for parents, children and caregivers as part of the original CHIPS petition and provide informal notifications to foster parents and/or adoptive parents in the course of regular visits.

### **Performance Measures**

- During the 2001 CFSR, case review system was rated in substantial conformity and this item was rated a strength. Findings from quality assurance reviews indicate that counties consistently rate their process for providing notice of hearings, a strength. However, stakeholder interviews with foster parents, indicate that they are not notified in all cases.
- The courts maintain data about the timing and frequency of disposition review hearings, permanency progress review hearings, and permanent placement determination hearings. This data is not currently available due to the court's transition to a new data system.

### **Challenges**

- Foster parent work schedules and the absence of day care sometimes limit foster parent involvement in hearings.

### **Collaboration**

- Using the *CJI County Practice Guide*, multi-disciplinary CJI teams in each county collaborate to identify current practice, areas needing improvement, and strategies for implementing improvements. Among the topics discussed is how to better involve foster parents, pre-adoptive parents, or relative caregivers in child protection hearings.

### **Promising Approaches**

- The Minnesota Child Welfare Training System is revising pre-service curriculum for foster parents to include an overview of the roles of court personnel, general information about the court process, and the role of foster parents in court hearings.

## **C. Quality Assurance System**

**Item 30: Standards Ensuring Quality Services.** Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?

- Yes, Minnesota has developed and implemented standards to ensure quality services for children in foster care, that meet or exceed federal requirements, and at a level that supports a rating of substantial conformity on the Quality Assurance systemic factor.

### **Policy**

- Minnesota Statutes Chapter 245A, Human Services Licensing Act defines child placement licensing standards.
- Minnesota Statutes Chapter 245C, Department of Human Services Background Studies Act defines standards associated with conducting all background studies.
- Minnesota Rules 2960.0010 to 2960.3340, outline state regulations for residential care and treatment of children in out-of-home placement, including child foster care.
- Minnesota Rules 9543.0010 to 9543.0150, outline state regulations for county and private licensing agencies and defines standards for performing licensing responsibilities.

### **Practice**

- The Department of Human Services conducts bi-annual reviews of licensed treatment facilities and group homes programs. Facilities develop corrective action plans based on performance on established standards. Progress is monitored by the department staff and review results are classified as public information.
- Licensing of child foster care programs are delegated to counties and private agencies. Child foster care programs are visited for purposes of licensing at least every two years and when licensing rules are violated corrective action plans are developed and monitored.
- Background studies are required for: a) persons applying for license, b) individuals living in the household over 13 years of age, c) current or prospective employees or contractors who will have direct contact with persons served by the program, d) volunteers who will have direct contact, e) individuals age 10 to 12 living in the household where the license services will be provided when there's reasonable cause, f) people who might have access, and g) management officials.
- Complaints received by the department are investigated, and orders or licensing sanctions may be issued. These include correction orders, conditional orders, fines, suspension, or revocation.
- Compliance with background study requirements are monitored as part of investigations as well as routine monitoring contacts. Fines are issued for non-compliance.
- New licensing applications are processed on an ongoing basis.
- Technical assistance is provided to programs on an ongoing basis.

### **Performance Measures**

- During the 2001 CFSR, quality assurance system was rated in substantial conformity and performance on this item was rated a strength.
- Results from state and county reviews of child treatment facilities, group homes and foster homes are classified as public information and used by counties and families to evaluate the quality of service delivery.

### **Challenges**

- It is a challenge to recruit, train and retain adequate number of qualified state and county staff to ensure that licensing reviews are conducted and new and established standards consistently observed.

### **Collaborations**

- Development of the current licensing rule required extensive collaboration with the Department of Corrections to develop common understanding and interpretation of rule and statute; develop current regulations; and propose amendments to existing rules and statutes.
- State Departments of Education and Health, together with DHS Divisions of Children's Mental Health and Chemical Health, county agencies and provider organizations collaborate on current practice issues, emerging issues and proposed statutory changes.
- Advocacy organizations meet with the department to express concerns and discuss needs for changes in policy and practice.

### **Promising Approaches**

- The department has established standards for mental health treatment foster care and new assessment tools and treatment standards for chemical health and mental health.
- Increased public access to a variety of licensing data and information and guidance on implementing the Adam Walsh federal requirements for a fingerprint-based FBI check on all applicants for child foster care prior to final approval of a placement, represent recent department priorities.

**Item 31: Quality Assurance System.** Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?

- Yes, Minnesota is operating a statewide quality assurance system, that meets or exceeds the federal requirements, and at a level that supports a rating of substantial conformity on the Quality Assurance systemic factor.

### **Policy**

- Minnesota Statutes 256.01 and 256M.20, outline the authority of the department to conduct quality assurance reviews of county child welfare systems, under the general supervision and oversight duties of the Commissioner of Human Services.
- Minnesota Statutes 256.01, Subd. 15, establish Citizen Review Panels to help county and state child protection systems evaluate their practices, policies and procedures.
- Minnesota Statutes 256.01, Subd. 12, establish a child mortality review process to review deaths of children in Minnesota, including deaths attributed to maltreatment or in which maltreatment may be a contributing cause, and to review near fatalities as defined in section 626.556, Subd. 11 (d).

### **Practice**

- Minnesota's Citizen Review Panels have been in operation since October 1999. To ensure the child protection system is working well, panels evaluate child protection practices, policies and procedures. Citizen Review Panels bring community standards into the child protection system by reviewing requests for reconsideration of findings of maltreatment. Panel members participate in ongoing child protection quality assurance by

conducting case file reviews, focus groups, surveys and interviews. Annually, the panels make formal recommendations to improve the child protection system based on the results of these activities. Quality assurance reviews involve Citizen Review Panels in stakeholder interviews during MnCFSRs. Panel members participate in the preparation of their county program improvement plans and monitor those plans. Citizen Review Panel members were participants in the Statewide Assessment Advisory Team.

- A revised Child Mortality Review/quality assurance process was implemented to examine child deaths and near-fatal injuries where child maltreatment may have been a factor. Training was provided during the fall of 2005 and 819 participants attended. Additional ITV training events are planned for 2008. Fifty-three local and 34 state child mortality reviews were completed from July 2005 to June 2006. Findings and recommendations from the Child Mortality Review Annual Report, as fully discussed in Item 4, are incorporated into state planning and decisions.
- In response to Minnesota's 2001 CFSR, the state modified its quality assurance process to closely match the federal review, including conducting stakeholder and case-related interviews, along with a review of a sample of cases. To date, 79 county reviews (MnCFSRS) have been completed and approximately 60 counties are either implementing or have completed their program improvement plans. MnCFSR data is incorporated throughout the SWA document.
- Since the development of the MnCFSR database in 2005, DHS has provided a variety of reports designed to support counties in their program improvement planning. Specialized reports are generated after each MnCFSR and shared internally to inform DHS managers and staff of individual county performance in specific program areas, such as reunification, adoption, long term foster care, visitation and overall engagement of fathers. An Annual MnCFSR Program Report summarizes performance of all counties reviewed during the year, as well as, overall performance of all counties reviewed since 2003. This report is distributed to all county and community partners and posted on the department's public website.

### **Performance Measures**

- During the 2001 CFSR, quality assurance system was rated in substantial conformity, and this item was rated a strength. Although a process for conducting reviews of county child welfare agencies was already in place, a redesign of that process was carried out as part of an overarching strategy for the state's program improvement plan. By 2003 the state implemented a quality assurance review process with a capacity for evaluating county performance on achieving safety, permanency and well-being outcomes.

Findings from quality assurance reviews indicate that counties overall, rate their systemic capacity for quality assurance a strength, but acknowledge challenges, such as supervisor/staff ratios and attending to other administrative commitments, to carrying out case reviews and supervisor consultation to ensure quality practice. Most counties have planned improvements to their quality assurance system in response to MnCFSRs.

### **Challenges**

- MnCFSTRs are rigorous and time intensive. It is a challenge for counties to allocate the necessary staff resource to the review process and still adequately attend to their ongoing operational responsibilities.
- It has become increasingly difficult, especially in less populated counties, to recruit peer reviewers to participate in reviews outside of their home counties.
- The state's quality assurance system has the resource/capacity to review each of the states 87 agencies approximately every five years. More frequent quality assurance is needed in some counties to better integrate the CFSTR structure into day-to-day operations.

### **Collaboration**

- The state's Child Mortality Review team involves a broad range of county and community partners from every level of the child welfare system.
- The department promotes the expansion of the Citizen Review Panels through contact with community members and publications, including *Guidelines for Inviting Citizen Participation and Encouraging Community Investment in the Protection of Children*.
- MnCFSTR Outcome P1 performance data was presented at all the regional CJI Conferences in 2006. Findings were clear that counties with strong CJI teams performed significantly better than counties where CJI teams were less active and effective.

### **Promising Approaches**

- In 2005, DHS developed a Child Protection Supervisors Website. This site provides supervisors with a broad range of technical resources, along with information and data to assist them in supporting their staff. Supervisors provide input on the resources and information to be posted on the site.
- A QA Toolkit provides counties with a condensed version of the MnCFSTR case review instrument and a series of Excel spreadsheets to record case review results. DHS has held case review roundtables to discuss issues related to the use of the QA Toolkit. Fifty counties have instituted quarterly MnCFSTR style case reviews and report their review results to DHS.
- To assist counties in monitoring and improving their performance in these critical areas, DHS issues three statewide performance reports: Caseworker Contact with Parents, Caseworker Contact with Children, and Time to Initiate Child Protection Assessments.
- DHS adolescent services staff and Citizen Review Panel members completed a review of social service case files in four counties to determine if social workers had addressed the independent living skills needs of youth 16 or older in long-term foster care. The case review findings informed the development of a best practices guide, and a new curriculum for social workers on how to help youth transition from foster care to adulthood.
- In 2005 DHS introduced a series of Virtual Presences Communications (VPC) child welfare supervisor forums that address improving systems and practices which impact outcome achievement for children and families. On average, 60 out of approximately 200 supervisors statewide, attend these quarterly forums. Feedback gathered through an on-line evaluation process has been favorable.

## D. Staff and Provider Training

**Introduction to the Minnesota Child Welfare Training System.** MCWTS is a comprehensive, competency-based system providing culturally responsive, family-centered training for county and tribal staff; foster, adoptive and kinship caregivers; economic support staff; county directors, supervisors and managers; and community providers. MCWTS is funded by a combination of federal Title IV-E, state and county resources. A central steering committee, comprised of county, tribal and community partners, provides coordination of management activities.

For the past 10 years DHS has contracted with the University of Minnesota to provide direct supervision for five area training managers to coordinate activities across the training regions. This includes identifying training needs, scheduling and organizing training sessions, providing transfer of learning support and managing curriculum review and Title IV-E eligibility determination processes. Century College, a member institution of the Minnesota State Colleges and University system, will assume these duties effective July 1, 2007, and has proposed innovative approaches for improving this component of the training system.

MCWTS trainers are public and private agency professionals and foster, adoptive and kinship caregivers. Trainers are experienced, have current knowledge in their subject area and are required to complete courses on culture and diversity and the Indian Child Welfare Act.

**Item 32: Initial Staff Training.** Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

- Yes, Minnesota operates a staff development and training program that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Staff and Provider Training systemic factor.

### Policy

- The Minnesota Child Welfare Training System (MCWTS), established through Minnesota Statutes 626.5591, requires the Commissioner of Human Services to develop a competency-based program of foundational and advanced training for child protection workers.
- Minnesota Statutes 626.559, Subd. 1 (a), mandate that child protection workers attend Social Worker Core training within the first six months of employment.
- Minnesota Statutes 245.487 and Minnesota Rules 9520.0912, require that new children's mental health case managers receive 40 hours of training approved by DHS.

### Practice

- Social worker Core training is divided into seven training modules that provide the fundamental knowledge and skills necessary for child welfare caseworkers. The training consists of 16 days of classroom instruction, plus a computer-based training on Indian Child Welfare Act. Training topics include family-centered child protective services, cultural competence, legal aspects of child protection, family-centered case planning,

effects of abuse and neglect on child development, and separation, placement and reunification.

- Social worker Core training is updated to reflect changes in statutes, juvenile court rules, best practice, DHS initiatives, quality assurance findings, and Tribal/State Agreement. Changes in statutes, policy and practice related to investigations and assessments are integrated into Core training
- Children’s mental health Core is a 42-hour training series designed for new county children’s mental health case managers to meet training requirements is offered 3 to 4 times per year. The training is focused on developing skills that encompass the children’s mental health case process from an outcome-based perspective; teaching collaborative strategies which empower the child’s family; helping case managers understand the roles and responsibilities of families and community service providers; teaching collaborative methods for assessing a child’s needs and identifying resources; and providing information about advocacy and the wraparound process.
- Area training managers are responsible to maintain contact with county and tribal social service agencies, to organize and coordinate all Core training and identify staff needing social worker and children’s mental health Core training. Area training managers also provide orientation on transfer of learning to social worker Core training participants.

**Performance Measures**

- During the 2001 CFSR, training system was rated in substantial conformity, and this item was rated a strength. Findings from quality assurance reviews indicate that counties, consistently rate the systemic capacity for meeting initial training needs of workers a strength.
- The table below identifies the number of participants attending social worker core trainings per quarter:

2004	Winter	Spring	Summer	Fall	Total
SW Core	222	144	80	117	563
2005	Winter	Spring	Summer	Fall	Total
SW Core	222	246	155	247	870
2006	Winter	Spring	Summer	Fall	Total
SW Core	241	229	192	179	841

- During 2005 – 2006, participation in the Children’s Mental Health Core totaled 212. Some participants attended more than one Core module. Each module a person attended is reflected in the total participation number of 212. (Children’s Mental Health Core participation rate is included in the table on Item 33, under the Social Worker Specialized/Related section).

**Challenges**

- Increased social worker caseloads and at times significant travel distance to attend training are challenges to some counties to ensure that all new child welfare workers attend Core training within the first six months of their employment.

- County social workers with both child protection and children’s mental health cases must attend the social worker Core and children’s mental health Core series. As a result, some workers are not able to manage all their case-related duties during these extended periods of training.

### **Collaboration**

- The Training Integration Project incorporates training from SSIS case management system into the social worker Core curriculum. Counties, tribes, division staff and various social service professionals partnered to produce a streamlined, integrated curriculum.
- The children’s mental health Core series was developed in collaboration with the Children’s Mental Health Division and the MCWTS. The collaboration continues with hiring trainers, funding the training, and reviewing curriculum.

### **Promising Approaches**

- The Training Integration Project utilizes a “Life of the Case Model” to structure Core training to address the full range of child welfare practice, policy and systemic issues. The project objective is to improve and align current business processes to facilitate effective delivery and coordination of training services to county and tribal caseworkers.
- MCWTS provides training and technical assistance to both tribal child welfare agencies participating in the American Indian Child Welfare Initiative. Training includes the social worker Core and SSIS application.
- Alternative and blended learning training formats are in development and offer more options, beside traditional classroom settings, for delivering training in a cost-efficient and effective manner.
- In 2007, the MCWTS web site will be streamlined and training participants can more easily locate training information and other useful resources.

**Item 33: Ongoing Staff Training.** Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?

- Yes, Minnesota provides for ongoing training that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Staff and Provider Training systemic factor.

### **Policy**

- Minnesota Statutes 626.5591, require that the commissioner of the Minnesota Department of Human Services develop a competency-based program of foundational and advanced training for child protection workers.
- Minnesota Statutes 626.559 Subd. 1 and Minnesota Rules 9560.0234, require that all child protection workers develop a plan to complete 15 hours of training on specified child protection-related topics annually.
- Minnesota Statutes 245.487 and Minnesota Rules 9520.0912, Subp. 5, require continuing training for mental health case managers. A mental health case manager with 2,000 hours of supervised experience must complete at least 30 hours of training in a two-year period. The training must be approved by the case management provider and be related to the

needs, characteristics, and services available to the clients in the caseload assigned to the case manager.

**Practice**

- The MCWTS schedules training based on needs identified by county and tribal social service agencies. Area training managers contact county and tribal social service agencies, at least annually or more often based on need, to identify training needs, organize the trainings and provide transfer of learning support. The area training managers also participate in MnCFSR exit conferences and county program improvement plan meetings to identify training needs.
- Ongoing staff training includes the “specialized skills” and “related skills” training for county and tribal social workers, supervisors, directors, managers, economic support staff, and private agency staff. Specialized skills training address knowledge and skills needed by social workers serving special client populations. Related skills training include presentation of knowledge and skills that refine and enhance child welfare practice.
- Specialized skills and related skills curricula are updated to reflect changes in statute, juvenile court rules, best practice guidance, DHS initiatives, and revisions to the Tribal/State Agreement.

**Performance Measures**

- During the 2001 CFSR, training system was rated in substantial conformity, and this item was rated a strength. Findings from quality assurance reviews indicate that counties overall, rate the systemic capacity for meeting ongoing training needs of workers a strength.
- The table below identifies the number of participants attending training per quarter. The social worker specialized and related trainings include children’s mental health Core participants.

<b>Trainings 2004</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>	<b>Fall</b>	<b>Total</b>
Social Worker Specialized/Related	355	799	422	428	2,004
Supervisor Core	32	12	51	35	130
Supervisor Specialized/Related	31	0	35	39	105
<b>Trainings 2005</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>	<b>Fall</b>	<b>Total</b>
Social Worker Specialized/Related	335	630	298	270	1,533
Supervisor Core	22	46	39	44	151
Supervisor Specialized/Related	20	24	7	0	51
<b>Trainings 2006</b>	<b>Winter</b>	<b>Spring</b>	<b>Summer</b>	<b>Fall</b>	<b>Total</b>
Social Worker Specialized/Related	336	447	315	273	1,371
Supervisor Core	40	15	0	44	59
Supervisor Specialized/Related	0	21	10	5	36

**Challenges**

- Gathering data on individual worker training needs, at a system level is challenging. MnCFSRs provide data and information on agency practices and systemic issues but not directly on individual social worker training needs.
- County staff, especially from outstate county agencies, and tribal social service agencies, have difficulty attending training due to the travel time. This can result in trainings being cancelled and/or low participant numbers.

- Agency staff report difficulty attending trainings that are scheduled for more than one day due to extensive case management responsibilities and lack of available back-up staff. For some training topics, the opportunity to practice skills learned in training may be delayed because of caseload obligations.

### **Collaboration**

- The MCWTS contracts with University staff, community service providers, and agency child protection workers and supervisors to provide training on the following topics: forensic interviewing of child sexual abuse cases, attachment, and kinship.
- Culture and diversity training courses based on best practices for working with African American, Asian American, American Indian, Latino/Hispanic, and immigrant-American families utilize community stakeholders, such as foster parents, in-home service providers and county child welfare staff, to develop and train the curricula.
- The CJI/ Alcohol and Other Drug Project and the state CJI team sponsored a training conference in 2006 attended by 125 team members from multiple disciplines including courts, chemical health, and child welfare. The purpose of this conference was to enhance understanding of the impact that alcohol and other drugs has in child protection cases and to share best practices for addressing the co-occurrence of substance abuse and child maltreatment.
- In 2005, the MCWTS partnered with the DHS Chemical Health Division, the Department of Health, county and tribal agency staff to provide a statewide videoconference training series on methamphetamine to 1729 participants, including county and tribal social services, foster and adoptive parents, public health, law enforcement and corrections staff. Training topics included an advanced overview, initial intervention strategies and long-term intervention. Forums followed the trainings and were designed for agency staff to connect with community partners to address methamphetamine related issues.

### **Promising Approaches**

- Key topic areas that are being revised or developed based on goals of the Child and Family Service Plan, MnCFSRs, statutory requirements and needs identified by county and tribal agency staff include:
  - Engagement and search strategies: Engaging fathers and conducting relatives/kinship searches based on best practice guides. Family Finder training assists social workers in using technology to improve relative search practices.
  - Family Assessment: Training is being revised and will incorporate Parent Support Outreach Program and Investigation responses.
  - Methamphetamine: Training is developed and includes the potential effects on family functioning and child safety, permanency and well-being.
  - Culture and diversity: Courses based on best practices for working with African American, Asian American, American Indian, Latino/Hispanic, and immigrant-families are being developed.
- A new child welfare social worker training needs assessment tool, which organizes training needs around the 23 CFSR performance items, is under development.
- CJI sponsored the Connections Matters Conference in May 2007 for workers from multiple disciplines, including courts, chemical health, and child welfare. The conference

emphasized coordination between the courts, chemical health and child protection for the co-occurrence of alcohol and other drugs. Over 450 participants attended

- Alternative and blended learning training formats are in development to offer more options other than classroom training and to deliver trainings in the most cost-effective, efficient and effective manner.
- In 2007, the MCWTS website will be streamlined and training participants will benefit by being able to more easily locate training information and other resources.

**Item 34: Foster and Adoptive Parent Training.** Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?

- Yes, Minnesota provides training for current or prospective foster and adoptive parents, that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Staff and Provider Training systemic factor.

#### **Policy**

- Minnesota Rules 2960.3070, Subp. 1 and 2, state, “A non-relative foster parent must complete a minimum of six hours of orientation before admitting a foster child. Orientation is required for relative foster parents to be licensed as the child’s foster parent. Orientation for relatives must be completed within 30 days following the initial placement and each foster parent must complete a minimum of 12 hours of training per year.
- Minnesota Rules 2960.0100 and 2960.0150, include training requirements for all group residential license holders and staff. The license holder must provide and document training.
- Minnesota Statutes 245A.18, require child foster care and other programs licensed by the department that serve a child or children under nine years of age complete child passenger restraint systems training at orientation and every five years. Training programs must be approved by the Minnesota Department of Public Safety (DPS). DPS offers the training on a state-wide basis.
- Minnesota Statutes 245A.144, require that child foster care providers complete training on reducing the risk of sudden infant death syndrome and shaken baby syndrome prior to caring for an infant and every five years thereafter. Training is approved by the licensing agency.
- Minnesota Statutes 245A.155, require foster parents to complete training on operating life-sustaining equipment. The agency supervising the foster care provider shall keep the training and skills form on file for each foster care provider and update the form yearly.
- Public Private Adoption Initiative (PPAI), requires licensed private adoption agencies to provide prospective adoptive parents of children under state guardianship 16 to 21 hours of training, in conjunction with the adoption home study process. Training topics include issues related to adopting children with special needs.

## **Practice**

- Foster parents are licensed by county, tribal and private agencies. Agency staff and foster parents develop individualized training plans based on the needs identified during the licensing and re-licensing process. Agency staff develop and approve trainings for providers to fulfill training requirements. Area training managers assist county and tribal social services agencies in matching provider's needs with training offered through the MCWTS. Private agency staff and providers can attend MCWTS trainings.
- Training for foster, adoptive and kinship providers is developed based on statutory requirements and needs identified through quality assurance reviews, county and tribal social services agencies and area training managers.
- The MCWTS offers pre-service and specialized/related trainings. The 36-hour pre-service training is a competency-based, culturally relevant training series for prospective and licensed foster parents. The pre-service is co-trained by an agency professional and a foster or adoptive parent. The series provides an overview of topics that support positive performance on safety, permanency and well-being items. Specialized and related skills trainings address specific issues pertinent to foster, adoptive and kinship providers.
- PPAI agencies provide adoption training and education to prospective adoptive families.
- Minnesota Adoption Support and Preservation (MN ASAP) presents workshops and training sessions on adoption-related topics. Adoptive, foster, kinship parents and professionals attend these trainings. Approximately 3,400 persons attended MN ASAP trainings during 2004 through 2006.

## **Performance Measures**

- During the 2001 CFSR, training system was rated in substantial conformity and this item was rated a strength. Findings from quality assurance reviews indicate that counties rate the systemic capacity for meeting training needs for foster, adoptive and facility staff a strength.
- The number of MCWTS trainings requested by county and tribal agencies has increased since the pre-service was introduced. The MCWTS has provided trainings to foster, adoptive and kinship providers in over 75 percent of Minnesota county and tribal agencies. The development of advanced level training topics and the use of alternative learning training formats may increase this number.
- The pre-service training continues to be well received and in high demand. Since Jan. 2004, 78 pre-service training series were held at county and tribal social services agencies throughout the state. Training evaluations identified improved understanding of team member's roles, greater appreciation for maintaining connections and partnering with birth parents, and the importance of being cognizant of the impact cultural issues.
- The number of specialized and related training topics have increased in response to statutory requirements and identified needs. Since 2004, 58 specialized and/or related trainings have been held at county and tribal social services agencies throughout the state.

## **Challenges**

- Agency training plans need to reflect the specific training needs of individual social workers. Greater congruency between agency training plans and worker needs would support the delivery of more relevant training at the local level.

- Trainings that are longer than six hours are not in demand or well attended. An example is the 12-hour independent living skills training, which is the least requested training offered by the MCWTS.
- There are a limited number of training topics to meet the needs of experienced providers.
- It is challenging, due to extensive distance to travel, for rural professionals, particularly mental health professionals, to attend MN ASAP training.

### **Collaboration**

- A collaboration of county, tribal, private and community agencies, DHS staff and MCWTS trainers form the Kinship Advisory Committee, which provides direction and training recommendations. The Committee reviews quality assurance reports, focusing on performance items related to foster parents and related training needs.
- MCWTS partners with area medical and child welfare experts to develop, deliver and review training, including shaken baby syndrome, sudden infant death syndrome, methamphetamine use, and kinship care.
- The MCWTS and the Minnesota Kinship Caregivers Association collaborate on annual statewide videoconference trainings on topics relevant to kinship caregivers. MCWTS also provides training upon request at the annual Minnesota Foster Care Association Conference.
- MN ASAP frequently collaborates with agencies and community organizations to sponsor training and workshop events. Whenever possible MN ASAP utilize trainers from the same field as the intended audience.

### **Promising Approaches**

- County and tribal agencies have identified the need for advanced training topics for providers to better address the areas of attachment, sexual abuse and chemical dependency, including methamphetamines. Curricula on these topics and the Child Welfare League of America, PRIDE in-service training series will be introduced in 2007.
- Birth parent, child and youth perspectives in foster, adoptive, kinship (FAK) curricula are being reviewed and expanded. Parents who participated in and completed child protective services and youth who were in foster care are being recruited to provide training in specific topic areas, including promoting mentoring relationships with foster parent/birth parent and maintaining family connections.
- The independent living skills training was modified from a single 12-hour training to two six-hour trainings in order to accommodate the schedules of host agencies. Youth in care attend one of the trainings with providers to discuss issues for successful transition to adulthood.
- Virtual Presence Communication technology will continue to be used to deliver training on a regional and state-wide basis. Additional alternative and blended learning training formats are being explored.
- In 2007, the MCWTS web site will be streamlined and training participants will be able to more easily locate training information and other resources.
- In order to provide post-adoption services, the department contracts with two non-profit agencies to manage Minnesota Adoption Support and Preservation (MN ASAP) which includes training for both adoptive parents and professionals. The majority of these training sessions cover topics related to parenting children with special needs. MN ASAP

has developed a Learning Alternative Behavior Strategies (LABS) training approach. Multiple session, in-depth trainings offering practical ideas to help adoptive parents understand and meet the needs of their children.

## **E. Service Array and Resource Development**

### **Overview of Service Array and Resource Development in Minnesota's State Supervised, County Administered Child Welfare System**

The Minnesota Department of Human Services ensures a service array in accordance with federal requirements under 45 CFR 1357, that child and family services must provide for the safety and protection of children, as well as, preserve and support families, according to the service principles found in 45 CFR 1355.25. Minnesota's system of child welfare is state supervised and county administered, so this requirement is achieved through the department's supervisory role/support to counties, and implementation of protocols and best practice at the county level.

The Children and Community Services Act (CCSA), Minnesota Statutes 256M.01 to 256M.80, is a formal mechanism for state funding and oversight of county child welfare services. The Act establishes a consolidated fund, comprised of 15 federal/state children and community services grants, and makes biennial allocations to counties. Counties are directed to prioritize funding to protect children from maltreatment, provide emergency and crisis services necessary to protect children from harm, assess needs and refer to appropriate services; and, provide services to maintain children in their own home. Counties develop biennial service agreements that include an assessment of needs for children, families and youth; and, a description of the community strengths and resources available to meet those needs, including service array. This assessment includes, where appropriate, needs of major racial, ethnic or immigrant populations and resources available to meet their special needs. CCSA requires that counties achieve improved child safety, permanency and well-being outcomes, including setting performance targets and describing the strategies that will be employed to achieve improved outcomes.

In addition to CCSA, the department ensures service array through legislation, policy guidance, technical assistance, training and other supports, including data collection and evaluation, to assist counties in needs assessment, planning, and delivery of services.

**Item 35: Array of Services.** Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?

- Yes, Minnesota provides for an array of services that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Service Array systemic factor.

### **Policy**

- Minnesota Statutes 626.556, Subd. 10 (h), require that the local child protection agency

responsible for conducting a Family Assessment shall collect available and relevant information to determine safety, risk of maltreatment and family strengths and needs.

- Minnesota Statutes 260C.20, Subd. 2 (4), require reasonable and active efforts to prevent out-of-home placement.
- Minnesota Rules 9560.0214, Subp. 6, define child protective services as assessment or investigation; protective intervention; and planning and provision of services.
- Statewide implementation of Structured Decision Making (SDM) was completed in Minnesota in late 2003. Standardized, research-based SDM tools inform agency decisions at key stages in child welfare cases
- *Family Centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS 4938) is designed to help caseworkers utilize individualized assessments, along with an array of formal and informal services and relationships to support families.

### **Practice**

- Service array and resource development to prevent placement, achieve reunification/TPLPC, and achieve permanency through adoption are supported by the department and delivered through county child welfare agencies.
- Placement prevention services include an array of protection, family support and family preservation services: Family Assessment and child protection investigations, including assessment of safety, risk and developing protective service plans; community-based services to meet basic needs and supportive services such as, parenting education, respite care, individual and family counseling, and family-based home management; and, Family Group Decision Making, family-based crisis services, crisis nurseries and children's mental health.
- Services to achieve reunification include Family Group Decision Making, concurrent permanency planning, chemical health treatment, and adult mental health services.
- Services to achieve permanency through adoption include Minnesota Adoption Support and Preservation programs, Homecoming project, relative custody assistance, and Minnesota Permanency Demonstration Project.

### **Performance Measures**

- During the 2001 CFSR, service array was rated in substantial conformity, and this item was rated a strength. Findings from quality assurance reviews indicate that counties overall, rate the systemic capacity for service array a strength. For the most part, counties report an adequate service array across a continuum of child welfare services from prevention through permanency, including resources for formal evaluation and community-based services. Gaps in services most commonly identified included services outside the child welfare domain such as, transportation, affordable housing, adult and child mental health assessments and treatment, and treatment options to address methamphetamine use.
- According to the 2005 Child Welfare Report, post-assessment services most frequently recommended included case management, parenting education, mental health services, individual counseling, chemical dependency services, information and referral, and family counseling.
- In 2007, the Minnesota Children's Trust Fund completed an assessment of service array for early intervention/prevention services with the assistance of local child abuse

prevention councils in 40 counties, using the service array assessment tool developed by the National Resource Center for Organizational Improvement. Services to meet basic needs, such as cash, housing, utilities, food, clothing, transportation and employment assistance were rated by most counties as being available, and adequate to meet most of the local need. Support services such as parenting education, parent mentoring, respite care, life skills training, and crisis nurseries were available in about half of the counties that replied and typically rated as only meeting some of the local need.

### **Challenges**

- Service array and resource development is variable across 87 counties depending on availability of local resources, community need, geographic and demographic characteristics of the counties, and/or other emerging issues. Many counties in the state are rural, sparsely populated and characterized by an aging population that creates competing demands for local resources. In some suburban and rural counties there is an influx of racially and ethnically diverse families and there is a need to develop expertise and local services/resources to meet their culturally specific needs. Urban counties are challenged to meet the complex needs of new populations and families experiencing poverty and violence, with diminished resources available.
- Some specialized, high demand/short supply services, such as child psychiatric or parenting capacity assessments, may require waiting time or out-of-county travel to access the service.

### **Collaboration**

- County agencies work cooperatively with neighboring counties, tribes, local private non-profit agencies, community-based service providers, advocacy organizations and/or faith communities to improve availability and access to an array of services to meet the needs of children and families. Some rural counties have formed regional mental health initiatives to develop resources and provide access to specialized services. Nearly every county has a children's mental health and/or family services collaborative that assess local needs and develop resources for children across multiple systems.

### **Promising Approaches**

- The Parent Support Outreach Project (PSOP), is a pilot project supported by a local private foundation to implement and evaluate the impact of early intervention services on families at risk of child maltreatment. Thirty-eight participating counties are connecting families who have been 'screened out' for child protection assessment, to community-based, family support services. Services are offered to address child maltreatment risk factors and family needs that threaten the stability of the family and the well-being of children.
- The MFIP Family Connections project is due to be implemented in the fall of 2007. This project represents a public/private partnership to implement and evaluate a program of early intervention/family support services to families who are receiving MFIP (TANF). Goals of the project are to prevent child maltreatment, promote development of protective factors and improve child well-being.

**Item 36: Service Accessibility.** Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

- Yes, Minnesota ensures access to services in all counties that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Service Array systemic factor.

### Policy

- The Children and Community Services Act, Minnesota Statutes 256M.01 to 256M.80, provides that service array, to meet the needs of children, families and youth is available in all 87 counties, based on a local assessment of needs.
- The Minnesota Comprehensive Children's Mental Health Act, Minnesota Statutes 245.491 to 245.495, and 124D.23, provides availability and access to children's mental health services in all 87 counties.
- DHS Bulletin #01-89-01, *Instruction on Limited English Proficiency Plans* requires counties to complete a plan for providing language interrupters, documents in translation, along with other supports for non-English speaking clients. This requirement has contributed to the development of training plans for county agency staff, access to language lines, and an overall improved awareness of cultural and language needs of an increasingly diverse child welfare population. Community stakeholder interviews, conducted during MnCF SRs indicate improved availability and access to interpreters. The DHS public Website provides links to additional related resources.

### Practice

- Counties determine service array and resource development needs as part of their biennial needs assessment and public planning process. Counties choose to provide services directly, execute contracts for services with local/regional private providers, or form regional alliances to meet the service and resource needs of a particular geographic or demographic, or target population area of need.

### Performance Measures

- During the 2001 CF SR, service array was rated in substantial conformity and this item was rated a strength. Findings from quality assurance reviews from 2003 to 2006 indicate that counties, overall rate access to services a strength, noting however, that availability of culturally diverse service providers and preparedness of county agency staff to assess the needs of culturally diverse children and families are challenges. Other common barriers to accessing services, identified from county self-assessments and case reviews include transportation to services, language interpreters, and waiting lists for some of the more specialized services.

### Challenges

- There is variability in the services available/accessible across 87 counties and this is sometimes publicly perceived as a deficit in our state supervised, county administered child welfare system. Counties plan for service array based on an assessment of needs of their population. This may mean that in order to access highly specialized services, for which the need may arise only occasionally in a county, children and families may have

to travel out of county, or wait for access to the service. Counties outside the urban areas are often required to provide additional supportive services, such as transportation or child care, to accommodate access to services.

### **Collaboration**

- County agencies work cooperatively with neighboring counties, tribes, local private non-profit agencies, community-based service providers, advocacy organizations and/or faith communities to improve availability and access to an array of services.

### **Promising Approaches**

- The Minnesota Department of Human Services has published guidelines for health and human services organizations and providers to enhance their abilities to serve individuals from diverse cultures. [\*Guidelines for Culturally Competent Organizations\*](#), and clinical guidelines for culturally competent mental health services for American Indians are available online.
- One urban county has established a Cultural Responsiveness Coordination Committee and contracts with Cultural Advisors, who represent African American, American Indian and Hmong communities, to consult on program and policy development as part of a countywide Anti-Racism Initiative. The initiative has led to the development of short and long-term goals to address and mitigate the issue of institutional racism.
- The Culture and Diversity Sub-Committee of the Minnesota Child Welfare Training System has developed a set of recommendations for meeting cross-cultural competency training needs. The first culturally-specific curriculum resulting from their recommendations, *Exploring the African American Experience: Best Practices for Working with African Americans* was offered for the first time in 2006.

**Item 37: Individualizing Services.** Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

- Yes, Minnesota ensures delivery of individualized services that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Service Array systemic factor.

### **Policy**

- Minnesota Statutes 260C.212, Sections 1 and 7, address case planning requirements for children in out-of-home placement. Completion of an out-of-home placement plan is required for all children within 30 days of placement.
- Minnesota Rules 9560.0228, outline case planning requirements for children still living in their home while under protective supervision of the agency. Completion of a protective service case plan is required within 30 days of opening the case.
- Minnesota Statutes 206C.212, Subd. 1 and Minnesota Rules 9560.0228, explicitly require involvement of children and families in the initial development of the case plan and in ongoing evaluation of progress toward meeting plan goals.
- DHS Bulletin #05-68-01 *Revision of Out-of-Home Placement Plan* requires counties to complete a standardized plan for all children placed out of home. All federal Title IV-E, Chafee Foster Care Independence Act and state case plan requirements are addressed.

- *Family Centered Practice Guide: Engaging, Assessing and Building Strengths with Families* (DHS 4938) is designed to help caseworkers utilize individualized assessments, along with an array of formal and informal services and relationships to support families.

### **Practice**

- When cases are open for in-home services, or when children are placed in foster care, caseworkers develop case plans that identify individualized child safety, permanency and well-being goals; and, describe the social and other supportive services or resources required to achieve the goals.

### **Performance Measures**

- During the 2001 CFSR, service array was rated in substantial conformity and this item was rated a strength. Findings from quality assurance reviews indicate that counties overall, rate the systemic capacity for individualizing services a strength.

### **Challenges**

- In some rural counties there are less options/choice of service providers making it difficult to achieve individualized services. Urban counties have been forced to reduced contracts with community service providers, due to diminished resources, which limits options for receiving individualized services.

### **Collaboration**

- County agencies consult with tribal child welfare services or with organizations that advocate on behalf of other racial/ethnic groups in order to meet the individualized needs of children and families.

### **Promising Approaches**

- The department supports Family Group Decision Making through grants to counties and tribes. FGDM is used to convene children and families, along with their extended network of support, to develop plans for family preservation or child permanency that take into consideration the unique needs and culture of each family, and the individualized needs of each child and parent.

## **F. Agency Responsiveness to the Community**

**Item 38: State Engagement in Consultation with Stakeholders.** In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?

- Yes, Minnesota engages in ongoing consultation with county, tribal and community partners, that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Agency Responsiveness to the Community systemic factor.

## Policy

- The Minnesota Department of Human Services develops and implements the Title IV-B Child and Family Services Plan according to federal regulations at 45 CFR 1357 requiring broad involvement and consultation with a range of public and private non-profit agencies and community-based organization, parents, and others.
- The Tribal/State Agreement states the policies and procedures agreed to by both the tribes and the State and specifies the roles and duties of each in the implementation of child welfare services to Indian families and children. This agreement was signed by each of Minnesota's federally recognized tribes and the Department of Human Services in February 2007.
- Minnesota Statutes 256M.01 to 256M.80, The Children and Community Services Act of 2003, requires counties to develop a Biennial Service Agreement to set performance targets and describe strategies for achieving child safety, permanency and well-being outcomes, for child and community services. Development of the Biennial Service Agreement requires that the public is informed and has the opportunity to provide input on the use of state and federal funds.
- Minnesota Statutes 626.558, establish the requirement for multi-disciplinary Child Protection Teams, describing their membership and function to provide public/professional education; develop resources for prevention, intervention and treatment; and provide case consultation.
- Minnesota Statutes 256E.20-256E.26, the Minnesota's Children's Trust Fund for the Prevention of Child Abuse Act, provides for the establishment of local child abuse prevention councils which require the membership of child abuse/neglect professionals, community stakeholders and parents.

## Practice

- Development of the 2004-2009 Child and Family Service Plan, was launched with a series of internal meetings that included representation from: child protective services, foster care and adoption, reunification services, family preservation and support services, adolescent services, Indian Child Welfare, Children's Justice Act, Children's Justice Initiative, Citizen Review Panels, Child Mortality Review, statewide information system, research and planning, training system and quality assurance. These internal meetings represented first stages of data analysis, priority setting and goal development.
- External consultation was conducted through a number of interactive presentations with key constituency and stakeholder groups representing: other divisions/administrations within the state agency, such as TANF, Part H, Part C, Community Based Child Abuse Prevention Program, child development/child care assistance; county social services administration and staff; tribes, through Indian Child Welfare Advisory Council; an array of community-based agencies and organizations, both public and private; parents; youth; professional and advocacy organizations; and representatives of other federal programs.
- The Child and Family Services Plan incorporated findings/ recommendations from other ongoing and special advisory groups to the department on topics such as African American disparities, American Indian disparities, advisory committee to reduce foster care re-entry and improve placement stability, advisory group to reduce the use of long-term foster care, and advisory group to the initiative to integrate alternative response with traditional child protection.

- Twenty-three focus groups were conducted, facilitating the involvement of over 200 participants in the development of the 2004-2009 Child and Family Services Plan. Input on the plan resulted in a heightened awareness of service needs for older youth and these were incorporated in the department's Chafee plans.

### **Performance Measures**

- During the 2001 CFSR, agency responsiveness to the community was rated in substantial conformity, and this item was rated a strength. Findings from ongoing quality assurance reviews indicate that counties overall, rate the systemic capacity for agency responsiveness as a strength. Specific areas of strength, included coordination/ collaboration with stakeholders, function of child protection teams, function of children's mental health/ family service collaboratives, and policies/procedures to ensure compliance with ICWA.

### **Challenges**

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

### **Collaboration**

- The department works in collaboration with other state agencies, such as health, education, employment and economic development, to carry out federal requirements.
- The department consults with national and statewide agencies/associations such as Minnesota Kinship Caregivers Association and Prevent Child Abuse Minnesota to carry out program specific planning and program implementation.
- The department works closely with counties to accomplish agency responsiveness. County's Biennial CSSA plans require public notice and input. Minnesota Child and Family Service Reviews include broad stakeholder involvement, as well as, input from parents, youth and others who are part of the child welfare system. This input is collected ongoing and used to inform the development of the CFSP.

### **Promising Approaches**

- The department's adolescent services unit is working as a partner with the National Governor's Association Policy Academy on Youth Transitioning from Foster Care. This initiative requires involvement of youth, community youth serving organizations, other divisions within the department, and other state agencies to plan and implement strategies for meeting the complex and multi-systemic needs of this population.

**Item 39: Agency Annual Reports Pursuant to the CFSP.** Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

- Yes, Minnesota develops annual progress reports in consultation with county, tribal and community providers that addresses state, regional and county issues and meets or

exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Agency Responsiveness to the Community systemic factor.

### **Policy**

- The Minnesota Department of Human Services develops the Title IV-B Annual Progress and Services report according to federal regulations at 45 CFR 1357 based on updated information and current data; and requiring broad involvement and consultation with a range of public and private non-profit agencies and community-based organization, parents, and others.
- According to the provisions of the Tribal/State Agreement of February 2007, a Tribal/State Meeting, between the Commissioner of Human Services and tribal leaders is held by June 30<sup>th</sup> of each year to discuss how the department and tribes can work together to improve outcomes and services for Indian children and families. Additionally, the Indian Child Welfare Advisory Council meets quarterly with the department and advises the Commissioner on child welfare issues affecting Indian children and families.

### **Practice**

- Development of the Annual Progress and Services Report (APSR) is initiated each early spring with a division-wide meeting, including program staff responsible for implementing strategies and monitoring progress on the goals/objectives of the Child and Family Services Plan. Updates on progress toward meeting goals and objectives, along with new federal reporting requirements, and/or new assignments are discussed at this annual event.
- APSRs are developed in ongoing consultation with: Children's Justice Initiative Advisory Committee, Child Mortality Review, Citizen Review Panels, African American Disparities Committee, Minnesota Child Welfare Training System Central Steering Committee, SSIS Partnership and County Operations Committee, and the Public Private Adoption advisory committee. Ad hoc advisory committees have been convened by the department to accomplish community input on development of statewide screening criteria; Structured Decision Making improvements to risk assessment and assessment of strengths and needs tools; and improving outcomes for children in long-term foster care. Recommendations from these committees are incorporated into the APSR. Findings from MnCFSRs also inform the annual update to the Child and Family Service Plan.
- Goals, objectives, and action steps of the Child and Family Services Plan are considered achieved, carried forward, modified or withdrawn, according to input received on the APSR.

### **Performance Measures**

- During the 2001 CFSR, agency responsiveness to the community was rated in substantial conformity and this item was rated a strength. Requirements reflected in this systemic factor item do not apply to counties.

### **Challenges**

- In the current year, during the development of the APSR, the Children's Bureau was conducting a Title IV-E Audit and the department was completing the statewide assessment for a CFSR, scheduled in September. Many program staff were involved in

one or more of these activities resulting in a tremendous demand on the agency's time and resources.

### **Collaboration**

- See Item 38 description of collaboration.

### **Promising Approaches**

- In the fall of 2006, the Child Safety and Permanency Division convened a day long retreat to review activities and acknowledge progress on achieving outcomes during the first two years of the Child and Family Services Plan. This same meeting was used as a "kick-off" event for the Child and Family Services Review.

**Item 40: Coordination of CFSP Services with Other Federal Programs.** Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?

- Yes, Minnesota coordinates services and benefits under the CFSP with other federal programs to meet or exceed federal requirements, and at a level to support a rating of substantial conformity on the Agency Responsiveness to the Community systemic factor.

### **Policy:**

- The Minnesota Department of Human Services develops and implements the Title IV-B Child and Family Services Plan according to federal regulations at 45 CFR 1357 requiring coordination of services or benefits serving the same population.
- Program Instructions that provide guidance for developing the CFSP and annual reports to the CFSP, require the integration of plans/services available under Title IV-B, parts 1 and 2; Promoting Safe and Stable Families act, Child Abuse Prevention and Treatment Act, Chafee Foster Care Independence Program, and Education and Training Vouchers program.
- Program Instructions require integration of findings from Child and Family Services Reviews and activities proposed in subsequent Program Improvement Plans; AFCARS reviews; Title IV-E reviews; and other relevant Children's Bureau reviews, where appropriate.
- Minnesota Statutes 256M.01 to 256M.80, The Children and Community Services Act, was enacted in 2003. The Act establishes a consolidated fund, comprised of 15 federal and/or state children and community services grants, and requires counties to develop a Biennial Service Agreement that sets performance targets and describe strategies for achieving child safety, permanency and well-being outcomes.

### **Practice**

- The goals, objectives, and strategies of the 2004-2009 Child and Family Services Plan were conceptually integrated and structurally aligned with the federal Child and Family Service Reviews. Using the performance goals and objectives of the CFSP provides a common foundation for planning and evaluating efforts to achieve improved safety, permanency and well-being outcomes across federal and state programs.

- Coordination of services to children and families at the local level occurs informally through cooperative working relationships among local service providers, and formally through ‘wraparound’ models, interdisciplinary case planning teams, case management services, and/or delivery of services through children’s mental health/family service collaboratives.

### **Performance Measures**

- During the 2001 CFSR, agency responsiveness to the community was rated in substantial conformity and this item was rated a strength. Requirements reflected in this systemic factor item do not apply to counties.

### **Challenges**

- Some of the Federal and/or federally assisted programs that serve the same population (i.e., Head Start, WIC, housing, Juvenile Justice, employment and training) operate under the jurisdictions of varying federal and/or state agencies, which creates data sharing and programmatic barriers to coordination of services. Still others, operating under the Department’s broad human services umbrella (i.e., mental health, substance abuse, Medical Assistance, EPSDT, food stamps, and Part H programs) respond to varying federal requirements that often inhibit coordination.
- There is not a comprehensive initiative or systematic approach for accomplishing data sharing across administrations within the state agency and/or across external state agencies for purposes of coordinating services and tracking/monitoring child and family outcomes.

### **Collaboration**

- Children’s Justice Initiative/Alcohol and Other Drug project is a collaborative effort of human services, courts and chemical health intended to achieve improved outcomes for children and families.
- The department has launched a collaborative effort with Juvenile Justice and children’s mental health to address the common and unmet needs of children served across these systems of care.

### **Promising Approaches**

- The MFIP Family Connections project represents a collaboration of Child Safety and Permanency programs (IV-B), Minnesota Children’s Trust Fund (CBCAP), Minnesota Family Investment Program (TANF) and a local private foundation, to provide early intervention family support services to families in receipt of MFIP supports with a goal of preventing child maltreatment.

## **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

**Item 41: Standards for Foster Homes and Institutions.** Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?

- Yes, Minnesota has implemented standards for foster home and child care institutions that meet or exceed federal standards and requirements, and at a level that supports a rating of substantial conformity on the Foster and Adoptive Home Licensing, Approval and Recruitment systemic factor.

### Policy

- Minnesota Statutes 245A.01 to 245A.022, the Human Services Licensing Act defines standards for placement facility licensure, provisions for relative to immediately care for related children in need of out-of-home placement, foster care licensing application procedures, due process procedures to deny a license, issue correction orders and conduct hearings.
- Minnesota Rules 2960, define licensing standards for residential facilities and foster care homes, along with certification requirements for related program service delivery. Mental health treatment, chemical health treatment, non-secure correctional facilities, and family foster homes are all covered under this chapter.
- Minnesota Statutes 245B, define the standards for facilities that serve persons with developmental disabilities.
- Minnesota Statutes 259.41, establish the requirements for adoption home studies, including completion of criminal and social services background checks. An adoption home study must be completed prior to placing a child for adoption. Minnesota Statutes allow a court to waive adoption home study requirement for persons related to the child through blood, marriage, or adoption.

### Practice

- DHS, Division of Licensing enforces standards adopted to protect the health, safety, rights and well-being of children in programs required to be licensed. The licensing standards for all licensed facilities that serve children were updated in 2004 and 2005.
- DHS, Division of Licensing directly licenses all residential child treatment facilities. The Department of Corrections licenses correctional facilities. Both departments conduct periodic onsite reviews and monitor plans for corrective action when indicated.
- County social service agencies license, support and monitor local family foster home. A few approved, private child placing agency licensing, support and monitor treatment family foster homes. Treatment homes often provide care for children with more serious emotional and behavioral needs. Both county and private licensing agencies share licensing recommendations with the department.
- Minnesota Statutes, Chapter 147, Article 3, Section 1 permits emergency placement of a child with a relative who is not licensed provided:
  - An initial inspection is performed; whenever possible this inspection should occur before the child is placed, but no later than 3 working days after placement,
  - The relative is provided with an application for a foster care license.
- Since 2003, the department has utilized the *Commissioner's Designated Format for Completion of an Adoption and Child Foster Care Study*, which merged the foster care and adoption home studies into one format. This change reduces barriers and timelines to finalization, particularly for foster parent adoptions.

### **Performance Measures**

- During the 2001 CFSR, foster and adoptive parent licensing, recruitment and retention was rated in substantial conformity and this item was rated a strength. Findings from quality assurance reviews indicate that counties overall, rate systemic capacity for foster and adoptive homes a strength, acknowledging however, the challenges to recruiting and retaining families who can accommodate sibling groups, teens, and/or children with special needs.

### **Challenges**

- The time to complete and process necessary foster care application material may vary across county agencies. Experienced licensing social workers, with manageable caseloads, are more effective/expedient in guiding and supporting prospective foster parents through the licensing process.

### **Collaboration**

- The state Departments of Human Services and Corrections worked in partnership to establish standards for all non-secure residential child placement facilities. In June 2004 and July 2005 Minnesota Rules were amended to integrate these respective standards.

### **Promising Approaches**

- In order to assist counties in the adoption process, the department contracts with nine licensed private adoption agencies to recruit, train and conduct home studies of families interested in adopting one or more children under state guardianship. In addition to state statutory requirements, the department's contractual agreements establish minimum training and home-study standards.
- With the support of AdoptUSKids, Minnesota initiated a Breakthrough Series Collaborative for Recruitment and Retention of Resource Families. Eight county-based teams elected to participate and commit to improving the quality of their foster care system through self evaluation, planning, goal setting and ongoing measurement of their progress.

**Item 42: Standards Applied Equally.** Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?

- Yes, Minnesota ensures that standards are applied to all licensed/approved settings to meet or exceed federal requirements, and at a level to support a rating of substantial conformity on the Foster and Adoptive Home Licensing, Approval and Recruitment systemic factor.

### **Policy**

- Minnesota Statutes Chapter 245A sections 245A.01 to 245A.022, the Human Services Licensing Act, defines standards for placement facility licensure, provisions for relative to immediately care for related children in need of out-of-home placement, foster care licensing application procedures, due process procedures to deny a license, issue correction orders and conduct hearings.

- Minnesota Rules 2960, define licensing standards for residential facilities and foster care homes, along with certification requirements for related program service delivery. Mental health treatment, chemical health treatment, non-secure correctional facilities, and family foster homes are all covered under this chapter.
- Minnesota Rules 9502 and 9503, define licensing standards for family childcare and childcare centers.
- Minnesota Rules 9543, establish minimum standards for performing licensing functions and uniform enforcement rules regarding family foster care and other licensed child and health care programs.

### **Practice**

- The state, county and private child placing agencies employ staff to conduct license inspections for new and existing programs, monitor compliance with license regulations, process variances to licensing rules, provide technical assistance and training, conduct investigations of alleged licensing violations, issue correction orders and, if appropriate, recommend fines and conditional licenses or other licensing actions. Site visits are required at least once every two years.
- DHS, Division of Licensing issues licenses for private child-placing agencies and conducts onsite, compliance reviews every two years. The Licensing Division also reviews county social service agencies every four years to certify compliance with Minnesota Rules regulations.
- DHS reviews and approves all Title IV-E facility applications, makes site visits when necessary, and publishes a quarterly bulletin identifying IV-E approved facilities.

### **Performance Measures**

- During the 2001 CFSR, foster and adoptive parent licensing, recruitment and retention was rated in substantial conformity and this item was rated a strength.
- In 2005 and 2007, a federal Title IV-E Audit was conducted in Minnesota. The state was found in substantial compliance with IV-E requirements.

### **Challenges**

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

### **Collaboration**

- The Minnesota Child Welfare Training System offers training for caseworkers and foster families that address key practice issues and promote teamwork between licensing agencies and providers.
- The Minnesota Department of Public Safety developed and provides car seats and restraints training statewide for child foster care and childcare providers. This training was required in 2005 for all licensed providers.

### **Promising Approaches**

- Frequently in greater Minnesota, county and private licensing social workers meet regularly to network and exchange information and ideas to improve services and enhance outcomes for children and families.
- With the support of AdoptUSKids, Minnesota initiated a Breakthrough Series Collaborative for Recruitment and Retention of Resource Families in May 2006. Eight county-based teams elected to participate and commit to improving the quality of their foster care system through self evaluation, planning, goal setting and ongoing measurement of their progress.

**Item 43: Requirements for Criminal Background Checks.** Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

- Yes, Minnesota complies with requirements for criminal background clearances and ensuring case plans that address safety, to meet or exceed federal requirements, and at a level to support a rating of substantial conformity on the Foster and Adoptive Home Licensing, Approval and Recruitment systemic factor.

### **Policy**

- Minnesota Statutes 245C, the Department of Human Services Background Studies Act applies the same background study process to all licensed providers including institutions and child foster care. Currently the department, county and/or private child placing agencies complete background studies.
- Minnesota Statutes 259.41, Subd. 3, establish the requirements for criminal and social services background checks that must be completed as part of an adoption home study. This statute does not preclude adoption by a person with a criminal conviction or finding of substantiated maltreatment. However, the statute does require an evaluation of the affect of a conviction or finding on the ability to care for the child.
- Minnesota Statutes 259.53, Subd. 2, require agencies to complete a post-placement assessment and file a report to the court within 90 days of receipt of an adoption petition. The assessment and report must evaluate the environment and antecedents of the child to be adopted, the home of the petitioners, and whether placement with the petitioners meets the needs of the child. The report must also include a recommendation to the court whether the petition should or should not be granted.
- Minnesota Statutes 260C.212, Subd. 1, require that an out-of-home placement plan be developed within 30 days of placement for all children in foster or pre adoptive placement. Safety and related service delivery issues must be addressed in all plans.

### **Practice**

- Background studies are completed by the foster care or adoption agency for all applicants and household members over age 13. DHS, Division of Licensing completes background studies for correctional institutions.
- The subject of the background study provides identifying information and their home addresses for the past 5 years. Convictions, arrest and investigation information and

maltreatment records, if the subject is age 23 or younger, are reviewed. Background checks are completed every two years for family foster care and institutions staff. Background studies for adoptive parents are completed annually. Background studies are completed within 15 days and the subject is notified of the results in writing.

- Specific crimes and serious or recurring maltreatment findings are disqualifiers for foster care licensure. When a disqualification factor is identified, the subject of the background study and the license holder are notified in writing that the subject is disqualified from direct contact. The subject may ask for the disqualification to be reconsidered. A disqualification factor that is not set aside or variance granted is reason to deny a foster care license.
- Background studies for adoptive placements are reviewed individually by the adoption agency to assess safety and risk. County or child placing agencies approve or disapprove studies and the department determines Title IV-E eligibility.
- Through a legislative change in 2005, Minnesota reduced the look back period for criminal and social services background checks for a prospective adoptive parent to five years to match the look back period for criminal and social services background checks for a prospective foster parent.

### **Performance Measures**

- During the 2001 CFSR, foster and adoptive parent licensing, recruitment and retention was rated in substantial conformity and this item was rated a strength.

### **Challenges**

- The quality of the background study relies on individuals providing accurate information. Foster and adoptive families may not always notify the agency when changes occur in their household.
- Completing a comprehensive background study and the reconsideration process can delay placement decisions.

### **Collaboration**

- DHS adoption and foster care staff work closely with state, county and community partners in licensing foster and adoptive homes. Collaboration continues throughout the adoption process, including providing post adoption services to families.

### **Promising Approaches**

- DHS and the Minnesota Bureau of Criminal Apprehension are working together to develop a centralized process for fingerprint-based background checks.
- In the 2007 legislative session, statutory amendments for child foster care and adoptive families fingerprint-based background studies to be completed by the DHS Licensing Division were enacted.

**Item 44: Diligent Recruitment of Foster and Adoptive Homes.** Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

- Yes, Minnesota has a process in place for recruitment of foster and adoptive homes that meets or exceeds federal requirements, and at a level that supports a rating of substantial conformity on the Foster and Adoptive Home Licensing, Approval and Recruitment systemic factor.

### **Policy**

- Minnesota Statutes 260C.215, require child-placing agencies to develop and implement a plan to diligently recruit adoptive and foster families that reflects the ethnic and racial diversity of children needing foster or adoptive homes.
- Minnesota Statutes 259.77, require agencies to diligently recruit potential adoptive families that reflect the ethnic and racial diversity of children in the state for whom adoptive homes are needed.
- Minnesota Statutes 256.01, Subd. 2 (h), for children under the guardianship of the commissioner whose interests would be best served by adoptive placement, the commissioner may contract with a licensed child-placing agency or a Minnesota tribal social services agency to provide adoption services.
- Minnesota Statutes 259.75, require the state to maintain an adoption exchange that contains a photograph and description of each child who has been legally freed for adoption.
- *Foster Care* (DHS-3468) supports general foster care recruitment efforts..
- *Coming Home* (DHS-4591) supports efforts to recruit American Indian foster and adoptive families.
- *Will You Care for the Children?* (DHS-3497B) supports permanency and provides information about foster, concurrent planning and adoptive parents.
- *Family Matters* (DHS- 4672) provides information for relatives considering becoming a foster parent for a relative's child.

### **Practice**

- Minnesota places first priority for foster care recruitment and permanent placement with the extended family and kin of children in need of foster or adoptive placement.
- County and private child placing agencies develop and implement written plans to recruit foster and adoptive families that reflect the racial and ethnic diversity of the children they serve.
- The department contracts with nine private adoption agencies to provide services through the Public Private Adoption Initiative (PPAI). The nine agencies provide a variety of adoption services. The PPAI agencies represent all regions of the state and are required to recruit potential adoptive families that reflect the ethnic, racial, and cultural diversity of Minnesota's waiting children. In calendar year 2006, the PPAI agencies recruited, trained, and conducted home studies of 251 prospective adoptive families for children under state guardianship.
- The department contacts with a private non-profit agency to manage the State Adoption Exchange. The Exchange includes a secure web-based system to match waiting children with waiting families and a state public photo web list, [www.marn.org](http://www.marn.org).

### **Performance Measures**

- During the 2001 CFSR, foster and adoptive parent licensing, recruitment and retention was rated in substantial conformity and this item was rated a strength. Findings from quality assurance reviews indicate that counties overall rate the systemic capacity for foster and adoptive homes a strength, however acknowledge challenges to recruiting foster and adoptive families that reflect ethnic and racial diversity. Some counties work closely with Indian Child Welfare agencies to assist in recruitment of American Indian foster and adoptive homes.

### **Challenges**

- Developing and implementing comprehensive adoptive and foster family recruitment efforts require having adequate staff with expertise in locating and supporting families through the licensing process and placement experience.
- Many agencies are challenged to develop and carry out recruitment plans, and instead conduct recruitment as needed to meet priority needs.

### **Collaboration**

- The Public Private Adoption Initiative has developed a successful partnership between county and private child-placing agencies and enhanced Minnesota's effort to ensure that children available for adoption achieve timely permanency.
- The Twin Cities ABC affiliate KSTP-TV has been an exchange partner for several years. The TV station regularly features waiting children on a segment called *Thursday's Child*, that airs during the local news.
- The PPAI is a successful collaboration between the department, county social services agencies, and private adoption agencies.
- The State Adoption Exchange regularly collaborates with the department, KSTP-TV and the Minneapolis Star Tribune to feature waiting children.

### **Promising Approaches**

- Minnesota initiated a Breakthrough Series Collaborative for Recruitment and Retention of Resource Families, with the support of AdoptUSKids. Recruiting and maintaining a diverse cadre of foster and adoptive families was a primary objective.
- Positive media coverage generated by The Homecoming Project led to unexpected success in recruiting prospective families exclusively interested in adopting waiting adolescents. Project staff have been instrumental in retaining prospective adoptive families through the lengthy and sometimes frustrating home study and placement process.
- DHS awarded grants to one tribal and two county social service agencies to specifically enhance their capacity to recruit foster and adoptive families.

**Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.** Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

- Yes, Minnesota has a process for effective use of cross-jurisdictional resources that meets or exceeds federal requirements, and at a level that supports a rating of substantial

conformity on the Foster and Adoptive Home Licensing, Approval and Recruitment systemic factor.

### **Policy**

- Minnesota Statutes 257.05, require consent of the Commissioner to bring or send into the state any child for the purpose of placing the child or procuring the child's adoption.
- Minnesota Statutes 257.06, require consent from the Commissioner for any person, except a parent or guardian, to take or send a child out of the state for purposes of placing the child in foster care.
- Minnesota Statutes 260.851 to 260.91, outline Interstate Compact on the Placement of Children (ICPC) requirements.

### **Practice**

- County agencies submit required ICPC request forms to the department's ICPC unit. Once paperwork is processed, a decision on the request is made and communicated to the county. If the request is granted, follow-up contact by ICPC staff is made with the appropriate jurisdiction.
- In 2006, the department amended policies and hired additional ICPC staff to review and process requests. ICPC requests are now completed in 48 hours. These staffing changes have contributed to a significant reduction in the overall time to permanency for children.

### **Performance Measures**

- During the 2001 CFSR, foster and adoptive parent licensing, recruitment and retention was rated in substantial conformity and this item was rated a strength so program improvement was not required.
- In 2006, Minnesota ICPC processed 867 requests for approval of placements of Minnesota children in other states.
- In 2006, Minnesota ICPC processed 762 requests for approval of placements of children from other states in Minnesota.

### **Challenges**

- Although the state ICPC office has improved efficiencies to assist in more timely placements of children, the timeliness of county social services agencies, as well as, other state ICPC offices in initiating and processing ICPC requests varies. This inconsistency may contribute to delays in child placements.
- Some states require two separate ICPC requests for foster care (before termination of parental rights) and adoption (after termination of parental rights), even when the ultimate permanency plan is adoption if reunification does not occur. This practice delays permanency for children.

### **Collaboration**

- The department ICPC staff convene quarterly meetings with the state's most populous county to discuss ICPC issues and reduce barriers to timely permanency for children.

**Promising Approaches**

- The department enacted legislation to bring Minnesota into compliance with new federal ICPC regulations, including requirements found in the Adam Walsh Act.

## Section V – State Assessment of Strengths and Needs

- 1. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.**

### **Safety outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

Absence of Maltreatment Recurrence has historically been a strong area of performance. Based on the annual data from 2002 through the data provided as part of the 2007 Child Safety Profile, the state has consistently been in substantial conformity on this measure. Additionally, performance on Item 2: repeat maltreatment, was rated above 90 percent in both the state's initial CFSR and on Minnesota Child and Family Service Reviews (MnCFSR) conducted from 2003 – 2006.

### **Permanency Outcome 2: The continuity of family relationships and connections is preserved.**

MnCFSR 2003 - 2006 ratings for the performance items associated with Permanency Outcome 2 (items 11-16) all exceeded federal CFSR first round ratings for the same items. Item 11: proximity of foster care, and Item 12: placement with siblings, were respectively rated as strengths in 97 and 95 percent of the cases reviewed. The importance Minnesota's child welfare system places on maintaining family connections is also reflected by the strong reunification performance as represented in Permanency Composite 1, Component A measures.

### **Well-being Outcome 2: Children receive appropriate services to meet their educational needs.**

Performance has steadily improved on this outcome since the initial CFSR. MnCFSR findings reflect incremental improvement, with aggregate 2003-2006 ratings exceeding 91 percent. In both placement and in-home cases, agency caseworkers have come to appreciate the importance of supporting children educationally, even though this may not strictly fall under the purview of child protection, especially when care and custody of children remains with the parents or guardians.

### **Systemic Factors**

Each of the seven systemic factors were rated in substantial conformity during the state's 2001 CFSR, we have carried out ongoing improvements to the child welfare infrastructure over the past six years as described throughout the SWA, and continue to meet or exceed federal standards for all systemic factors: statewide information system; case review; quality assurance; staff and provider training; service array and resource development; agency responsiveness to community and foster/adoptive licensing,

approval and recruitment. Continued improvements have occurred despite funding reductions in recent years, which challenge the capacity to maintain the quality of systems and services. It appears the needs of children and families and cost of services have escalated while federal and state funding to counties has declined.

- 2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review, for example, to explore possible causal factors. Prioritize the list of areas needing improvement under the safety, permanency, and well-being outcomes.**

**Safety Outcome 1: Children and, first and foremost, protected from abuse and neglect.**

MnCFPSR findings and the Timeliness of Initiating an Assessment Report indicate that child protection assessments are not consistently initiated in accordance with statutory timelines. Further, reports alleging substantial child endangerment are most out of compliance with required initiation standards. (See Item 1 performance measures section for supporting data) Based on the data this is an area of need.

Issues to examine during onsite review:

- Are reports of maltreatment screened and assigned to assessment/investigation workers in a timely fashion, especially in cases of substantial child endangerment?
- Are assessment/investigation workers clear which cases are classified as substantial child endangerment?
- Has the agency communicated to staff the changes in Minnesota Statutes per time to initiate child protection assessments/investigations?
- To what extent do caseloads and quality of supervisor oversight contribute to timeliness?

**Safety Outcome 2: Children are maintained in their homes whenever possible and appropriate.**

MnCFPSR findings reflect that performance on Item: 3 service to families to protect (children) in home and prevent removal, was relatively strong, with 88 percent of the cases reviewed rated a strength. Performance on Item 4: risk of harm to children (pre 2007 item language), was 79 percent rated a strength indicating a need for further evaluation. Based on the data and input through the SWA process Item 4 is an area of need.

Issues to examine during onsite review:

- Were SDM risk and safety assessment tools completed accurately and on a timely basis and were these tools available and being used by ongoing workers to inform case decisions?

- Were child protection reports appropriately screened and assessed/investigated in cases already open for services?
- Are services designed to address safety/risk issues for children provided in a timely fashion?

**Permanency Outcome 1: Children have permanency and stability in their living situation.**

Minnesota did not meet the national standards for any of the four Permanency Composites. In Permanency Composite 1, the state exceeded the 75<sup>th</sup> percentile standard for all three of the reunification measures but did not meet the 75<sup>th</sup> percentile standard for the foster care re-entry measure. A similar situation occurred with respect to Permanency Composite 2 where the state's performance on timeliness to adoption measures (component A) exceeded the 75<sup>th</sup> percentile standard but did not meet performance standards on the progress to adoption measures (Component B). Performance on all of the Permanency Composites 3 and 4 measures was below the 75<sup>th</sup> percentile standard. Data and input from the SWA process indicate the primary areas in need of improvement are foster care re-entry, foster care stability and achieving permanency for older children.

Issues to examine during onsite review:

- Did agencies conduct thorough pre-reunification assessments and provide appropriate pre and post reunification services to children and families?
- Was the disposition of trial home visits accompanied with increased provision of services, including more frequent caseworker contact with children and parents and greater court oversight of the case?
- Did agency caseworkers or contracted staff have frequent and quality contacts with foster parents and provide services when requested or indicated?
- Prior to the court ordering a child placed in long-term foster care, were more preferable permanency options (transfer of physical and legal custody to a relative and/or adoption) thoroughly evaluated and appropriately ruled out?
- Were annual court review hearings conducted and the ongoing appropriateness of the placement examined in cases where long-term foster care was the court-ordered permanency disposition?

**Well-Being outcome 1: Families have enhanced capacity to provide for their children's needs.**

MnCF SR findings for Items 17 – 20 demonstrate that all four items are areas needing improvement. Minnesota has struggled to improve performance on these items, in spite of considerable efforts made to improve performance since the 2001 CFSR. SWA process input also indicates a need to refocus efforts to support performance across these items. The association between performance on Items 17 – 20 and other CFSR Items was identified and discussed by SWA Advisory Team members.

Issues to examine during the onsite review:

- Are increased social worker caseloads contributing to less comprehensive assessment practices, reduced successful engagement of children and parents in case planning, and resulting in fewer caseworker contacts with children and parents?
  - Do caseworkers consider themselves well-prepared and able to assess client needs and make necessary referrals for more formal assessments when indicated?
  - Is there a clear expectation for caseworkers to engage children in an age-appropriate manner in case planning process?
  - Do agencies have clear expectations for when it is reasonable and/or required to make efforts to locate and engage fathers?
  - What are the primary barriers for caseworkers in making frequent and quality contacts with children and parents
- 3. Recommend two additional sites for the onsite review activities, using the strengths and areas needing improvement noted in 1 and 2 (the State's largest metropolitan area is a required location).**

This item is not applicable. The Children's Bureau has already identified the two additional on-site jurisdictions based on data and information provided by the state.

- 4. Provide comments about the State's experience with the Statewide Assessment Instrument and process. This information will assist the Children's Bureau in continually enhancing the Child and Family Services Review (CFSR) procedures and instruments.**

The SWA Instrument is very detailed and requires considerable time and resource to complete. The expectation that the SWA Assessment document should be somewhere between 75 – 85 pages is unrealistic. Although the process is rigorous and time consuming, it does provide a useful format for the state to systematically evaluate its child welfare infrastructure and offers a solid platform to launch the onsite and program improvement phases of the CFSR.

The timing of the SWA was not particularly favorable for Minnesota. A federal Title IV-E Audit was conducted in mid-June and both the SWA draft and the annual update to the Children and Family Services Plan were due the end of June. These federal mandates placed considerable stress on department staff and made it very difficult to continue working with county, community and client partners in a consistent and effective manner.

- 5. Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please also note their roles in the process.**

**SWA Co-leads:** The statewide assessment process was facilitated and coordinated through the department's quality assurance and research, planning and evaluation units. Christeen Borsheim, Research, Planning and Evaluation; Larry Wojciak, CFSR State Coordinator.

**SWA Data Team:** As soon as the Children’s Bureau provided the state with the federal Safety and Permanency Data Profiles, several department staff met initially to review the quality of the data and communicate back to the Children’s Bureau. Later discussions were held with a focus on developing strategies to further analyze and interpret the significance of the data. The team included: Nan Beman, Social Service Information System; Jean Swanson-Broberg, Social Service Information System; Christeen Borsheim, Research, Planning and Evaluation; Terry Gromala, Research Planning and Evaluation; Larry Wojciak, Quality Assurance.

**SWA Core Team:** This team was comprised of program staff from across the state Child Safety and Permanency Division. They provided input on the structure of the SWA Document and drafted sections of the document that most closely aligned to their areas of expertise. Team members were also available for consultation and feedback throughout the SWA process: Erin Sullivan Sutton, Child Safety and Permanency Division Director; Nan Beman, Social Service Information Program Consultant; Christeen Borsheim, Research, Planning and Evaluation; Anne Broskoff, Quality Assurance Consultant; Debra Beske-Brown, Child Foster Care Program Consultant; John Hanna, Coordinator Minnesota VI-E Permanency Project; Chris Harder-Mehl, Quality Assurance Consultant; Steve Johnson, Quality Assurance Consultant; John Langworthy, Child Safety Consultant; Lori Munsterman, Quality Assurance Program Consultant; David Thompson, Child Safety Director; Steve Vonderharr, Adolescent Services Supervisor; Jill Von Holtum, Child Welfare Training System Consultant; Larry Wojciak, Quality Assurance Coordinator; Terri Yellowhammer, Indian Child Welfare Program Consultant

**SWA Advisory Team:** This broad-based group of county, community and state professionals met on three occasions to discuss key child welfare practice and systemic issues and reviewed the SWA Document throughout its development: Ann Ahlstrom, Children Justice Initiative; Christeen Borsheim, Research, Planning and Evaluation; Anne Broskoff, Quality Assurance Consultant; Nan Beman, Social; Service Information Consultant; Tanya Bransford, Chief Hennepin County Juvenile Court Judge; Chris Bray, Minnesota Juvenile Probation; Judith Brumfield, Scott County Human Services Assistant Director; Chris Harder-Mehl, Quality Assurance Consultant; Dave Bucher, Research, Planning and Evaluation Unit; Debra Davis-Moody, Chemical Health Consultant; Edward McBrayer, Permanency Program Director; Emelia Rogers, African American Family Services Program Supervisor; Karen Erickson, Licensing Consultant; Terry Gromala, Research, Planning and Evaluation Unit; Muriel Gubasta, State Ombudsperson’s Office; Julie Harris, Hennepin County Attorney’s Office; Ann Hill, State Ombudsperson’s Office; Dani Horan, Washington County Citizen’s Review Panel; Debrah Huskins, Hennepin County Children’s Services Director; Ila Kamath, Research Planning and Evaluation Unit; John Hanna, Minnesota IV-E Permanency Project Coordinator; Clarence Jones, South Side Health Services; Richard Jessen, Judge Stearns County; Lee Kratch, Hennepin County Public Defender; Carolyn Levitt, Physician Midwest Children Resource Center; Lisa Pollak, Fond du Lac Child Welfare Services Supervisor; Loraine Jensen, Department of Education; Sarah Maxwell, Hennepin County Child Welfare Manager; Lori Munsterman, Quality Assurance Consultant; Nancy Johnston, University of Minnesota Social Work Program staff; Nancy Miller, Research, Planning and Evaluation Unit, Judy Nord, Children’s Justice Initiative Co-Lead; Dan Papin, Washington County Community Services Director; Ann Ploetz, Ramsey County Attorney’s Office; Ron Leith, Lower Sioux Child Welfare Services Director; Frank Sandelin, Todd County Social Service Director; Rob Sawyer, Olmsted County Children’s

Services Director; Kathleen Smith, Training and Quality Assurance Director; Chris Sorenson, Lincoln, Lyon and Murray Human Services Director; Steve Johnson, Quality Assurance Consultant; John Stuart, Public Defenders Office; Sue Benolken, Early Childhood Coordinator; Erin Sullivan Sutton, Child Safety and Permanency Division Director; Jean Swanson Broberg Social Services Information System Manager; David Thompson, Child Safety Director; Brad Vold, Ottertail County Human Service Supervisor; Larry Wojciak, Quality Assurance Coordinator; Bill Wyss, Children's Mental Health Consultant.

**Focus Group Interviews:** In an effort to inform the SWA process, six focus groups were conducted with youth. Three focus groups involved meeting with youth receiving services from community drop in centers or homeless youth service programs. Three other focus groups included youth in or recently discharged from foster care. Sixty-one youth participated in the focus groups and completed a survey, which addressed a range of safety, permanency and well-being issues.

Three focus groups were held with tribal child welfare agency managers and caseworkers, along with urban tribal representatives and attorneys that specialize in representing American Indian Children and Families. Focus groups were conducted in the northwestern, Twin Cities metropolitan and south parts of the state. Discussion centered on compliance with the Indian Child Welfare Act and the Tribal-State Agreement, as well as, more general discussion pertaining to working relationships tribes have with county child welfare agencies. Approximately 30 individuals participated representing the following agencies: Prairie Island Indian Community, White Earth Reservation Social Services, Minneapolis American Indian Center, and the Indian Child Welfare Law Center.