



# **Minnesota 2020-2024 Child and Family Services Plan**

Submitted June 28, 2019



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call (651) 431-4670, or use your preferred relay service. ADA1 (2-18)

## Contents

1. Collaboration and Vision .....	6
State Agency Administering the Programs .....	6
Collaboration.....	6
Vision statement.....	8
2. Assessment of current performance in improving outcomes .....	8
Disproportionate involvement of African American and American Indian children .....	8
Increased workforce pressures.....	10
Gaps in continuous quality improvement system .....	10
Child and family outcomes.....	11
Safety Outcomes 1 .....	11
Safety Outcome 2.....	11
Permanency Outcome 1 .....	12
Permanency Outcome 2 .....	13
Child Well-being Outcomes 1, 2 and 3 .....	14
Systemic factors .....	16
3. CFSP goals and strategies for enacting the state’s vision .....	18
Goal 1: Improve engagement and collaboration with children, parents, relatives/kin and resource families.....	18
Measures of progress.....	18
Objectives.....	18
Goal 2: Reduce disparities for African American and American Indian children throughout the child welfare system .....	20
Measures of progress.....	20
Objectives.....	21
Goal 3: Improve access to and utilization of services that meet the needs of children and families ....	23
Measures of progress.....	23
Objectives.....	24
Goal 4: Improve safety, permanency and well-being outcomes for children and families through utilization of a statewide continuous quality improvement system .....	25
Measures of progress.....	25
Objectives.....	26
Staff training, technical assistance and evaluation.....	28
Training .....	28
Technical assistance.....	30
Evaluation .....	31

Implementation supports .....	32
4. Services .....	33
Child and family services continuum .....	33
Family preservation services.....	33
Family support services.....	33
Family reunification services.....	34
Adoption promotion and support services .....	34
Service coordination .....	35
Service description.....	36
Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1).....	36
Services for children adopted from other countries .....	36
Services for children under age 5 .....	36
Efforts to track and prevent child maltreatment deaths.....	40
Promoting safe and stable families.....	41
Service decision-making processes for family support services .....	41
Populations at greatest risk of maltreatment.....	41
Monthly caseworker visit formula grants and standards for visits .....	42
Additional services information.....	43
Child welfare waiver demonstration activities .....	43
Adoption and legal guardianship incentive payments.....	43
Adoption savings.....	44
5. Consultation and coordination between states and tribes .....	45
Description of process .....	45
Consultation .....	46
Plan for Ongoing Coordination .....	46
Description of arrangements made with tribes.....	46
Description of efforts taken to comply with ICWA.....	47
ICWA components .....	47
Activities undertaken to improve compliance with ICWA.....	48
Specific steps to improve compliance with ICWA in the next five years.....	49
Chaffee .....	50
Description of how the state will exchange CFSP and APSRs with tribes.....	50
6. John H. Chafee Foster Care Program for Successful Transition to Adulthood .....	50
Agency administering the Chafee program .....	50
Description of program design and delivery.....	50

Serving youth across the state.....	52
Serving youth of various ages and states of achieving independence .....	52
Collaboration with other private and public agencies.....	54
Determining eligibility for benefits and services .....	55
Cooperation in national evaluations.....	57
Chafee training.....	57
Education and Training Vouchers program .....	57
Program description.....	57
Describe the methods the state will use to: .....	59
Accomplishments .....	59
Efforts to expand, strengthen and improve the program .....	59
Consultation with tribes.....	60
7. Targeted plans within the CFSP .....	61
Foster and adoptive parent targeted recruitment plan .....	61
Health care oversight and coordination plan .....	64
Disaster preparedness plan .....	70
Training plan .....	71
Section E. Financial Information .....	71
Payment Limitation: Title IV-B, Subpart 1.....	71
Payment Limitation: Title IV-B, Subpart 2.....	71
CFS-101s:.....	72
Annual Reporting of Education and Training Vouchers Awarded .....	72
Assurances and Certifications:.....	72

# 1. Collaboration and Vision

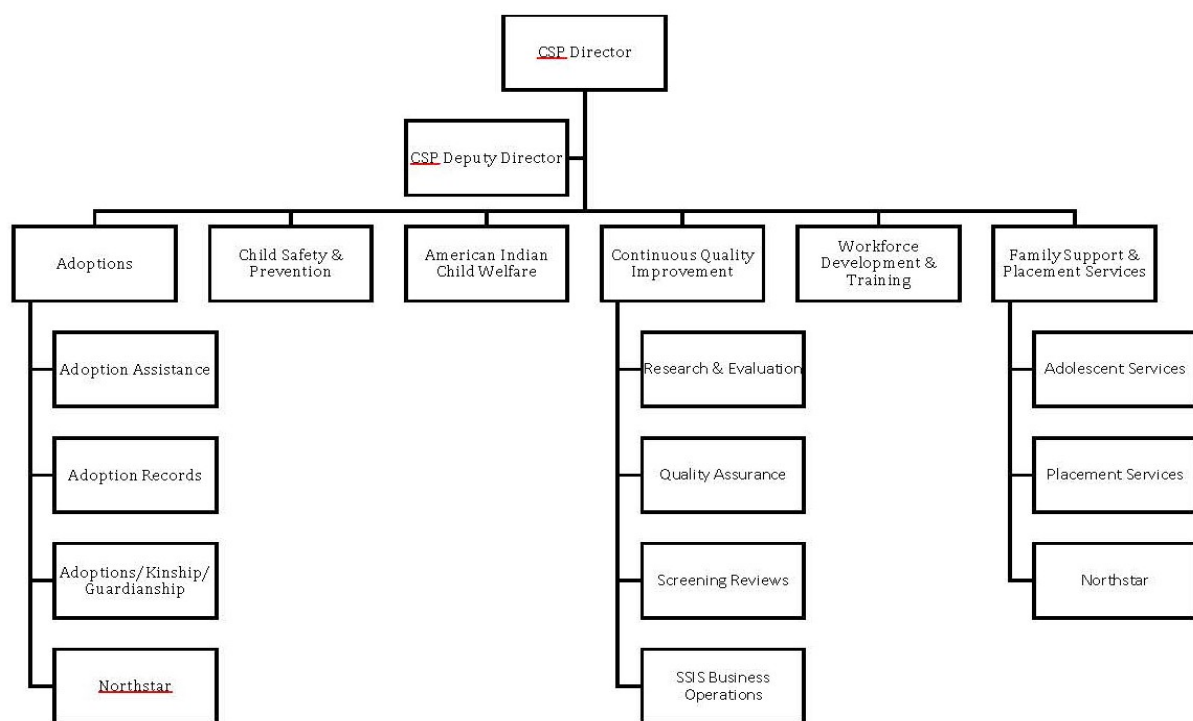
## State Agency Administering the Programs

The Minnesota Department of Human Services (department) plays a pivotal role in providing essential services to Minnesota’s most vulnerable residents. Working with many others, including county and tribal agencies and nonprofits, the department helps ensure that children and families, seniors, people with disabilities, marginalized populations, and others meet their basic needs and have opportunities to reach their full potential.

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

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

The Child Safety and Permanency Division (CSP) is responsible for operation and administration of the Child and Family Services Plan (CFSP). Figure 1 below details the CSP units responsible for the CFSP’s content.



**Figure 1. CSP Organizational Chart**

## Collaboration

The department’s ongoing engagement and collaboration with internal and external partners

continues with a broad representation of stakeholders from the spectrum of Minnesota's statewide child and family service delivery system, including county and tribal social service agencies, Social Service Information System (SSIS)/Minnesota Information Technology (MN.IT), Citizen Review Panels, the Indian Child Welfare Act Council, and courts through the Children's Justice Initiative (CJI). Through effective collaboration, shared goals and activities continue to be developed to increase the safety, permanency and well-being of children and their families in the child welfare system, and ensure coordination of services along the social services continuum. This substantial, ongoing and meaningful collaboration includes the following:

- Partnering with CJI on trainings to improve the time to permanency for children in foster care placement, including CHIPS Parent Attorney Core Skills, and Emergency Protective Care Hearing training.
- Partnering with the CJI Advisory Committee, which meets quarterly, co-chaired by the commissioner of the Minnesota Department of Human Services and the chief justice of the Supreme Court. Advisory committee members include the department's Child Safety and Permanency Division director and Children and Family Services (CFS) Administration assistant commissioner. The CJI Advisory Committee sets priorities and directs annual activities.
- Participating in CJI regional trainings, which occur statewide every two years for local CJI teams. These trainings reach more than 1,000 participants and address priority areas in best practices in child welfare and the courts. In addition, every two years a fall conference brings together CJI teams in a central location.
- Funding county agencies and the American Indian Child Welfare Initiative (AICWI) tribes to provide Parent Support Outreach Program (PSOP) workers who conduct comprehensive assessments of families' needs and strengths, together making decisions regarding services or community resources that will promote successful outcomes.
- Engaging the African American Babies Coalition (AABC), community stakeholders that include educators, nonprofit and civic leaders, researchers, child care providers, parents, grandparents, and public health professionals from across the Twin Cities who are committed to promoting healthy development of African American babies.
- Convening seven independent Youth Leadership Councils. These councils give youth a voice for improving the foster care system, both locally and statewide to strengthen services for youth aging out of care, provide leadership opportunities, and represent the interests of youth in policy making and training. The councils provide the department with input on policies affecting older adolescents in foster care and service delivery.
- Convening periodic meetings with local agency staff, such as quarterly regional Communities of Practice, consulting with local agency staff through Rapid Consultations, and monthly phone calls.
- Engaging in regular meetings with the Minnesota Association of County Social Service Administrators (MACSSA) to ensure ongoing engagement with and feedback from local agency leadership.
- Attending ICWA Advisory Council meetings to provide updates on department work and engaging in consultation on policies impacting American Indian children and families.

This stakeholder involvement is key to assuring that the direction of program efforts stays focused on goals and objectives that are relevant, based on real data, and consider agencies' strengths and areas needing improvement. Since Minnesota is a state supervised, county administered system, collaboration with stakeholders is fundamental to achieving shared outcomes. A wide range of stakeholders have been intimately involved with development of the PIP resulting from Minnesota's 2016 CFSR, and in development of many strategies included within the CFSP.

CSP staff acknowledges the need to be more holistic in its engagement approach, and to broaden efforts to engage and incorporate feedback more systematically from other family-serving systems, communities, community-based agencies, and the families and children served, into the goals and strategies in its five-year plan. To address this, the CFSP includes goals and strategies designed to broaden engagement and collaboration with these stakeholders, and to ensure that feedback is used in future planning. Department staff understand how critical it is to include community voices in development of services that will impact children and families, and partnering with other programs and service areas. These strategies are focused on gathering input and facilitating ongoing collaboration on continued development and refinement of CSP's goals.

CSP's redesigned continuous quality improvement (CQI) system will include engagement and feedback loops with county and tribal social service agencies, community-based organizations through participation in advisory and implementation teams, and from families and youth. Regular feedback on what is learned through the CQI processes will be incorporated into goals and strategies.

Based on these efforts, CSP staff understand that some of the goals and/or strategies may need to be adjusted over the next five years as a better understanding is gained regarding how communities interact with, and can be more effectively served by, the child welfare system.

### Vision statement

The Children and Family Services Administration (administration) recently updated its vision and mission statements. To ensure cohesion across the administration, CSP is using this vision for CFSP goals and strategies, as follows:

*An equitable Minnesota where all communities thrive and children, families and adults live with dignity.*

CSP's goals and strategies are designed to enact the administration's vision and ensure integration with administration goals.

## 2. Assessment of current performance in improving outcomes

The 2016 Child and Family Services Review (CFSR) found Minnesota to be out of substantial conformity with all seven outcomes and six of the seven systemic factors. In response to the federal review, the department was charged with creating a Program Improvement Plan (PIP) to address all areas rated as not in substantial conformity. Minnesota has made some improvements, particularly in performance on Safety outcomes, and identified other areas requiring increased efforts. Three major factors in recent years guided development of Minnesota's PIP, and continues to guide development of the Children and Family Services Plan (CFSP) as follows:

1. Increases in the disproportionate representation of African American and American Indian children, beginning at the point of child protection reporting and continuing through placement of children into out-of-home care.
2. Increases in workloads straining the child welfare system beyond capacity, and
3. A quality assurance process that has not systematically captured information sufficient to guide identification of strategies and activities that will meaningfully target areas that present the greatest challenges for the child welfare system.

Unless otherwise noted, all child welfare data is from the Social Service Information System (SSIS), Minnesota's Comprehensive Child Welfare Information System (CCWIS).

### Disproportionate involvement of African American and American Indian children

Table 1 shows the percentage of African American/black, American Indian, and white children in the population, and in various department services (see Table 1 for citations for each data element).



Although African American/black children comprise 10% of the total population of children in Minnesota, they represented 21% of children on public health care programs, 19% of children involved in screened in child protection reports, and 16% of those in out-of-home care. American Indian children comprise 2% of total population, 3% of children enrolled in a public health program, 8% of children involved in a screened in child protection report and 21% of children involved in out-of-home care; White children are under-represented based on their population in all department programs.

**Table 1. Percentage of African American/black, American Indian, and white children in the population, and in various department services**

<b>Children</b>	<b>African American/black</b>		<b>American Indian</b>		<b>White</b>		<b>Total (all race categories)</b>	
	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>
Living in Minnesota (in 2017) <sup>1</sup>	10%	126,238	76%	991,378	2%	26,455	100%	1,298,657
Enrolled in a public health care program (2013) <sup>2</sup>	21%	84,820	45%	180,270	3%	12,465	100%	397,306
Involved in a screened-in Child protection report (2017) <sup>3</sup>	19%	7,659	53%	21,102	8%	3,157	100%	39,606
Involved in out-of-home care (2017) <sup>4</sup>	16%	2,581	44%	7,809	21%	3,377	100%	16,064

Of those children enrolled in a Minnesota public health care program in 2013, African American/black and American Indian children were both more likely than white children to live in poverty (86% and 89% respectively versus 79%), and live in a neighborhood with a high concentration of poverty (48% and 53% respectively versus 14%); they were also more likely to be part of families who reported being homeless in the previous five years (16% and 22% respectively versus 5%). These are partially consequences of the ongoing institutional and systemic racism experienced by both the African American/black and American Indian communities, and also risk factors for child welfare involvement.

African American/black and American Indian children are much more likely to be reported to county child protection than their white counterparts. Of all African American/black children in the state, roughly 10% of them were reported to child protection, and just over 18% of American Indian children were reported in 2018. Only 4% of white children were reported during the same time period. Once reports are made, the rates of screening in those reports (i.e., for further involvement with child protection) are also higher for these populations: 56% of reports with at least one African American/black child, and 51% with at least one American Indian child, are screened in for further child protection involvement; 44% of reports with at least one white child are screened in. This increased involvement in both receipt of child protection reports and the rate at which reports are

<sup>1</sup> US Census "Population Estimates by Age, Sex, Race and Hispanic Origin," released June 21, 2018; includes children under age 18,

[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP\\_2017\\_PEPASR6H](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2017_PEPASR6H)

<sup>2</sup> How Prevalent are Family Risk Factors?, 2015: <https://www.leg.state.mn.us/docs/2018/other/180730.pdf>

<sup>3</sup> Minnesota's Child Maltreatment Report, 2017: <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-5408J-ENG>

<sup>4</sup> Minnesota's Out-of-home Care and Permanency Report, 2017: <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-5408Ja-ENG>; numbers include only those in out-of-home care under age 18.

screened in lead to higher proportions of those populations entering out-of-home care. African American/black and American Indian children experience out-of-home care rates around three and 18 times, respectively, the rates of white children, based on child population estimates.

In order to address this significant challenge, the department has included a goal and multiple other strategies throughout all of goals aimed at addressing the disproportionate involvement and disparate outcomes experienced by the African American and American Indian children and families in the child welfare system (CFSP Goal 2).

#### Increased workforce pressures

Minnesota has experienced a dramatic and sustained influx of cases to the child welfare system since 2014, which is straining resources and capacity to meet demand. From 2014 to 2016, there was an almost 50% increase in the number of screened in maltreatment reports and alleged victims, which remained steady through 2018. The number of children entering care each year has increased by 20% from 2014 to 2017 (although entries have dropped for 2018), with the median length of stay increasing from six to 11 months from 2014 to 2018, resulting in more children in care on any given day. The department's preliminary analysis of caseloads using the best available methodology indicates a range of median caseloads (for child protection assessments and investigation workers) across the state of 10 to 45, with just under half of local agencies having median caseloads of 23 or higher.

#### Gaps in continuous quality improvement system

The department has, for a number of years, identified gaps in its continuous quality improvement system. Little information regarding various influences that contributed to ratings of needing improvement were available in the completed onsite review instruments from the 2016 federal CFSR or the MnCFSRs conducted prior to 2016. A key goal in Minnesota's PIP is to redesign the continuous quality improvement system to better capture systemic influences to case work and be able to use that information to inform and improve practice at the state and local levels. In partnership with the Capacity Building Center for States, local child welfare agencies and other key stakeholders, CSP staff has nearly completed a plan for implementation of a redesigned CQI system and has a goal in the CFSP to implement the CQI plan (Goal 4). Without having implemented the new and more robust CQI system, not all necessary information is available to identify objectives and strategies that will have the greatest impact. It is anticipated that with implementation of the new CQI system, and better understanding of barriers to successful achievement of goals, changes to the CFSP may need to occur in the coming years.

Considering the above three factors, CSP staff has used any available information, even when limited, to target strategies and activities that will support the state's vision of an equitable Minnesota where all communities thrive and children, families and adults live with dignity. This will be accomplished through the following goals:

1. Improved engagement and collaboration with children, families, relatives, the child welfare workforce, tribal and county child welfare agencies and communities.
2. Investment in infrastructure to track and identify gaps in resources and services to meet the needs of children and families, and investment in communities and community-based agencies to increase service.
3. Improvements to the continuous quality improvement system to help staff better understand systemic barriers, and what impacts work at the local level and make improvements.
4. Target all efforts to achieve equity and reduce disparities and disproportionate involvement for the populations most impacted by the child welfare system, American Indian and African American children and families.

The following summary encapsulates information on each outcome area and systemic factor used by the department to guide development of Minnesota's Children and Family Services Plan.

## Child and family outcomes

### Safety Outcomes 1

Minnesota has made steady progress in the timeliness to initial face-to-face contact with alleged victims in maltreatment reports measure over the last few years, and continues to meet the maltreatment recurrence measure. After significant investment in lowering caseloads and addressing other barriers, Hennepin County, which accounts for nearly 20% of all alleged victims in maltreatment reports in Minnesota, made significant improvements on this measure, from 56.9% in 2016 to 83.3% in 2018. Building on these strengths, plans are to continue a focus on seeing children timely through targeted CQI processes, including providing easily accessible performance data to county and tribal agencies to monitor performance, and providing targeted technical assistance and Rapid Consultation, as needed, for agencies needing additional attention. Quarterly CQI meetings between Hennepin County and department staff will continue where timeliness to initial contact with alleged victims will continue to be a focus.

**Table 2. State measure**

	<b>Standard</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Timeliness to initial contact	100%	80.1%	83.7%	88.55

### Safety Outcome 2

Although some improvement was made, Minnesota continues to struggle with re-entry, with approximately one in six children experiencing re-entry (following achievement of permanency in less than 12 months) in 2018. Focus groups held in 2018 with resource families through private licensing agencies and child welfare frontline staff reported not having enough resources or services to support children and their families to prevent removal and re-entry. In response to this input from key stakeholders, and direction from the Children's Bureau regarding Family First Prevention Services Act of 2018, the department has three objectives, two of which are strategies continued from the PIP to address these issues, to:

1. Develop infrastructure to support better tracking of service availability and gaps in key service areas, such as mental health, chemical dependency, and parental support services (PIP Goal 3, CFSP Goal 3).
2. Improve coordination across family serving systems (PIP Goal 5.3, CFSP Goals 1, 2, 3 and 4).
3. Invest in communities and community-based agencies to build greater service availability and utilization (CFSP Goals 1, 2 and 3).

**Table 3. Federal and state measures**

	<b>Standard</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Federal re-entry measure	8.3%	18.3%	17.3%	15.9%
Maltreatment recurrence	9.1%	8.2%	9.0%	9.0%
Maltreatment in foster care (per 1000 days)	8.5	8.1	9.2	7.1

In Minnesota's PIP, two areas were identified as possible influences to performance in Safety Outcome 2: 1) A lack of buy-in from the workforce on use of Structured Decision Making (SDM) tools for assessing risk and safety, and 2) Gaps in Minnesota's safety framework around ongoing assessment of risk and safety. Several strategies were proposed to address those influences (PIP Strategies 1.3 and 1.4). These strategies focused on activities related to improved and consistent use

of SDM tools for assessing and addressing identified risk and safety issues and preventing removal/re-entry, and development of a safety model to guide safety decisions across the life of a case, in partnership with the Capacity Building Center for States. A Safety Advisory Work Group was created with county leaders representing all Minnesota Association of County Social Service Administrators (MACCSA) regions to review data, both qualitative and quantitative, on decision making, and make recommendations for how to create improved consistency of practice in assessment of risk and safety. Next steps include development of practice profiles across five domains of safety, included in CFSP Goals 1 and 3.

**Table 4. Children and Family Service outcomes and indicators**

	<b>Standard</b>	<b>2016 CFSR</b>	<b>Baseline</b>	<b>Quarters 1 and 2</b>
Safety Outcome2	90%	43%	58%	78%
Item 2: Services to family to protect Child(ren) in the home and prevent Removal or re-entry	95%	50%	88%	92%
Item 3: Risk and safety assessment And management	95%	43%	58%	78%

Two strategies are focused on engaging and improving capacity of social support networks to ensure safety, permanency and well-being of children and families. First, the department, in partnership with Aspire Minnesota (a nonprofit foster care advocacy organization), participated in the Quality Parenting Initiative to develop and support foster care families to be critical partners in supporting birth families (CFSP Goal 1). Second, one of the safety practice profiles being developed will focus specifically on engaging social support networks early in the life of a case to be safety resources for children and families (CFSP Goal 1).

#### Permanency Outcome 1

For Permanency Outcome 1, department staff relied on examination of statewide performance and CFSR data, shown below. Using methodology created by the Child Safety and Permanency Division's Research and Evaluation Unit to measure state performance on federal data indicators, Minnesota is meeting national standards in all of the four indicators, but unable to sustain progress in the CFSR Permanency 1 items.

**Table 5. Federal performance measures**

	<b>Standard</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Permanency in less than 12 months	40.5%	50.6%	47.5%	48.6%
Permanency in less than 12 months: 12-23 months in care	43.6%	48.1%	51.2%	58.8%
Permanency in less than 12 months: 24 months or more in care	30.3%	25.2%	28.9%	34.1%
Placement stability (per 1000 days In care)	4.12	4.0	3.9	3.7

**Table 6. Children and Family Services review outcomes and indicators**

	<b>Standard</b>	<b>2016 CFSR</b>	<b>Baseline</b>	<b>Quarter 1 and 2</b>
Permanency Outcome 1	90%	25%	59%	32%
Item 4: Stability of foster care placement	95%	65%	85%	79%
Item 5: Permanency goal for child	95%	68%	83%	71%
Item 6: Achieving reunification, Guardianship, adoption or other planned	95%	50%	74%	61%

## Permanency living arrangement

Placement stability is an area of relative strength for Minnesota, where it is meeting the national standard and performing better in CFSR item 4. Information from MnCFSR case reviews indicated that relative placement issues were commonly cited (nearly 40% of the time) as contributing to needing improvement ratings, as were issues related to the match between providers and children. To address these issues, the department included several strategies in the PIP focused on increasing and monitoring provision of training to foster families, intensifying recruitment efforts to identify more foster families, and providing tools to assist local agencies in matching children with foster providers able to meet their needs (PIP Goal 2, Strategies 3 and 4). These activities will continue in the training plan and in CFSP Goal 3.

In terms of achievement of permanency in a timely fashion, Minnesota has historically had more difficulty achieving permanency for children in care for 24 months or more, despite recent improvement. Many issues that arose in Item 5 (Establishing timely and appropriate permanency goals) were around delays in establishing goals or working reunification goals longer than reasonable. Using information from stakeholder interviews and focus groups conducted in 2018, frontline staff reported challenges in accessing appropriate services to support families in addressing issues and needs that support reunification. Department staff see family preservation and prevention as key to addressing permanency outcomes. The ideal permanency outcome for children is to never be removed from their family in the first place. Reductions in the use of foster care would have the benefit of reducing workforce pressures, allowing smaller caseloads for foster care workers to better address the needs of the children and families who are in care. As previously stated, Minnesota is focused in the PIP and the CFSP in building the necessary infrastructure to support better tracking of service availability, gaps, community needs, and a referral system in key service areas, such as mental health, chemical dependency, and parental support services (PIP Goal 3.3, CFSP Goal 3).

Partnership with courts is also a critical factor for achieving timely permanency and supporting appropriate and timely permanency goals. Several strategies in the PIP (Goal 3, Strategies 1 and 2) focused on collaborative work between the Minnesota Judicial Branch and the department through Minnesota's Court Improvement Project, the Children's Justice Initiative (CJI), to improve permanency for children, particularly those in care for extended periods of time. These strategies will continue and were incorporated in the CFSP (Goal 3).

There has been a significant increase in the median time to permanency, from six months in 2014 to 11 months in 2018. The increase in median time to permanency has been especially long for the increasing number of children in care for parental drug use. In the 2019 legislative session, the governor signed a bill that will provide \$8 million for local agencies to address the opioid crisis. Department staff will work with county and tribal agencies, and other key partners, including the department's Behavioral Health Division, to determine how to invest those dollars for the greatest impact (CFSP, Goal 3).

### Permanency Outcome 2

Within Permanency Outcome 2, no item was rated as a strength overall, although several items had percentages that indicated relative strengths. Placement with siblings and preserving connections were rated as a strength in 88% and 84% of cases in the 2016 CFSR, respectively, and remained the strongest items throughout the baseline and quarters 1 and 2 of the PIP measurement. Minnesota has a statewide performance indicator for only one of the items in this outcome area, relative placement; the majority of local agencies across Minnesota regularly exceed the established performance standard.

Minnesota made strides in the last few years in relative placement. Statewide performance has improved from having just over one-third of total days children spent in out-of-home placement in relative foster care in 2013, to nearly 60% in 2018. However, according to information in the MnCFSRs, improvement is needed in thoroughness and quality of relative searches, particularly with paternal relatives. Goal 2, Strategy 5, in the PIP is targeted at providing local agencies with better tools to conduct relative searches and supporting relative families through the licensing process. In the CFSP, this work will continue. Additional staff added to the Foster Care and Adoption units for CQI in the last year will focus guidance, monitoring and customized technical assistance on improving engagement of kinship networks throughout the life of a case. This includes ensuring notice to relatives/kin begins prior to removal and continues throughout a child's time in care, ensuring quality relative searches (CFSP Goal 1).

**Table 7. State measure**

	<b>Standard</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Relative care	35.7%	53.1%	57.0%	58.5%

**Table 8. Children and Family Services outcomes and indicators**

	<b>Standard</b>	<b>2016 CFSR</b>	<b>Baseline</b>	<b>Quarter 1 and 2</b>
Permanency Outcome 2	90%	63%	87%	75%
Item 7: Placement with siblings	95%	88%	97%	95%
Item 8: Visiting with parents and Siblings in foster care	95%	67%	80%	72%
Item 9: Preserving connections	95%	84%	96%	86%
Item 10: Relative placement	95%	69%	96%	83%
Item 11: Relationship of child in care With parents	95%	54%	83%	68%

#### Child Well-being Outcomes 1, 2 and 3

The items evaluated within Well-being Outcome 1 are foundational to a well-functioning child welfare system and achieving positive safety, permanency and well-being outcomes for children and families. Findings from the CFSR indicated that Minnesota's performance was especially low on Child Well-being Outcome 1; however, it is also the area in which the least amount of information about underlying influences to practice is available. Further, there is anecdotal evidence in Minnesota (and more broadly from research) that one factor influencing caseworkers' ability to successfully engage clients is rising caseloads. As such, one downstream benefit of focusing on prevention for the system could be reduced caseload sizes. However, as this strategy will take time, other strategies aimed at improving engagement and other well-being items were included in the PIP, many of which will continue in the CFSP.

The two primary strategies that were identified in Minnesota's PIP to address engagement were the:

- 1) Creation of an innovation zone to identify both the underlying influences to engagement practices and new strategies to address these influences (PIP Goal 3, Strategy 2), and
- 2) Implementation of a coaching/mentoring model by the Minnesota Child Welfare Training System targeted at engagement and informal assessment of safety and other needs (PIP Goal 5, Strategy 1).

In recognition of the critical nature of good engagement practices, these strategies were some of the most resource intensive of the PIP. Increased engagement with children, parents and foster parents will result in improved decision making and practices throughout the life of a child welfare case, including:



- Completion of thorough assessments of safety, risk and overall needs
- Safety and overall case planning
- Provision of appropriate services to address all identified needs.

This work will continue in the CFSP. The continuation of the innovation zone work is in Goal 1 of the CFSP, and as implementation continues and important lessons are learned, information will be incorporated into future strategies in the CFSP to ensure that progress is made in improving engagement with children, families and resource families. The strategy in CFSP Goal 1 involving development and implementation of safety model practice profiles will support efforts in improving engagement.

**Table 9. State measure**

	<b>Standard</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Caseworker visits	95.0%	79.8%	81.1%	82.3%

Caseworker visits with children is another key area that requires focus. The department has quantitative performance data regarding caseworker visits with children in out-of-home placement; however, data does not include caseworker visits with children receiving services while residing in their home.

Several patterns emerge when examining data regarding caseworker visits with children in out-of-home placement. Performance is lowest in the geographically largest jurisdictions. Based on that, the state has created strategies in the PIP for promoting ease of intra-state agreements for helping local agencies partner with each other when children are placed across jurisdictional boundaries and courtesy supervision is deemed appropriate (PIP Goal 3, Strategy 1). This work will continue, and is included as a strategy in the CFSP in Goal 1. One of the biggest influences for caseworker visit performance statewide is the low monthly caseworker visit rate for children under jurisdiction of tribal courts, in particular for children served by the Red Lake Band of Ojibwe in Beltrami County. Statewide, performance for caseworker visits improves over 5 percentage points when Beltrami County's performance with this population is removed. The strategy focused on investing in Red Lake Band of Ojibwe to build the infrastructure necessary to become an initiative tribe; their capacity to provide child welfare services to their members should support improvements in caseworker visits, among other outcomes.

Information from the federal review and quantitative performance data indicate that caseworker visit performance is lower in cases involving children from program areas other than child protection, in particular cases managed by juvenile corrections agencies. Minnesota continues work from the PIP (Goal 5, Strategy 3) on improving coordination and collaboration at both the state and local levels with children's mental health and juvenile justice in CFSP Goal 1.

**Table 10. Children and Family Service outcomes and indicators**

	<b>Standard</b>	<b>2016 CFSR</b>	<b>Baseline</b>	<b>Quarter 1 and 2</b>
Child Well-being Outcome 1	90%	38%	61%	57%
Item 12: Needs and services of child, parent and foster Parents	95%	38%	69%	59%
Sub Item 12A: Needs assessment and services to children	95%	62%	93%	95%
Sub Item 12B: Needs assessment and services to parents	95%	43%	74%	59%
Sub Item 12C: Needs assessment and services to foster Parents	95%	72%	86%	71%
Item 13: Child and family involvement in case planning	95%	40%	79%	74%
Item 14: Caseworker visits with child	95%	55%	64%	78%

Item 15: Caseworker visits with parents	95%	36%	71%	63%
Well-being 2	90%	70%	98%	100%
Item 16: Educational needs of the child	95%	70%	98%	100%
Well-being 3	90%	41%	84%	84%
Item 17: Physical health of the child	95%	48%	93%	90%
Item 18: Mental/behavioral health of the child	95%	56%	86%	90%

CFSP Goal 1 focuses on improving support and engagement of social support networks, specifically relatives and kin. These strategies include provision of guidance on best practices with quality relative searches, in particular with paternal kin, and providing notice to relatives throughout the life of a case. There are several strategies focused on building and improving collaborations with community-based agencies to support engagement of children and families, with a focus on ensuring equity in engagement in Goal 1 of the CFSP.

As previously stated, in meetings with local agencies on development of the PIP, during the federal CFSR, in MnCFSR stakeholder interviews, and in focus groups with frontline staff and foster care providers, stakeholders indicated there are challenges in locating and connecting children and families to needed services, affecting all three Child Well-being Outcomes. The PIP work in mapping a variety of services across the state continues in the CFSP (Goal 3). Additional strategies were added to increase service availability and build infrastructure to support improved referral systems through investment in and collaboration with communities and community-based agencies in CFSP Goals 2 and 3.

#### Systemic factors

For the majority of systemic factors rated as not in substantial conformity, Minnesota had insufficient evidence to demonstrate an effective system, resulting in ratings of area needing improvement. As a state supervised, county administered system, the information requested for demonstrating effectiveness of systemic factors is often maintained at the county level, e.g., training records of staff and foster parents. There is not a process for department staff to monitor those records. Many strategies for addressing systemic factors involve creation of processes for evaluating, monitoring and documenting the functioning of Minnesota's system at the state level. Strategies for improving the state's ability to demonstrate system effectiveness will continue. The following provides updates to activities undertaken to make improvements on Minnesota's performance in the six systemic factors rated as not in substantial conformity with standards in the 2016 federal CFSR as part of the PIP, and any new strategies included in the CFSP:

- **Statewide Information System.** The not in substantial conformity rating in the 2016 CFSR for the Statewide Information System was based on an inability to demonstrate data quality and accuracy. New Comprehensive Child Welfare Information System (CCWIS) requirements include a data quality plan be implemented. The department's intention to be CCWIS compliant and plans are being submitted with its 2020 Annual Plan for Development. This plan will include improved ability to monitor data system elements to ensure validity and accuracy, incorporating activities started in the PIP (Goal 4, Strategy 3).
- **Case Review System.** Two items in particular caused the rating of not in substantial conformity in the 2016 CFSR: Written case plans and notice of hearing and reviews to caregivers. For written case plans, it was indicated the rating of needs improvement was based on lack of engagement with parents and children in case planning. Engagement is the focus of Goal 3, Strategy 2, in the PIP and continues in Goal 1 of the CFSP. Goal 2, Strategy 3, in the PIP is dedicated to improving communication between local child welfare agencies and courts to ensure courts are receiving information needed to provide notice of hearings to foster parents, and creating a process for measuring whether foster parents are receiving notice of hearings. Planned activities include evaluating the effectiveness of this strategy through a survey of



resource families; modifications to strategies will be made and incorporated in future APSRs based on this evaluation.

- **Quality Assurance System.** As previously stated, department staff recognized the limitations of the state's case review system for some time and are working with the Capacity Building Center for States to create a more formalized structure and comprehensive CQI system as part of its PIP (Goal 4). Improvements in statewide applicability have already been made through the PIP measurement plan; implementation of the revised CQI plan will begin in late 2019. Strategies in the CFSP involve this implementation and evaluation of the effectiveness of the newly designed CQI system (CFSP Goal 4).
- **Staff and Provider Training.** The recent passage of the Child Welfare Training Academy bill will allow significant investment by the state in training of new workers and ongoing support of the workforce, both frontline staff and supervisors. Steps have been taken to improve the ability to track the workforce, and the workload study included in the new legislation will further support the state's capacity to track and support the workforce (see the CFSP training plan for details).
- **Service Array and Resource Development.** The department ensures a service array in accordance with federal requirements under 45 CFR 1355.34(c)(5), that child and family services must provide for the safety and protection of children, as well as preserve and support families, according to defined service principles. This requirement is achieved through the department's supervisory role/support to county agencies, and implementation of protocols and best practice at the county level. The Minnesota Vulnerable Adults and Children Act of 2011 [§256M] requires county agencies to develop a Biennial Service Agreement to set performance targets and describe strategies for achieving child safety, permanency and well-being outcomes. The state provides an array of child welfare services that assess the strengths and needs of children and families and determines other service needs, addresses the needs of families as well as individual children to create a safe home environment, enabling children to remain safely with their parents when reasonable, and helping children in foster and adoptive placements achieve permanency. The state ensures that services are accessible in all political jurisdictions covered by the CFSP. As previously stated in the assessment of performance on the Child Well-being Outcomes, stakeholders report challenges in locating and connecting children and families to needed services, indicating a gap in service availability and access. These improvements are resource intensive, therefore one entire goal is dedicated in the CFSP to improving Minnesota's ability to track and identify gaps in service availability, and increasing service access and utilization. It is critical that these efforts focus on supporting communities where children live and include efforts to coordinate services at both the local and state levels; completed with attention and efforts toward ensuring equity. This is reflected in strategies included in CFSP Goals 1, 2 and 3 all of which involve partnering with other state agencies, communities and community-based agencies.
- **Agency Responsiveness to the Community.** In the 2016 federal CFSR, the department was found to be in substantial conformity for this systemic factor. Coordination of CFSP services with other federal programs was found to be a strength and state engagement and consultation with stakeholders pursuant to CFSP and APSR was an area in need of improvement. Please refer to the collaboration section of the CFSP for additional information about collaboration and engagement with the community, including areas of strength and opportunities for growth.
- **Foster and Adoptive Licensing, Recruitment and Retention.** Department staff focused strategies related to this systemic factor in the PIP, primarily on increasing foster family recruitment, increasing support for foster families, and supporting relative providers through the licensing process (PIP Goal 2, Strategy 5). CFSP Goals 1 and 3 continue efforts that began

in the PIP to improve foster care recruitment and support relative providers.

### 3. CFSP goals and strategies for enacting the state's vision

CSP developed the following four goals in support of the Children and Family Services vision for Minnesota. These goals represent a commitment to equity through engagement and collaboration with communities, families and children throughout the child welfare system, and prevent involvement with child protection. Details on the rationale for the goals, objectives and strategies are included in the assessment of performance section of the CFSP, and not repeated here.

#### Goal 1: Improve engagement and collaboration with children, parents, relatives/kin and resource families

##### Measures of progress

To address the CFSP goal around engagement and collaboration, progress will be assessed using CFSR Permanency Outcome 2, Well-being Outcome 1, and the state performance measure on caseworker visits. The measurement targets for this goal can be found in Table 11.

**Table 11. Goal 1 measurement targets**

Measure type	Measures	Baseline year	Baseline	Target
CFSR	Permanency Outcome2	2017/2018	83.0%	88.0%
CFSR	Well-being Outcome 1	2017/2018	61.0%	70.0%
State	Caseworker visits	2018	82.3%	87.0%

##### Objectives

**Objective 1.** The first objective under this goal is to improve knowledge and practice related to developing, engaging, and supporting social support networks (including relatives) for children to remain safely in their home – and, when placement is necessary, maintain connections, improve placement options and support permanency outcomes. This objective will be achieved through the following strategies:

- Develop and implement safety practice profiles that include a core component of involving safety networks. Utilizing social support networks, including relatives and kin, is one of the five core components included in the department's safety practice profiles under development in the PIP. This core component will define and outline key behaviors in development and implementation of social support networks to enhance safety in a child's home environment whenever possible.
- Provide guidance and technical assistance to support notification to relatives and kin prior to a child's placement, at placement, prior to a permanency hearing, and at the time of a child's placement in a permanency home (adoptive or relative for transfer of permanent legal and physical custody (TPLPC).
- Provide guidance and technical assistance to support quality relative search practices along the child welfare continuum from safety to post-permanency, in particular for paternal kin.
- Implement the Family First kinship support services/kinship navigator program.
- Support engagement and communication between resource families and caseworkers, including assessing the needs of resource families and children in care, such as:
- Monitor effectiveness and use of the "Resource family and caseworker visit discussion tool" developed and disseminated statewide in April 2019.
- Collaborate with Aspire Minnesota to develop and implement the Quality Parenting Initiative to support greater utilization of foster parents as a support for children and their birth families.

Progress on this first objective will be assessed through the use of CFSR Items 11 (relative placement), and 12C (needs and services of foster parents). Surveys will be developed to assess foster parents' satisfaction with engagement in the child's case, including relatives and kin providers. The measurement benchmarks for this objective are in Table 12.

**Table 12. Measurement benchmarks for goal 1, objective 1**

<b>Benchmarks</b>	<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>	<b>Year 5</b>
Item 11 baseline (2017/18): 83%	85%	87%	89%	91%	93%
Item 12C baseline (2017/18): 6%	87%	88%	89%	90%	91%
Resource family satisfaction with Engagement survey	Survey developed, implemented, and Baseline and target established				

**Objective 2.** The second objective under this goal is to improve engagement with children and parents, including frequency and quality of caseworker visits. This objective will be achieved through the following strategies:

- Coordinate with other relevant department divisions and state agencies to establish clear policy and practice expectations in cases where a particular child is identified as the service recipient and there are other children in the home, e.g., children's mental health and juvenile justice cases; disseminate information statewide.
- Develop a partnership between the CSP Division's Training and Foster Care units to incorporate guidance into foundations, and develop a combined case planning and caseworker visits training.
- Continue Innovation Zone work with nine participating agencies to support improvement around engagement strategies, including assessment of risk and safety. This work entails identification of key challenges for each agency, development and implementation of strategies to address challenges, and assessment of whether strategies are working as expected.
- Continue development and implementation of an inter-county agreement for placement of children to support caseworker visits across county lines.
- Provide real time data to county and tribal agencies with alerts to identify children who haven't had visits as of the 20<sup>th</sup> of each month through Tableau Server.

Progress on the second objective will be assessed through the use of CFSR Well-being Outcome 1, items 14 and 15, which focus on the frequency and quality of caseworker visits with children and parents, respectively. The measurement benchmarks for this objective are in Table 13.

**Table 13. Measurement benchmarks for goal 1, objective 2**

<b>Benchmarks</b>	<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>	<b>Year 5</b>
Item 14 baseline (2017): 68%	71.2%	74.5%	81.0%	81.0%	84.2%
Item 15 baseline (2017): 68%	71.3%	74.6%	77.9%	81.2%	84.5%

**Objective 3.** The third objective is to build collaborative partnerships with community-based agencies to support engagement of children and families. This will be achieved through the following strategies:

- Participate with an inter-agency leadership team consisting of division directors in multiple family serving systems across the Minnesota Departments of Human Services, Health and

Education to develop and implement a coordinated engagement strategy that involves partnerships with community-based organizations that have established relationships with Minnesota children and families.

- Collaborate with the department's director of community relations to expand consultation with the Cultural and Ethnic Communities Leadership Council.
- Expand the statewide Youth Leadership Council by adding more individual councils across the state to incorporate more youth voices.

Progress on the third objective will be assessed through development of partnerships and the level of engagement in joint work, as determined through the number of community-based agencies involved in partnerships, development of joint goals and an engagement strategy, and engagement outcomes related to attendance at meetings, and whether organizations participating in this work report feeling they were heard, priorities are addressed, and trust is being built. The measurement benchmarks for this objective are in Table 14.

**Table 14. Measurement benchmarks for goal 1, objective 3**

Benchmarks	Year1	Year2	Year3	Year4	Year 5
Number of Partnerships With community-Based agencies Established	Establish the baseline and set target for future years				
Assessing level of Engagement	Draft engagement Strategy	Develop engagement analysis tool	Establish baseline for engagement	Statistically significant increase in engagement	
	Maintain an 85% attendance rate in partnership meetings, including the Inter-agency Leadership team and Cultural and Ethnic Communities Leadership Council meetings				

## Goal 2: Reduce disparities for African American and American Indian children throughout the child welfare system

### Measures of progress

To address the CFSP goal around reducing disparities, progress will be assessed using federal performance measures on permanency timelines as well as an internal CSP measures relative rate index comparing children by race who were alleged victims in a child protection investigation or assessment and in out-of-home care. Targets were set to reduce the disproportionate involvement of African American and American Indian children as alleged victims in screened in child protection reports and in out-of-home care by half, and to reduce the difference in performance on the permanency measures between African American and American Indian children and White children by half. The measurement targets for this goal are in Table 15.

**Table 15. Goal 2 measurement targets**

Measure Type	Measures	Baseline year	Baseline	Target
Internal CSP	Relative rate index of alleged victims, American Indians to White children	2018	5.2x more likely	2.5X more likely
	Relative rate index of alleged victims, African American to White children	2018	2.8	1.4
	Relative rate index of children in out-of-home care, American Indian to White children	2018	18.2 more likely	9.1
	Relative rate index of children in out-of-home care, African American to White children	2018	2.9	1.5
Federal	Permanency in less than 12 months, American Indian	2018	15.7%	7.0%

Permanency in less than 12 month, African Americans	2018	3.7%	2.0%
Permanency in 12 -23 months, American Indians	2018	15.7%	7.0%
Permanency in 12-23 months, African Americans	2018	9.6%	4.8%
Permanency in 24 months, American Indians	2018	11.7%	5.9%
Permanency in 24 months, African Americans	2018	7.0%	3.5%

## Objectives

**Objective 1.** The first objective is to identify factors that lead to disparities, including racial bias. This objective will be achieved through the following strategies:

- Create and publish a disparities index at the different decision-making points throughout the child welfare system to understand where racism/bias is present. This will be shared for internal department use as well as externally with local child welfare agencies through Tableau Server.
- Adapt and implement the Collaborative Safety learning processes to capture systemic factors that specifically lead to disparities, including racial bias.

Progress on the first objective will be assessed through development and use of the disparities index, which will be published in the first year and updated on a monthly basis.

**Objective 2.** The second objective is to improve access to culturally appropriate child welfare services for African American and American Indian children and families. This objective will be achieved through the following strategies:

- Develop culturally specific guidance, and provide technical assistance to local child welfare agencies to better meet the needs of African American children and families, such as:
  - Community-based agencies working with African American children and families, with families being key partners in development of guidance.
- Adapt the fatality and near fatality review process to be culturally responsive when used with tribal child welfare agencies.
- Expansion of the American Indian Child Welfare Initiative (AICWI). In early 2021, the Red Lake Nation will assume child protection responsibilities from local county systems, offering a culturally relevant model of practice. The Mille Lacs Band of Ojibwe will continue its planning efforts to move toward joining the AICWI.
- Provide extra support to agencies out of compliance with ICWA and MIFPA. Department ICWA compliance and training staff will work closely with county agencies that do not meet substantial compliance standards and provide ICWA curriculum training and technical assistance.
- Leverage Family First Prevention Services Act and Preschool Development grant work to build capacity between the department and local levels to co-create and support systemic child and family well-being/prevention strategies, particularly for African American and American Indian children, families and communities (using a Targeted Universalism approach).

Progress on the second objective will be assessed through use of an internal CSP ICWA compliance measure and the relative rate index for American Indian and African American children who are alleged victims of maltreatment and for those who experience out-of-home care. The measurement benchmarks for this objective are in Table 16.

**Table 16. Measurement benchmarks for goal 2, objective 2**

<b>Benchmark</b>	<b>Year1</b>	<b>Year2</b>	<b>Year3</b>	<b>Year4</b>	<b>Year 5</b>
Compliance rate for Indian Child Welfare Act, baseline (2018): 62%	66%	70%	74%	78%	82%
Relative rate index of alleged victims, American Indian to White children, baseline (2018): 5.2x more likely	4.7	4.1	3.6	3.0	2.5
Relative rate index of alleged victims, African American to White children, baseline (2018):2.6 times more likely	2.5	2.2	2.0	1.7	1.4
Relative rate index of children in out-of-home care American Indian to White children, baseline (2018): 18.2	16.4	14.6	12.7	10.9	9.1
Relative rate index of children in out-of-home care African American to White children, baseline (2018): 2.9	2.6	2.3	2.1	1.8	1.5

**Objective 3.** The third objective under this goal is to promote reunification when possible, and other permanency options in a timely manner when reunification is not possible. This will be achieved through the following strategies:

- Continue to expand the experiential training on the court process through the Children’s Justice Initiative (CJI) partnership.
- Implement an Innovation Zone in Judicial Districts 6 and 9 to identify contributing factors to increased disparity rates in those areas.
- Target Family Group Decision Making resources to children and families most at risk for poor permanency outcomes, and support consistency in implementation through modifications to the RFP process.
- Continue the Permanency Technical Assistance Workshop (PTAW), which ensures that achieving timely child safety, permanency, and well-being are the foundational principles underlying procedures and decisions in all child protection proceedings. PTAW will educate all stakeholders on the permanency timeline, and provide strategies on how to keep cases from going beyond the timeline. The project will focus on county-specific data compiled from the court and the department to understand practice patterns as well as areas of strength and those needing improvement. A detailed county action plan will be developed from this work.

Progress on the third objective will be assessed through use of federal permanency measures. The measurement benchmarks for this objective are in Table 17.

**Table 17. Measurement benchmarks for goal 2, objective 3**

<b>Benchmarks</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Permanency in less than 12 Month, American Indian: 37.7%	41.2%	44.6%	48.1%	51.5%	55.0%
Permanency in less than 12 Month, African American: 49.3%	50.4%	51.6%	52.7%	52.9%	55.0%
Permanency in 12-23 months, American Indian: 49.6%	52.7%	55.8%	58.8%	61.9%	65.0%
Permanency in 12-23 months African American: 56.0%	57.8%	59.6%	61.4%	63.2%	65.0%
Permanency in 24 months or More, American Indian: 28.1%	30.5%	32.9%	35.2%	37.6%	40.0%
Permanency in 24 months or More African American: 32.8%	34.2%	35.7%	37.1%	38.6%	40.0%

**Objective 4.** The fourth objective is to prevent children and families from entering the child welfare system through partnerships with communities and community-based agencies, including urban

Indian organizations, with a focus on equity. This objective will be achieved through the following strategies:

- Using the human-centered design (HCD) process, co-create strategies to address disparities with communities experiencing inequities based on race, geography, and/or economics through the Whole Family Systems grant under the umbrella of 2Gen Network supported by the department's Economic Assistance and Employment Supports and Child Care Divisions.
- Establish the American Indian Early Intervention Program modeled after the Parent Support Outreach Program (PSOP), so tribal and urban American Indian programs can access culturally appropriate intervention services and resources to assist them in addressing issues that place families at risk of entering the child protection system.
- Engage in planning with tribes/public health/Medicaid/Behavioral Health/health care to reach pregnant women and families, specifically African American and American Indian parents and families, and create a continuum of culturally appropriate services to address addiction and support parenting using technical assistance from the Center for Healthcare Strategies.

Progress on the fourth objective will be assessed through development of partnerships, co-creation of strategies to address disparities, and engagement outcomes to be determined through targeted work around serving American Indian and African American children and families in the Whole Family System grant. Additionally, the American Indian Early Intervention Program will be established in the first two years and progress will be demonstrated in years 3 – 5 by increasing the number of American Indian children served. Lastly, progress will be assessed using the number of American Indian and African American infants removed as a result of parental drug use. The measurement benchmarks for this objective are in Table 18.

**Table 18. Measurement benchmarks for goal 2, objective 4**

<b>Benchmarks</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
American Indian children Under 1 placed in out-of-Home care for parental drug Use, baseline (2018): 236	220	205	189	174	158
African American children Under 1 placed in out-of-Home care for parental drug Use, baseline (2018): 170	159	148	136	125	114
Number of American Indian Children served in PSOP Baseline (2018): 349	Complete plan for implementation of early intervention Program with tribes Early intervention Programs with tribes	Implement early intervention program	395	418	464

### Goal 3: Improve access to and utilization of services that meet the needs of children and families

#### Measures of progress

To address the CFSP goal around improving access to and utilization of services, progress will be assessed using federal performance measures on re-entry, internal CSP measures on the median time to permanency for adoptions and TPLPC, as well as a family preservation measure. The measurement targets and rationales for this goal are in Table 19.

**Table 19. Goal 3 measurement targets**

Measure Type	Measures	Baseline year	Baseline	Target
Internal CSP	Median time to permanency, adoption	2018	25.6 months	20.6 months
	Median time to permanency, TPLPC	2018	19.9 months	14.9 months
	Family preservation, percent of children placed in out-of-home care during case management when determined to be conditionally safe using a standardized assessment.	2018	10.7%	9.0%
Federal	Re-entry	2018	15.9%	10.9%

### Objectives

**Objective 1.** The first objective for this goal is to identify service needs across Minnesota. This goal will be achieved through the following strategies:

- Support and partner with the Minnesota Departments of Health and Education in the statewide needs assessment occurring through the Preschool Development Grant and the development of a statewide strategic plan to support young children and their families.
- Continue the statewide mapping of services, focused on mental health services, chemical dependency services, parent support services and dental care that began as part of the PIP.
- Support the child welfare workforce in assessing the needs of children and families through the development of safety practice profiles, which include the core component of assessing and addressing safety throughout the life of a case. The safety practice profiles will clearly articulate safety related behaviors that are observable across the life of the case. The safety practice profiles are in development in partnership with local child welfare agencies.
- Request addition of data elements in the Social Service Information System to collect Sexual Orientation and Gender Identity Expression (SOGIE) information for children and families as a first step that will support CSP in improving outcomes, identifying and funding needed resources, and reducing disparities experienced by LGBTQ foster children.

Progress on this first objective will be assessed through the use of CFSR Safety Outcome 2, item 3, which assesses risk and safety, as well as through engagement and participation in the application for the preschool development grant in fall of 2019 and the completion and use of the service mapping available on Tableau. The number of times the dashboard is accessed by local agencies will be reported in future years. The measurement benchmarks for this objective can be found in Table 20.

**Table 20. Measurement benchmarks for goal 3, objective 1**

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Safety Outcome 2, Item 3, baseline (2017): 64%	67.5%	71.%	74.5%	78%	81.5%

**Objective 2.** The second objective is to increase service capacity through investment in service providers and community-based agencies, and support of local child welfare agencies. This will be achieved through the following strategies:

- Partner with the Minnesota Departments of Health and Education to implement the Help Me Grow model in four communities. The Help Me Grow model is described in the Stephanie Tubbs Jones Child Welfare Services Program section. Ensuring equity of access to services is a key component of the planned implementation.
- Expand and improve recruitment of resource families to include:



- Data sharing between CSP and the Licensing Division to better understand how well the current array of resource families meets the needs of children in care – both in terms of cultural appropriateness and level of need.
- Expansion of the contract with MN Adopt to expand access to family finding services for children in foster care, in addition to children with adoption as their permanency goal.
- Broaden post-permanency support program through state and federal funds to support adoption or kinship caregivers.
- Determine policies and reporting procedures regarding local child welfare distribution and use of funds allocated from the Minnesota Legislature to serve families impacted by substance abuse.
- Partner with William Mitchell Center for Law and CJI to increase access to quality parent representation through training and capacity-building activities, e.g., CHIPS Parent Attorney Core Skills training.
- Partner with Medicaid on an 18-month project funded through the Center for Healthcare Strategies to understand and improve access to Medicaid services for children involved with child welfare.
- Expand Rapid Consultation services for county and tribal agencies beyond consultation on safety-related issues to include issues throughout the continuum of child welfare services, including foster care, relative and kinship support and ICWA.

Progress on the second objective will be measured using an internally developed state performance measure of physical health exams for children placed into out-of-home care, as well as piloting the HMG electronic screening system in four communities. The implementation plan for the HMG pilot will be developed in collaboration with the communities. Finally, using the service mapping tool created under objective 1, a measure of service availability will be created and used in future years to measure access by county and tribe. The measurement benchmarks for this objective can be found in Table 21.

**Table 21. Measurement benchmarks for goal 3, objective 2**

<b>Benchmarks</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>
Piloting HMG electronic Screening system	Complete the service Inventory	Identify four pilot communities	Plan and finalize implementation strategy	Implement pilot	Implement pilot
Physical health exam State measure: 60.2%	63.2%	66.1%	69.1%	72.0%	75.0%

#### Goal 4: Improve safety, permanency and well-being outcomes for children and families through utilization of a statewide continuous quality improvement system

##### Measures of progress

To address the CFSP goal around improving safety, permanency and well-being through continuous quality improvement, progress will be assessed using CFSR Safety Outcome 2, Well-being Outcome 1, and Permanency Outcome 1, as well as the state performance measure on timeliness to face-to-face contact when an alleged victim is the subject of a child protection report. The measurement targets and rationale for this goal is in Table 22.

**Table 22. Goal 4 measurement targets**

Measure Type	Measures	Baseline year	Baseline	Target
State CFSR	Timeliness to face-to-face contact	2018	88.4%	90.2%
	Safety 2, Item 2	2017	89.0%	97.0%
	Safety 2, Item 3	2017	64.0%	81.0%
	Well-being 1, Item 12	2017	66.0%	81.8%
	Well-being 1, Item 13	2017	78.0%	92.0%
	Well-being 1, Item 14	2017	68.0%	84.3%
	Well-being 1, Item 15	2017	68.0%	84.5%
	Permanency 1, Item 4	2017	83.0%	97.8%
	Permanency 1, Item 5	2017	79.0%	94.8%
	Permanency 1, Item 6	2017	70.0%	92.4%

### Objectives

**Objective 1.** The first objective is to improve CSP's understanding of decision making and systemic influences to case work to support development and implementation of targeted strategies for improving outcomes at the state and local levels. This will be achieved through the following strategies:

- Implement the redesigned CQI model that occurred in Minnesota's PIP, which includes utilization of safety science (human factors and systems safety) to better understand decision making, and systemic influences to decision making to implement improvements to the child welfare system.
- Enhance tracking tools to increase the use of data-informed decision making throughout the CQI process, including dashboards on Tableau Server for both internal and external child welfare partners.
- Improve communication strategies and collaboration internally, across units in CSP to ensure the CQI process is being implemented as intended.
- Provide technical assistance regarding CQI internally and to county and tribal agency supervisors at regional supervisor meetings and through biannual onsite visits with tribes in Minnesota.

Progress on the first objective will be assessed through the use of training and technical assistance participation data, Tableau Server usage statistics, and survey data on the level of agreement and usefulness of CQI advisory team recommendations. The measurement benchmarks for this objective are in Table 23.

**Table 23. Measurement benchmarks for goal 4, objective 1**

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Proportion of CSP staff trained in safety Science baseline (2019): 30%	50%	65%	75%	85%	95%
Proportion of agency using CQI, technical Assistance, baseline: 0%	25%	30%	50%	Maintain 50%	
Proportion of agencies using regional Supervisor-specific dashboards baseline: -72.5% of agencies have at least one Supervisor who logged into Tableau Server	80%	90%	Maintain 90%	Maintain 90%	Maintain 90%
Worker's report feeling safe sharing Challenges and barriers to work	Establish baseline, set Target		rate	rate	rate
Recommendations implemented that	Develop and	Establish			

Remove identified systemic barriers

administer  
Survey

baseline,  
set target

**Objective 2.** The second objective is to establish ongoing, authentic engagement with county and tribal child welfare agencies to ensure their input on department plans and establish feedback loops for continuous quality improvement activities to support equity. This will be achieved through the following strategies:

- Improve communication and development of feedback mechanisms regarding practice and policy guidance with local social service agencies at all levels of the workforce (see PIP 5.4).
- Build on the relationship with the ICWA Advisory Council and consult on department issues that impact American Indian children, families, communities and tribes.
- Implement biannual onsite meetings with all 11 tribes to learn about their child welfare programming and how the CQI process can best support their work.
- Implement recommendations from the CQI design team to develop a CQI advisory team consisting of representation from local child welfare and tribal agencies, and other key stakeholders. The purpose of the CQI advisory team is to prioritize areas that require a deeper understanding of decision-making and systemic influences, and to make recommendations for removing barriers and promoting improved outcomes.

Progress on the second objective will be assessed through the use of items in a bi-annual workforce survey, meeting attendance with the ICWA Advisory Council, and onsite with all 11 tribes, as well as progress around implementation of the CQI advisory team which will occur in Year 1. The measurement benchmarks for this objective are in Table 24.

**Table 24. Measurement benchmarks for goal 4, objective 2**

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Worker reported awareness of specific elements Of child protection reforms and their impact on Practice, baseline (2016): 74%	78%		82%		85%
Worker reported having sufficient input in Decision making at their agency, baseline (2016): 64%	68%		72%		75%
Worker satisfaction with the department's Communications and leadership, baseline (2016): 35%	50%		65%		75%
Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Attendance at ICWA Advisory Council meetings	Attend all Four Quarterly Meetings	Attend all four quarterly meetings	Attend all four quarterly meetings	Attend all four quarterly meetings	Attend all four quarterly meetings
Meet with tribes biannually	Meet with 100% of Tribes biannually	Meet with 100% of tribes biannually	Meet with 100% of tribes biannually	meet with 100% of tribes biannually	meet with 100% of tribes biannually

## Staff training, technical assistance and evaluation

### Training

To address significant challenges identified through a review of Minnesota's practice and performance in the federal CFSR, the sharp increase in child welfare caseloads as a result of an increasing number of children and families involved with child protection, and a resulting increase in worker turnover, the department supported legislation during the 2019 session that proposed investment in the Child Welfare Training System to create a Child Welfare Training Academy (CWTA), and a study to review and recommend guidelines on caseload size for both child protection workers and supervisors. This legislation passed, [Minnesota Session Laws 2019, 1st Special Session, Chapter 9, article 1, section 37] offering opportunities to offer specific training supports to achieve the goals and objectives of the 2020-2024 CFSP as the CWTA is fully implemented over the next four years.

The CWTA will address limits of the current training system, support both improved monitoring and consistency of practice, and better retention and stability of the workforce through the following mechanisms:

1. State/University Partnership – The framework of the CWTA formalizes a partnership with the University of Minnesota in administration of workforce training. Many other states have used this model successfully to leverage strengths of the university partner in design of curriculum, delivery of training to adult learners, and robust research methodologies to ensure successful transfer of learning.
2. Regionalization – the Training Academy will be administered through five regional training hubs. This will ensure timely access to adequate training facilities throughout the state, resulting in an overall reduction in per trainer expenditures for travel and lodging. Regionalization allows training to be targeted to the needs of each region, taking into account varying demographics, resources and practice outcomes. This was a top priority cited by county and tribal child welfare agencies.
3. Training methods – the Training Academy will include peer mentoring and professional coaching to help apply classroom learning and assess worker competency. Most of the formal training content would be delivered via online classes to save worker time and travel, and keep them in the field as much as possible. Classroom time would focus on skill development and application of new content, using simulated practice settings whenever possible.
4. Certification – a competency-based certification based on Minnesota's child welfare practice model will require all new child welfare workers to complete a competency-based knowledge test, as well as skills demonstration. Annually, workers will have to document completion of ongoing training requirements and pass the appropriate knowledge test and skills demonstration for each professional development activity to certify competency.

Implementation of the CWTA will occur over the next four years (2020-2024) and specifically support the vision and goals of this CFSP in the following ways:

### Improve engagement and collaboration

The design of the CWTA was developed with a team of 26 experts and stakeholders from across the state representing county and tribal child welfare workers, supervisors and directors, the department, county attorneys, forensic child protection specialists, children's mental health, Minnesota State Colleges and Universities (MNSCU)/University of Minnesota (UMN) Schools of Social Work, cultural consultants from the African American community and law enforcement. In summer 2016, the CWTA model was presented to seven stakeholder focus groups around the state for feedback, which was incorporated into the final design of the model.

In implementation of the CWTA, both regional and statewide advisory boards will be created, consisting of key stakeholders to provide a forum for input to help ensure that the system will be responsive and nimble to the needs of county and tribal agencies throughout the state. Information will flow in both directions, with new policy, regulations, and training modifications at the state and federal levels shared with stakeholders for feedback. This will allow a platform for ongoing conversation on the challenges and benefits to implementing such change from all perspectives, including workers, supervisors, directors, trainers, county board members, tribal council members, state and university representatives, and the department.

The CWTA will also leverage and engage existing community partners and representatives from other disciplines that work closely with the child welfare system, including the Children's Justice Initiative, MNAdopt, Mitchell Hamline School of Law, Guardian ad Litem Board, Minnesota Ombudspersons for Families offices, parent advisory groups, and the youth leadership council.

The establishment of regional training hubs in CWTA implementation will support deeper engagement and collaboration between county and tribal agencies, and staff of the regional hub. This engagement and relationship development is essential to providing the types of training, coaching, and mentoring that will best support the workforce in achieving goals and objectives of the CFSP.

#### Reduce disparities

In addition to having strong representation from both the American Indian and African American communities in the advisory structure of the CWTA, implementation of a coaching model will offer unique opportunities to address mental models as well as policies and practices that support entrenched disparities in the child welfare system. Unconscious racial bias affects the decision-making process at all stages of the child protection system. Through coaching, workers can identify and address implicit bias in a systematic process. Having the support of a coach can facilitate the process and help workers incorporate changing views and greater understanding by talking through struggles and areas of uncertainty.

The CWTA will incorporate a suite of trainings related to the knowledge, skills, and practice of ICWA, MIFPA, and collaboration with tribal partners. These trainings cover topics such as historical context of institutional treatment of American Indian people, the implications within systems and communities, Bureau of Indian Affairs regulations and guidelines, active efforts of MIFPA and ICWA, and tools and job aids to help workers meet policy requirements as well as utilize best practices with American Indian families and tribes.

Bridging our Understanding is a recently revised course collaboratively written by Minnesota's 11 tribes with coordination from the Center for Regional and Tribal Child Welfare, University of Minnesota-Duluth. The course is designed to help child welfare professionals understand how cultural perspectives affect their work with American Indian children and families. The unique teaching approach intends to challenge non-Indian caseworkers to reconcile practice methods with the relational world view and cultural practices of American Indian tribes in Minnesota. Workers gain knowledge of specific tribal resources that are tribally identified as fundamental to improving service development and delivery to American Indian families and children. This three-day course offers child welfare workers a comprehensive experience to gain awareness, understanding and improved practice skills for working with American Indian children and families. Participants are required to complete pre-course assignments prior to attending the first day of class. Participants are also required to complete assignments following the first and second class prior to the third class. The full training is 18 training hours.

The CWTA will partner closely with the African American Family Well-being Unit being formed and will develop and facilitate courses as defined by the work of this unit to improve practices and engagement with African American families and communities.

### *Improve access to services*

The CWTA supports the goal of improving access and utilization of services that meet the needs of children and families through provision of training and coaching that increases competency of the workforce in assessing and addressing the needs of children and families.

In collaboration with the Center for Advanced Studies in Child Welfare, University of Minnesota, the department launched the Minnesota Child Welfare Practice Framework in 2018, including a set of defined competencies for workers and supervisors. The Practice Framework will inform curriculum development in the CWTA and serve as a resource to workers and supervisors to support professional development that aligns with defined competencies in the child welfare field. As part of the implementation of the Practice Framework, competencies have been aligned with curriculum objectives.

### *Continuous Quality Improvement*

In support of the CFSP goal and objectives related to improving outcomes through CQI activities, training staff will engage in redesign of the CQI system and utilize findings from the new process to inform development and revision of training courses and workforce development strategies. This will include incorporating the Collaborative Safety model and safety science principles and methods in child welfare Foundation training and Supervisor Core. The Training Unit is also collaborating with the CQI unit to develop a plan for building internal capacity for CQI following recent completion of a six-month CQI Training Academy supported by the Capacity Building Center for States.

### *Technical assistance*

Technical assistance activities are targeted at goals and objectives in the CFSP, and focused on improving case work practice and services to families to ensure safety, permanency and well-being. Technical assistance activities are comprehensive and statewide, including but not limited to:

- Individualized technical assistance to county and tribal agency staff based on findings and strategies in their Program Improvement Plan (PIP), MnCFSR findings, ICWA compliance findings, or results of reviews of screened out maltreatment reports and child fatality/near fatality reviews. These recommendations may include providing information about training and developing a plan to address needs or assistance in analyzing data.
- Creating, advancing, and supporting development of a safety culture and implementation of the Collaborative Safety model within Minnesota's child welfare system. Trauma-informed, systemic critical incident review process extended across child welfare has been developed and presented to agencies, leadership, frontline staff, local agency leadership, and other child welfare partners.
- The Rapid Consultation line facilitates access to experienced peer consultants regarding difficult child safety and maltreatment decisions. More immediate consultation regarding screening decisions is also available. Consultations offer immediate support when agency staff are involved in case planning and making decisions impacting child safety. Consultations are collaborative efforts to generate solutions and review best practice that leads to child safety.
- Responding to data questions or issues outside of MnCFSR-related activities by Research and Evaluation Unit staff, Child Safety and Permanency Division.
- Developing and disseminating practice guides or other job aids to provide information, policy and best practice on items identified as statewide issues.
- Holding quarterly Communities of Practice meetings regionally across the state to give caseworkers an opportunity to receive technical assistance, share best practices, and address areas of concern related to strength-based family engagement strategies in early intervention and child protection interventions. County and tribal agency staff attend, including child protection and child welfare caseworkers, supervisors and managers. Department staff

facilitate the meetings. Topics are regionally directed or based on newly developed or revised policies.

- Holding quarterly meetings with agencies participating in the Innovation Zone to give all levels of staff at these agencies the opportunity to come together and discuss successes and challenges of addressing their identified area in need of support. This work includes technical assistance support from department policy specialists, as well as research and training staff, to ensure barriers to practice are addressed.
- Connecting county and tribal agency staff with other organizations (public and private).
- Training on pertinent statewide practice issues via webinar (WebEX). Specialized offerings focused on pertinent issues in foster care, safety-focused practice, Tableau Server and ICWA compliance.
- Hosting regular supervisor forums via webinar to inform and collaborate with child welfare supervisors on current practice issues and challenges.
- Providing technical assistance and consultation, as needed, and as issues arise, by all program staff.

### Evaluation

The CSP Research and Evaluation Unit conducts evaluation and research activities on an ongoing basis to support the department's work as well as for county and tribal agencies. Staff respond to program-specific questions and concerns through data, research, evaluation and analysis, as questions and concerns arise.

Specialized technical assistance is carried out with agencies utilizing data that highlights county and statewide performance on key child welfare data indicators. Regional and agency hosted gatherings provided opportunities for discussion on policy implementation, performance data, and areas to support supervisors and caseworkers on improving practice.

Feedback loops are built into this work through the MnCFSR process, and periodic meetings with stakeholders, such as quarterly, regional Communities of Practice meetings, consultation with local agencies through Rapid Consultation, monthly phone calls and additional meetings with Minnesota Association of County Social Service Administrators, and attendance at ICWA Advisory Council meetings. These feedback loops will be bolstered by the redesigned CQI processes, with identified barriers and potential solutions communicated to agencies, both to targeted areas and statewide, on an ongoing basis.

Performance measures help monitor outcomes of children touched by the child welfare system. The department and its county and tribal partners are responsible to ensure children:

- Are safe
- Remain with their families when safe to do so
- Receive services so children can return safely home and receive support to remain at home safely
- Live in safe, stable homes with relatives whenever possible
- Achieve permanency through adoption, if needed.

The Child Welfare Data Dashboard provides information to the public as well as county and tribal decision makers on 12 key measures that support outcomes. Live Tableau Server data dashboards provide case-specific data on measures and support agencies in identifying trends or gaps related to larger department goals and strategies, or are in need of attention but were previously overlooked. These dashboards also support local agencies in their CQI and evaluative processes, with support from the department's Research and Evaluation Unit.



Additional planned activities in support of CFSP goals and strategies include:

- Conduct a study of the child welfare workforce to measure both caseloads and workloads, as there is no reliable method to measure the caseloads of workers, given available data on the workforce. The study will review and recommend a sustainable method for ongoing measurement of workload, appropriate caseload sizes, funding needed to meet those caseload sizes, and how funds should be distributed to promote consistent practice across the state.
- Rapid cycle evaluation as a part of the redesigned CQI system will support implementation of new strategies or policies to address barriers at the time a recommendation is made, allowing recommendations to be evaluated early in implementation so adjustments can be made in a timely manner.
- Evaluation of the Whole Family Systems Grant will be completed over the next five years in partnership with Future Services Institute, University of Minnesota, focused on understanding the barriers and successes achieved through the co-creation and implementation of cross-system coordination at the local and state levels.

### Implementation supports

The CSP Division anticipates that the training, technical assistance, and evaluation work described in the sections above will facilitate successful implementation of the department's goals and strategies, particularly the CWTA and redesigned CQI system. Much of the planning for the CWTA will occur in the first year, while the redesigned CQI system will begin implementation in the first year. These activities directly support the CFSR PIP. The department is partnering with the Minnesota Departments of Health and Education to apply for the SASHA Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) grant opportunity to support the pilot of Help Me Grow in the four communities across Minnesota. Alternative funding will be sought to complete this strategy if this grant is not awarded.

The following partners will provide support in achieving the goals and objectives of this CFSP:

**The Capacity Building Center for States.** The Capacity Building Center will provide training, project management, facilitation, and technical training related to safety-focused practice, which includes assessing, defining, and developing Minnesota's approach, tools, guidance, and practice profiles to support best practices in guiding frontline child welfare practice striving towards competent, safety-focused practice while utilizing evidence-based tools in decision making and safety planning. The center will also provide support on CSP's CQI toward development of systematic change in defining and determining problems, indicators, and interventions within the child welfare system across the state.

This work supports implementation of CFSP Goal 4 which ensures the redesigned CQI system is implemented and functioning as intended, as well as help integrate safety science across CSP as a part of regular data collection and feedback loops with local county and tribal agencies.

**Casey Family Programs.** Casey supports workforce leadership development through implementation of a coaching/mentoring model for supervisors and staff whose goal is to advance best practices in case practice, providing implementation support around CFSP caseworker visit goals. In addition, Casey Family Programs is supporting development of a 10-year ICWA/MIFPA strategic plan that will incorporate CFSP ICWA goals and strategies. CSP staff participate in Birth Parent National Network (BPNN) meetings, convened by the National Alliance of Children's Trust and Prevention Fund in partnership with Casey Family Programs to influence child welfare systems. The BPNN is for parents who were previously involved with, or at risk of becoming involved with, the child welfare system. BPNN members are trained and provided support to engage in policy work and share their perspectives with state and national policymakers, and other stakeholders to increase ability for the department to better meet families' needs. This work will help support implementation



of some CFSP strategies around community engagement.

**Collaborative Safety LLC.** Ongoing technical assistance, consultation and training to incorporate the Collaborative Safety model and safety science principles and methods into CQI, quality assurance and technical assistance processes throughout CSP will be implemented in partnership with developers of the Collaborative Safety model. Activities will include revising the broad case review process to include CFSR, screening, and child mortality reviews to ensure systemic barriers to practice are identified across the state. Collaborative Safety will be one of the key methods to ensuring implementation of the redesigned CQI system is successful.

**Center for Healthcare Strategies:** Center for Healthcare Strategies (CHCS) facilitates problem-solving exchanges and peer learning among a diverse range of health care stakeholders to improve access, integrate fragmented services, reduce avoidable expenditures, and link payments with quality. CHCS' technical assistance and training activities, supported primarily by philanthropic and federal funding. CHCS is a key partner with the department in improving coordination of child welfare and Medicaid services.

**The BUILD Initiative:** BUILD focuses primarily on helping state leaders create and sustain comprehensive, equitable statewide systems change to improve access to coordinated, whole family system services, and efforts to develop effective local-level approaches to early childhood systems building. BUILD is providing technical assistance and support for the inter-agency leadership team. Whole Family Systems grants are focused on improved coordination at the state and local levels (CFSP Goal 1, Objective 3, and CFSP Goal 3, Objective 2).

**Center for Advanced Studies in Child Welfare (CASCW):** CASCW is in the School of Social Work, University of Minnesota, dedicated to improving the lives of children and families involved with public child welfare. It is a collaborator in development of the Child Welfare Training Academy.

## 4. Services

The following categories of Title IV-B, subparts 1 and 2, services are available statewide.

### Child and family services continuum

The department's publicly funded child and family services continuum consists of the following services. Unless otherwise noted, these services are provided statewide.

#### Family preservation services

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

#### Family support services

Support services for families and children include: Information and referral, community education and prevention, health-related, housing, social and recreational, home-based support, homemaking, individual counseling, respite care, group counseling, Family Group Decision Making, adolescent life skills training, and specialized case management. Consistent with the Family First Prevention Services Act amendments to Title IV-B funds, these funds will be used to offer community-based services to support and retain foster families.

### Family reunification services

When a child has been removed from their home, placed in foster care and returned home, the available services for families and children include: Individual, group and family counseling; inpatient, residential and outpatient substance use disorder treatment; mental health services; assistance to address domestic violence; temporary child care, including crisis nurseries; mentoring and support groups; services to facilitate visitation of children by parents and siblings; and transportation. State policy does not define a time period children and families may continue to receive services post reunification; of the almost 4,575 foster care placements that ended in 2018 with reunification, 30.5% continued to receive services for more than six months.

### Adoption promotion and support services

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

- Whose birth parents make an adoption plan
- Brought to the U.S. for the purpose of adoption
- Whose stepparents are pursuing adoption
- Who come under guardianship of the state.

When reunification is the goal for a child in foster care, the county social service agency actively engages in reunification efforts while also working towards an alternative permanency plan in the event reunification cannot be achieved in a safe and timely manner. The department's goal is to find legally permanent homes, preferably through adoption, for children who cannot return to their homes. If adoption is not possible, or if through an individualized determination of a child's needs, it is not deemed to be in the best interest of a child to return home, the preferred option is to transfer permanent legal and physical custody (TPLPC) to a relative. In both adoption and instances of TPLPC, the preference is to place children with relatives/kin and maintain sibling connections.

Children are committed to guardianship of the commissioner of the department when courts terminate parents' rights. County social service agencies caring for children are responsible for identifying their needs, finding adoptive families, and supporting adoptive placements. Many are members of sibling groups, have experienced trauma, and have significant special needs requiring educational, medical or psychological help. The process of adopting a child under state guardianship entails the following:

- A court terminates parental rights and places a child under state guardianship
- County agencies select a family who can best meet a child's needs
- County agencies work with prospective adoptive families to determine eligibility for Northstar Adoption Assistance
- The court finalizes an adoption.

For TPLPC, county agencies must first rule out reunification and adoption as viable permanency options for children in foster care. County agencies work with relative foster care providers to determine eligibility for Northstar Kinship Assistance. After eligibility has been established, a transfer of permanent legal and physical custody of a child is ordered to a prospective relative custodian.

Northstar Care for Children equalizes benefits for children ages 6 and older who are in foster care and who find permanency through adoption and TPLPC to relatives. The purpose of Northstar Care for Children is to reduce the possibility that children's permanency outcomes are influenced by competing financial incentives, as foster care payments are no longer higher than either adoption assistance or relative custody assistance.

The department will continue to implement the Minnesota Assessment of Parenting for Children and Youth. This assessment tool shifts the focus from a child's behaviors to the parenting that is needed to meet a child's needs.

To support families who adopt children and address the need for short-term intervention services, the department funds a program through MN ADOPT called HELP. The HELP program connects families to a system of statewide therapists and mental health professionals, streamlining the referral process and payment systems to provide immediate assistance. HELP clinical specialists provide assistance that may include:

- Therapeutic service referrals
- Professional guidance and support
- Tools and resources to alleviate a crisis

### Service coordination

Internally, the child welfare service continuum is well coordinated. There are multiple mechanisms for coordination with the local social service agencies responsible for delivering the child welfare continuum of services, including ongoing and frequent meetings with MACSSA and consultation with the ICWA Advisory Council. Coordination is also achieved through the department's supervisory role/support to county and tribal agencies, and implementation of protocols and best practice at the county and tribal level. The Minnesota Vulnerable Adults and Children Act of 2011 [§256M] requires county agencies to develop a Biennial Service Agreement to set performance targets and describe strategies for achieving child safety, permanency and well-being outcomes, ensuring a coordinated continuum of child welfare services. However, collaborating with other child and family serving agencies that provide federal or federally assisted programs or benefits is an area that requires additional attention, as is ensuring local-state coordination of services.

Department staff understand how critical it is to partner and collaborate with other child and family serving systems in development and coordination of services that impact children and families. The CFSP includes goals and strategies designed to specifically build on existing collaborations and further develop coordination. For example, in Goal 1, a strategy is focused on continued participation in an inter-agency leadership team. This work has been supported through the BUILD Initiative for the past year; the team includes representation from the agencies responsible for Title V Maternal and Child Health Services Block Grant, Temporary Assistance for Needy Families and Supplemental Nutrition Assistance Program, Child Care Development Grant Fund (CCDF), Child Care Assistance, and Early Care and Education, including Part C Early Intervention Services. The team meets monthly and reports to the Governor's Children's Cabinet, comprised of the commissioners of the Minnesota Departments of Health, Human Services and Education. The main priority of this group is to improve coordination of services for children and families, and ensure a whole family approach.

Another strategy focused on improved coordination includes the partnership with Medicaid to coordinate Medicaid services to ensure equitable access for children involved in child welfare (CFSP Goal 3, Objective 2). The CSP Division recently began an 18-month project with the department's Medicaid Division. The Center for Healthcare Strategies is providing a network of national technical assistance providers to support the project.

CSP Division staff recognize the importance of supporting coordination of services at the local level, as well. A top down only approach will not achieve the results needed to improve services and service coordination for children and families. Several strategies are in the plan for achieving the state's vision that supports building local infrastructure to coordinate services at the local level: Whole Family Systems grant process and proposed pilot with four communities to implement the Help Me Grow expanded service model (CFSP Goal 3, Objective 2).

### Service description

See the assessment of strengths and needs in the assessment of performance for the CFSR service array systemic factor.

### Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)

The following are services provided under Title IV-B, subpart 1.

#### Services for children adopted from other countries

The department will continue to contract with a private nonprofit agency to manage 20 regional support groups for adoptive parents. The groups meet monthly statewide, with the option of participating in online support groups and peer-to-peer support services. Each year, one weekend retreat is held for adoptive parents, three Support Saturdays for both parents and children, and 10 “Family Fun Days” during which adopted children have an opportunity to meet one another and build connections. These services will continue to be available for all adoptive families.

The department will continue to coordinate a help line for adoptive families. Clinical specialists trained in adoption provide individualized referrals to adoption-competent mental health professionals. In cases where adoptive families are experiencing financial barriers to obtaining clinical services, the grantee makes financial assistance available. This can include in-home counseling. In the past year, a large number of families who accessed these help line services were those with children adopted from other countries. The agency also provides in-person and online training and education to professionals and all adoptive families.

Comprehensive Child Well-being Assessments for youth will be administered. These include an assessment of medical, developmental, cognitive and mental health needs through an examination of child’s family, medical and developmental history, medical exam including lab work, screening for toxic exposure and FASD, and an assessment of developmental skills.

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

#### Services for children under age 5

The Child Safety and Permanency Division convened a Birth to 5 Work Group to consider services and activities provided by local social service agencies for this age range. This group includes division representatives from prevention, child safety, foster care services, adoption and continuous quality improvement. When a child is in foster care, the out-of-home placement plan addresses the services provided to the child, including developmental services. The following services will continue over the next five years.

#### Part C of IDEA – early intervention referrals for infants and toddlers

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

According to Minn. Stat., section 626.556, subd. 10n, Reporting of Maltreatment of Minors, referral to early intervention services requires that a child under age 3 involved in a substantiated case of maltreatment shall be referred for screening under the Individuals with Disabilities Education Act, Part C. Parents must be informed that the evaluation and acceptance of services are voluntary. The department will continue to monitor referral rates by county, and annually report information to the

Legislature. Refusal to have a child screened is not a basis for a Child in Need of Protection or Services petition under Chapter 260C.

SSIS identifies cases in which a referral is mandated and those that are recommended. Workers document that an Infant and Toddler Intervention/Early Childhood Special Education referral is or is not made.

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

A permanency plan and concurrent permanency plan are established within 30 days of placement. Efforts focus on reducing the length of time a child spends without a permanent family. The court reviews reasonable, or in the case of an Indian child, active efforts made to finalize a permanency plan. A permanency progress review hearing is required no later than six months after child's foster care placement. At this hearing the court reviews parent's progress on their case plan, and evidence of maintaining regular contact with their child, as well as agency's efforts to finalize a permanency plan. This includes relative search, and whether a child is placed in a family foster home committed to being the legally permanent family, if a child cannot be reunified with their parent.

Similar to the Permanency Technical Assistance Workshops the department partnered with CJI to conduct, CSP will continue to partner with CJI on additional trainings to improve the time to permanency for children in foster care placement, including CHIPS Parent Attorney Core Skills training and Emergency Protective Care Hearing training. These workshops will bring judges, county attorneys, guardians ad litem, attorneys representing parents and children, and county social service agency staff together to review state and federal statutes, court procedures, and permanency measures. While these efforts are not focused on children under age 5, they will help to identify barriers to timely permanency, and set performance goals for the judicial branch.

Consistent with Family First Prevention Action amendments, the department will build on these activities to reduce the length of time that children under age 5 are in foster care without a permanent family, as well as additional activities that address the developmental needs of foster children.

#### [Activities that provide developmentally appropriate services for children under age 5](#)

Minnesota's statewide infrastructure is supported by creating a common agenda, mutually reinforcing activities and shared measurements. The University of Minnesota Infant and Early Childhood Mental Health (IECMH) Child Welfare training program was designed to enhance understanding by child welfare professionals of infant and early childhood mental health. This intensive training promotes interdisciplinary skills and policies necessary to support the social and emotional development of at-risk children ages birth to 5 and the well-being of families. This training was founded on a core set of infant mental health principles, asserting that child welfare services (among others) for families should be relationship-based, multi-generational, culturally sensitive, grounded in developmental and trauma theory, and supported by reflective practice.

Since 2015 through the present, the department has provided monthly peer-to-peer support to child welfare professionals from two IECMH child welfare training cohorts through use of Vidyo and WebEx technology. Using technology for this peer-to-peer consultation and support helps to reduce caseworker isolation, supports best practice, and reduces travel time and expenses. These web-based consults will continue with support from the department.

#### [Early Childhood Comprehensive Systems \(ECCS\)/Minnesota Interagency Developmental Screening Task Force](#)

The department collaborates with the Minnesota Departments of Health and Education to enhance early childhood systems that build and demonstrate improved outcomes in population-based

children's developmental health and family well-being indicators.

The work of Minnesota ECCS was transferred to the Minnesota Interagency Developmental Screening Task Force, with the goal of ensuring that all children in Minnesota birth through age 5 receive equitable, high quality, family-centered, culturally and linguistically sensitive, routine and periodic developmental and social-emotional screening in a coordinated system. The system works to ensure linkage to services and resources that support healthy child development and family well-being. This is being accomplished by coordinating the following activities across sectors:

- Ensure statewide coordination and interagency alignment of screening instrument recommendations, training and outreach
- Review and recommend instruments that meet criteria for use in public screening programs
- Serve as an advisory group to screening- and referral-related projects and initiatives
- Ensure clear communication with statewide screening programs about screening and referral recommendations, both through ongoing maintenance of the task force website, and through proactive measures (email list serves, newsletters, live trainings and other targeted communications), and
- Measure progress toward statewide screening and coordination.

#### [Minnesota Maternal, Infant and Early Childhood Home Visiting program](#)

Children's Trust Fund (CTF) staff are working with the Minnesota Maternal, Infant and Early Childhood Home Visiting program to enhance, expand, and sustain the evidence-based home visiting program that addresses family's strengths, needs, and specifically the development of children. The CTF is a partner with the Minnesota Department of Health in the federal Maternal, Infant and Early Childhood Home Visiting program. As the Children's Trust Fund supports home visiting through the Parent Support Outreach Program, its staff participates on the Family Home Visiting Advisory Council, assisting in developing recommendations regarding Minnesota's home visiting program.

Approximately \$8.6 million per year is awarded to Minnesota for implementation of evidence-based home visiting models through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program. Minnesota allocates \$8.5 million in state general funds to support implementation of evidence-based home visiting models such as Nurse Family Partnership, Healthy Families America, Family Spirit and other models. In state fiscal year 2020, this will increase to \$18.5 million/year. Approximately \$7.5 million from federal TANF funding is allocated to all Minnesota community health boards and tribal nations. In addition, local home visiting programs utilize a variety of funding (e.g., foundation funding, local levies, donations, etc.) to support local home visiting programs.

#### [African American Babies Coalition](#)

CSP supports the African American Babies Coalition (AABC), a group of African American community stakeholders which include educators, nonprofit and civic leaders, researchers, child care providers, parents, grandparents and public health professionals from across the Twin Cities who are committed to promoting the healthy development of African American babies. Goals of the African American Babies Coalition are to:

- Provide the African American community an understanding of what toxic stress looks like in day-to-day life
- Provide a vehicle for the community to translate research concepts into honest, real, on the ground language, ideas and parenting tools
- Recognize that the number one public health issue in the African American community is toxic stress
- Offer hope for the future.



The African American Babies Coalition and its partner, the Wilder Center for Communities, recently completed three phases of work to bring a campaign focused on building healthy brains for children from conception through the early years of development targeted to the African American public and the Twin Cities community. The final outcome of the project is to develop a training guide targeted to all adults and used to cultivate appropriate best practices in child nurturing.

#### Parent Support Outreach Program

Minnesota's Parent Support Outreach Program (PSOP) is an early intervention program that provides voluntary support for at-risk families identified through screened out child maltreatment reports, community referrals, or self-referrals. Participation in the PSOP is voluntary. To be eligible, families must:

- Have at least one child, age 10 or younger, or be pregnant
- Be exposed to two or more child maltreatment risk factors, including, but not limited to:
  - Poverty
  - Domestic violence
  - Alcohol and drug problems
  - Mental health concerns
  - Past history of child protection involvement
  - Homelessness.
- Not currently be involved with child protection.

Local child welfare agencies are working with the department to help families who may be having an especially difficult time receiving the extra support they need. Short-term help for families includes, but is not limited to:

- Helping to meet their basic needs
- Helping when an emergency arises
- Transportation assistance
- Child care resources
- Housing
- Child development activities
- Parent education.

The overarching goals of PSOP are to enhance the well-being of children and families, maintain safety for children, and support families so they can meet the needs of their children by themselves and through support systems. PSOP workers conduct comprehensive assessments of families' needs and strengths, and together make decisions about what services or community resources are the best choices for success. Funding is distributed in an annual calendar year allocation to all county agencies and the two American Indian Child Welfare Initiative (AICWI) tribes.

#### Help Me Grow National Affiliate

Minnesota is a national Help Me Grow (HMG) affiliate. Help Me Grow Minnesota (HMG MN) is working toward a "no wrong door" approach for all families with young children, prenatal through age 8. Help Me Grow is not a direct service, but rather a bridge for families to access services and community-based supports. The vision for Minnesota's expanded HMG is a coordinated, statewide system that will effectively connect children, families and providers to a broad array of information, services and supports. The model has four essential program components:

- Centralized access system: Will assist families and children to get connected with appropriate services and programs. It includes: 1) A comprehensive searchable resource database; 2) A virtual online navigator tool; 3) A referral and follow-up system, including phone and online chat assistance from child/family referral specialists.

- Community and family engagement: Building relationships with families and communities to promote the use of expanded HMG.
- Health care provider outreach: Engaging providers to support early detection and intervention.
- Data collection: Identify gaps and barriers of Minnesota's early childhood system to inform funding and policy decisions; support coordination across child and family services.

The Governor's Children's Cabinet approved the first phase of an implementation plan for Help Me Grow Minnesota. HMGMN partnered with [MinnesotaHelp.info](https://www.minnesotahelp.info) to develop a searchable database of family and early childhood services that will serve as the foundation for the centralized access system. The Minnesota Departments of Education, Health and Human Services and their partners are working to create a system that will be a public resource for parents, caregivers and service providers. Per CFSP goals and strategies, piloting of the model will occur in four communities across the state, pending receipt of the Project Launch grant described in Implementation Supports.

#### Early Childhood System Reform

The Early Childhood System Reform (ECSR) project was launched in March 2017. The ECSR works to ensure that children and families are receiving the supports they need in a manner that encourages optimal growth and development, and eliminates racial disparities in program access and outcomes. To ensure system reform decisions are made without bias, a steering committee comprised of culturally and geographically diverse members was created. Members of the steering committee are from family-centered, community-based organizations, key partners, task force and state agency leaders. The steering committee was convened to develop a unified vision and action plan for Minnesota children and families. Since August 2017, the ECSR Steering Committee has been engaging in a series of strategic conversations that included: lifting up culturally influenced values, bridging worldviews, and identifying, owning and sharing power. The steering committee also worked to define a shared vision, a statement about the future reality a reformed early childhood system will create. The steering committee was specifically focused on the prenatal to 3-year-old age range. The committee defined targeted goal areas and problem themes to focus recommendations. The recommendations were shared in a final year one report released in June 2018. The report outlines pathways for state agency actions, a policy agenda, and a plan for ongoing community-immersive partnerships.

#### Efforts to track and prevent child maltreatment deaths

The department uses the Social Service Information System to report all data to NCANDS on child maltreatment fatalities. To ensure accurate tracking of child maltreatment fatalities, various quality assurance activities are completed to confirm accuracy of child maltreatment fatality data in SSIS, including reviewing and consulting with local agency staff on child fatality notices sent to the department when child fatalities occur as a result of maltreatment. Department staff also regularly reviews death certificates from the Vital Statistics office to confirm data in SSIS is correct. Verification of data accuracy occurs through review of law enforcement reports, medical records, and autopsy reports. Child fatalities due to maltreatment are reviewed by the department's on-site Child Fatality Review Team and the Minnesota Child Mortality Review Panel.

The Child Safety and Permanency Division's on-site Child Fatality Review Team began working with Collaborative Safety, LLC, out of Tennessee, in 2016, to implement a trauma-informed, robust and scientific systemic critical incident review process for child fatalities and near fatalities due to maltreatment. This model utilizes components from the same science, human factors and system safety (safety science) used by other safety-critical industries, including aviation, nuclear power and health care. The approach moves away from blame and toward a system of accountability that focuses on identifying underlying systemic issues to improve Minnesota's child welfare system. Applying safety science principles to reviewing child protection practices was a final



recommendation in the Federal Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) final report.

The department also has the Child Mortality Review Panel, comprised of a multi-disciplinary team of professionals that convenes regularly to review child maltreatment deaths in Minnesota. The purpose of the panel is to make recommendations to department staff and to county agencies for improving the child protection system, including modifications in statute, rule, policy and procedures.

#### Promoting safe and stable families

As reflected in the Children and Family Services Continuum, the department provides services for family preservation and support, family reunification, and adoption promotion and support services statewide. The Children and Family Services Continuum describes these services for children and families.

#### Service decision-making processes for family support services

Social service county and tribal agencies receive an allocation from the department to provide family support services. Agencies receive funding that is proportional to the child population in the county or tribal area, and service demand as evidenced by the number of case management workgroups in the two years prior to a funding year.

#### Percentages of Title IV-B, subpart 2, funds spent on service delivery

The department allocates Title IV-B, subpart 2, funds to four primary service areas. The distribution of allocated federal funds for FY 2020 will be: Family support services, 20%; family preservation, 20%; family reunification, 20%; and adoption promotion and support services, 20%. The focus of these funds is preventive services through family preservation and support, and stability through reunification, adoption promotion and support services.

Planning and service coordination activities include administrative support at the state level, evaluation of effectiveness of family support and preservation, family reunification services, training county staff and community partners, and consultation and program development.

The distribution of funds is consistent with the needs and priorities identified as part of the plan development process. No more than 10% of Title IV-B, subpart 2, funds are spent for administrative costs: Refer to Minnesota FY 2020 CFS-101, Parts I and II for details.

#### Populations at greatest risk of maltreatment

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

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

Minnesota has experienced a rise in the number of reports received statewide since 2015. The opioid crisis has also led to a rise in the number of reports accepted for prenatal exposure to substances and also related to parental substance abuse. While substance abuse explains a portion of the increase, another reason may be clarifications made to the screening guidelines in 2015. Clarifications have likely partially contributed to the increased number of accepted reports.

#### Services to address at-risk populations

If a maltreatment report meets the statutory definition of child maltreatment, a presumption of sufficient risk of harm exists to proceed with an investigation or assessment.

If a report is screened out for formal response because it did not meet the threshold for child maltreatment, an agency may choose to refer a family to the Parent Support Outreach Program. This program serves families who were referred for child maltreatment concerns, but were screened out from a formal response because a report did not reach the threshold for child maltreatment. Minnesota agencies screen out approximately two-thirds of all maltreatment referrals. These referrals do not meet the statutory definition of child maltreatment, but most families have significant exposure to child maltreatment risks. Families are offered voluntary family support services to address risk factors for child maltreatment or unmet needs that threaten stability of a family. This may include, but is not limited to, connections to family-based services or therapy, referrals for individual and/or family therapy, financial management planning, and linkages to other community resources. Referrals should be made based on the needs identified with a family.

Family Group Decision Making conferences are conducted for many children as a means to avoid placement, as well as those seeking reunification with their families or alternative permanency options. Conferences also assist in reducing the length of time children and youth spend in out-of-home care, and assists youth's transition to independence. This work will continue over the next five years, as detailed in the CFSP goals and strategies.

Families experiencing poverty or significant substance abuse concerns are at greatest risk of maltreatment issues. Families that receive services for these issues are found to have lower rates of subsequent child maltreatment reports than those not engaged in services. In line with the goals and strategies for the CFSP, prevention work for at-risk families will also take place through funding community-based organizations to strengthen communities and mitigate risk factors faced by community members.

#### Monthly caseworker visit formula grants and standards for visits

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

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

- (1) "visit" is defined as a face-to-face contact between a child and the child's caseworker;
- (2) "visited on a monthly basis" is defined as at least one visit per calendar month;
- (3) "the child's caseworker" is defined as the person who has responsibility for managing the child's foster care placement case as assigned by the responsible social service agency; and
- (4) "the child's residence" is defined as the home where the child is residing, and can include the foster home, child care institution, or the home from which the child was removed if the child is on a trial home visit.

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

Monthly caseworker visit grant funds are used to supplement the Minnesota Child Welfare Training System for caseworker and supervisor training. Grant funding is also used to support CQI staff efforts to evaluate county and tribal agency performance on frequency and quality of caseworker visits through MnCFSPs, and assist agencies in developing plans to improve performance. Specific strategies for addressing this area are detailed in the CFSP goal, Improve engagement and collaboration with children, parents, relatives/kin and resource families.

Several strategies in Minnesota's federal Program Improvement Plan are related to improving performance on caseworker visits, which will continue into 2020-2024. The strategies include use of intra-state agreements for helping local agencies partner with each other when children are placed across jurisdictional boundaries and courtesy supervision is deemed appropriate (Goal 3, Strategy 1); providing practice guidance for caseworkers in all program areas (Goal 3, Strategy 1); and improving coordination at both the state and local levels (Goal 5, Strategy 3). Details on how these PIP activities will continue to support caseworker visits are outlined in the CFSP goals and strategies, and focus on engagement, training and technical assistance, ensuring the redesigned CQI system effectively identifies and addresses barriers to quality caseworker visits.

### [Additional services information](#)

#### [Child welfare waiver demonstration activities](#)

This section is not applicable to Minnesota.

#### [Adoption and legal guardianship incentive payments](#)

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

- A contract with a private nonprofit agency to coordinate training for adoptive parents and adoption professionals. Training topics included attachment, parenting adopted teens, parenting children with sexualized behaviors, trauma and more. Training is offered both in-person and by webinar formats. Some training is offered as a series and includes a support group component.
- Funding for the Center for Advanced Study in Child Welfare's Permanency and Adoption Competency Certificate (PACC). The program includes 90 hours of training and 18 hours of clinical supervision. Attendees are mental health professionals and child welfare workers in public and private agencies. One cohort is trained in the Twin Cities metro area and one in greater Minnesota each academic year.
- A help line for adoptive families throughout Minnesota. Clinical specialists trained in adoption provide individualized referrals to adoption-competent mental health professionals in their area. In cases where adoptive families are experiencing financial barriers to obtaining services, the grantee makes financial assistance available. This can include in-home counseling.
- A contract with a private nonprofit agency to manage 20 regional support groups for adoptive parents who meet monthly throughout the state. The grantee also manages online support groups for adoptive parents and peer-to-peer support services, which can include information, resources and emotional support. The grantee holds one retreat per year, three training workshops, support group meetings for adoptive parents, and activities for the parents and children together. It also provides six monthly adoptee support groups and hosts 10 Family Fun Days where adopted children have an opportunity to meet other adoptees and build connections.
- Funding for private child-placing agencies to provide child specific recruitment and placement services. Child-specific recruitment includes relative search and intensive child-specific services. Placement support services include intensive efforts to support and stabilize families.

A combination of Title IV-B funding, post-adoption expansion funds from Title IV-E of the Social Security Act, as amended by Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act, enacted Sept. 29, 2014, delinks the Title IV-E Adoption Assistance program from the Aid to Families with Dependent Children (AFDC) requirements and Adoption and Legal Guardianship Incentive funds.

### Adoption savings

The Adoption Unit continues to use the same adoption savings calculation. The previous years' Adoption Incentive funds were expended; the department will be expending the additional funds through grants and contracts in upcoming years. In 2017, the Minnesota Legislature enacted Minn. Stat., section 256N.261, to create the Minnesota Permanency Support Services (PSS) program, with the goal of reducing the need for placement changes or out-of-home placements of youth in foster care, pre-adoptive placements, adoptive families, and permanent physical and legal custody kinship (kinship) families, and to improve functioning and stability of these families. Minnesota is creating a coordinated and comprehensive program intended to strengthen and expand existing post-adoption support services in greater Minnesota. Permanency Support Services for pre-adoptive, adoptive, foster care and kinship families must be on a continuum to be effective; these services include:

- Ambassador recruiters of adoptive, foster and kinship families, with a focus on diverse families. Each partnership will result in informational events, lunch and learns, resource tables at faith community events, resource fairs and display of materials at corporations.
- Contract with an agency to recruit and support a pool of professional photographers to take photos of Minnesota Waiting Children.
- Contract with an agency to provide videography recruitment services to Minnesota waiting children.
- Cultural agency to host two ICWA Foster Family and Kinship Placement Education and Training community events. These events will be culturally grounded and also serve as an information and recruitment activity with a focus on recruiting families for ICWA-qualifying children.
- Contract with MNADOPT to provide centralized information and resources for adoptive, foster and kinship families.
- Contract with one agency to provide centralized 16-hour pre-adoption education to comprehensively prepare families intending to parent a child(ren) under guardianship.
- Education for professionals who serve youth connected with the child welfare system on the effects of trauma, common disabilities of adopted children and those in foster care and kinship placements, and challenges for children in these placements.
- Contract for an agency to host cultural field trips for adoptive, foster and kinship families.
- Funding for the Center for Advanced Study in Child Welfare's Permanency and Adoption Competency Certificate (PACC). The program includes 90 hours of training.
- Training and education for adoptive, foster and kinship parents on the effects of trauma, common disabilities of adopted children and those in foster care and kinship placements, and challenges for children in these placements.
- A help line for adoptive, foster and kinship families throughout Minnesota. Clinical specialists trained in adoption provide individualized referrals to adoption-competent mental health professionals in their area. In cases where adoptive, foster and kinship families are experiencing financial barriers to obtaining services, the grantee makes financial assistance available. This can include in-home counseling and training.
- Navigator position to conduct outreach to parents who recently adopted, connecting them with needed resources.
- A contract with an agency to manage 45 regional support groups for adoptive, foster and kinship parents who meet monthly throughout the state. The grantee also manages online support groups for adoptive, foster and kinship parents, and peer-to-peer support services. The peer-to-peer support services include information, resources and emotional support. The grantee holds one retreat per year; family camp; support group meetings for adoptive, foster and kinship families; and activities for parents and children together. It will also provide

monthly adoptee support groups and host 700+ family activities where adopted children can meet other adoptees and build connections.

- A contract for a family support coach. The support coach will use three approaches when assisting families: Neurosequential model, Quality Parenting and Positive Behavior Supports.
- Funding for an agency to provide the Neurosequential model of Therapeutics Assessments for youth, and to inform and connect parents/caregivers with mind-body practitioners who can help parents integrate strategies proven to help restore neglected neural pathways and assist families to purchase equipment such as mini-trampolines, pogo sticks, drums, relaxation applications, rocking chairs, etc., needed for therapy, when items are not covered by Medical Assistance.
- Contract with an agency to pilot a buddy family program.
- One agency was contracted to offer camp services to transracial adoptive, foster and kinship families.
- Youth peer-to-peer support, with peer leadership development.
- Comprehensive Child Well-being Assessments for 500 youth (adoptive, foster and kinship) which include medical, developmental, cognitive and mental health needs through assessment of child's family, medical and developmental history, medical exam, including labs, screening for toxic exposure and FASD, and an assessment of developmental skills.
- Contract with an agency to provide retreats with opportunities for parents to receive group training and individual consultation with professionals on issues such as medication management, trauma and attachment-informed parenting strategies.
- Mind-body interventions, IEPs/special education, FASD, occupational therapy. Parents have time to socialize with other parents to build their support network.
- Contract with an agency to provide post adoption referral services to assist adoptees connect with their adoption placing agency.

## 5. Consultation and coordination between states and tribes

### Description of process

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

In Minnesota, county and tribal agencies share responsibility for meeting Title IV-E services and protections for American Indian children. In general, county agencies are responsible for providing Title IV-E services and protections for American Indian children. County agencies are financially responsible for the cost of foster care, whether a case is under state or tribal court jurisdiction.

Tribal children served by the American Indian Child Welfare Initiative receive Title IV-E services and protections from the Leech Lake Band of Ojibwe and White Earth Nation. For children covered under the Tribal State Title IV-E agreements with Mille Lacs and Leech Lake Bands of Ojibwe, Red Lake Nation and White Earth Nation, the case review system is the responsibility of the tribe. County and

tribal agencies work collaboratively to meet service and protection needs of American Indian children. Most of the cases are in tribal court so placement decisions, reunification services, and permanency decisions are made by the tribe.

### Consultation

Department staff meet quarterly with the Indian Child Welfare Advisory Council (council) to discuss policies, programs, and current issues related to Indian child welfare. State and tribal representatives develop the agenda. The council is represented by all 11 tribes in Minnesota, and includes urban representatives from the Duluth, St. Paul and Minneapolis areas. Names of the tribes and their representatives on the council include:

<u>Tribal</u>		<u>Urban</u>	
Bois Forte:	Angela Wright	Duluth:	Donna Newgren-Isaacson
Fond du Lac:	Tawny Savage	Minneapolis:	Jasmine Grika
Grand Portage:	Tina Deschampe	Minneapolis:	Andrea Sanders
Leech Lake:	Dawn Eckdahl	Minneapolis:	Charleen Day-Castro
Lower Sioux:	Mariah Wabusha	St. Paul:	VACANT
Mille Lacs:	Tabatha Boyd	St. Paul:	VACANT
Prairie Island:	Ann Turnbull		
Red Lake:	Cheri Goodwin		
Shakopee:	Nancy Martin		
White Earth:	Laurie York		
Upper Sioux:	Kathleen Preuss		

The Tribal/State Agreement requires parties to meet annually to discuss how the department and tribes can work together to improve outcomes and provide services for Indian children and families. Minnesota's Tribal/State Agreement was amended in 2007. The 2019 Tribal/State agreement meeting is June 27 at White Earth Nation.

### Plan for Ongoing Coordination

CSP Division leadership, along with the ICWA Unit and ICWA Advisory Council, have started discussions regarding biannual onsite visits to all 11 tribes. The goal of these meetings is to learn about tribal child welfare programming, discuss plans for implementation of the department's redesigned CQI system, and understand how the CQI system and case review process can best meet the needs of tribal child welfare agencies in supporting their workforce. This will complement the work to adapt the Collaborative Safety model to be culturally responsive to tribes, as well as broader plans for tribal and urban tribal community engagement. Information about these strategies is detailed in the CFSP goals for engagement and reducing disparities.

### Description of arrangements made with tribes

SSIS has the capacity to gather and report on the status, demographic characteristics, location and goals for the placement of every child who is, or has been during the previous 12 months, in foster care. County agencies are able to gather data and report at the local level; the department prepares annual reports that provide statewide information on this data.

Minnesota has a case review system for each child receiving foster care under supervision of the state. This now includes an Indian Child Welfare Addendum.

Minnesota has a service array designed to help children, when safe and appropriate, return to families from which they were removed, or placed in a permanent setting. Most of these services are carried out through local county social service agencies.



Minnesota has a pre-placement preventive services program designed to help children at risk of foster care placement remain safely with their families. Most of these services are carried out through county social service agencies.

#### Description of efforts taken to comply with ICWA

Sources of data used to assess ongoing compliance with ICWA include:

- [Minnesota's Out-of-home Care and Permanency Report 2017](#)
- [Minnesota's Child Maltreatment Report 2017](#)
- Data from Social Service Information System
- Consultation with ICWA Advisory Council
- Consultation with Minnesota Association of County Social Service Administrators
- [Report from ICWA court monitoring program in Ramsey County](#)
- Reports from ICWA court monitoring program in Hennepin County
- ICWA non-compliance complaint process

Department staff monitors statewide aggregate and qualitative data on the Child Welfare Data Dashboard.

Department staff respond to requests for technical assistance and consultation from county staff on case practice issues with Indian children and families. The consultation process is a forum for sharing best practices, explaining federal and state requirements, enhancing worker knowledge, and encouraging county agency staff to work with tribal staff. During the past year, the ICWA Unit instituted use of CRM, a database where questions and inquiries are submitted electronically and rotating ICWA staff respond in a timely manner.

The Tribal/State Agreement provides a process for department staff to respond to complaints of ICWA non-compliance. All complaints are reviewed and if there is a finding of non-compliance, the county agency is required to complete a corrective action plan. Common areas of non-compliance are timely notice to child's tribe, active efforts to prevent breakup of an Indian family, active efforts for reunification, placement preference and involvement of a child's tribe throughout a case.

#### ICWA components

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

3. **Active efforts to provide services to a family to prevent removal of an Indian child from their parent or Indian custodian, or to reunify an Indian child with their parent or Indian custodian after removal:** Requirements to provide active efforts to prevent breakup of an Indian family are clearly defined in numerous citations of Minnesota statutes, and included in the SSIS feature for ensuring compliance with ICWA and MIFPA. Active efforts findings are required in any Child in Need of Protection or Services (CHIPS) court actions involving an Indian child/family. Qualified expert witnesses, persons designated by each Minnesota tribe, are used in Indian child custody/placement court proceedings. Additional efforts to maintain compliance with this requirement are carried out through the ICWA non-compliance complaint response system, procedures outlined in the Indian Child Welfare Manual, SSIS ICWA AFCARS and information provided to county staff when they attend department training.
4. **Tribal right to intervene in state proceedings or transfer proceedings to jurisdiction of the tribe:** This ICWA requirement is expressly defined in the Tribal/State Agreement. Transferring jurisdiction to tribal social services and tribal courts must occur in any proceeding involving a ward of tribal court, or in any proceeding involving an Indian child who resides or is domiciled within the reservation of a child's tribe. The Indian Child Welfare Manual provides procedural guidance to county agencies to carry out these requirements.

#### Activities undertaken to improve compliance with ICWA

The ICWA and Training units, Child Safety and Permanency Division, are collaborating with staff from the Children's Justice Initiative to share resources, discuss and develop curriculum on ICWA/MIFPA consistent whether a training is for county and tribal workers or judges, county attorneys or guardians ad litem. On-going training on the Indian Child Welfare Act is provided by the Minnesota Child Welfare Training System. Courses include:

- Child Welfare Foundation Training (mandatory for new workers):
  - Comprehensive ICWA case study, discussions, videos.
  - First three days focused on disparity/disproportionality, personal identity and culture, culturally responsive practice, bias and decision making.
- Bridging our Understanding (three-day training hosted by a tribe):
  - Curriculum was recently revised and the pilot is currently being trained in Fond du Lac.
- Webinar "Documentation Requirements and Recommendations in SSIS related to ICWA/MIFPA:"
  - Presented jointly by the ICWA and Training units on Apr. 24, 2019.
  - More than 260 state and county workers participated; the response was positive.
  - Exploring presenting similar periodic webinars to support workers.

#### In development:

- Comprehensive cultural and historical online training (Module 11):
  - Will be a pre-requisite for all other ICWA/MIFPA trainings.
  - One to two hour course will provide a comprehensive experience for participants on ICWA and MIFPA, and integrates the following information/data:
    - Activity to distinguish race from nationality – political status/sovereignty.
    - Treaty rights.
    - Isolation, eradication and assimilation activity.
    - History: Events and actions.
    - Impacts on culture from macro and micro perspectives.
    - ICWA and MIFPA law.



- Granted rights by the director to use the film Dawnland to enhance this experiential online training.
- Application of ICWA/MIFPA Advanced Course (209a):
  - Focuses on the implementation of ICWA/MIFPA policy.
  - Workers practice applying ICWA/MIFPA in case scenarios using tools and job aids like the worker checklist:
    - Ready to be scheduled June 7, 2019.
- Enhancement of ICWA/MIFPA content in Foundation Training (Tribal Star):
  - Foundation training will expand to 10 days to comprehensively ground workers in historical context, ICWA/MIFPA policy and practice information, case studies, case scenarios, and practice throughout the 10 days.
  - Preparing iPads to incorporate SSIS training, including training on documentation requirements of ICWA/MIFPA.

Training topics span the history and requirements of the federal Indian Child Welfare Act of 1978, the Minnesota Indian Family Preservation Act of 1985, the Tribal/State Agreement of 2007, and the Indian Child Welfare Manual. Training includes an overview of legal requirements and cultural competence best practices skill development.

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

#### Specific steps to improve compliance with ICWA in the next five years

- Convene the Tribal/State Agreement Work Group with representation from the ICWA Advisory Council, tribal attorneys, county social service directors, county attorneys and department staff to discuss amending the agreement to be consistent with 2015 legislative enhancements to the Minnesota Indian Family Preservation Act, and review other sections for possible updating.
- Build on efforts already developed for implementing ICWA continuous quality improvement for county agencies.
- Implement ICWA Adoption and Foster Care Analysis and Reporting System (AFCARS) requirements in the Social Service Information System.
- Department staff, in consultation with county and tribal agencies, developed a system to review county compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act. An initial ICWA/MIFPA Case Compliance Review was conducted from 2018 to 2019 to establish a baseline and identify what areas county performance needs improvement.
- Department staff, in consultation with tribal representatives, are developing and implementing a strategic training plan, technical assistance and program improvement plan to assist agencies in meeting minimum standards of federal and state requirements for serving Indian families.
- Department staff are working in collaboration with tribes and urban Indian organizations to develop a 10-year strategic plan for American Indian children. The project is sponsored by Casey Family Programs.

The ICWA Unit works with tribal representatives in assisting it in developing documents, providing guidance as well as hiring staff, i.e., position descriptions, recruitment planning and interviewing candidates for new or open positions within the unit. This is a vital component in creating equity in work where policy/guidance is being created that affects American Indian families.

## Chaffee

Chaffee grants continue to be accessible to interested tribes. Staff have had discussions with a few tribes regarding potential interest in applying for Chaffee directly from the federal government. Tribes decided to continue their relationship with the state for these funds. Plans are being made for foster care staff to speak at an upcoming ICWA Advisory Council meeting to discuss opportunities for tribes to access Chaffee funds.

## Description of how the state will exchange CFSP and APSRs with tribes

A copy of the APSR will be posted on the department's website. A notice will be sent to tribal leaders when the plan is available. Department staff will review the CFSP with the ICWA Advisory Council in July 2019.

## 6. John H. Chaffee Foster Care Program for Successful Transition to Adulthood

### Agency administering the Chaffee program

The Minnesota Department of Human Services, Child Safety and Permanency Division, Adolescent Services Unit, administers, supervises, and oversees programs carried out under this plan. The department provides oversight to county, tribal and community agencies that directly provide Chaffee services and supports by:

- Issuing bulletins to county and tribal agencies regarding program requirements
- Issuing requests for proposals to community-based agencies outlining required duties
- Issuing award letters to county agencies, and contracts to tribal and community-based agencies, which outlines duties
- Monitoring programs by requiring reports and site visits
- Offering training.

### Description of program design and delivery

The department meets the program purposes of the John H. Chaffee Foster Care Program for Successful Transition to Adulthood by disbursing federal funds to county and tribal agencies in an application process distributed annually through a department bulletin. Non-government, community-based agencies apply for Chaffee funds via a Request for Proposals (RFP) process.

In 2019, changes were made to the application for county agencies and the RFP for tribes and community-based agencies to focus Chaffee funding on goals youth must accomplish before discharge from placement. Minnesota Statute requires annual court reviews of the independent living plans for youth age 14 and older in out-of-home placement. The court is required to review progress toward, or accomplishment of, the following goals prior to a youth's discharge from placement:

1. County social service agency provided written notification to a child, their parents or legal guardians, and the foster parents, of the availability of foster care benefits up to age 21, and how to file an appeal if a request for foster care benefits is denied by the county
2. Child has obtained a high school diploma or its equivalent
3. Child has completed a driver's education course, or has demonstrated ability to use public transportation in the community
4. Child is employed or enrolled in post-secondary education
5. Child has applied for and obtained post-secondary education financial aid for which they are eligible

6. Child has health care coverage and health care providers to meet their physical and mental health needs
7. Child has applied for and obtained disability income assistance for which they are eligible
8. Child has obtained affordable housing with necessary supports, which does not include a homeless shelter
9. Child has saved sufficient funds to pay for the first month's rent and a damage deposit
10. Child has an alternative housing plan, which does not include a homeless shelter, if the original housing plan is unworkable
11. Child, if male, has registered for Selective Service
12. Child has a permanent connection to a caring adult
13. The court shall ensure that the responsible agency, in conjunction with the placement provider, assists a child in obtaining the following documents prior to leaving foster care:
  - A Social Security card
  - Child's birth certificate
  - A state identification card or driver's license
  - Green card or school visa
  - Child's school, medical and dental records
  - A contact list of child's medical, dental and mental health providers
  - Contact information for child's siblings, if siblings are in foster care.

A portion of Chafee funds were combined with state funds to provide a healthy transition from foster care to reduce the risk of homelessness. Twenty-seven community-based agencies applied for funding through RFPs; the combined Chafee and state funds are being awarded to 16 of them. These agencies will provide services statewide for either youth ages 14 and older in out-of-home placement and referred by county caseworkers, or youth 14 - 23 who left placement and no longer receiving county services. The agencies will teach youth the life skills they need to make a healthy transition to adulthood by working with them one-to-one or in groups. They will collaborate with the county agency, foster parents, and other community providers and resources to ensure that the goals listed above are met for each youth served. Outcomes will be targeted by using individual-level services that:

1. Implement screening and assessment tools,
2. Use culturally appropriate and effective intervention strategies that target assessed needs and strengths of youth, based on risk and protective factors,
3. Implement trauma-informed care and positive youth development frameworks,
4. Implement practices that impact positive changes in risk and protective factors in order to improve core outcome areas over time that help youth make positive transitions, and
5. Implement monitoring of progress and program evaluation during and after implementation of interventions to provide important data for adjusting and improving strategies over time.

Minnesota has seven independent Youth Leadership Councils. The purpose of these council is to give youth a voice for improving the foster care system both locally and statewide, strengthen services for youth aging out of care, provide leadership opportunities, and to represent the interests of youth in policy making and training. The seven councils meet monthly as a statewide group with the Chafee coordinator and provide the department with input on policies affecting older adolescents in foster

care, as well as service delivery. These seven groups originated from the Healthy Transitions Homeless Prevention program, but have now become their own entity to increase the importance of youth leadership and voice. Minnesota has a Chafee Advisory Committee whose participants are county workers, community-based agency staff and youth. This committee meets quarterly to discuss the Chafee, NYTD and ETV programs and address any concerns. NYTD and other data are shared during these meetings, when needed. This data is also shared with stakeholders, tribes, and courts through bulletins on fostering connections and NYTD, as well as a quarterly newsletter, “Empowering Youth Update.”

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

### [Serving youth across the state](#)

Each year, at least 90% of Minnesota county agencies receive Chafee funds, as well as over a third of federally recognized tribes. The 16 Chafee-funded community-based agencies are in both the metro and greater Minnesota. Some of these agencies serve multiple counties in rural areas.

Data is collected from county agencies regarding services delivered across the state. In comparing this data, there are differences between the metro and greater Minnesota in service delivery. For example, Hennepin County (metro) spent 4.6% of its allocation for transportation, while Lake County (rural) spent 70.4% in the same category.

### [Serving youth of various ages and states of achieving independence](#)

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

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

- Reproductive health

Foster parent training is highly recommended to enhance their skills for preparing younger teens for independent living. The department's Child Welfare Training System offers free training for county foster parents and relative/kinship care providers on how to prepare youth for adulthood.

County and tribal agencies, as well as foster parents, are relied upon to identify Chafee-eligible youth ages 14 and older, and with youth's input, develop an independent living plan. The Casey Life Skills Assessment or other approved assessment tool, can be used to direct independent living plan goals. Youth will be screened for trauma, which may result in other referrals for services. Caseworkers are responsible for assuring that youth accomplishes goals in their independent living plan. The court, per Minnesota Statute, is required to review the independent living plan and provision of services annually. Youth can be referred to a Chafee-funded community-based agency, work with a foster parent, use web-based training, tap into existing community resources, or combine these and many other strategies.

Youth that remain in out-of-home placement after age 18 continue to follow their independent living plan with their caseworker while working or attending school. Youth that leave placement at age 18 or older, are reunified with custodians prior to age 18, and youth that leave placement after age 16 due to kinship guardianship or adoption remain eligible for Chafee-funded services; however, they are more likely to access services through a community-based agency rather than a county. For youth who leave care after 18, the social services agency is required to develop a personalized transition plan during the 90-day period before discharge. The agency is also required to provide youth a consumer credit report, and the option to execute a health care directive.

Department staff believe that youth aging out of foster care without permanency are at high risk for a host of poor outcomes, thus being the neediest population to serve. Minnesota has many more eligible youth than it can serve, due to lack of funds.

The department, for the purposes of Chafee funding, defines room and board to include rent, damage deposits, utilities/telephone installation, furnishings, and food/supplies. Each youth's residence must be approved by the agency serving them before Chafee funds may be used for a deposit, rent or utilities. Room and board is available to youth ages 18 through 22. County agencies and grantees have the following options:

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

During CY 2018, the amount spent on room and board was \$ \$108,911 or approximately 4.2% of Minnesota's Chafee allocation. State and/or federally funded transitional housing programs are the primary affordable housing options for youth.

Minnesota extended Title IV-E foster care assistance for youth ages 18-21. Implementation of this program changed the way in which Chafee services are targeted to support the transition to self-sufficiency. Youth who choose to remain in foster care receive foster care payments, therefore, they typically need less funding from Chafee for room and board assistance. However, they remain eligible for other Chafee-funded services. Minnesota allows eligibility for extended foster care for all five categories: Completing secondary education, enrolled in post-secondary education, participating in programming to remove employment barriers, employed at least 80 hours per month, or incapable of

participating due to a medical condition. Youth can be placed in the following setting: Foster homes, relative care, group homes, residential care and supervised independent living. The county agency assesses which placement is appropriate on a case-by-case basis.

Services and supports to youth in employment settings include: job shadowing; internships; career exploration; resume development, job seeking skills, mock interviews, finding and keeping employment, obtaining needed documents such as identification; cost of uniforms; wage subsidy; and cost of employment training programs. Youth's educational goals are supported by: Tutors; GED fees; test fees; exploring post-secondary education and financial aid options; assisting with post-secondary school applications and fees; assisting with financial aid applications, including Education and Training Vouchers; and assisting with obtaining needed records. Youth leave foster care when they no longer meet eligibility or decide they no longer want to be in placement. A personalized transition plan must be developed and executed during the 90-day period immediately prior to discharge. Community agency grantees are also able to work with these youth.

#### Collaboration with other private and public agencies

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

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

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

The department's Office of Economic Opportunity (OEO) received Homeless Youth Act funds, providing grants to community-based agencies for homeless shelters and transitional housing across

the state. Some of these grantees also receive Chafee funding. OEO staff reviewed proposals for the RFP for Chafee funds.

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

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

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

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

#### Determining eligibility for benefits and services

Under Chafee, department staff determined that youth as young as age 14, and up to age 23, will be served. Chafee-eligible youth are defined as:

Eligibility Criteria	Definition
Minimum age	Age 14
Minimum age	23 <sup>rd</sup> birthday
Eligibility for youth in foster care	Youth ages 14-20 on a county or tribal social services caseload and experienced an out-of-home placement for at least 30 consecutive days after age 14. This means any youth in foster



Eligibility for youth who aged out of foster Care at age 18 or older

Eligibility for youth who exited foster care to adoption or transfer of permanent legal and physical custody to a relative

Eligibility for youth who exited foster care for reasons other than adoption, transfer of permanent legal and physical custody to a relative, or aging out of foster care (e.g., reunification)

care including extended foster care, may be served starting at age 14 up to their 21<sup>st</sup> birthday. This includes all child welfare/protection, children's mental health, and developmental disabilities workgroups.

Youth who aged out of foster care at age 18, 19, or 20 may be served up until their 23<sup>rd</sup> birthday.

Youth who exited foster care to either adoption or transfer of permanent legal and physical custody to a relative *after age 16* may be served until their 23<sup>rd</sup> birthday.

Youth who exited foster care for reasons other than adoption, transfer of permanent legal and physical custody to a relative, or aging out of foster care (e.g., youth who were reunified) may be served if they were on a county or tribal social services caseload and experienced an out-of-home placement for at least 30 consecutive days after age 14. These youth may be served until their 23<sup>rd</sup> birthday.

This eligibility criterion is explicitly spelled out in department bulletins and requests for proposals so that county, tribal, and community-based agencies receiving Chafee funds clearly understand which youth can be served with these funds. Minnesota ensures fair and equitable treatment of youth receiving benefits in the following ways:

1. Clear policies are in place regarding eligibility criteria, the range of services that are recommended and can be funded, and how services can be offered. Regular bulletins, training, and technical assistance by telephone, e-mail, and site visits continuously educate and clarify policies for county agencies, grantees, foster parents, parents and youth.
2. Policies incorporate requirements of the Multi-Ethnic Placement Act of 1994, the Indian Child Welfare Act of 1978, the Adoption and Safe Families Act of 1997, Fostering Connections to Success and Increasing Adoptions Act of 2008, Preventing Sex Trafficking and Strengthening Families Act of 2014, Family First Prevention Services Act of 2018, and applicable Minnesota statutes and rules. Training for county caseworkers clarifies that independent living services are desirable for every youth, including those with permanency goals of reunification or adoption.
3. Youth's eligibility for services under Chafee is not determined by placement or geography. They can receive services in any county, or from a statewide network of nonprofit agencies. They do not lose eligibility if their county social services case is closed, or if they move to a different area of the state, or out of state.
4. Plans are in place to serve youth at various ages and stages of achieving independence, at any time between ages 14 - 23. Youth may continue receiving services up to age 23 after leaving out-of-home placement, even if they are adopted or legal custody is granted to relatives or kin after age 16.
5. Services are made available to Minnesota's American Indian youth on the same basis as non-Indian youth by offering Chafee funds to all tribal social service agencies.
6. Efforts are made to fund nonprofit agencies statewide to do outreach and serve youth ages 18 - 21 who are disconnected from the child welfare system.
7. Efforts are made to fund nonprofit agencies to specifically serve youth of color (African American, Hispanic, and Native American) in areas of the state where those youth are concentrated.
8. Demographic data on youth served is closely analyzed to determine effectiveness in equitably



serving youth of different ages, genders, races and locations in the state.

### Cooperation in national evaluations

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

### Chafee training

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

### Education and Training Vouchers program

#### Program description

The [Education and Training Voucher \(ETV\) program](#) eligibility criteria for the school year is that all students applying to the ETV program must be accepted into an [accredited](#), federal Pell Grant-eligible institution of higher education, graduated from high school or received a General Equivalency Diploma, must be eligible to receive [financial aid](#) and one of the following: In foster care for 30 consecutive days between their 17<sup>th</sup> and 18<sup>th</sup> birthdays, youth who left foster care after age 16 for adoption or transfer of physical/legal custody to a relative, and youth under state or tribal guardianship at age 18.

Criteria was amended in May 2018 to include the Family First Prevention Services Act that students can apply to the program for five years, up to their 26<sup>th</sup> birthday, as long as they are enrolled and making progress toward completing their post-secondary education. Five years is defined as follows, students:

- Using any amount up to ½ of their ETV award during one semester, will count as ½ year of the five-year total of participating in the ETV program.
- Using up to 100% of their ETV award during one semester, will be counted as one year of the five-year total of participating in the ETV program.
- Accessing any or all of their ETV award in both semesters (July 1-June 30 each year), will count as one year of the five- year total of participating in the ETV program.

Program staff emailed current ETV recipients, county/tribal/private agency staff, foster/adoptive parents, high school/college/court staff, guardians ad litem, and Citizen Review Panel members, the new criteria. ETV applications, brochure, program guidelines and website were updated to include the new criteria. The ETV program video, [Fostering Success: An introductions to the Minnesota ETV program](#), also includes the new criteria.

Eligible students apply to the Minnesota ETV program through an [online application](#) available on the [department's ETV website](#). Students must apply each year. The application deadline period is July 1-June 1 each year. Students applying for the entire school year can receive up to \$5,000, and those applying for one semester can receive up to \$2,500.

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

Department staff determine awards based on each student's need after considering other financial aid. Students who are under guardianship of the commissioner of the Minnesota Department of Human Services, and American Indian students under suspension of parental rights or termination of parental rights under guardianship of a tribe or tribal social service agency, qualify for a [Tuition Waiver](#) if they attend post-secondary institutions that are part of the Minnesota State Colleges and Universities system. The department contracts with Lutheran Social Service (LSS) of Minnesota to provide support to ETV students, act as fiscal agent, and maintain program documentation.

Students receiving ETV awards must submit their grades and new class schedule at the end of each term to continue to use their funds. Students awarded ETVs for the first time must attend an orientation session held by department and LSS staff before they can use funds. For the 2018-2019 ETV award year, 41 orientation sessions were held around the state and eight individual sessions were provided to 93 first-time recipients. At each session, staff meets individually with students to develop a plan for spending their ETV awards.

Orientation sessions outline program rules, explain how students can access their funds, and identify support options, including:

- Contact with students at orientation sessions, email, phone calls, the department's Facebook page, quarterly program emails to provide reminders, encouragement, resources and program updates
- Provide students contacts to student support and counseling services at their post-secondary education program
- Schedule meetings with students and post-secondary school staff, as needed
- Contact ETV students quarterly to measure program effectiveness, educational outcomes, and identify students with academic and personal issues
- Coordinate with agency staff and caregivers of students in extended foster care.

The Youth Leadership Council suggested items to include in care packages, including food, school supplies, personal care items and a note of encouragement to students during finals week. The care packages have been well received by students.

Describe the methods the state will use to:

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

The ETV program ensures both of the above criteria by awarding ETV funds based on each student's need. Need is determined by subtracting financial aid, income and family contribution from each student's ETV allowable expenses. Students complete a budget with ETV approved expenses. Students in extended foster care supervised independent living settings add on their budget the Basic Monthly Foster Care Maintenance and Supplemental payments they receive from their placing agency. Students in extended foster care living in foster homes have the option to add their living expenses and Basic Monthly Foster Care Maintenance and Supplemental payments.

ETV recipients are tracked by name, annually, to ensure an unduplicated count of awards between July 1 and June 30.

#### Accomplishments

- Solicited the voice of youth by surveying ETV recipients on the program, level of support and use of ETVs.
- Four application and orientation sessions (June 18, August 1, and two sessions on August 29, 2018) were held for first-time applicants for assistance in completing their application and attending a required orientation session.
- Presented ETV information to county/tribal/private social service agencies, high school and college staff, as requested.
- University of Minnesota financial aid, [College Possible](#), and ETV staff continue to consult on the unique needs of foster care youth, and the importance of preparing to enter post-secondary education to private social service agency staff.
- Provided ETV information to the American Indian Child Welfare Advisory Council meeting.
- Attended the Educational Stability Work Group and STAY/ETV programs quarterly meetings.
- The Adolescent Services Unit, including ETV program staff, completed 15 presentations around the state for foster care youth, their foster parents and caseworkers to provide information on preparing for successful adulthood. ETV information was presented to youth at two additional agency meetings.
- The ETV program had an exhibit at the Hennepin County Foster Care and Adoption Resource Fair on May 19, 2018, and an exhibit and ETV program presentation at the Second Annual Minnesota Child Welfare Conference in November 2018.
- Participated at the Tomorrow's Leaders Today (TLT) conference for youth in July 2018. It is attended by up to 200 youth and agency staff from around the state.
- Conference in November 2018. It will be available on the ETV website and YouTube.
- ETV recipients and staff will introduce the ETV video, [Fostering Success: An Overview of the Minnesota Education and Training Voucher program](#), at the Second Annual Minnesota Child Welfare Conference.

#### Efforts to expand, strengthen and improve the program

- Current ETV recipients are being invited to participate on an ETV Advisory Committee to review program policies, make recommendations for improvements, share program

information/experiences and participate in program activities or take a leadership role in program activities. Involving youth in planning and decision making is a principle in positive youth development that enhances strengths, and promotes positive outcomes.

- ETV will dedicate one staff to provide support to increase retention in and completion of recipients' post-secondary education.
  - ETV recipients are often the first person in their family to attend post-secondary education. They may have limited family and/or other adult support for assistance while in their post-secondary program, and they may be living on their own for the first time.
  - Meet with recipients at their post-secondary schools or regional locations, as needed, to provide support, direct them to appropriate college personnel and/or support services, and assist in resolving other issues that may interrupt their participation/completion of their education program.
  - Continue to focus on first-year students by maintaining contact with them during the school year, and on students exiting extended foster care at age 21 and graduating.
  - Support all students by sending them a care package.
- A yearly picnic will be held for recipients to share college experiences, connect with other recipients and staff, ask questions, and receive training/program updates, and celebrate successes.
- ETV staff will promote the program and assist youth in preparing for college success by holding regional meetings.
  - Identify foster care youth eligible for the ETV program for the 2019-2020 school year. Notify their county/tribal social service agency and provide ETV program and scholarship resources.
  - Provide resources and training to individuals working with youth, including caseworkers, foster parents/caregivers, court personnel, guardians ad litem, high school staff, and other supportive adults to enhance efforts to prepare youth for post-secondary education.
- Continue to provide ETV program information to county, tribal and private agency social services and high school staff through the ETV brochure, website, video, and the Empowering Youth quarterly update email. A link to the ETV website is on the Independent Living Plan.
- Continue to provide information to adoptive families through department mailings and resource families.
- ETV information is included in the department's Preparing Adolescents for Adulthood: Partnering for Success training for county and tribal agency staff.
- Continue partnering with the University of Minnesota and [College Possible](#) staff on preparing eligible students for post-secondary education success.
- Planning an ETV Amazing Race at the Tomorrow's Leaders Today conference for youth in July 2019. Approximately 100 youth will participate in a fun, interactive and informative presentation of ETV information. Youth will break into groups to solve clues and search for information on the ETV program.

The ETV program provides updates to county and tribal agency caseworkers and supervisors. Department staff is available to meet with tribal social service agency staff upon request. No tribe has requested to develop an agreement to administer an ETV program.

### [Consultation with tribes](#)

All 11 federally recognized tribes in Minnesota were sent the department's bulletin regarding Chafee/STAY funding and the ability to request funding. Follow-up correspondence was also sent to each tribe regarding its interest in these services. Of the 11 tribes, four entered into grant contracts for Chafee funds. The department has one community-based grantee specifically for Native American

youth in the metro area. Another grantee in northern Minnesota works closely with a couple of tribes. No tribe has requested to develop an agreement to administer, supervise, or oversee the Chafee or ETV programs with respect to eligible Indian children.

County and tribal social service agency caseworkers and supervisors are provided with updates as needed. Department staff is available to meet with tribal social service agency staff upon request.

#### Chafee program improvement efforts

The department is currently expanding its statewide Youth Leadership Council by adding more individual councils across the state to incorporate more youth voices. The Chafee Advisory Committee meets quarterly to discuss the Chafee and ETV programs. The department is currently working with an agency to restructure the Chafee program in Minnesota (called STAY – Successful Transition to Adulthood for Youth), utilizing Minnesota’s NYTD data.

## 7. Targeted plans within the CFSP

#### Foster and adoptive parent targeted recruitment plan

Recruitment of foster and adoptive families for children needing out-of-home placement or a permanent family will require targeted efforts by a complex network of stakeholders. Recruiting activities conducted over the next five years will be accomplished in partnership with county and tribal agencies, communities, foster care providers, Public Private Adoption Initiative (PPAI), Purchase of Service programs, Tribal Customary Adoption grant (TCA), and private adoption agencies.

Diligent recruitment of foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed supports the Minnesota Child and Family Services Plan goal: Racial and ethnic equity exists for children in the child welfare system. Minnesota does not have policies in place that would limit its ability to recruit foster or adoptive families that reflect children currently in care.

#### Characteristics of the children

Around 16,500 children experienced out-of-home care in 2018. The number of children in Minnesota’s foster care system on an average day has increased by 60%, from approximately 6,200 in 2013 to around 10,050 in 2018. Some of these children are in group residential settings, but approximately 83% are in family foster care.

During 2018, almost 6,700 children entered out-of-home placement due to a number of reasons, including the three most common:

- 32% due to parental drug or alcohol abuse
- 23% due to allegations of neglect
- 10% due to allegations of physical abuse.

Due to the recent rise in opioid and methamphetamine addiction, removing children from the home for parental drug or alcohol abuse has increased from 17% of all new placements in 2013 to 32% of all new placements in 2018. As of 2016, parental drug abuse has become the most frequent primary reason for children to be placed in out-of-home care.

In 2017, the percentage by race/ethnicity of children in care was:

- 16.6% African American/black
- 20.3% American Indian
- 2% Asian/Pacific Islander
- 15% two or more races

- 44% white
- 9.9% Hispanic (any race)

White children remain the largest group in out-of-home placement; however, disproportionality remains a significant concern. American Indian children were 18.5 times more likely, African American children were more than 3.0 times, and those identified as two or more races were 4.8 times more likely than white children to experience out-of-home care, based on Minnesota population estimates from 2016.

#### Specific strategies to reach out to communities

The Foster Parent Recruitment and Retention Advisory Council, convened in 2019, includes foster parents, parents, county and tribal agency representatives, private licensing agency staff, and representatives from nonprofits and community organizations. Council members selected represent a diversity of experience regarding children and their communities.

The advisory council will review available data, identifying how to use it to improve recruitment and retention of foster parents, and determining:

- What type of data needs to be collected
- Who is being placed and what are the greatest unmet needs
- What resources are needed to meet identified needs
- Characteristics of effective strategies and building on existing strengths
- Steps to prepare foster parents that support and partner with a child's parent(s).

The advisory council will provide input for a plan to target recruitment that addresses identified gaps. Data-driven recruitment will include diligent efforts to recruit a pool of foster and adoptive parents who reflect the racial and ethnic diversity of Minnesota children for whom foster and adoptive homes are needed, consistent with MEPA-IEP and Minnesota law.

#### Diverse methods of disseminating information

A variety of methods will be used to disseminate information, including:

- Partnerships with state, county, contracted tribal and adoption agencies to provide child-specific recruitment services to find permanent homes for children. County agencies may refer any child age 6 or older for this service.
- Contracted adoption agencies hold adoption trainings throughout the state.
- A contract with MN Adopt manages the State Adoption Exchange, recruits foster and adoptive families, provides outreach to media, organizes general recruitment events, and manages an information website and referral service for individuals interested in adopting or fostering.
- A local television station airs a weekly segment called Kid Connection, featuring a Minnesota child waiting for adoptive parents. The segment is also on the Twin Cities Live website with links to the MN Adopt website.
- The Star Tribune, Duluth Tribune and Rochester Post Bulletin, as well as other publications, monthly feature Minnesota children in print and on their websites.
- Reel Hope provides two-minute recruitment videos of Minnesota waiting children featured at various faith communities and events.
- Circus of the Heart event, sponsored by MN Adopt, the department, and a collaboration of state, county and private agencies, is held annually. It promotes and celebrates matching children under state guardianship with families through adoption.
- Information about how to contact an agency and the steps to become a foster parent is on the department's website at: [Children and Family Services](#).



- In 2019, the department contracted with a private agency to implement an Ambassador model recruitment program; the grantee, in partnership with corporations, will recruit prospective foster and adoptive families, with a focus on diverse families. It will partner with corporations (12 in 2019, 16 in 2020, 18 in 2021 and 18 in 2022) to promote the need for families to foster or adopt children. Each partnership will result in informational events, lunch and learns, resource tables at faith community events, resource fairs and display of materials at a corporation. The goal is that over four years, 228 families will be directly recruited (four per partnering organization). Information about the need for foster and adoptive parents will be presented to thousands through outreach activities.

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

Access to licensing and recruiting resources include:

- MN Adopt's website and telephone referral service provides information about agencies, their locations, and training schedules for individuals interested in adoption
- [Fostering Network](#) recruitment and support service through MN Adopt. It includes a web-based referral system with a staff member who provides assistance to prospective foster and adoptive parents by answering questions and helping navigate the process of becoming a foster family. The website includes a tool to locate all county, tribal and private agencies serving their area, and facilitates direct contact with selected agencies.
- Contracted tribal and adoption agencies work throughout the state to provide child-specific recruitment services, and services to adoptive families statewide.
- Families interested in becoming licensed can contact a licensing agency from the department's website: [Children and Families-Licensing](#).
- In 2019, foster care and adoption education classes were centralized through one child-placing agency to increase accessibility and availability, and ensure consistency in provided training.

Strategies for training staff to work with diverse communities

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

The 2019 legislature approved funding for a new state Child Welfare Training Academy to provide training through regional hubs targeted to the needs of a hub's particular region, taking into account varying demographics, resources and practice outcomes. Minnesota statutes require that content be structured to reflect the variety of communities served by the child welfare system.

Strategies for dealing with linguistic barriers

The following documents have been translated:

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



### Non-discriminatory fee structures

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

### Procedures for a timely search for prospective parents

The following strategies promote timely searches:

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

### Procedures to address barriers related to the licensing process

Strategies to reduce barriers for licensing include:

- Non-safety licensing-related issues are set aside to support relative placements, and more supports are available to relatives seeking foster care licenses, especially focused on African American, American Indian, Hmong, Laotian, Somali and Spanish speaking families.
- The commissioner convened a Child Foster Care Work Group in 2015 to advise department leadership on systemic and practice improvements in the child foster care system. The work group reviewed the child foster care system to assess practices, especially at critical decision points, to ensure children are safe, improve their well-being, and help them find permanent homes. To improve recruitment, application and licensing processes for foster homes, the work group formulated recommendations for the application and home study processes, training and support, consultation, recruitment, licensing oversight, background studies and others. The Foster Parent Recruitment and Retention Advisory Council will continue to build on the recommendations from the 2015 work group.
- The department implemented recommended revisions to the home study and application process and is piloting a revised training program. Home study guidance was updated in 2019 to include resources for LGBTQ families.
- The department provides technical assistance to legislative proposals to address barriers, and will continue to engage in processes to improve the child welfare system.

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

### Health care oversight and coordination plan

As a county administered child welfare system, the Minnesota Department of Human Services provides protocols, tools and guidance for oversight and coordination of health care for foster children.

## Screening

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

Minnesota statutes require that, at a minimum, when a county or tribal social service agency accepts a child for foster care placement, it must determine whether they had a physical examination by a licensed physician within 12 months prior to entering an agency's care. If documentation shows that a child had an examination within the past 12 months, agencies are responsible for ensuring that they have another physical examination within one year, and annually thereafter. If an agency determines that a child has not had a physical examination within 12 months preceding placement, it must ensure they have one within 30 days of coming into the agency's care, and annually in subsequent years. [Minn. Stat., section 260C.219 (d)]

Mental health screenings were integrated into child welfare practice in 2003. Children ages 3 months to 18 years of age receiving child protective services, or in out-of-home placement, are to be screened for mental health needs, unless a screening or diagnostic assessment had been performed within the previous 180 days, or a child is already under the care of a mental health professional. These screenings may indicate a need for further assessment of children's mental health needs and provision of treatment services. [Minn. Stat., section 245.4874, subd. 14] The department approved the following tools for mental health screening of children and youth in the child welfare system:

- [Ages & Stages Questionnaire: Social-Emotional, Second Edition \(ASQ:SE-2\)](#) Screening programs that use the ASQ:SE; transitioned to ASQ:SE-2 July 2017.
- [Pediatric Symptom Checklist \(PSC\)](#)

The department's Child Safety and Permanency Division continues to partner with the Children's Mental Health Division, now Behavioral Health. The department is exploring the possibility of adding a trauma question to current children's mental health screening tools. Department staff is working with the authors of these tools for possible inclusion and agreements for using them. An evaluation of current children's mental health screening practices is also being conducted. A roll-out plan and follow-up analysis development, as well as revised policies and procedures, is expected to occur in summer and fall 2019, with an anticipated revised tool released in late 2019.

## Medicaid Child and Teen Check-ups

Minnesota's Title IV-B health care oversight plan for children in foster care is coordinated and based on the existing framework of identification and outreach to eligible children in foster care, and provision of health care services provided through the department's Medicaid C&TC program. The C&TC program ensures a coordinated strategy in each county and tribal jurisdiction by a local C&TC coordinator, and outreach staff who identify and respond to the health care needs of children in foster care, including mental and dental health needs, by connecting these children to a primary care provider. The role of the county or tribal C&TC coordinator is extensive. In most cases, coordinators are public health nurses. Their objectives include identification, outreach and assistance to access health care services; maintain provider lists; assist with transportation and interpretation; provide follow-up on referrals, assessment, diagnosis and treatment; and to determine if a child received services.

All Minnesota children who enter foster care are eligible for Medical Assistance (Medicaid). The federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, known in Minnesota as Child and Teen Checkup; C&TC is a required Medicaid service. C&TC provides

comprehensive health monitoring for children and teens, birth through age 21, enrolled in Medical Assistance. The goal of the C&TC program is to improve the health of eligible children and teens, and reduce health problems. For children in foster care, it is the responsibility of the county social service agency to ensure that foster children are provided with preventative health care, early diagnosis and treatment of health conditions. The county or tribal social service agency engages birth parents of foster children, when possible, in routine care and treatment decisions for their child. County and tribal caseworkers, and foster parents, are active participants in decisions and activities regarding a child's health care needs while in foster care.

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

- Physical examination within one year, and annually after that. If an agency determines that a child has not had a physical examination within the 12 months preceding placement, it must ensure they have one within 30 days of entering an agency's care, and annually in subsequent years. For all Medicaid-eligible children under 2 years of age, the C&TC program recommends a C&TC visit at birth, 2, 4, 6, 9, 12, 15, 18, and 24 months. The C&TC program may provide health care services to children in foster care on a more frequent schedule, based on a child's health needs.
- The state's C&TC program emphasizes the need to avoid fragmented care, and the importance of continuity of care. C&TC coordinators identify and monitor children's health needs and overall participation in the program. Whenever possible, a child in foster care has their health needs met with the birth family's medical provider to allow continuity of care. When those providers are not available, C&TC primary care providers are encouraged to become the medical home while a child is in foster care.
- The department has an interagency agreement with the Minnesota Department of Health to provide C&TC training to health care providers. Both departments work with state and national health organizations and education programs/institutions to build relationships and increase communication. At the county level, C&TC coordinators and outreach staff provide training to providers and clinic staff.

#### Health and dental care practice standard

The department issued a bulletin for [Routine Preventative Health and Dental Care Visits for Children in Foster care. #19-68-03 \(PDF\)](#). The purpose is to ensure awareness of the Child and Teen Checkup screening schedule for well child visits, and revised guidelines by the American Academy of Pediatric Dentistry related to the age at which children should start receiving dental care.

#### Case planning

An out-of-home placement plan is required for all children in foster care. [Minn. Stat., section 260C.212, subd. 1] Case plans in the Comprehensive Child Welfare Information System (CCWIS) includes efforts made to ensure oversight, appropriate sharing, and continuity of health care services for children in foster care, including:

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

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

A child's medical information is required to be included in the out-of-home placement plan within 30 days of placement, and updated every six months. The out-of-home placement plan includes child health records, names and addresses of their health care providers, immunization records, medical problems, including any communicable diseases, medications, and other relevant information. Copies of a child's plan are given to all who participated in developing it, including foster parents, and the judge who reviews placements.

Minn. Stat., section 260C.212, subd. 7(e), requires that when a youth is going to be discharged from foster care at age 18 or older, during the 90-day period immediately prior, the responsible social service agency is required to assist them to develop a personalized transition plan. The transition plan must be as detailed as youth elect, and include specific options on housing, health insurance, education, local opportunities for mentors, continuing support services, work force supports and employment services. The county agency must also provide them with contact information in case they have a health care crisis prior to age 21.

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

## Protocols for monitoring psychotropic medication

### Introduction

The oversight of prescription medicines for children in foster care, including psychotropic medications, is monitored by routine medical appointments, with daily oversight by a child's foster parents. A child's birth parents and caseworker authorize medical treatment decisions, depending on the legal status of a child and the ability of birth parents to participate in those decisions. At times, a court order is sought to authorize specific medical treatment for a child in foster care. A record of a child's medications is maintained in SSIS, and entered in the out-of-home placement plan. Identification of the person responsible for oversight of prescription medicines must be documented in the out-of-home placement plan, and shared with the foster care provider.

Minn. Stat., section 256B.0625, subd. 13j, authorizes the department, in consultation with the Drug Utilization Review Board, to review and recommend pediatric dose ranges, track prescriptive practices, and use of psychotropic medications for children with a goal of reducing the use of medication, where appropriate.

Effective June 1, 2014, psychiatric consultations are no longer required for high-dose Attention Deficit Hyperactivity Disorder (ADHD) and Second Generation Anti-psychotic (SGA) drugs prescribed for children over age 3. Instead, pharmacies receive an informational message when they bill for prescriptions which exceed the dose or age threshold for recipients under age 18. Also, as of June 1, 2014, a child must be at least 3 years old for all ADHD and SGA prescriptions. Prior authorization (PA)

overrides are not available for children younger than age 3. Pharmacies receive notice when the bill MHCP for prescriptions that exceed the dose or age threshold for recipients under age 18. See: [Antipsychotic and ADHD drugs for children](#).

Some drugs continue to be subject to higher age requirements. PA requirements for prescription drugs, including age requirements, are on the PA Criteria and Regimen Review Sheets. See the MHCP [Provider Manual](#) for information about prescription drug information and prior authorization requirements, and search enrolled pharmacies through the [Provider Directory](#).

The department's Medicaid Drug Utilization Review (DUR) program creates reports delineating prescribing patterns of care providers. Retrospective reviews will determine which providers need to be notified by mail about prescriptions that exceed department dose thresholds for ADHD and SGA prescriptions, or the department's recommendations relating to polypharmacy.

Minnesota developed a statewide protocol for the "Oversight of Psychotropic Medication for Children in Foster Care," required by the Child and Family Services Improvement and Innovation Act. [P.L. 112-34] The state's protocol provides include:

- Informed and shared decision making (consent and assent) and methods for ongoing communication among the prescriber, child, caregivers, other health care providers, the child welfare worker, and other key stakeholders: The out-of-home placement plan, Minn. Stat. 260C.212, subd. 1, (9) (iv), requires the local agency to ensure oversight and continuity of health care services for foster children. Judges may authorize psychotropic medications for children in foster care when requested by a local agency for a court order. Department staff consult with the Children's Justice Initiative to develop appropriate consent and assent policies, procedures and forms for psychotropic medications. Effective medication monitoring at both the client and agency level: Minn. Stat. 260C.212, subd. 1 (9) (v), requires the local agency to identify who is responsible for oversight of a child's prescription medications. The department's Psychiatric Consultation Service is available to all health care professionals who prescribe psychotropic medications for children. Go to [Pharmacy Program Dosing Thresholds](#) for details regarding specific medications and dosage thresholds. The Psychotropic Medications Oversight and Monitoring Committee will establish an updated baseline for use of psychotropic medication for children in foster care. It will use data and corresponding reports to create a benchmark for improvements achieved through the new medication monitoring system.
- Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible child and adolescent psychiatrist. The department's [Psychiatric Consultation Service](#) provides psychiatric expertise; local agency staff may use the service to inform and collaborate with experts to meet the mental health needs of children in foster care. [[Minn. Stat., section 245.4862](#)]
- The department and the Psychiatric Consultation Service vendor provide training and consultation on the appropriate use of psychotropic medications for the treatment of mental health problems in children and youth to pediatricians, primary care physicians, and other health care providers. In July 2018, the curriculum for this training was expanded to include information focused on increasing knowledge of appropriate mental health assessment and treatment. This includes information regarding 1) Screening, assessment, referral, and treatment of traumatic stress, attention deficit-hyperactivity disorder, anxiety, and depression in children and youth, and 2) Psychotherapeutic modalities, with a particular focus on evidence-based practices as an alternative to pharmaceutical treatments.

Information regarding the prescriber training curriculum is at: [Minnesota Psychiatric Assistance Line](http://www.mnpsychconsult.com/training--education.html) website (<http://www.mnpsychconsult.com/training--education.html>).

*Procedures and protocols to ensure children in foster care are not inappropriately diagnosed and placed in non-family foster homes*

Minnesota Health Care Programs (MHCP) define mental health practitioners who provide services for children with emotional disturbance and provide mental health diagnostic assessments. The [MHCP manual](#) defines the types of individual providers that meet mental health requirements.

Juvenile treatment screening teams at county social service agencies conduct screenings within 15 days of a request for a child enrolled in Medicaid for the purpose of residential treatment. The screening team includes: caseworker(s); juvenile justice professionals; persons with expertise in the treatment of children who have behavioral health needs, chemical dependency, or have a developmental disability; and child's parent or legal custodian. The team is required to review a level of care determination before admitting a child into a mental health residential program. [Level of care determination](#) approved tools are Child and Adolescent Service Intensity Instrument or Early Childhood Service Intensity Instrument. A child may not be placed for the primary purpose of treatment in a residential treatment facility unless one of the following conditions apply:

- A treatment professional certifies that an emergency requires placement of a child
- The screening team evaluated and determined treatment in a residential facility is necessary , or
- The court, having reviewed the screening team's recommendation against placement, determines to the contrary that a residential placement is necessary.

[Minn. Stat., section 260C.157, subd 3]

The Intensive Treatment in Foster Care (ITFC) [Minn. Stat., section 256B.0946] is a bundled service for children in a family foster care setting with a mental illness diagnosis and require intensive intervention without 24-hour medical monitoring. The service package includes psychotherapy, psychoeducation, clinical consultation, crisis assistance, and team treatment planning. ITFC providers must be certified in Trauma-Informed Child/Parent Psychotherapy (TI-CPP) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). More information about the ITFC benefit is in the Minnesota Health Care Programs Provider Manual: [MN DHS Intensive Treatment in Foster Care](#). This service supports placement of children with mental health needs in family foster homes

[Efforts to strengthen health care coordination and oversight](#)

Efforts to strengthen health care coordination and oversight include:

- Review policies, procedures and training regarding decision making to meet a child's well-being needs, particularly in the area of consent and assent regarding medical treatment and use of psychotropic medications for children in foster care. This will include consultation with the department's Behavioral Health Division and legal partners from the Children's Justice Initiative to consider appropriate consent and assent policies, procedures and forms for children in foster care.
- Clarifying data sharing between health care providers, child welfare agencies, and foster parent to ensure coordination of services
- Exploring development of electronic health care records and/or passports to share accurate and up-to-date data that improves the infrastructure available for coordination, oversight, and supports monitoring of psychotropic medications.



## Disaster preparedness plan

There were no changes to the disaster plan. Minnesota's disaster preparedness plan for child welfare works in tandem with other efforts developed by the department and local governments. The governor's Executive Order requires all government agencies to have an emergency preparedness plan, emergency response plan, and a recovery/hazard mitigation plan. The Minnesota Department of Public Safety, Division of Homeland Security and Emergency Management (HSEM), has responsibility for the overall Minnesota Emergency Operations Plan (MEOP). Each state agency is required to maintain a Continuity of Operations Plan (COOP) to provide for continuation of services and recovery in the event of a major disruption of normal operations.

Business COOPs for all department administrations are stored in a central location.

The department, which oversees most public assistance and social services programs, including child protective services, adoptions, economic assistance, and mental health has developed a COOP to ensure the continuation of essential functions, and the orderly transfer of authority when operations are disrupted. The plan identifies an Emergency Command Team and its responsibilities, and details work priorities. It includes notification procedures for managers and staff, and guidance on operations in alternate locations.

The COOP also addresses preserving essential program records in Minnesota's child welfare information system. Supplemental attachments to the COOP address the Do Not Resuscitate/Do Not Intubate (DNR/DNI) procedure details. A succession chart includes contact names and numbers for the administration, and the order of succession in case of a disaster or emergency. The department holds tabletop exercises in which teams test the COOPs by responding to emergency scenarios to evaluate what works and doesn't work. As part of the MEOP, HSEM developed the Minnesota Highly Pathogenic Avian Influenza and Pandemic Influenza MEOP supplement.

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

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

Requirements for county and tribal agencies in the Initiative who administer state programs funded under Title IV-B, subps. 1 and 2, and Title IV-E, include planning how they will:

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



- Coordinate services and share information with other states.

There have been few occurrences in recent years of localized disastrous situations that prompted the department to contact county agencies to ensure these criteria were met.

In addition to the other preparedness plans, duties have been added to contracts the department has with direct service providers to incorporate business continuity protocols. For example, in the Child Safety and Permanency Division, contracts for youth receiving Education and Training Vouchers include a protocol requirement to prepare independent youth on how to respond in case of a disaster.

### Training plan

The Minnesota Child Welfare Training Plan is in Attachment A.

## Section E. Financial Information

### Payment Limitation: Title IV-B, Subpart 1

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

- Child care: \$0
- Foster care maintenance: \$0
- Adoption Assistance: \$75,911

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

- Foster care maintenance: \$88,528,000

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

### Payment Limitation: Title IV-B, Subpart 2

#### Non-supplantation Requirement

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

	1992	2017
<b>Prevention and Support Services</b>	<b>\$16,088,680</b>	<b>\$32,620,282</b>
<b>Crisis Interventions and Family Prevention</b>	<b>\$35,139,076</b>	<b>\$154,419,206</b>
<b>Reunification</b>	<b>\$27,980,457</b>	<b>\$7,421,910</b>
<b>Time-limited Reunification</b>		<b>\$2,418,841</b>
<b>Independent Living Services</b>	<b>\$670,902</b>	<b>\$2,456,753</b>
<b>Total:</b>	<b>\$79,879,115</b>	<b>\$199,336,992</b>

Attached as separate documents are:

CFS-101s:

- CFS-101, Part I for FY 2020
- CFS-101, Part II with planned expenditures for the use of FY 2020 funds
- CFS-101, Part III with estimated and actual expenditures of FY 2016-FY 2018 grants for the Title IV-B, subparts 1 and 2, Chafee Foster Care Independence and Education and Training Vouchers

Annual Reporting of Education and Training Vouchers Awarded

Assurances and Certifications:

- Title IV-B, subparts 1 and 2 assurance
- CAPTA assurance
- Chafee certification
- ETV certification