A Report by
The Office of the Ombudsman for
Mental Health and Developmental Disabilities

Koochiching County

An Ombudsman Review of One Family's Request for Help

October 4, 2006

State of Minnesota
Office of the Ombudsman for Mental Health and Developmental Disabilities
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October 4, 2006

Mr. Terry Murray, Director
Koochiching County Community Services
1000 Fifth Street
International Falls, MN 56649

Dear Director Murray,

The Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities is charged under MN Stat. § 245.92 with promoting the highest attainable standard of treatment, competency, efficiency and justice for persons receiving services for mental illness, developmental disabilities, chemical dependency and emotional disturbance.

Following is a report of an investigative review, conducted by Michael Woods, Regional Ombudsman with our agency. The case involved two Koochiching County children that were receiving services from your agency. The results of this review conclude that the county, through its staff, failed to act on information provided to it by a variety of credible sources. As a result of that failure to act, one child was subjected to continued abuse and the other was denied the appropriate care needed.

The Ombudsman is sensitive to the fact that an investigative review of any complaint is stressful and uncomfortable to those who are being reviewed. There is always a risk that a retrospective review will fail to put into context the environment and circumstances that the original action and related decisions were made under. Things like lack of resources and large case loads can influence any actions taken.

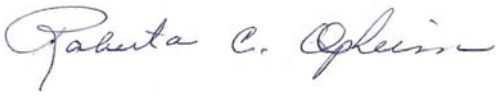
State statutes and department rules are generally considered to be minimum standards. By focusing on aspects of these that the county failed to do, it may appear that we are being unduly picky. The Ombudsman, however, is really about looking for quality outcomes for Minnesota's vulnerable adults and children. Those minimum standards we refer to are indicators or steps that are needed to direct they system towards quality outcomes.

Despite understanding the complexity and difficulty of the work of the county and their case managers, the Ombudsman believes that every public official and public employee has a duty to provide quality services to citizens that not only follow process requirements but also provide citizens with positive or productive outcomes. Without that, process has no meaning and is not a good use of public funds. While a retrospective review is often painful, it is absolutely necessary if government is

to learn, correct and adapt to our ever changing and complex society. It is the hope of the Ombudsman that the county will accept this review in the spirit of learning and quality improvement.

The Ombudsman's review is not intended to punish but to teach. Only by analyzing what went wrong, can we improve our actions in the future.

Sincerely,



Roberta C. Opheim
Ombudsman

C: Chair, County Board
Father
Treating Psychologist
Guardian Ad Litem
Attorney for the Guardian Ad Litem
State Guardian Ad Litem Program
Governor, State of Minnesota

State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

In the Review of: **Koochiching County Community Services to JL and RO**

Case number: 36-2006-0228-161618

Date: October 3, 2006

Review Team Member:

Michael L. Woods, Regional Ombudsman, 320 W. 2nd Street, Suite 105, Duluth, MN 55802, (218) 279-2526.

Legal Jurisdiction for the Review:

Under Minnesota Statutes §§ 245.91-97, the Office of Ombudsman for Mental Health and Developmental Disabilities is created and charged with promoting the highest attainable standards of treatment, competence, efficiency and justice for persons receiving services or treatment for mental illness, mental retardation and related conditions, chemical dependency and emotional disturbance. Concerns and complaints can come from any source. They should involve the actions of an agency, facility, or program and can be client specific or a system wide concern. RO and JL are children receiving child welfare services from the County, including children's mental health services.

Reason for the Review:

The Office of Ombudsman was contacted by the guardian ad litem for RO, the son of K and HL. The guardian ad litem expressed concerns about how Koochiching County Community Services (hereinafter, the "County") handled this family's case. In her detailed letter to this office, dated April 12, 2005, she set forth her attempt to investigate what she believed to be the failure of the County to adequately protect the children in the HL family as well as its failure to provide adequate social services.

As a general rule, the Ombudsman would not identify the reporter, however in this case the letter sent to the Ombudsman was openly copied to the subject of the complaint.

The question to be answered by this review is:

> Did Koochiching County Social Services appropriately administer child welfare services including child protection, case management and children's mental health services to JL and RO and if not, were the children further harmed?

The Ombudsman is sensitive to the fact that an investigative review of any complaint is stressful and uncomfortable to those who are being reviewed. There is always a risk that a retrospective review will fail to put into context the environment and circumstances that the original action and related decisions were made under. Things like lack of resources and large case loads can influence any actions taken.

Despite understanding the complexity and difficulty of the work of the county and their case managers, the Ombudsman believes that every public official and public employee has a duty to provide quality services to citizens that not only follow process requirements but also provide citizens with positive or productive outcomes. Without that, process has no meaning and is not a good use of public funds. While a retrospective review is often painful, it is absolutely necessary if government is to learn, correct and adapt to our ever changing and complex society. It is the hope of the Ombudsman that the county will accept this review in the spirit of learning and quality improvement.

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Details of the Review:

The information contained in this review was derived from interviews and record reviews including 1) the guardian ad litem's April 12, 2005, letter 2) the letter of the case manager and child protection worker (hereinafter, the "case manager") dated March 31, 2005, which was the County's response to the guardian ad litem's concerns; 3) the County social service file reviewed on January 27, 2006, February 8, 2006, and May 10, 2006; 4) discussions with members of the State Guardian Ad Litem program; and 5) interviews of the County case manager, social service supervisor, the treating psychologist and HL.

The following individuals are referred to throughout this review:

1) HL, father of JL and step-father of RO; 2) KL, mother of RO and JL 3) the County family based worker; 4) the County case manager who also served as the child protection worker; 5) the County social service supervisor; 6) the County social worker for educational matters, (hereinafter referred to as the "school social worker;" the guardian ad litem (GAL) and 7) the children's treating psychologist.

As a result of the Ombudsman's review, a preliminary report was written and submitted to the Koochiching County Social Services Director on July 14, 2006[1]. A letter of response was dated July 20, 2006[2] was received. The letter requested that the Ombudsman interview additional individuals and consider the matter further. The Ombudsman responded to the county in a letter dated July 25, 2006[3] The Ombudsman

[1] See attached Ombudsman letter
[2] See attached Koochiching County response
[3] See attached Ombudsman response

agreed, conducted additional interviews and reanalyzed the information received. This report was amended as a result of the request to consider the matter further.

Pertinent Facts:

A. Background

On January 24, 2002, RO's father met with the County family based worker at her County office. The father reported that he "caught R touching J." At the time R was 10 years old and J was 4 years old. The family based worker immediately informed RO's case manager, who also was responsible for child protection. Law enforcement was also contacted. The police conducted an investigation and concluded that the incident did occur. The case manager's notes indicate that she interviewed HL, JL and RO and that both "JL and RO described [the] touching of the genitals." The case manager's team staffing record indicates that the sexual abuse was substantiated and it was recommended that the children receive counseling at Northland Counseling Center.

The following day, the case manager spoke with HL and, according to her notes, he informed her that he had contacted the treating psychologist and that HL "is supervising the children closely."

On February 26, 2002, the family based worker and the case manager met for a case consultation regarding RO and JL. According to the family based worker's notes, she informed the case manager that "RO continues to sexually molest JL." Her notes also indicate that she informed the case manager that HL "would like to get a therapist involved who specializes in these issues." The family based worker suggested Upper Mississippi. Her notes indicate that the "case manager told me to call them." The family based worker's notes further indicate that on February 26, 2002, after "talking with other staff about RO needing specialized mental health services," she attempted to arrange for those services by contacting CR at Upper Mississippi. The family based worker indicated that she learned from CR that RO did not satisfy the admission criteria for Upper Mississippi. There is no further evidence that any other effort was made to arrange for specialized services.

The following day, February 27, 2002, the family based worker had a home visit with K and HL and JL. According to her notes, she showed the child the video Strong Kids, Safe Kids. She "discussed protecting against stranger abduction/abuse and sexual touching." Her notes also indicate that, in addition to informing the children's case manager that RO continued to "sexually molest JL," the family based worker also informed the social service supervisor. On February 27, 2002, the family based worker had a twenty-minute telephone conversation with the supervisor about the matter. The family based worker's notes indicate that she "talked to supervisor about RO re-offending [against] JL. Supervisor directed this worker to fill out another CP [Child Protection] report."

On March 1, 2002, the family based worker filed the child protection report regarding suspected child maltreatment, indicating that she was informed that RO continued to abuse JL after the initial incident on January 24, 2002. The record is unclear as to who informed the family based worker of this fact. On March 4, 2002, the family based worker had a telephone conversation with the police, although her notes fail to mention

what was discussed. The case manager's notes also indicate that she spoke with law enforcement on the same day, and the officer "stated that he did not feel that it would be beneficial to interview RO again and to continue with therapy."

According to the family based worker's notes, on March 18, 2002, she had a meeting in her office with HL regarding RO and JL. Her notes indicate that the father "continues to ask for help with RO. I asked HL if the case manager went over the safety plan with the family yet. HL said no."

On March 26, 2002, the family based worker's notes indicate that she, the case manager and the social service supervisor met to discuss RO and JL. The family based worker's notes state that she "met with case manager and SS supervisor. [Case manager] will get ahold [sic] of Upper Mississippi to see if RO can get in to see a male therapist who specializes in treating sexual offenders. [Case manager] will also pursue a letter from BJ [the treating psychologist] stating the need for an in-house evaluation for RO. No discussion of safety plan."

That same day, the case manager's notes indicate that she spoke with the treating psychologist by telephone regarding RO's need for an "evaluation."

On April 11, 2002, the family based worker had a telephone conversation with JL's teacher. Her notes indicate that the "[teacher] called this worker on marginal date[4] informing me that JL had told her about RO touching her. I did not know if this was a new incident or not. I transferred [teacher] to child protection worker & case manager. I called [teacher] later to make sure there was nothing else she needed with this worker. [Teacher] informed this worker that [case manager] told her [teacher] to document what JL had told her."

On April 15, 2002, the treating psychologist and the family based worker had a telephone conversation to discuss JL. Her notes indicate that the two discussed "the lack of [the County's] ability to ensure JL's safeness. [Case manager] has not been in contact with B [the treating psychologist] and has not requested a letter from him regarding the appropriateness of an in-house evaluation for RO." The two agreed to meet with HL and the two children at the family residence. The family based worker's notes state that "[the treating psychologist] BJ and this worker went to the [family] home on marginal date[5]. HL is no longer interested in seeing us as he feels that no progress is being made. HL stated that he has contacted the state regarding getting help for RO. HL stated that a safety plan has not been made and that nothing is happening to protect JL and that he is going to take care of it himself."

The treating psychologist telephoned the social service supervisor to discuss RO's continued molestation of JL. He informed the supervisor that both children were in need of an evaluation by a specialist in pediatric sexual abuse. The treating psychologist followed up their conversation with a letter to the supervisor, dated April 15, 2002, and date stamped received April 17, 2002. In the letter, the treating psychologist

[4] "marginal date" is a term taken directly from the case notes. It is unclear to the Ombudsman how that term is used in this case.
[5] Ibid.

memorialized their conversation earlier in the day. He reiterated that it "has been brought to my attention that JL has, as recently as last week, again complained that RO is sexually molesting her. It is my understanding that neither of the two children has been provided a good evaluation by a specialist in pediatric sexual abuse evaluation." The treating psychologist goes on to recommend that "a specialist in pediatric sexual abuse investigations evaluate both RO and JL. To my knowledge, there is no one in our County that I would consider qualified to do such an evaluation. Consequently, I would defer, to the judgement of your staff, as to where the best place in the state is to obtain such an evaluation."

There is no evidence in the file to support any action by the county to act on the treating psychologist's recommendation. No further action was taken by the County to protect the children, HL discontinued voluntary case management services and RO and JL continued to live together for nearly three more years, until December 9, 2004. RO was removed from the home as a result of sexual abuse of JL and is currently residing in treatment facility for adolescent sex offenders.

B. <u>The County's Position</u>

The County case manager and the social service supervisor were interviewed. Three central issues were addressed during the interview: 1) the Risk Assessment for JL, 2) the County's failure to establish a written protective service plan, 3) and the decision not to provide the two children with specialized pediatric sexual abuse services[6].

The County's position on this matter is that RO's sexual abuse of JL was not on-going and, instead, was one, isolated incident that happened on January 24, 2002. The County stated that this determination was made between the case manager and law enforcement, even though not a single person was interviewed when the second child protection report was filed on March 1, 2002. The case manager's notes indicate that she spoke with law enforcement about the new allegations of abuse and the officer, "did not feel that it would be beneficial to interview RL again and to continue with therapy."

The case manager indicated that she did not develop a written safety plan and that, "it is not normal procedure here." When asked whether a written safety plan is created in child protection cases where there have been allegations of sexual abuse, the case manger stated that, "No, a written plan is not done automatically." When the social service supervisor was asked why the case manager did not develop a written safety plan, she simply stated the case manger "didn't do it."

Both the case manager and the social service supervisor indicated that a written protective service plan would not have been useful in this matter because the father was "very limited, intellectually" and that "he has a difficult time reading and writing and wouldn't understand a written safety plan."

[6] Actions required under MN Rules Chapter 9560

The case manager indicated that she discussed with HL ways to protect the children each meeting she had with the father. Again, while the case management notes is replete with instances where the family based worker documented that a safety plan was not addressed with HL, there are no entries to support the case manager's position that she did address the issue.

The social service supervisor indicated that the family based worker repeatedly expressed concerns to her that the abuse was on-going, but the case manager disagreed. The supervisor believed that the case manager's position was accurate.

Analysis:

The County's Position

While the case management entry about their conversation with law enforcement after the second report supports the position that law enforcement didn't think interviewing *RO* would be beneficial, in the Ombudsman's view it does *not* necessarily support, as the case manager contends, that law enforcement believed the abuse was an isolated incident. The case manager indicated that this was determined after the second report of alleged sexual abuse in March of 2002.

The case management notes have numerous entries indicating that HL, the County family based worker and the children's treating psychologist all believed that the abuse was on-going. By contrast, there is not one case management note to support the County's current position that this was an isolated incident. Neither the case manager nor the supervisor documented that it was isolated. A further review of the records show a notation of the family based worker that a teacher filed a report on April 11, 2002 indicating that JL told her she was being sexually abused. The family worker transferred her to the case manager. The family based worker later noted that the teacher indicated that the case manager had asked her to document her conversation with JL. As a mandated reporter, the teacher was obligated to report the information to the county. In discussing this with the county, they added that the teacher did not know if this was new abuse or was a re-telling of the previous abuse. However, other than the family based worker's notes, no account of this phone call could be found in the file nor was there any record that the teacher documented the incident.

To further consider whether or not the county's current assertion that it was an isolated incident, the question would then be raised as to why the case manager did not provide that answer to the GAL in the case manager's letter or response dated March 31, 2005. By all accounts, the isolated incident assessment was never noted nor was it even argued until September of 2006, when the Ombudsman's Office was conducting its' investigation.

In considering the County's position that a written protective service plan would not have been useful due to the father's limited ability, the Ombudsman finds the argument not to be persuasive and demonstrating the lack of understanding of the County's own role in this process. While the written service plan should include the family and seek their cooperation, the written safety plan is an assessment and service plan for the county, to

guide it in providing services to protect the child. If the family has some deficits that make it difficult to read and follow through, then it is incumbent on the County to determine and provide the needed support services that will allow the child to be safe in his or her own home. This could include providing in home service providers or personal care attendants (PCA). For the county to use any limitations of the father as their rationale for not doing a plan is disrespectful of the father and the family. The father came to the county specifically because he needed help for his children in order to prevent RO from abusing JL. He requested a specific type of service which was later supported by the children's therapist. He was counting on the county to help him. Minnesota laws and rules specify that the County has responsibility for providing help to the family. If you were to take the County's argument to its' logical extreme, it would mean that families with certain types of deficits/needs, are not entitled to the same level of service that others without those deficits/needs might receive. The Ombudsman does not believe that this is what the County meant.

Case Management Documentation

It was difficult to conduct a complete review of this matter due to the incomplete documentation by County workers involved in this case. To compound the difficulty, information was provided in a piecemeal fashion. On January 27, 2006, a trip was made to International Falls to examine the entire case management file as part of this review. It was expected that the complete file would be available for inspection. While three or four boxes of documentation were made available, the most important information, the case management notes, were missing. A second trip, on February 8, 2006, was made to examine all of the case management notes. While the notes of the family based worker were available, the notes of the case manager and the school social worker were not. A third trip was made on May 10, 2006, to review the case manager's notes. Specifically requested were only the case manager's notes for the relevant time period, namely, January of 2002 through June of 2002. Instead, the vast majority of the documentation provided were notes prior to the January 24th incident. Out of the eighty-two (82) entries provided, only four (4) entries were made during the relevant period.

The family based worker's notes reflect that the case manager was actively involved in the management of RO's case throughout the relevant time period, as both his case manager and as his child protection worker. The case manager was contacted by the family based worker on January 24, 2002, and informed of RO's abuse of JL. The case manager conducted an investigation into the matter and convened a team meeting for a consultation. She had contact with the family on the following day. The case manager participated in a case consultation, on February 26, 2002, regarding the continued abuse of JL. On March 4, 2002, she discussed the continued abuse with law enforcement. On March 26, 2002, the case manager was involved in another case consultation in this matter. It appears that it was the case manager's responsibility to develop a safety plan for JL as well as to arrange for specialized evaluation and counseling for the children.

The guardian ad litem, it appears, experienced a similar degree of difficulty in getting access to the complete case management record even though she is entitled to it under Minnesota Statute § 260C.163, subdivision 5. Her April 12, 2005, letter stated she attempted to review the entire file as part of her mandatory obligation to conduct an independent investigation into the degree of services and protection being provided to the children. The guardian ad litem indicated the information was provided to her in a piecemeal fashion. During each meeting or request to review the file, the County presented her with a different file containing new information.

An additional practice that made it difficult to conduct a thorough review was the incomplete nature of the notes. This made it virtually impossible to reconstruct what action the County took to protect the children during this period. For example, out of the forty (40) entries in the family based worker's notes from January 24, 2002, until the case was closed in May of 2002, nineteen (19) entries, nearly half, failed to contain any information under the "notes" section. To provide one example, on January 24, 2002, the family based worker conducted a home visit with HL and the children, but she failed to document the purpose of the meeting or what was discussed.

The case manager's lack of documentation is extensive. Despite the fact that she was the primary County employee responsible for providing protective and social services during this period, her case management notes contain only four (4) entries. And the information contained in those four entries is minimal.

County's Actions

There were a number of instances where the County failed to provide protection and services for the family. First, even though the County was aware that RO had abused his sister on January 24, 2002, and continued to do so thereafter, a written protective services case plan was not developed. As the family based worker's notes indicate, even though the abuse of JL was on-going, as of March 18, 2002, the case manager had failed to go over a safety plan with the family. Again, during the case consultation meeting on March 26, 2002, between the family based worker, the case manager and the social service supervisor there was "no discussion of [the] safety plan." During the three file reviews conducted, no safety plan was uncovered.

In addition to the County's failure to take adequate steps to ensure JL's safety, it also failed to provide the children with specialized therapy. As early as February 26, 2002, the case manager was aware of HL's request for a therapist that specialized in sexual molestation. A month later, on March 26, 2002, the issue of specialized assessment and therapy was again discussed, but no significant steps were taken to secure the services.

There appears to be a factual discrepancy between the notes of the family based worker and the case manager on the issue of whether the case manager contacted the children's therapist about an evaluation. The case manager's notes indicate that she contacted the treating psychologist on March 26, 2002, and discussed RO's need for an evaluation. The family based worker's notes, on the other hand, indicate that on April 15, 2002, she spoke with the treating psychologist regarding the issue of an evaluation and that the "[case manager] has not been in contact with [the treating psychologist] and has not

requested a letter from him regarding the appropriateness of an in-house evaluation for RO."

The treating psychologist's actions support the family based worker's account of the event. The treating psychologist contacted the social service supervisor regarding the need for an evaluation. As discussed in more detail in section A above, the treating psychologist spoke with the supervisor on April 15, 2002, and informed her that RO's abuse of JL was continuing and that the children were in need of specialized pediatric sexual abuse evaluations. He followed up the conversation with a letter to her detailing the need for the pediatric sexual abuse evaluation and informed her that there was not a qualified specialist within Koochiching County. None of the documents reviewed in the case management file, however, indicate that the social service supervisor acted upon the verbal and written requests the treating psychologist made on April 15, 2002. As further evidence that the County failed to act upon the treating psychologist's recommendation, the guardian ad litem's investigation supports this conclusion. She interviewed RO on March 9, 2005, and he reported that he "never went any where for an evaluation and that the treating psychologist was the only person he ever had counseling with."

The guardian ad litem's attorney requested information from the County specifically addressing the issue of the treating psychologist's April 15, 2002, letter to the social service supervisor. The County responded in a letter by the case manager, dated March 31, 2005. She states that at the time of the treating psychologist's letter, "[the County school social worker] was open with RO for case management and social skills class." She goes on to state that the treating psychologist's letter to the social service supervisor, "was located in the case record at the school that was maintained by [the county school social worker]. There is no information contained in the file as to how it [the treating psychologist's letter] was addressed or who was responsible for the decision not to send RO to the recommended evaluation."

The guardian ad litem's letter contradicts the explanation given by the case manager and supervisor. In the guardian ad litem's April 12, 2005, letter, she states that the school social worker never received the letter the treating psychologist mailed to the supervisor. The GAL's letter further states that, "On April 7, 2005, [the county school social worker] reported that she was not involved in child protection cases. She began working with RO during the summer school program. She explained that if the letter to [the supervisor] had been forward[ed] to her she would have been told what to do with it and if the treating psychologist had made a recommendation she would have followed through with it."

Despite the County's assertion in their March 31, 2005 letter from the case manager to the current guardian ad litem, she indicates that the school based social worker was open for case management of RO and was responsible for follow up on the letter, but there is nothing in the county case file that gave any credence to this response. While the school based social worker may have had an open case regarding RO as it relates to his school IEP or special needs in the school setting, there is nothing in the file to indicate that the school based social worker had any responsibility for the child protection matter or family support services. The only three County employees that appeared to be working

on the case were the family based worker, the case manager and the social service supervisor.

Relationship with the Guardian Ad Litem

The preliminary Ombudsman report made reference to some tension between the County and the Guardian Ad Litem Program. However after discussion with the parties, we were made aware of efforts on the part of both programs to improve that relationship. The county has indicated that it works quite well with the court-appointed guardian ad litems on both a professional and personal level. The County also stated that it works diligently to establish a good working relationship with the local guardian ad litems. In this case, it appears that the County could have been more cooperative in working with RO's guardian ad litem. As mentioned earlier, it appears that she experienced difficulty in acquiring all the information she needed from the County in order to conduct a thorough investigation of RO's case.

During the course of the Ombudsman's review certain issues were raised about the GAL's former employment. The Ombudsman considered those issues and determined that they were not relevant to the specific issues under investigation. While the County may have had certain misgivings about RO's guardian ad litem, the proper means to have addressed those concerns would have been to bring them to the attention of the court. Instead, the County initially withheld information from the guardian ad litem and was uncooperative in her investigation.

Laws and Rules

The Legislature of the State of Minnesota made specific reference to the intended public policy in the statute referred to as "The Maltreatment of Minors Act"

> *MN Stat. § 626.556*
> *Subdivision 1.* ***Public policy.*** *The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect, or sexual abuse. While it is recognized that most parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs, families are best served by interventions that engage their protective capacities and address immediate safety concerns and ongoing risks of child maltreatment. In furtherance of this public policy, it is the intent of the legislature under this section to strengthen the family and make the home, school, and community safe for children by promoting responsible child care in all settings; and to provide, when necessary, a safe temporary or permanent home environment for physically or sexually abused or neglected children.*

County Social Service Agencies provide services under the authority and direction of a number of Minnesota laws and rules. The public policy is determined by the legislature by the passage of legislation. Those laws are then further refined into operational guidance by the Minnesota Department of Human Services through rule writing and the issuance of Bulletins. Relevant to this case, the following is a list of some of the possible governing statutes and rules that provide counties with clear direction regarding Minnesota's public policy.

- MN Stat. § 626.556 – Reporting of Maltreatment of Minors
- MN Stat. § 626.559 - Training of Child Protection
- MN Stat. § 626.561 – Interviews of Victims
- MN Stat. § 260C – Child Protection
- MN Stat. § 260M – Children and Community Services Act
- MN Stat. § 256B.094 – Targeted Case Management – Medical Assistance for Needy Persons
- MN Stat. § 256F.10 – Child Welfare Targeted Case Management of the Minnesota Family Preservation Act
- MN Stat. § 245.4931 – Integrated Local Service System
- MN Stat. § 245.827 – Community Initiative for Children
- MN Rules Chapter 9560 – Social Services for Children

In addition, the Department of Human Services provided further guidance to counties in a 1996 publication titled "Focus on Outcomes in Human Services".[7]

Examples of issues that demonstrate ways the County's actions do not follow Minnesota public policy as outlined in various laws and rules:

1. Minnesota Rule Ch 9560.0216. - Basic Requirements [of response to reports of maltreatment].

According to the guardian ad litem's investigation, the case manager conducted a Child Protection Risk Assessment on JL, dated January 24, 2002, the date of the sexual abuse investigation. Despite the fact the abuse was substantiated, the case manager considered JL to be at Low Risk. When the abuse continued, it appears the County failed to conduct another Risk Assessment or develop a written safety plan. .

2. Minnesota Rule Ch 9560.0220. - Response to Reports of Maltreatment within the Family Unit.

Once it became clear to the County that RO continued to abuse JL, it failed to provide adequate protective interventions whether or not they believed the incident was isolated.

3. Minnesota Rule Ch 9560.0228. - Protective Services

[7] See attached publication

The County failed to develop a written protective service plan. The family based worker documented her concern over the lack of a safety plan in both her notes of March 18, 2002, and March 26, 2002. Additionally, the County may have failed to meet its responsibility to plan, coordinate, authorize, monitor and evaluate the services that the children needed.

4. Minnesota Statute § 260C.163. Subd. 5 – Guardian ad litem.

The guardian ad litem was appointed on December 15, 2004, to protect RO's interests. Minnesota Statute § 260C.163, Subd. 5(b)(1), sets forth her statutory obligation to conduct an independent investigation into RO's case, which includes the ability to review all relevant documents. The guardian ad litem's letter to our agency clearly expresses her frustration over the lack of cooperation she received from the County in fulfilling her legal obligations.

Conclusion:

The social service system in Minnesota is designed to protect and provide social services to families in need. HL came to the County seeking assistance in protecting JL from further sexual abuse by her brother. It is clear from the documentation that HL made repeated attempts to secure the County's protection as well as obtain specialized treatment for his two children. It is equally clear that the treating psychologist also attempted to secure protection and services for the children.

Despite these efforts, the County did not take adequate steps to ensure JL's safety. The County exacerbated the family's plight by failing to address the specific individual mental health needs of the children when it failed to act on both HL and the treating psychologist's request for specialized pediatric sexual abuse evaluations and counseling.

Because the County failed to meet the needs of this family and fulfill its statutory duties, RO had the opportunity to continue to abuse his sister until the two were finally separated, nearly three years after the initial incident. The end result is that RO was denied early intervention and treatment along with the opportunity to alter his behavior and improve his future outcomes in a timely manner. In addition, JL was needlessly subjected to continued sexual abuse, during some of her most formative stages of development, the harmful results of which cannot be measured.

Recommendations:

The following recommendations are offered to promote the highest attainable standards of treatment, competence, efficiency and justice for persons receiving social services from the County. These recommendations are exemplary, rather than exhaustive in nature.

- The County should review the way it manages and supervises cases involving social services and child protection. The primary problem prevalent throughout this family's case was the lack of effective case management and care coordination. There appeared to be a pervasive blurring of roles between all the

County employees involved in this case. At times, the family based worker appeared to be working on issues unrelated to her role as a family based worker because the children's case manager was not following through with her responsibilities. The case manager was responsible for the protection of JL and securing specialized pediatric services for both RO and JL, yet she failed to do either. It is also clear that there is a need to re-examine supervision of case management services. The social service supervisor was aware that JL was repeatedly being abused by her brother. The treating psychologist made it a point to bring his concerns and recommendations specifically to the supervisor's attention, in both his telephone conversation with her and his letter dated April 15, 2002. The social service supervisor did not act upon the treating psychologist's concerns and recommendations nor did she track whether his recommendation was carried out by any other employee.

- The County should review its policy and procedures governing the documentation of information involving social services and child protection cases. As discussed more fully above, the documentation in this case was inadequate.

- The County should make diligent efforts to comply with existing laws. The County failed to adequately assess JL's on-going risk of abuse by RO, institute adequate protective measures, develop and implement a written protective service plan or provide specialized social services to the two children. All of these measures are required under existing Minnesota law. The statutes exist for an important reason: to protect children and provide services when needed. Had the County complied with existing State law, there is a higher likelihood that the damages sustained by this family could have been reduced.

- The County should obtain additional training for all social service staff on Minnesota Statutes and Rules governing child protective services and family support services. In addition periodic training should be provided to all staff on proper case documentation.

- The County should review the weight it gives to the recommendations provided by professionals. The County believed that the children were in need of counseling after the January 24, 2002, incident of abuse was substantiated. The treating psychologist's services had previously been secured for the family. It became apparent to the treating psychologist that he was not qualified to provide the children with the specialized evaluation and treatment that was needed related to the sexual abuse. The County did not give serious enough weight to his professional recommendation that additional protective services and psychological services were needed.

- It is recommended that the County continue in its efforts to build a positive and productive working relationship with the state guardian ad litem program. The county is to be commended for recognizing the problem and working with the GAL program to improve relations between the two entities that are in a position to have a profound impact on the lives of children in need.

It is with the goal to teach that this report is submitted to your agency. It is the Ombudsman hope that you will accept the report in that spirit.

Respectfully submitted,

Michael L. Woods
Regional Ombudsman
Office of the Ombudsman for MH and DD
320 West 2nd Street
Suite 105
Duluth, MN 55802

Approved and issued under the authority of Roberta C. Opheim, Minnesota Ombudsman for Mental Health and Developmental Disabilities

Roberta C. Opheim, Ombudsman

State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

In the Review of : **Koochiching County Community Services**

Case number: **36-2006-0228-16168**

July 14, 2006

Ombudsman Letter

To

Koochiching County

Social Service

STATE OF MINNESOTA
OFFICE OF THE OMBUDSMAN FOR
MENTAL HEALTH AND MENTAL RETARDATION
121 7th Place E. Ste. 420, Metro Square Building, St. Paul, MN 55101-2117
651-296-3848 or Toll Free 1-800-657-3506
TTY/voice - Minnesota Relay Service 1-800-627-3529
Website-http://www.ombudmhmr.state.mn.us

July 14, 2006

Mr. Terry Murray, Director
Koochiching County Community Services
715 4th Street
International Falls, MN 56649

COPY

Re: [redacted]

Dear Mr. Murray:

The Office of the Ombudsman for Mental Health and Developmental Disabilities is charged, under Minnesota Statute § 245.92, with promoting the highest attainable standards of treatment, competence, efficiency and justice for persons receiving services from an agency, facility or program for mental illness, developmental disabilities and related conditions, chemical dependency and emotional disturbance. Accordingly, individuals who receive social services are included in the populations that are served by the Ombudsman's Office. In accordance with Minnesota Statute § 245.94, our agency may investigate the quality of services provided to clients and review matters that influence the delivery of those services.

As you are aware, our agency received a request to review the actions and/or inactions of Koochiching County Community Services in regards to certain services provided to [redacted] the son of [redacted] Over the last seven months, our agency has conducted a comprehensive review of the matter. Attached is a draft of our completed review.

Pursuant to Minnesota Statute § 245.95 governing reports made by this office, I am providing you with a draft for your review and response. Agencies have the right to have a response of reasonable length included with our report. If you choose to issue a response, we would appreciate receiving that response by August 4, 2006, addressed to my Duluth office. Upon receipt of your response, the Ombudsman will consider the matter further and issue our agency's final report, including your agency's response.

I fully appreciate the difficult responsibility entrusted in counties to provide good, quality social services. I equally appreciate the difficult job case managers have in effectively managing a demanding case load. As such, it is our agency's goal to work with the system to recommend changes that work to improve services to current and future clients.

I look forward to working with you to improve the lives of Minnesota citizens on this as well as future cases. Please do not hesitate to contact me if you have any questions.

Sincerely,

Michael L. Woods

Michael L. Woods
Regional Ombudsman
Office of the Ombudsman for MH/DD
320 West 2nd Street, Suite 105
Duluth, MN 55802

Cc: Roberta C. Opheim, Ombudsmam, Office of the Ombudsman
Brian Relay, Director of Client Services, Office of the Ombudsman

State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

In the Review of : **Koochiching County Community Services**

Case number: **36-2006-0228-16168**

July 20, 2006

Koochiching County

Social Service Letter

To

The Office of Ombudsman

KOOCHICHING COUNTY COMMUNITY SERVICES
1000 Fifth Street
INTERNATIONAL FALLS, MN 56649
(218) 283-7000
Fax (218) 283-7013

SOCIAL SERVICES
FINANCIAL SERVICES
CHILD SUPPORT SERVICES

July 20, 2006

COPY

Mr. Michael Woods, Regional Ombudsman
Ms. Roberta Opheim, Ombudsman
Office of the Ombudsman for MH/DD
320 West 2nd Street, Suite 105
Duluth, MN 55802

Re: [redacted]

Dear Mr. Woods and Ms. Opheim:

I have reviewed your draft report on the above mentioned case review you recently completed. The purpose of the review was to investigate certain services provided by our agency to [redacted], son of [redacted].

I fully agree with your second recommendation that states: "The County should review its policy and procedures governing the documentation of information involving social services and child protection cases. As discussed more fully above, the documentation in this case was inadequate".

There is no question the case manager's notes fell well short of what our expectations currently are. I have had discussions in the past with this case manager in regards to this same issue and I feel this area has greatly improved with changes implemented since I became acting director.

I am very concerned with how you came to such damaging conclusions in regard to our county's delivery of service and especially the information, or lack of information, used to come to this conclusion. I am not sure who was interviewed, but I do know you did not

interview: the social service supervisor, the case manager involved, our law enforcement officer involved and our county attorney. The staff I am aware you interviewed included a social worker that had no involvement in this case, the guardian ad litem that raised the concerns, and a former employee who was the family based worker on this case (you referred to as a home skills worker). The former employee left this agency because of issues she had with our court system and the time involved in documentation.

I have always welcomed reviews by the State of Minnesota as to our provision and delivery of services. This provides a good means for us to find out what we are doing wrong and ways we can improve. I feel the investigation in this matter was not done in an adequate manner and therefore, I cannot come to any conclusions on this matter.

Your fourth recommendation is an example of not doing a thorough investigation. You spoke to one guardian ad litem (GAL) to come to this conclusion. Had you spoke to the local GAL's as a whole, I think you would find our social workers and GAL's are working quite well together on both a professional and personal level. One of the GAL's has planned a get-together at his cabin for all of the social workers and GAL's, and all of our social workers and social service supervisor plan to attend. Our agency has worked diligently to establish a good working relationship with our GAL's and this is an example that it is working.

This is a request for an extension on your requested response time from our agency on your draft report. I also request that your office come to our county and interview the people that were and are presently involved with this family.

I appreciate the responsibility your office has for promoting the highest attainable standards of treatment, competence, efficiency and justice for persons receiving services from agencies such as ours. All human service agencies strive for these same goals, but to accomplish this, a complete and thorough investigation needs to be done by your office so I can feel comfortable implementing any recommendations stemming from such a review.

I look forward to hearing from you on this matter.

Sincerely,

Terry Murray, Director

TM:jb

State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

In the Review of : **Koochiching County Community Services**

Case number: **36-2006-0228-16168**

July 25, 2006

Ombudsman Letter

To

Koochiching County

Social Service

STATE OF MINNESOTA
OFFICE OF THE OMBUDSMAN FOR MENTAL HEALTH AND MENTAL RETARDATION
121 7th Place E. Ste. 420, Metro Square Building, St. Paul, MN 55101-2117
651-296-3848 or Toll Free 1-800-657-3506
TTY/voice - Minnesota Relay Service 1-800-627-3529
Website-http://www.ombudmhmr.state.mn.us

July 25, 2006

Mr. Terry Murray, Director
Koochiching County Community Services
715 4th Street
International Falls, MN 56649

COPY

Re: [redacted]

Dear Mr. Murray:

I am in receipt of your letter dated July 20, 2006. Thank you for expressing your concerns about our agency's review of the [redacted] matter.

In your letter, you identify four individuals that were not interviewed during the course of our review and you indicate that, had we done so, we may have arrived at different conclusions. The individuals you mention are law enforcement, the county attorney, the social service supervisor and the case manager. The central issue in this matter was whether Koochiching County Community Services (the "County") provided the highest attainable standards for social services and child protection to the [redacted] children during the period from January of 2002 through April of 2002. The decision not to interview law enforcement was based on the fact that: 1) law enforcement is not the responsible authority that determines the nature of and the extent to which social services are provided to families and 2) any pertinent information that law enforcement could provide was, or should have been, contained within the case management file. The County's file indicates that law enforcement substantiated the fact that child abuse had occurred and that law enforcement was aware that it was on-going. Since law enforcement can not speak to the actions or inactions of the County, this agency believes it could not provide additional, pertinent information regarding the question at hand. Additionally, our agency does not have jurisdiction over law enforcement agencies.

The County attorney was not interviewed because there was nothing in the case management file to indicate that the County's legal counsel had been contacted about this case during the relevant period. Additionally, there was no information in the file to indicate that the County attorney had any first hand knowledge of the abuse.

The two social service employees you listed were not interviewed because the County's response to the central issue in this matter was already provided in the form of the case manager's letter dated March 31, 2005. In the letter, the case manager indicated that the County had "no information" as to how Dr. [redacted] request for specialized services was addressed and why the services was not provided.

As to the guardian ad litem program, you appear to assume that we came to our conclusion based on speaking to only one guardian ad litem. Our agency spoke to four individuals associated with the guardian ad litem program during the course of this review and they were unanimous in their opinion that poor relations exist between the County and the guardian ad litem program.

Based upon your letter and in the interest of obtaining all relevant information, the Ombudsman has decided to consider the matter further. Pursuant to established agency practice, we will conduct one-on-one interviews in private with the case manager and her supervisor. I am available to conduct the interviews on August 1st and August 4th. Please advise me of their availability. The Ombudsman will consider any additional information obtained from the interviews when issuing our final report.

The Ombudsman has agreed to extend to August 18, 2006, the time allowed for the County's response. Please submit any additional response and/or documents by that date.

Thank you for your continued cooperation in this matter.

Sincerely,

Michael L. Woods

Michael L. Woods
Regional Ombudsman
Office of the Ombudsman for MH/DD

Cc: Roberta C. Opheim, Ombudsman, (via email)
Brian Relay, Director of Client Services, (via email)

State of Minnesota

Office of the Ombudsman for Mental Health and Developmental Disabilities

In the Review of : **Koochiching County Community Services**

Case number: **36-2006-0228-16168**

Appendix

1. Focus on Client Outcomes – A Guidebook for Results-oriented Human Services

Mn Department of Human Services- March 1996

2. DHS Family Guide to Child Protection

January 2006

Focus on Client Outcomes:

A Guidebook for Results-oriented Human Services

Minnesota Department of **Human Services**

Minnesota Department of **Human Services**
Community Services Division
March 1996

For the past three years, staff of the Community Services Division of the Department of Human Services have worked diligently with county and state social services staff and private human service providers to promote the transition to client-focused, results-oriented human service management in Minnesota. This Guidebook represents the collective wisdom of that work drawn from contributions made by many dedicated professionals throughout the state. A special debt of gratitude is owed to Dr. Michael Patton who, in his capacity as consultant to the Department, has served as designer, teacher, critic, and counselor in this endeavor. Special thanks is also due to Dennis Johnson of the Community Services Division who has created many of the instructional aids employed in this effort, several of which are found in this Guidebook.

It is our hope that this Guidebook, born out of a spirit of cooperation and driven by a central concern for those we serve, will provide a solid foundation for the challenging work that is yet to be done.

Contents

Focusing on Client Outcomes: Simple Logic, Complex Practice

What difference has the program made in the lives of participants? What can they do now that they couldn't do before? How have their behaviors, knowledge, skills or attitudes changed? What is their status or life situation now compared to what it was before the program?

These are fundamental questions about client outcomes. They are the questions that support a results-oriented approach to program management and decision-making. They are also the questions being asked by policy makers, taxpayers, elected officials, agency boards, and philanthropic funders who are demanding greater accountability from human services. The newsletter, "The Public Innovator," from the National Academy of Public Administration, reviewed policy announcements made by 43 state governors during the first three months of 1995. The most common theme: "strengthening accountability by emphasizing outcomes."

Measuring outcomes seems simple enough. Logically, the idea is quite straightforward, deceptively so. Yet, in practice, paying attention to client outcomes — focusing on results — has proved challenging, complex and difficult. This guidebook provides a framework for meeting the challenges of results-oriented management, explores the complexities of an outcomes approach to human services, and answers questions that commonly arise from practitioners attempting to implement this approach.

Understanding the Challenge

To understand the challenge of shifting to a results orientation based on measuring client outcomes, it is helpful to look at the services orientation of the past. Accountability has most often centered on how funds were spent (inputs monitoring), eligibility requirements (who gets services), how many people get services, what activities they participate in, and how many complete the program. These indicators of inputs, activities, and outputs (program completion) have monitored whether providers were following rules and regulations. ***As a result, accountability has tended to focus on compliance with rules rather than achievement of results.*** Control has been exercised through audits, licensing, and service contracts rather than through measuring client outcomes. The consequence has been to make providers and practitioners compliance-oriented rather than results-focused. Programs have been rewarded for doing the paperwork well rather than making a difference in clients' lives.

Department of Human Services Commissioner Maria R. Gomez has forcefully stated the need for change:

> *For too long in human services we have been preoccupied with rigid program requirements. We must shift our focus to the people we serve and make sure our actions improve lives, rather than only meeting some bureaucratic regulation. Outcome-based approaches are an important tool to accomplish that goal. (Policy statement, September 26, 1995.)*

The Shift From Focusing on Services to Focusing Outcomes

Several important shifts in thinking and doing are at the heart of current reform efforts. These shifts represent fundamental changes for the whole system. The two columns in Table 1 contrast the bureaucratic approach with a results-oriented approach. Close study of these contrasts will reveal the magnitude of the shift envisioned. The movement from a bureaucratic approach to a results-oriented approach involves much more than gathering outcome data. Measuring outcomes is merely a means to the end of greater effectiveness. More fundamentally, this shift involves fundamental change in how we think about interventions, how programs are managed, how practitioners interact with clients, and how providers are held accountable. On the other side, government will have to shift how it funds, manages and oversees programs.

Table 1

Contrasting Approaches to Service Management

Bureaucratic Approach	Results-Oriented Approach
1. Services-oriented	1. Outcomes-oriented
2. Rules and regulations drive actions—focus is on compliance	2. Desired client changes drive actions—focus is on accomplishments
3. Top-down decision-making	3. Collaborative decision-making
4. Standardized programs/uniform models	4. Individualized programs/ diverse models
5. Rigidity in implementation (Do it in prescribed way: Follow mandates about how to deliver services)	5. Flexibility to attain outcomes (Do what works: Agree on goals, but have discretion about how to attain them.)
6. Management by controlling inputs	6. Management by attaining results
7. Accountability by monitoring delivery processes and reporting on inputs, activities and numbers served	7. Accountability by monitoring outcomes and reporting actual accomplishments compared to desired
8. Risk taking discouraged	8. Incentives to take risks results
9. Administration	9. Management/Leadership
10. Perceived as self-serving	10. Perceived as serving clients

Implications of the Shift to Results Orientation

Shifting approaches means that the process of identifying measurable outcomes is not just about evaluation and public reporting. Indeed, it's not even primarily about evaluation. These shifts are about changing how decisions are made, how clients and customers are involved, and how programs are administered. ***These shifts are about making the whole system oriented to attaining outcomes. It means making results the focus at every level from interactions with individual clients to legislative debates. That's what is meant by outcomes-based service management.***

For this shift to occur, people involved with human service programs must engage actively in identifying outcomes, measuring results and using the results in decision-making. The point is not just to put some goals and outcome indicators on paper. ***The point is to use results to improve programs, make management decisions, and report outcomes to public stakeholders.***

Fostering results-oriented thinking involves organizational leadership. A major weakness in many evaluation efforts has been that monitoring outcomes has been treated as a clerical function and delegated to relatively low levels in the organization. Part of the shift to results orientation involves moving from just administering programs to leading programs. Robert D. Behn, Director of the Governors Center at Duke University notes that the red tape imposed on agencies by the federal government in the past has been designed to produce results "the federal government's way." But:

> *...the kind of skills needed to cope with red tape are quite different from the skills needed to produce results.... To "administer" a federal program is to fill out the forms correctly. The federal government rarely asks a state or local agency what it has accomplished. The feds just want to know that the procedures — all the procedures — are properly followed. So, to ensure that they can comply with all the federal red tape, agencies recruit and train people who know precisely how to fill out forms.*
>
> *To "manage" a public program, however, means to produce results. Those who are good at coping with red tape may not be at all suited for the task of producing results. Managing for performance requires leaders. That means recruiting and training managers who know how to create systems, build coalitions, motivate workers, and monitor performance for effectiveness.*

Outcomes-oriented leadership is also what is being called for in the reform movement to "reinvent government." Table 2 presents the premises for results-oriented government promulgated by David Osborne and Ted Gaebler in their influential and best-selling book, Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector.

Table 2

Premises of Reinventing Government

- **What gets measured gets done.**
- **If you don't measure results, you can't tell success from failure.**
- **If you can't see success, you can't reward it.**
- **If you can't reward success, you're probably rewarding failure.**
- **If you can't see success, you can't learn from it.**
- **If you can't recognize failure, you can't correct it.**
- **If you can demonstrate results, you can win public support.**

From Chapter 5, "Results-Oriented Government," in Reinventing Government by David Osborne and Ted Gaebler, Addison-Wesley, 1992.

Outcomes and the Proverbial Horse and Water

You can lead a horse to water, but you can't make it drink.

This familiar adage illustrates the challenge of committing to outcomes. The desired outcome in this case is that the horse drink the water. The longer term outcomes are that the horse stay healthy and work effectively. But, because we can't make the horse drink the water, we focus on the things we can control: leading the horse to water, making sure the tank is full of water, monitoring the quality of the water, and keeping the horse within drinking distance of the water. In short, we focus on the *processes* of water delivery rather than the outcome of water drunk by the horse.

We can control the processes. We can't control the outcome. As a result, government regulations get written specifying exactly how to lead a horse to water. Funding is based on the number of horses led to water. Licenses are issued to individuals and programs that meet the qualifications for leading horses to water. Quality awards are made for improving the path to the water — and keeping the horse happy along the way. Whether the horse drinks the water sometimes gets lost in all this flurry of lead-to-water-ship. Results-oriented management will work to change that.

Pitfalls and Caveats

A results-oriented approach is not without perils. Identifying the wrong outcomes or measuring the wrong things can do real harm to clients and programs. There is also the problem that some important outcomes may be difficult and expensive to measure. And, of course, there's always the danger that this could all become just one more paperwork exercise. Nor will demands to measure inputs, activities and numbers of people served disappear. So, gathering outcomes data could become just one more burden in an already overburdened system.

In short, there are pitfalls that can undermine the potential benefits of the shift to outcomes thinking. Like any approach, it requires goodwill and effort to make it work. Nor is a results orientation a panacea. It won't make an ineffective program suddenly effective. What it will do is clarify the nature and degree of the ineffectiveness so that improvements can be made. The long term result will be quality programs attaining identifiable outcomes with greater understanding of, and better decisions about what works and how to improve what doesn't work.

The shift to a results orientation can sound easier than it is. The obstacles can be substantial. One key to overcoming obstacles, we've found, is to establish an outcomes development process that involves key people working through the difficulties together. This engenders a shared commitment to actually use results and make the approach pay off. The collaborative process for identifying outcomes is aimed at dealing openly and honestly with the difficulties and working together at county and state levels to design workable and useful outcome-based approaches. The Department of Human Services is committed to continuing this collaborative process with counties.

Client Outcomes versus Other Kinds of Outcomes

We turn now to the challenge and specifics of identifying outcomes. The next few pages contain a number of traditional goal statements for human service programs. These statements, gathered from real programs, reveal how goal statements have traditionally been written. They provide an opportunity to examine how goal statements could be re-oriented from an outcomes perspective. The critiques offered here are meant to illustrate the shift to an outcomes orientation. The goal statements that follow are representative of the service-oriented system of the past and will need to be refocused for the results-oriented system of the future.

Problematic Outcome Statement Examples

1. **To continue the implementation of a case management system to maintain continued contact with clients before, during and after treatment and to assist with aftercare.**

   Comment: Continued implementation of the system is the focus, the intended outcome. And what is promised for the client? "Continued contact."

2. **Case management services will be available and accessible to all persons with serious and persistent mental illness who require them.**

   Comment: This statement aims at "availability and accessibility" — service delivery improvements. What isn't answered is how clients will be changed as a result of increased availability. It's important to note that this statement was not accompanied by client outcome statements elsewhere. This statement was the centerpiece of the agency's client focus. The point is services could be available everywhere 24 hours a day and we still wouldn't know how clients were intended to change as a result of such services. In effect, this statement reflects a planning process — and a way of thinking — where managers focus on quality improvements in service delivery that they can control rather than focusing on client outcomes.

3. **To develop needed services for chronically chemically dependent clients.**

   Comment: "Services" are the outcome here. This statement focuses at the program level rather than the client level. Indeed, an examination of traditional agency goals suggest(s) that most managers have learned to focus planning at the program delivery level, i.e., the program's goals, rather than at the client change level how clients' lives will be improved.

4. **To develop a responsive, comprehensive crisis intervention plan.**

Comment: A "plan" is the intended outcome. Many administrators confuse planning with getting something done. The characteristics of the plan — "responsive, comprehensive" — reveal nothing about results for clients. The danger here is that an administrator's workplan becomes the outcome focus for the agency. Planning becomes an end in itself, a product, that gives a feeling of accomplishment, but is actually quite far-removed from any impact on clients.

5. **Develop a supportive, family-centered, empowering, capacity-building intervention system for families and children.**

Comment: This goal statement has all the latest human services jargon. Carefully examined, however, the statement doesn't promise to empower any families or actually enhance the capacity of any clients. This statement promises to "develop a system." The intended outcome is a system with certain characteristics. The difficulty is that the focus on the system can actually detract from having an impact on clients. What would be the best indicator that one has developed an empowering system? That people are empowered. By focusing on whether people are empowered, the desired outcome remains in focus and the nature of the system is kept in proper context, as a means to the end of empowered clients, not as an end in itself.

6. **Expand placement alternatives.**

Comment: "More alternatives" is the intended result, but to what end? The goal of more alternatives can be met with a list. Having more alternatives identified doesn't necessarily mean more, higher quality placements will actually occur. What is more important is what should result from a placement. This is another system level goal that carries the danger of making the placement an end in itself rather than a means to the end of some kind of client improvement.

7. **County clients will receive services which they value as appropriate to their needs and helpful in remediating their concerns.**

Comment: "Client satisfaction" as in the case here can be an important outcome. By itself, however, client satisfaction is rarely sufficient and is often a means to some more fundamental client outcome. Especially in government-supported programs, taxpayers and policy makers want to see more than happy clients. They want clients to have jobs, be productive, stay sober, parent effectively, etc. Having clients satisfied will likely mean greater client involvement in and commitment to the program, but client satisfaction should be coupled with other desired client outcomes that promise change.

8. **Improve ability of adults with severe and persistent mental illness to obtain employment.**

Comment: This outcome statement stops short of really focusing on jobs for mentally ill persons. Only "improved ability" to obtain employment is promised. Some clients remain in programs for years having their ability to obtain employment enhanced without ever getting a job.

9. **Adults with serious and persistent mental illness will engage in a process to function effectively in the community.**

Comment: "Engaging in a process" is as much as this provider is willing to promise. A more meaningful outcome would be that clients actually do function effectively in the community.

10. **Adults with developmental disabilities will participate in programs to begin making decisions and exercising choice.**

Comment: "Program participation" is the stated focus. This leads to counting how many people show up rather than how many make meaningful decisions and exercise real choice. Moreover, this kind of goal statement reveals a form of thinking that confuses participation in an activity aimed at an outcome with actually accomplishing that outcome. Yet, the point of clear outcome statements and measurement is to make sure this kind of error does not occur. A client can participate in a program aimed at teaching decision-making skills, and can even learn those skills, yet never make real decisions.

11. **Each developmentally disabled consumer (or their substitute decision-maker) will identify ways to assist them to remain connected, maintain, or develop natural supports.**

Comment: This goal is satisfied, as written, if each client has a list of "potential connections." Such a list, while easily compiled, would do little for these consumers. The real intended outcome: Clients who are connected to a support group of people.

12. **Adults in training and rehabilitation will be involved in an average of 120 hours of community integration activities per quarter.**

Comment: Quantitative and specific, but the outcome stated only specifies "involvement in activities" not actual integration into the community.

13. **Minimize hospitalizations of people with severe and persistent mental illness.**

Comment: This is a system level outcome that is potentially dangerous. One way this desired outcome might be attained would be to simply cease referring or admitting these clients to the hospital. That will "minimize hospitalizations" (a system-level outcome) but may not help clients in need. A more appropriate outcome focus would be that these clients function effectively. If that outcome is attained, they won't need hospitalizations.

14. **Improve quality of child protection intervention services.**

Comment: A lot of outcome statements are aimed at enhancing quality. Ironically, quality can be enhanced by "improving services" without having an impact on client outcomes. Licensing and accrediting standards often focus on staff qualifications and site characteristics (indicators of quality), but seldom require review of what program participants achieve. Too much attention to "quality services" can have the ironic effect of diverting attention away from client outcomes and real results.

The point of reviewing these examples is to show the kind of goals that have traditionally been developed in human services, and to comment on how these goals could be reframed to be more outcomes-oriented. Table 3 provides a comparison of service-focused versus client outcome-focused goals and highlights the contrasting emphases of a service orientation versus an outcomes focus.

Table 3

Service-focused vs Client-focused Outcome Goals

Service-focused	Client Outcome-focused
Provide coordinated health services to pregnant adolescents.	Pregnant adolescents will care for themselves appropriately and give birth to healthy babies.
Improve the quality of child protection intervention services.	Children will not be abused or neglected.
Develop a supportive, family-centered, capacity-building intervention system for families and children.	Parents will adequately care and provide for their children.
Provide assistance to parents to make employment-related child care decisions.	Parents who wish to work will have adequate child care.

Framework for Client-focused Outcomes

This section presents a framework for conceptualizing client outcomes that are meaningful and measurable. Five separate elements need to be specified for a client-focused approach to outcomes. These elements are:

- ***a specific client target group***
- ***the desired outcome(s) for that target group***
- ***one or more indicators for each desired outcome***
- ***methods of data collection***
- ***performance targets***

Separating these elements reduces confusion and allows the issues of each element to be addressed specifically. Each of these elements is discussed on the following pages and illustrations from actual programs are offered to show how the elements fit together.

How to Identify Specific Client Target Groups

The generic term "client" includes program participants, consumers of services and beneficiaries, as well as traditional client groups. The language varies, but for every program there is some group that is expected to benefit from and attain outcomes as a result of program participation. However, target groups that have been specified in enabling legislation or existing reporting systems are often too broadly defined for meaningful outcomes measurement. Intended outcomes can vary substantially for subgroups within general eligible populations. The challenge is to be as specific as necessary to conceptualize meaningful outcomes. Some illustrations may help clarify why this is true.

Consider a program aimed at supporting senior citizens remaining in their own homes. Services to the elderly may range from meals on wheels to home nursing. Not all elderly people can or want to stay in their homes. If the desired outcome is "continuing to live in their own homes," it would be inappropriate to specify that outcome for all elderly people. A more appropriate target population, would be: *people over age 70 who can and want to remain safely in their homes.* For this group, it is appropriate to aim to keep them in their homes. It is also clear that some kind of screening process would be necessary to identify this subpopulation of the elderly.

A different example comes from programs serving people with developmental disabilities (DD). Many programs exist to prepare DD clients for work and then support them in maintaining employment. However, not all people with developmental disabilities can or want to work. In cases where funding supports the right of DD clients to choose whether to work, the appropriate subpopulation becomes: *persons with developmental disabilities who can and want to work.* For this specific subpopulation, the intended outcome could be that they obtain and maintain satisfying employment.

There are many ways of specifying subpopulation targets. Outcomes are often different for young, middle-aged and elderly clients in the same general group (e.g., persons with serious and persistent mental illness.) Outcomes for pregnant teens or teenage mothers may be different than outcomes for mothers who have completed high school. Outcomes for first-time offenders may be different than for repeat offenders.

The point is that categories of funding eligibility often include subgroups for whom different outcomes are appropriate. Similarly, when identifying groups by services received (e.g., counseling services or jobs training), the outcomes expected for generic services may vary by subgroups. ***It is important to make sure an intended outcome is meaningful and appropriate for everyone in the identified target population.***

How to Specify Desired Outcomes

The choice of language varies under different evaluation approaches. Some models refer to "expected outcomes" or "intended outcomes." Others prefer the language of "client goals" or "client objectives." ***What is important is that there be a clear statement of the desired change in circumstances, status, level of functioning, behavior, attitude, knowledge, or skills***. In some cases, desired outcomes may include maintenance or prevention. Table 4 provides examples of change-oriented outcomes.

Table 4

Change-oriented Outcome Examples

Type of Change	Illustration
1. Change in circumstances	1. Children safely reunited with their families of origin from foster care
2. Change in status	2. Unemployed to employed
3. Change in behavior	3. Truants will regularly attend school
4. Change in functioning	4. Increased self-care; getting to work on time
5. Change in attitude	5. Greater self-respect.
6. Change in knowledge	6. Understand the needs and capabilities of children at different ages
7. Change in skills	7. Increased reading level; able to parent appropriately
8. Maintenance	8. Continue to live safely at home (e.g., the elderly)
9. Prevention	9. Teenagers will not use drugs

How to Select Outcome Indicators

An indicator is just that, an indicator. It's not the same as the thing measured, but rather a close proxy for the outcome sought. A score on a reading test is an indicator of reading ability, but should not be confused with a particular person's true ability to read. All kinds of things affect a test score on a given day. Thus, indicators are inevitably approximations. They are imperfect and vary in validity and reliability.

Indicators are typically created by placing the number of clients who attain a desired outcome in the numerator divided by the total number of clients in the denominator. For example, an indicator of teenage pregnancy prevention is the number of teenage females without pregnancies divided by the total number of teenage females in the population.

$$\textbf{Teenage Pregnancy Prevention Rate} = \frac{\text{Number of targeted female teens without pregnancies}}{\text{Number of teenage females in the total target group}}$$

Resources available for evaluation affect the kinds of data that can be collected for indicators. For example, if the desired outcome for abused children is that there be no subsequent abuse or neglect, a periodic in-home visitation and observation, including interviews with the child, parent(s), and knowledgeable others would be desirable. However, such data collection is expensive. With constrained resources, for example, it may be necessary to rely on routinely collected data such as official substantiated reports of abuse and neglect over time. Moreover, when using such routine data, privacy and confidentiality restrictions may limit the indicator to aggregate results rather than being able to track specific families over time.

As resources change, the indicator may change. Routine statistics may have to be used most of the time, but occassionally other sources might fund a focused evaluation to get better data for a specific period of time. In this case, the indicator would change, but the desired outcome would not. This is the advantage of clearly distinguishing the desired outcome from its indicator. As the state of the art of measurement develops, indicators may improve without changing the desired outcome.

Time frames also affect indicators. The ultimate goal of a program for abused children would be to have them become healthy, well-functioning, and happy adults. Unfortunately, policymakers cannot wait ten to fifteen years to assess the outcomes of a program for abused children. Short-term indicators like school attendance, school performance, physical health, and psychological functioning as a child must be relied upon. These short-term indicators provide sufficient information to make judgments about the likely long-term results. It takes thirty years for a forest to grow, but you can assess the likelihood of ending up with a forest by evaluating how many saplings are still alive a year after the trees are planted.

Another factor affecting indicator selection is the demands data collection will put on program staff and participants. Short-term interventions like food shelves, recreational activities for people with developmental disabilities, drop-in centers, and one-time community events do not typically engage participants intensely enough to permit collection of data. Many programs can barely collect data on end-of-program status, much less follow-up data.

In short, a variety of factors influence the selection of indicators including the importance of the outcome claims being made, resources available for data collection, the state of the art of measurement of human functioning, the nature of decisions to be made with the results, and the willingness of staff and participants to engage in assessment. Some kind of indicator is necessary, however, to measure degree of outcome attainment. ***The key is to make sure that the indicator is a reasonable and meaningful measure of the intended client outcome.***

How to Set Performance Targets

A performance target specifies the amount or level of outcome attainment that is hoped for or, in some kinds of performance contracting, required. What percentage of participants in employment training will have full-time jobs six months after graduation: 40%? 65%? 80%? What percentage of fathers failing to make child support payments will be meeting their full child support obligations within six months of intervention? 15%? 35%? 60%?

The best basis for establishing future performance targets is past performance. "Last year we had 65% success. Next year we aim for 70%." Lacking data on past performance, it may be advisable to wait until baseline data have been gathered before specifying a performance target. Arbitrarily setting performance targets without a sound baseline may create artificial expectations that turn out unrealistically high or embarrassingly low. One way to avoid this is to seek norms for reasonable levels of attainment from comparable programs, or review evaluation literature for parallels.

As indicators data are collected and examined over time (i.e. from quarter to quarter or year to year), it becomes more meaningful and useful to set performance targets. The relationship between resources and outcomes can also be more precisely correlated longitudinally, with trend data, all of which increases the incremental and long-term value of an outcomes management approach.

How to Determine the Methods of Data Collection

The details of data collection are a distinct part of the framework to acknowledge that they must be attended to, but they shouldn't clutter the focused outcome statement. Unfortunately, it is easy for people to get caught up in the details of refining methods of collecting data and lose sight of the outcome. The details typically get worked out after the other parts of the framework have been conceptualized. Details include answering the following kinds of questions:

- **What existing data can be used and how will it be accessed? What new data will be needed, and who will collect it?**
- **Who will have oversight and management responsibility for data collection?**
- **How often will indicators data be collected? How often reported?**
- **Will data be gathered on all program participants or only a sample? If a sample, how selected?**
- **Who will be involved in analyzing and interpreting findings?**
- **How will findings be reported? To whom? In what format? When?**

These pragmatic questions put flesh on the bones of the outcomes framework. They are not simply technical issues, however. How these questions get answered will ultimately determine the credibility and utility of the entire approach.

Interconnections Among the Parts of the Framework

The client-based outcomes framework, as described, consists of five parts: a specific client target group; a desired outcome for that group; an outcome indicator; a performance target (if appropriate and desired); and details of data collection. While these parts are listed in the order in which outcomes are typically developed, the conceptualization process is not necessarily linear. Often the process involves back and forth movement among the parts. The target group may not become really clear until the desired outcome is specified or an indicator designated. Sometimes formulating the details of data collection will give rise to new indicators, and those indicators force a rethinking of how the desired outcome is stated. ***The point is to end up with all elements specified, consistent with each other, and mutually reinforcing. That doesn't mean marching through the framework lockstep, however.***

The following example contains all of the elements for a parenting program aimed at high school age mothers.

Target subgroup: **Teenage mothers at Central High School**

Desired outcome: **Appropriate parenting knowledge & practices**

Outcome indicator: **Score on Parent Practice Inventory (knowledge & behavior measures)**

Data Collection: **Pre-post test, beginning and end of program**

Performance target: **75% of entering participants will complete the program and attain a passing score on both the knowledge and behavior scales**

The framework separates the statement of desired outcome (the goal) from both the outcome indicator (how attainment will be measured) and the performance level (what percent of the target group is expected to attain the desired outcome). Some approaches combine these components into a single statment, like, "Seventy-five percent of teenage mothers will know how to care for their infants as measured by the Parent Skills Inventory." While there is a certain attractive brevity to this approach, the desired outcome may appear to change from year to year when, in fact, only the performance target or outcome indicator has changed. Thus, in this framework, the target subgroup and desired outcome can remain constant even as the performance target and/or indicators change. Data collection procedures may also change without altering the primary focus: what outcome is being attained. ***Making a clear statement of the desired outcome for a specific target group forces attention to the desired result unencumbered by the performance target or indicator, both of which are more subject to change than the overall goal.***

Completing the framework often takes several tries. Table 5 depicts three phases of the outcome development as it emerged from the work of a developmental disabilities staff group. Their first effort yielded a service-oriented goal. They revised that with a focus on skill enhancement. Finally, they agreed on a meaningful client outcome: functioning independently.

Table 5

Three Phases of Client-focused Outcome Development

Target Population: Children with Developmental Disabilities

	Desired Outcome	Outcome Indicator	Data Collection
FIRST DRAFT *(Service-oriented)*	Children with D.D. will receive supportive services in basic daily living skills.	Track hours of supportive services received, and levels and amounts of client participation in training	Case records which monitor services and participation will be aggregated quarterly
REVISED *(Skills-focused; interim outcome)*	Children with D.D. will increase their skills for functioning independently.	Changes in skills on a staff assessment form	Quarterly administration of skills assessment form as part of ongoing training
FINAL VERSION *(Primary desired out come)*	Children with D.D. will function independently in their activities of daily living.	Activities of Daily Living (ADL) behavioral assessment instrument	Quarterly administration of ADL to all children in the program; compare scores over time; do both individual case profiles and aggregate results by categories of severity and age

Facilitating the Process of Developing Outcomes

A central issue in determining the ultimate uses and successes of outcomes is how the process is facilitated and who is involved in focusing the target group, conceptualizing client outcomes, selecting indicators, setting targets, and determining the details of data collection. Those who are involved will feel the most ownership of the resulting system.

Some processes involve only managers and directors. Other processes include advisory groups from the community. Collaboration between funders and service providers in determining outcomes is critical where contracts for services are involved.

Experience suggests that the process needs to be planned and implemented in stages. Those to be involved will need training and support. Most people find it helpful to begin with an overview of the purpose of an outcomes-focused programming approach: history, trends, the political climate, and potential benefits. Next, have participants work in small groups, filling out the framework for an actual program with which they're familiar. Facilitation, encouragement and technical assistance are needed to help such groups successfully complete the task. Where multiple groups are involved, it is helpful to have them share their work and the issues that emerged in using the outcomes framework.

It's important that those involved get a chance to raise their concerns openly. Often there is suspicion about political motives. Providers worry about funding cuts and being held accountable for things they can't control. Administrators and directors of programs worry about how results will be used, what comparisons will be made, and who will control the process. Line staff worry about the amount of time involved, paperwork burdens, and the relevancy of it all. State staff responsible for reporting to the Legislature worry about how data can be aggregated at the state level. These and other concerns need to be aired and addressed.

It is important to have senior management people and political leaders visibly involved in the process. Such involvement enhances their own understanding and commitment while also sending signals to others about the importance being placed on outcomes.

The stages involved in developing and using client outcomes are outlined on the next page. Each stage gives rise to particular issues and involves specific activities. The outline offers examples of these issues and activities, though no such list can be exhaustive. The outline of stages highlights how critical it is to be concerned about the use of outcomes from the very beginning.

Table 6

Stages and Issues in the Transition

	1	2	3	4	5
Stages	Identify and engage key actors and leaders whose commitment and support will be needed for a transition to management and accountability based on client outcomes.	Key actors and leaders: commit to establish a client outcomes approach. Understand principles, purposes, and implications of change.	Conceptualize client outcomes. Select outcome indicators. Set targets.	Design data collection system. Finalize methods. Pilot system. Establish baselines.	Implement data collection. Train staff and managers for data collection and use.
Issues	Who are the key actors and leaders who must buy in? How widespread should initial involvement be?	What level of commitment and understanding is needed? By whom? How to distinguish real commitment from repeating rhetoric?	What target groups? How many outcomes? What are the really important bottom line outcomes?	What can be done with existing data? What new data will be needed? How can the system be integrated?	What resources will be available to support data collection? How will validity and reliability be addressed?
Activities	Establish leadership group.	Leadership group makes strategic decision about how best to proceed and whom to involve.	Work team to determine outcomes. Involve advisory groups and key leaders to bring outcomes along.	Work team to make design decisions.	Collect data. Pilot test. Monitor data collection.

to Management by Client Outcomes

6	7	8	9	10	11
Analyze results: Compare results to baseline and targets.	Prepare for use: Determine management uses, potential actions, decision options and parameters, and accountability report format.	Involve key stakeholders in processing the findings.	Judge performance and effectiveness.	Make management decisions. Report results.	Review and evaluate the outcome-based management system.
Who will do the analysis? What additional data are needed to interpret the outcome results (e.g., demographics)?	What incentives exist for managers to participate? How will managers be brought along? Trained? Rewarded? Who determines accountability reporting approaches?	How do you keep key stakeholders engaged?	How clear are the data to support solid judgements?	What are the links between internal and external uses and audiences?	What should the system accomplish? Who determines success?
Data analysis. Graphics preparation.	Training and management team sessions based on data use simulations and mock scenarios.	Facilitate meeting of key stakeholders.	Facilitate key stakeholders in judging and interpreting.	Report writing data presentation. Facilitate management decision making.	Assemble a review team of users and key stakeholders.

Responses to Some Frequent Questions

Question 1. **All this data collection takes a lot of staff time and seems awfully expensive. Are there some ways to save time and money using an outcomes approach?**

Response: The key is to build the outcomes data collection into programs in such a way that it becomes part of the program delivery and intervention. For example, client diagnostic information gathered to establish level of functioning can be collected in a way that is understandable and accessible to clients. Clients are able to understand their starting point and they and their case workers can use the starting point for goal-setting. Progress on outcome indicators would be fed back to clients periodically as reinforcement for progress made and reiteration of outcomes desired.

Program participants often don't really know what they're supposed to be achieving in a program, and don't have ways of assessing their progress. When outcomes data collection and feedback are built into program processes, they cease to become add-ons and, instead, become integral to effective practice. The data collection becomes cost effective because it enhances and reinforces the intervention.

In a chemical dependency program, for example, assessment data collection ought to be part of the process of helping the client admit the problem and recognize its seriousness. Part of the intervention would be to teach clients how to recognize destructive patterns and behaviors, and learn how to self-monitor their drug and alcohol use. Periodically completing assessment updates would be part of that self-monitoring instruction. Follow-up after program completion would be aimed at reinforcing the importance of and techniques for self-monitoring. This approach to client-centered data collection makes sense even if the results were not being used for outcome evaluation purposes. The aggregation of this data for management decision-making and program improvement is a minor added cost when the central purpose of outcomes data collection is to help clients and case workers focus on progress toward desired and intended results.

Question 2. **Should outcomes results be used to compare programs? We serve really difficult clients and don't want to be compared to programs whose clients have less severe problems.**

Response: Comparisons are fraught with difficulty and potential unfairness. As the question implies, comparisons are only meaningful to the extent that the programs being compared are essentially the same on such major variables as characteristics of client population and program goals. For example, it would not be meaningful to compare mortality rates at two heart

one of which serves patients with mild cardiovascular problems while the second specializes in the most serious cases that require transplants.

The primary purpose of outcomes data collection is to allow programs to make internal comparisons as a basis for management decision-making and program improvement. Comparing this year's outcomes with last year's for specific target groups within a program is the first and primary level of use for program improvement. Over time, as more comparison data is added, the trend lines become increasingly meaningful for resource management and future goal-setting.

In Minnesota, the bottoms-up approach to outcomes identification places priority on local control. Statewide standardized data collection approaches may emerge in certain program areas as service providers and program personnel come together and decide that that is what people want.

Programs can learn about their own strengths and weaknesses by comparing their outcomes with other, similar programs. However, the priorities here are comparisons of actual results with performance targets, and internal comparisons from year to year.

Question 3. We are service providers. Why should we divert our resources from serving clients to conduct research?

Response: Two issues surface here. First, why collect data if it diverts resources from serving clients. Second, aren't we really being asked to do research?

With regard to the first issue, the rationale for collecting data is to improve programs for clients so that clients are helped and those who support programs feel funds are well spent. Making improvements in programs and informing public stakeholders of results ultimately does serve clients.

Second, as the field of evaluation has developed, important distinctions have emerged between research and evaluation. Research seeks truth. Research designs are aimed at testing theory and establishing causality. Instrumentation must meet high standards of reliability and validity. Research studies typically require randomization, replication, large sample sizes, and long-term follow-up. In contrast, outcomes evaluation is aimed at program improvement, management decision-making, and public accountability. Time frames are short. Designs are simple. Data collection is built into the program and can even become part of the intervention. Evaluations should be judged by their usefulness, practicality and accuracy.

You are not being asked to become researchers. You're being asked to become data-based, outcomes-oriented practitioners and managers.

Question 4. How do we show that the outcomes we achieve are due to our intervention? This is especially a problem for us because we collaborate with other providers. How do we separate out our part?

Response: Highly collaborative efforts can be enhanced by setting and monitoring outcomes collaboratively. In other cases, if you have a sufficiently distinct program component with identifiable and measurable outcomes, you can focus on your own part of the process.

Before getting into questions of causality, however, the first level of outcomes evaluation should focus on whether client change has occurred. You'll be in an enviable position when you're showing so much progress on client outcomes that doubters are asking you to prove causality. Proving causality requires research designs which go beyond an outcomes approach to manage programs. Criteria for establishing causality in social science research are much more stringent than typical program-level evaluations. At the program level, most policy makers and funders will give you credit if you have data showing low levels of functioning at the start of the program, program activities that clearly relate to the presenting problems, and changes in the direction of desired outcomes in a reasonable period of time.

The first challenge, is showing that desirable client results have been attained. When that is happening you'll be ready to consider concerns about causality.

Guidebook Copies and Outcome Development Assistance

To obtain additional copies of this guidebook, please complete the form below and send it to the

Community Services Division of the **Department of Human Services at 444 Lafayette Road** in

St. Paul, Minnesota 55155-3839.

Please send _____ copies of the Client Outcomes Guidebook @ $3.00 per copy to:

Name_____ Address _____

City_____ State _____ Zip _____

Make check payable to State of Minnesota/DHS

The Community Services Division also provides assistance in the development of client-focused goals and outcome indicators to facilitate management decision-making based on results. To request assistance, please call (612) 296-7031 or check the type of assistance you desire below and FAX or mail your request to the Community Services Division (FAX 612/297-1949).

☐ **Outcome Development Worksheet**

A useful tool for developing outcomes that covers the main components of outcome writing: client groups, desired outcomes, outcome indicators, data collection, and performance targets.

☐ **Review of Work-In-Progress**

Review of your outcome goals and their relationship to desired client change.

☐ **Examples of Desired Outcomes, Outcome Indicators, Data Collection Methods, andPerformance Targets for Various Client Groups**

Examples developed and utilized by other human service organizations.

☐ **Facilitated Work Sessions**

Hands-on assistance for organizations struggling to make the change to client-focused, outcome-based service planning and management.

☐ **Group Information-sharing Sessions**

Group sharing of lessons learned, state-of-the-art, refinement of existing work, outcome applications, and use of outcome information in decision making.

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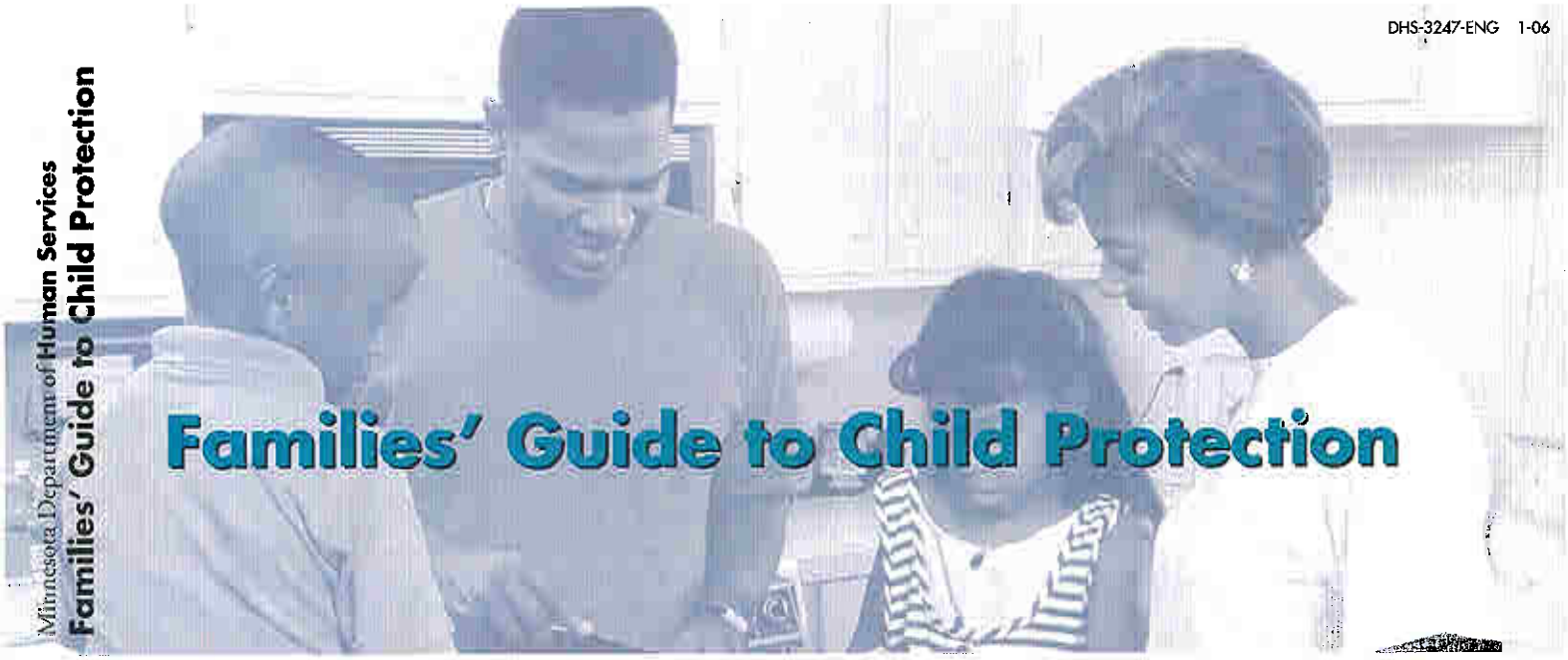


Families' Guide to Child Protection

This guide is to help the reader understand what county social services staff do when a report of child abuse or neglect is accepted.

This guide is for:

- Parents
- Others who may give information about a child abuse or neglect concern.

When social services staff gets a report, they decide if the report fits what the law defines as child abuse or neglect. Some reports are about concerns that do not involve neglect or abuse. When this happens the family may be offered voluntary child welfare services.

When a report meets what the law says is child abuse or neglect, social services staff must do a family assessment or an investigation. They need to make sure the child is safe. Social services staff decides what to do depending on how serious the report is. They also want to learn if the family is willing to work with them to keep the child safe. The steps social services staff takes in these two different responses – family assessment or investigation – is explained in this guide.

Family assessments

A family assessment is done when social services staff accepts a report about a child's safety, but the report is not about threats of immediate and serious harm. They meet with the family to assess their needs and strengths. Social services staff works with families to make sure their child is safe, not to prove or disprove if child abuse or neglect happened.

There are three steps social services staff do in a family assessment:

Decide if a child is safe and if the family needs help to keep the child safe in the future

Social services staff meets with the parents and child to decide if the child is safe. They also want to see if the family needs help. Social services staff must see and interview the child. Most of the time the parents are asked first if it is okay to interview the child. This may not happen if it would make the child unsafe. If the parents do not agree to have the child interviewed, social services staff may need to do an investigation.

Social services staff must:

- Tell the parents what the report is about
- Not tell who the reporter is, unless a judge orders them to
- Meet with the child, the parents and other family members.

Social services staff may interview other people who may know more about the child's safety.

Social services staff will tell you:

- Why the information is needed
- How the information will be used
- What your rights are to refuse to answer questions
- What your rights are about the information gathered
- What rights other people have to the same information.

Social services staff will gather information on:

- Parents' comments about their child's safety
- Past child abuse or neglect reports
- Family violence, alcohol and drug abuse
- Other situations that may make the child unsafe
- Strengths and needs of the family.

Social services staff may ask for more information about the child such as school and medical records.

A family assessment must be done within 45 days of accepting a child abuse and neglect report.

Tell the results to the people involved

Social services staff sends a letter to the parents or guardian of a child when the family assessment is done. The letter tells them:

- Whether or not the family needs services
- That the report is private information
- How long social services staff will keep the record.

Social services staff sends a letter to people who are required by law to report child abuse and neglect, that tells them:

- That a family assessment was done to respond to their report
- That a family will or will not get services.

Provide services

In a family assessment, social services staff decides if services are needed to keep a child safe. If needed, social services staff provides these services. If social services staff and the family agree, other services may be provided to help meet the needs of the family.

Investigations

An investigation must be done when the child is in immediate or severe danger. It also must be done when the family refuses to work with social services staff to make sure the child is safe. Two decisions are made by social services staff in an investigation:

- Did child abuse or neglect happen?
- Are protective services needed to make the child safe in the future?

There are three steps social services staff do in an investigation:

Gather information to learn if the child was abused or neglected and if the child needs services

Social services staff works with law enforcement to learn:

- If the child was abused or neglected
- If the harm was caused by something the parents or guardian did or failed to do
- If child protective services are needed.

Social services staff and law enforcement may interview the child without first asking the parents. The interview may happen at school or another private place.

If the child is in immediate danger, the child may be taken into safekeeping. The child would go to a foster home until it is decided that he or she can safely go home. If the child goes to a foster home, social services staff will ask the parents to give names of relatives or kin who may be able to take care of the child.

Social services staff must:

- Not tell who the reporter is, unless a judge orders them to
- See or talk with the child in person
- Interview the reported offender of abuse or neglect to tell him or her what the report is about
- Interview parents and other people who take care of the child.

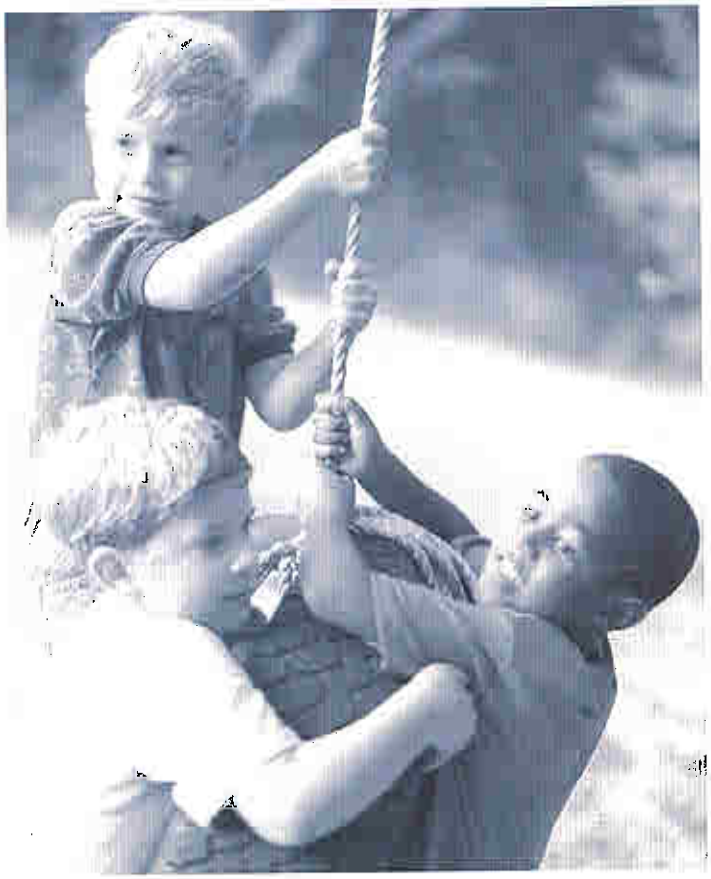
Social services staff must tape record all interviews, when possible. If the report is about sexual abuse, the interview with the reported victim and other child witnesses must be videotaped, when possible.

Social services staff may interview:

- Other children who live with or who have lived with the reported offender
- Medical professionals
- Others who may know about the reported abuse or neglect.

Social services staff will tell the parents:

- Why the information is needed
- How the information will be used
- What the parents' rights are to refuse to answer the questions
- What will happen if the parents do not answer the questions
- What rights the parents have to information gathered
- What rights the parents have to disagree with the records
- What rights other people have to the information.



Social services staff will gather information on:

- Past reports of abuse and neglect
- Child's age, gender and ability level
- People who reported and their:
  - Relationship to the person accused
  - Knowledge of the report
- Reported offender and his or her:
  - Age
  - Past reports of abuse and neglect
  - Criminal charges and convictions
- Other facts to help decide if the child was abused or neglected.

Social services staff may need:

- The child's medical records
- A medical exam of the child
- Information given by the reported offender of abuse or neglect
- Other facts that help decide if the child was abused or neglected.

The investigation must be done within 45 days of accepting the report.

Tell the results to the people involved

Within 10 days after the investigation, social services staff sends a letter to the parents or guardians of the child, that tells them:

- Whether the child was or was not abused or neglected
- Whether or not the family needs protective services
- What the reasons were for the decisions
- That social services staff followed the law when it gathered information
- What people's rights are to certain information about themselves
- What people's rights are to ask social services staff to reconsider the decisions.

Social services staff sends a letter to the person who was accused of abuse or neglect that tells them:

- Whether social services staff decided that the child was or was not abused or neglected
- What the reasons were for the decision
- That social services staff followed the law when they gathered information
- What people's rights are to certain information about themselves
- What people's rights are to appeal the decision.

Provide services

In an investigation, social services staff decides if protective services are needed.

- If it is decided that services are needed, social services staff will:
  - Provide the services
  - Work with the family to keep the child safe in the future.
- If protective services are not needed, social services staff will:
  - Close the case record
  - Offer the family information about other services that could help.

Social services staff must tell the results to the person who reported, if that person was required by law to make the report. They would not share the results if it were not in the child's best interest.

This information is available in other forms to people with disabilities by contacting us at (651) 282-5329 (voice). TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Minnesota Department of **Human Services**

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