



Minnesota Annual Progress and Services Report

Submitted June 30, 2020

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1. General Information

Collaboration

The Minnesota Department of Human Services (department) collaborates with a broad representation of internal and external stakeholders across the spectrum of the statewide child and family service delivery system. Through this work, shared goals are identified and strategies developed to increase safety, permanency, and well-being of children in the child welfare system.

Child Safety and Permanency (CSP) Division 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 especially, into the goals and strategies in its five-year plan. To address this, the Children and Family Services Plan (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 time as a better understanding is gained regarding how communities interact with, and can be more effectively served by, the child welfare system. As an example of how this has already occurred in the CFSP, based on input from the Indian Child Welfare Act (ICWA) Advisory Committee, Goal 2 in the CFSP to address disparities for American Indian and African American children and families was split into two separate goals (now Goals 2 and 3). The tribal representatives raised concerns about those two populations being combined in a single goal as they have unique histories, needs and the disparate outcomes experienced for each of those populations may require different strategies.

Examples of the substantial, ongoing and meaningful collaboration that the department has engaged in over the last year includes the following:

- Partnering with the Children's Justice Initiative (CJI) Advisory Committee, which meets quarterly, co-chaired by the commissioner of the Minnesota Department of Human Services and the Chief Justice of the Minnesota Supreme Court. Advisory committee members include the department's Child Safety and Permanency Division (CSP) director

Partners and Stakeholders

Administration for Children and Families •Citizen Review Panels
•Child Mortality Review Panel
•Regional supervisor groups
•Minnesota Association of County Social Services Administrators, Child Well Being Committee
•Indian Child Welfare Act Advisory Council •Children's Trust Fund
•County staff and administration
•Tribal representatives •University of Minnesota •Minnesota State Colleges and Universities System
•Children's Justice Initiative •State Ombudspersons for Families (Latino, African-American, American Indian, Asian, et. al.)
•Community service providers
•Community based organizations
•Former foster youth •Juvenile corrections •Minnesota Foster Parent Association •Child Development Services •Behavioral Health •Licensing •Economic Assistance and Employment Supports •Health care policy •Child and Maternal Health •Early Learning Services •Center for Health Equity •Parent Leaders for Child Safety and Permanency
•Prevent Child Abuse MN •Youth councils •Parent leaders
•Minnesota Information Technology •Youth councils
•Parent leaders

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.
- Engagement with regional supervisor groups to share data and information, hear about local practice and concerns, and support development of local interventions through the regional technical assistance project and the innovation zone work.
- Attending ICWA Advisory Council meetings to provide updates on department work and engaging in consultation on policies impacting American Indian children and families.
- 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.
- 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.
- Consulting with counties and Tribes regarding the development of Safety Practice Profiles, including beginning to pilot the use of the profiles with supervisors and case workers across the state.
- 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.
- Regular and ongoing convening of multiple stakeholders across the child welfare continuum, including Tribes, counties, providers, and communities, in planning for implementation of the Family First Prevention Services Act (FFPSA).
- Supporting the work of the Children's Cabinet through participation in the Senior Leadership team, and multiple workgroups focused on improving healthy births, children's mental health, early learning and housing supports.
- Participating in the Interagency Leadership Team which brings together directors across the Minnesota Departments of Health, Human Services, and Education focused on improving the system of care for young children and their families.
- Partnering with the Child Development Services Division, the Economic Assistance and Employment Supports Division, and Future Services Institute at the University of Minnesota to fund 12 communities experiencing geographic, economic or racial inequities across the state to co-create whole family solutions to issues identified as critical by those communities.
- Coordinated with the Departments of Health and Education to conduct a community needs assessment and develop a strategic plan as part of the planning year of the Preschool Development Grant (PDG). The PDG Community Based Needs Assessment

engagement process included 134 events within 56 communities and 11 Tribal Nations in as many as 6 different languages. Out of 1,372 participants, 73% were parents.

- The Minnesota Child Welfare Training System conducted several public forums to discuss the development of the new training academy, including regional hubs to ensure child welfare training meets the needs of counties, tribes and communities.

During the COVID-19 pandemic, the need for consultation, engagement and communication increased and the department responded with the following activities:

- Bi-weekly meetings with the child well-being committee of MACSSA.
- Bi-monthly meetings with all 11 Tribes.
- Co-hosted with the Youth Leadership Council a COVID-19 town hall forum attended by 177 youth, case managers, private agency staff and foster parents to hear about their concerns and needs during the pandemic.
- Individual outreach to youth receiving Educational Training Vouchers, as well as to the case managers and/or youth about to turn 18 or in extended foster care to ensure needs were being met during the pandemic.

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.

This report will be publicly available on the following department website, and a copy will be sent to the chairs of the Indian Child Welfare Advisory Council:

<https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-protection-foster-care-adoption/>.

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. Update on Assessment of Performance

The 2016 Child and Family Service Review found Minnesota to be out of substantial conformity with all seven outcomes and six of seven systemic factors. In response to the federal review, the department was charged with developing a Program Improvement Plan (PIP) to address all areas rated as not in substantial conformity. Notable improvement was made in performance on Safety and Well-being outcomes, and identified other areas needing increased efforts. Three major factors guided development of Minnesota's PIP, continuing through the Children and Family Services Plan, as follows:

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

2020 Update: In December 2017, the PIP Measurement Plan was approved, requiring specific measurement goals for CFSR Items 1, 2, 3, 4, 5, 6, 12, 13, 14 and 15. To date, Minnesota has submitted three non-baseline reports of case review results. Eight of 10 item-specific performance goals were met; performance goals for Items 4, 6 and 15 remain. Department staff continues to monitor progress of all items to ensure successes are maintained, as well as focusing on additional efforts to meet performance measures for Items 4, 6 and 15.

Additional updates on performance are included throughout this document, particularly in the section describing progress on goals, objectives and interventions. Also attached is Minnesota Statewide Performance on Data Indicators, including trend performance data on federal data indicators, as well as key child welfare indicators. Data is published on the department's website.

Since March 2020, practice has been impacted by the COVID-19 pandemic. The department issued pertinent guidance and waivers to support continuation of child welfare practice while attending to child, family and worker safety. Information regarding guidance and waivers due to COVID-19 are included throughout this document. The overall impact of the pandemic to the child welfare system are not yet known.

Child and family outcomes

Safety Outcome 1

Minnesota made steady progress in the timeliness to initial face-to-face contact with alleged victims in maltreatment reports measure over the past 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, made significant improvements on this measure, from 56.9% in 2016 to 83.3% in 2018. Building on these strengths, plans are to continue focusing on seeing children timely through targeted CQI processes, including providing easily accessible performance data to county and tribal agencies to monitor performance, 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 with a focus on timeliness to initial contact with alleged victims.

Table 1. State measure

	Standard	2016	2017	2018	2019
Timeliness to initial contact	100%	80.1%	83.7%	88.4%	88.1%

2020 Update: After steady, incremental progress over the past few years, Minnesota's performance on timeliness to initial face-to-face contact with alleged child victims remained steady between 2018 and 2019. A number of activities targeted at improving timely contact with children in response to reports of maltreatment were included in the PIP. The state successfully completed the majority of

those activities by the end of the PIP implementation period (Apr. 30, 2020), meeting the PIP performance goal for CFSR Item 1.

Per agreement with the Children's Bureau, two PIP activities related to the department partnering with Hennepin County to improve timeliness have been moved to the APSR for continued reporting (activities 1.2.4a and 1.2.4b). These activities include:

- Quarterly meetings between the Hennepin County CQI team and department staff to review successes, challenges, and updated timeliness performance data
- Identify and implement additional strategies to improve performance, as needed.

Hennepin County staff continue to monitor timeliness performance through its monthly CQI Governance Team meetings and the Well-being Oversight Committee. Department staff meet with the Hennepin County CQI Governance Team quarterly. Typically, these meetings are in person but due to COVID-19, recent collaboration continues through consultation.

While Hennepin County's performance on timely face-to-face contact with alleged child victims of maltreatment reports continues to be significantly improved since the 2016 CFSR, there was a decline in performance in Hennepin County and state performance in the past several months. Identified influences were noted to be staff shortages dating back to 2019, and screening team processes that delayed assignment of screened in reports to caseworkers. Hennepin County created specific plans to address both influences, and successfully reduced the time of assignment to an average of three to four hours following receipt of a report.

Due to the pandemic, Stay at Home and Stay Safe Executive Orders issued by the governor, and school closures/distance learning, there was a significant reduction in the number of maltreatment reports to local social service agencies across Minnesota since March 2020. In response to COVID-19, policy modifications were made for face-to-face contact with children requirements, and timelines for child protection assessments and investigations, in limited circumstances related to COVID-19 precautions. See [bulletin #20-68-13](#) for additional information. The full impact of the pandemic and revised guidance specific to performance on timely contact with children in response to maltreatment reports is yet to be determined.

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 (CFSP Goal 3).
2. Improve coordination across family serving systems (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 2. Federal and state measures

	Standard	2016	2017	2018	2018
Federal re-entry measure	8.3%	18.3%	17.3%	15.9%	15.6%
Maltreatment recurrence	9.1%	8.2%	9.0%	9.0%	6.1%
Maltreatment in foster care (per 100,000 days)	9.5	8.1	9.2	7.1	7.4

In Minnesota's PIP, two areas were identified as possible influences to performance in Safety Outcome 2: 1) 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 influences through the PIP. These strategies focused on activities related to improved and consistent use of SDM tools for assessing and addressing identified risk and safety issues, preventing removal/re-entry, and development of a safety model to guide 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 regions to review data, both qualitative and quantitative, on decision making, and make recommendations on 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 3. Children and Family Service outcomes and indicators

	Standard	2016 CFSR	Baseline	PIP Meas. Period 1	PIP Meas. Period 2	PIP Meas. Period 3a	PIP Meas. Period 3b
Safety Outcome 2	90%	43%	58%	64%	85%	91%	87%
Item 2: Services to family to protect child(ren) in the Home and prevent removal or re-entry	95%	50%	88%	85%	96%	100%	100%
Item 3: Risk and safety assessment and management	95%	43%	58%	69%	85%	91%	87%

Two strategies 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).

2020 Update: Since submission of the CFSP in 2019, Minnesota met PIP performance goals for both CFSR Items in Safety Outcome 2, Items 2 and 3.

Per agreement with the Children's Bureau, two PIP activities related to Safety Outcome 2 have been moved to the APSR for continued reporting (activities 1.3.2 and 1.3.4). These activities include:

- Roll-out of revised Structured Decision Making training to caseworkers and supervisors statewide
- Reinforcing practice and supporting the culture around the use of SDM tools, safety planning, and discussion of other safety-related practices.

The roll-out of the revised SDM training began in May 2020. Due to the COVID-19 pandemic, peacetime emergency and restrictions on travel and in-person meetings, the training was provided virtually. Training will be delivered virtually several times as early as July; in-person training will resume when safe to do so.

Reinforcing safety practice occurred in various ways, e.g., Communities of Practice meetings statewide, and consultation occurring via the Rapid Child Welfare Consultation and Support System. In FFY2020, Communities of Practice meetings focused on developing, implementing and evaluating safety plans, and co-occurrence of maltreatment and domestic violence.

Strategies in CFSP Goal 1, Objective 1, also align with reinforcing safety processes statewide, namely development of Safety Practice Profiles. Information regarding progress of Safety Practice Profiles is included in Strategy 1.1.1.

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 4. Federal performance measures

	Standard	2016	2017	2018	2019
Permanency in less than 12 months	40.5%	50.6%	47.5%	48.5%	49.5%
Permanency in less than 12 months: 12-23 months in care	43.6%	48.1%	51.2%	58.9%	55.5%
Permanency in less than 12 months: 24 months or more in care	30.3%	25.2%	28.9%	34.0%	33.2%
Placement stability (per 1,000 days in care)	4.12	4.0	3.9	3.7	3.9

Table 5. Children and Family Services review outcomes and indicators

	Standard	2016 CFSR	Baseline	PIP Meas. Period 1	PIP Meas. Period 2	PIP Meas. Period 3a	PIP Meas. Period 3b
Permanency Outcome 1	90%	25%	59%	51%	57%	56%	68%
Item 4: Stability of foster care placement	95%	65%	85%	80%	77%	79%	83%
Item 5: Permanency goal for child	95%	68%	83%	78%	76%	84%	90%
Item 6: Achieving reunification,							

guardianship, adoption, or other planned permanent living arrangement	95%	50%	74%	66%	71%	78%	71%
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Placement stability is an area of relative strength for Minnesota, where it is meeting the national standard, performing better in CFSR item 4. Information from MnCFSR (Minnesota Child and Family Service Review) 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 for 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 manner, 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 needs of children in care. Minnesota is focused on the PIP and 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 Judicial Branch and the department through Minnesota's Court Improvement Project, the Children's Justice Initiative, to improve permanency for children, particularly those in care for extended periods of time. These strategies will continue, incorporated in the CFSP (Goal 3).

There was 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 was especially long for the increasing number of children in care for parental drug use. In the 2019 legislative session, the governor signed a bill providing \$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).

2020 Update: Minnesota continues to monitor performance on CFSR Items 4, 5 and 6 through case reviews. Minnesota met the PIP performance goal for Item 5; however, has not met performance goals for Items 4 and 6. Performance on federal data indicators continues to be strong. Based on data received in February 2020 from the Children's Bureau, Minnesota met the national standard for the following indicators:

- Placement stability
- Permanency in 12 months (entries)
- Permanency in 12 months for children in care 12-23 months.

Performance on the final federal data indicator, permanency in 12 months for children in care 24 or more months, is improving; however, Minnesota has not met the national standard.

The inconsistency between performance on federal data indicators and performance in case reviews continues to be assessed. Over the next few months, department staff will be engaging county and tribal agencies in processes to further identify factors that influence performance on placement stability and timely achievement of permanency. The department continues to participate in the state's CJI Advisory Council. Additional reporting on these activities is included throughout this document.

PIP activities related to Permanency Outcome 1 were completed during the PIP implementation period, ending on Apr. 30, 2020.

As a result of the COVID-19 pandemic, policy modifications were made to the due date and signature requirements for out-of-home placement plans. This was to ensure foster children's well-being and help stop the spread of COVID-19, issued Apr. 21, 2020. For information, see [bulletin #20-68-16](#).

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 regularly exceed the established performance standard.

Minnesota made strides in the past 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 past 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 6. State measure

	Standard	2016	2017	2018	2019
Relative care (percent of family foster care days)	35.7%	53.1%	57.0%	59.1%	60.2%

Table 7. Children and Family Services outcomes and indicators

	Standard	2016 CFSR	Baseline	PIP Meas. Period 1	PIP Meas. Period 2	PIP Meas. Period 3a	PIP Meas. Period 3b
Permanency Outcome 2	90%	63%	87%	82%	86%	95%	93%
Item 7: Placement with siblings	95%	88%	97%	94%	97%	97%	84%
Item 8: Visiting with Parents and siblings in foster care	95%	88%	97%	94%	97%	97%	84%
Item 9: Preserving connections	95%	67%	80%	72%	84%	93%	89%
Item 10: Relative placement	95%	84^	96%	93%	95%	96%	95%
Item 11: Relationship of child in care with parents	95%	54^	835	71%	73%	81%	88%

2020 Update: Performance on the state measure, percent of total days children spent in relative care in a foster care episode, continues to improve; 2019 data indicates of total days in care, 60% were spent in family foster care. Performance on CFSR Item 10 also improved significantly.

Compared to the baseline period, performance on other CFSR items has varied. E.g., performance on placement with siblings remained fairly steady until the most recent PIP measurement period; performance on Item 8 has been higher than the baseline in most measurement periods; and performance on Item 11 dropped below baseline performance for the first few measurement periods, but the most recent measurement period reflects improved performance.

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; it is also the area with the least amount of available information about underlying influences to practice. Anecdotal evidence in Minnesota (and more broadly from research) that one factor influencing caseworkers' ability to successfully engage clients is rising caseloads. One downstream benefit of focusing on prevention for the child welfare system could be reduced caseload sizes. As this strategy will take time, other strategies to improve engagement and other well-being items were included in the PIP, many of which will continue in the CFSP.

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

- 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
- Implementation of a coaching/mentoring model by the Minnesota Child Welfare Training System for engagement and informal assessment of safety and other needs (PIP Goal 5, Strategy 1).

In recognition of the critical nature of good engagement practices, the above strategies were the most resource intensive in the PIP. Increased engagement with children, parents and foster parents

will result in improved decision making and practice 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. 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 8. State measure

	Standard	2016	2017	2018	2019
Caseworker visits	95.0%	79.8%	81.1%	82.3%	82.8%

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 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 when children are placed across jurisdictional boundaries and courtesy supervision is deemed appropriate (PIP Goal 3, Strategy 1). This work continues, 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 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 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 9. Children and Family Service outcomes and indicators

	Standard	2016 CFSR	Baseline	PIP Meas. Period 1	PIP Meas. Period 2	PIP Meas. Period 3a	PIP Meas. Period 3b
Child Well-being Outcome 1	90%	38%	61%	57%	74%	77%	76%
Item 12: Needs and services of child, parents and foster parents	95%	38%	69%	63%	76%	78%	82%

Sub Item 12A: Needs assessment and services to children	95%	62%	93%	94%	94%	97%	94%
Sub Item 12B: Needs assessment and services to parents	95%	43%	74%	63%	79%	79%	83%
Sub Item 12C: Needs assessment and services to foster parents	95%	72%	86%	79%	90%	91%	94%
Item 13: Child and family involvement in case planning	95%	40%	79%	76%	89%	87%	84%
Item 14: Caseworker visits with child	95%	55%	64%	73%	78%	86%	86%
Item 15: Caseworker visits with parents	95%	36%	71%	66%	75%	74%	73%
Well-being 2	90%	70%	98%	98%	97%	99%	100%
Item 16: Educational needs of the Well-being 3	95% 90%	7% 41%	98% 84%	98% 84%	97% 91%	99% 94%	100% 93%
Item 17: Physical health of the child	95%	48%	93%	87%	98%	98%	95%
Item 18: Mental/behavioral health of the child	95%	56%	86%	93%	91%	95%	96%

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. Several strategies are focused on building and improving collaboration 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 in 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.

2020 Update: Since submission of the CFSP in 2019, Minnesota has met PIP performance goals for three of four CFSR Items associated with Well-being Outcome 1. Preliminary numbers indicate that Minnesota will meet the fourth Item (Item 15) in this next reporting period; however, that is yet to be verified by MASC (Measurement and Sampling Committee).

Per agreement with the Children's Bureau, one PIP activity related to Well-being Outcomes has been moved to the APSR for continued reporting (activity 3.1.3), this includes reinforcing guidance on requirements for caseworker visits.

The department developed and distributed a best practice guide for caseworker visits with children in January 2020. Various activities have been completed to support and reinforce guidance on caseworker visits including embedding the guidance into trainings offered through the Minnesota Child Welfare Training Academy and, again, Minnesota met the performance goal for the CFSR item related to caseworker visits with children (Item 14). However, Minnesota's performance on caseworker visits with children in out-of-home placement continues to be below the federal expectation of 95 percent. Additional activities, including providing reports to local agencies for monitoring completion of visits during the month have been implemented.

Waivers to requirements for caseworker visits with children were made as a result of the COVID-19 pandemic. Specifically, in accordance with federal waivers, monthly caseworker visits with children in out-of-home care are allowed to be held virtually in lieu of in person face-to-face visits. See [Bulletin #20-68-11C](#) for additional information.

The full impact of the pandemic and revised guidance specific to performance on caseworker visit is yet to be determined.

[CFSR 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. 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. To address this issue, department staff conducting CFSR case reviews implemented a process for reviewing the accuracy of placement data (e.g., address, date of birth, gender, race and permanency goals) on cases being reviewed. Results of the data accuracy reviews clearly demonstrated inconsistencies in how address information is entered into the Social Service Information System (SSIS); other placement data is consistently entered and accurate. Current activities are making needed changes to SSIS and issuing guidance on data entry for placement location.
- **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 1 of the CFSP and updates are included in that section of this document. In addition, Minnesota has met the PIP performance goal for Item 13: Child and family engagement in case planning.

Department staff, in collaboration with the State Court Administrator's Office staff created a notice of hearing specifically for resource families as a strategy for improving notice of hearings to caregivers. The revised notice of hearing has been in use statewide since Oct. 4, 2019. In addition, staff developed a plain language, comprehensive guide to court proceedings for resource families; statewide distribution of the guide occurred in Jan. 2020.

A survey of resource families indicated that, since statewide implementation of the revised notice of hearing, 90 percent of respondents reported receiving the notice. Next steps include continued collaboration between the two departments to plan for continued monitoring and improvement.

- **Quality Assurance System.** Department staff have been engaged with the Capacity Building Center for States for the past two years on redesigning the states quality assurance/continuous quality improvement system. More specific updates on activities completed related to this system factor are included later in this document. (See updates to Goal 5 in Section 3 and Section 4.)
- **Staff and Provider Training.** The department continues to implement the new Child Welfare Training Academy in partnership with the University of Minnesota, Center for Advanced Studies in Child Welfare. Per agreement with the Children's Bureau, two strategies included in Minnesota's CFSR PIP related to improving safety, permanency, and well-being for children and families through investment in the child welfare workforce are being moved to the APSR for ongoing reporting. The strategies are:
 - Implementing components of the recommended Child Welfare Training Academy to train case workers and supervisors on the core competencies developed from Minnesota's Child Welfare Practice Model
 - Create and distribute a survey to local agencies to report on whether training requirements for caseworkers are being met. Survey will be distributed to each local agency every other year. When training requirements are not met, local agencies will be asked to develop a plan for ensuring staff receive the required number of training hours.

Department staff have worked toward the development of a contract with Butler Institute to develop training materials and courses on coaching to Minnesota's Child Welfare Practice Framework. However, delays occurred in the contracting process. An RFP for this work will be posted in June 2020. While continuing to work toward executing this contract, the division's Safety Unit has secured a small contract (annual plan) with Butler Institute to facilitate the piloting of the safety practice profiles that are discussed in CFSP strategy 1.1.1. The safety practice profiles are grounded in the Child Welfare Practice Framework, and the pilot related to their use is geared to embedding the practice profiles in supervisor practice and supporting workers in the development of those skills.

A survey related to training requirement for caseworkers was completed and results were provided to the Child Welfare Training System. Letters were initially going to be sent to agencies not in compliance when the survey was completed, but it was decided to delay that process due to the COVID-19 pandemic and will resume once the emergency stabilizes.

- **Service Array and Resource Development.** The department continues to ensure 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. It is critical that 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. The entirety

of Goal 4 in the following section is focused on improving access to and utilization of services that meet the needs of children and families; see that section for specific updates on activities.

- **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 updated collaboration section of the CFSP for additional information about collaboration and engagement with the community, including areas of strength and opportunities for growth. Strategies for increased collaboration are also included in Section 3, Goal 5.
- **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. More specific updates on activities and progress related to this systemic factor are included in the next section, see Goals 1 and 4.

3. Update to the Plan for Improvement and Progress Made to Improve Outcomes

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

Minnesota's PIP implementation period ended Apr. 30, 2020, with the majority of activities completed. In consultation with the Children's Bureau, an agreement was made to extend some PIP activities due to the COVID-19 pandemic and continue reporting others in the APSR.

The department submitted its fourth semi-annual Child and Family Services (CFSR) Program Improvement Plan covering quarters seven and eight in May 2020. As reported, the vast majority of PIP activities were successfully completed in the PIP implementation period ending Apr. 30, 2020. Due to the extraordinary circumstances related to the COVID-19 pandemic, department staff requested a six-month extension for a few activities, granted May 5, 2020. Efforts to complete activities continues. Activities from the PIP were added/combined with strategies from the 2020-2024 CFSP, and reported in the APSR going forward.

Revisions to Goals, Objectives, and Interventions, Including Progress

Through consultation with the American Indian Child Welfare Advisory Council, it was determined that separation of CFSP Goal 2 into two separate goals was needed. The original goal encompassed reducing disparities for African American and American Indian children throughout the child welfare system. Separation of that goal into two separate goals provides the ability to consider the unique needs and better target specific strategies for African American and American Indian children and families. The revised Goal 2 is specific to American Indian children; the revised Goal 3 is specific to African American children. There will be ongoing evaluations of these goals and strategies in the upcoming year to ensure individualized planning occurs.

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 10.

Table 10. Goal 1 measurement targets

Measure Type	Measures	Target	Baseline year	Baseline	Year 1 (2017/2018)
CFSR	Permanency Outcome 2	88.0%	2017/2018	83.0%	83.8%
CFSR	Well-being Outcome 1	70.0%	2017/2018	61.0%	65.7%

Measure Type	Measures	Target	Baseline year	Baseline	Year 1 (2017/2018)
State	Caseworker visits	87.0%	2018	82.3%	82.8%

Objectives

Objective 1.1. 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.

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 11.

Table 11. Measurement benchmarks for goal 1, objective 1

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Item 11 baseline (2017/18): 83%	Target: 85%	87%	89%	91%	93%
	Observed: 84%	--	--	--	--
Item 12C baseline (2017/18): 86%	Target 87%	88%	89%	90%	91%
	Observed: 84%	--	--	--	--
Resource family satisfaction with Engagement survey	Survey developed, implemented, and baseline and target established				

- **Strategy 1.1.1:** 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.

2020 Update: Child Safety and Permanency Division staff, in collaboration with the Capacity Building Center for States, and Safety Framework Advisory Committee, developed Safety

Practice Profiles. The profiles are a tool for defining safety-related interventions; describing how it works in everyday practice across the life of a case. The goal of the Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and to help guide appropriate goal setting, working to enhance practice skills. One of the four key components is involving safety networks, which promotes keeping families together whenever possible, involving kin to support families, and supporting timely reunification with supports.

The Safety Practice Profiles moved into a pilot phase; the first pilot started in April 2020. Department staff are in the process of selecting sites for two additional pilot cohorts, one to begin in September 2020, the second in January 2021. The pilots primarily engage child protection supervisors who will develop additional skills regarding coaching to support use of the tool. At the end of the pilot it is expected that supervisors will be able to:

- Describe and differentiate between ineffective, foundational, and advanced safety practice behaviors
- Recognize safety practice behaviors of individual workers and identify current level of practice skills
- Apply coaching skills to help workers to deepen safety practice skills across a continuum
- Utilize Safety Practice Profiles to evaluate practice behaviors within a coaching framework
- Evaluate the pilot process and provide feedback to department staff on future efforts.

Each pilot will take place over six months. Agencies will receive both in-person and online support over the six months, including individual coaching and group technical assistance opportunities (Learning Circles).

Pilot recruitment efforts required interested agencies to conduct a readiness assessment tool. The Safety Practice Profile: Readiness Assessment Tool, was designed to help child welfare agencies think about readiness for change, and to implement Safety Practice Profiles into supervision and workforce development practices. A candid examination of readiness is useful so resources can be directed appropriately to build motivation and capacity, and prepare agencies for successful implementation. Readiness assessments were submitted to the department and reviewed by the Safety Practice Profile Implementation Team, which included department, county and/or tribal social service agency representatives.

- **Strategy 1.1.2:** 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)).

2020 Update: In 2019, CSP division staff completed a variety of tasks to strengthen information provided to relatives, including:

- Revised the brochure, Paths to Permanency, information provided to relatives regarding various permanency programs
- Developed a permanency notice to be provided to relatives at the time of removal and at permanency
- Increased funding to grantee MNADOPT to provide a post-adoption/post-kinship navigator program

- Began tracking adoption dissolutions to help identify causes, which will help to identify preventative strategies to better support post-adoptive families
- Held quarterly Permanency Roundtables with three counties to discuss relative search practices along the child welfare continuum
- Updated Child foster care notice to relatives ([DHS-3799-ENG](#)) in March 2020 to assist in improving relative search, providing more options for relatives to respond with interest in participating in care and planning for children beyond consideration as potential placement options.

In 2020, a new relative notice specific to permanency will be released, along with a stand-alone guide for relatives to help them understand foster care licensing and adoption home study options, and options for court review if not selected as placement or permanency option.

- **Strategy 1.1.3:** 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.

2020 Update: Provided relative search training to county and tribal agency staff on multiple levels, including regionally, and at individual county/tribal agencies on request, and state conferences. Permanency quality assurance staff, adoption and kinship policy specialist, and supervisor, provide daily technical assistance to county and tribal agency staff on relative search through unit emails. Requests are received from family members for additional support beyond what the local agency has provided.

A legislative proposal was introduced to strengthen relative search and engagement processes, including removing the ability for agencies to ask for a waiver of the requirement of notifying relatives at the time of a termination of parental rights, allowing relatives to intervene earlier and improve court processes for relatives. This proposal was not heard in committee but will be presented again with additions, including changes to strengthen father engagement and notification requirements. Work related to updating statutes related to private adoptions is underway to ensure relative search requirements are met, and ensure adoptees' voices are reflected in statute.

- **Strategy 1.1.4:** Implement the Family First kinship support services/kinship navigator program.

2020 Update: Minnesota's Family First Kinship support services and navigation program is still in the developmental phases. The Department's primary focus is on building its infrastructure, kinship caregiver services, community partnerships and community outreach programs.

The Department has formed community partnerships through awarded mini grants to counties, agencies and tribes targeting Kinship program development. Each partner has incorporated their own evaluations to assess how their services are meeting the objectives of increased child and/or adult wellbeing, increased child safety, increased permanency, and improved access to community services.

In the upcoming year, the Department plans to continue to assess Kinship family needs and to partner with counties, agencies and tribes to further develop programing. Collaboration

with these partners will need to focus on enhancing services that will meet Clearinghouse evaluation standards. The Department has created an FFPSA subgroup including external stakeholders to facilitate these discussions regularly.

- **Strategy 1.1.5:** Supporting engagement and communication between resource families and caseworkers, assessing the needs of these families and children in care; this includes monitoring effectiveness and use of the Resource family and caseworker visit discussion tool, developed and disseminated statewide in April 2019.

2020 Update: A Resource family and caseworker visit discussion tool was developed for resource families to complete in preparation for meetings with a child's caseworker, covering topics such as dates of medical, dental and/or mental health appointments; school meetings; parent/child and child/sibling visitation; court hearings; medications; and needs of a family to care for children, etc. It is an optional tool for resource families as well as caseworkers for use to guide visits.

In developing the tool, department staff elicited feedback from local social service agencies (child protection and licensing program staff), resource families, and the metro supervisors and licensors group. The feedback was incorporated into the tool. The tool was discussed and highlighted in a caseworker visits with children webinar in March 2019. The tool was published along with an instruction [bulletin #19-68-10](#) in April 2019. In June 2019, the tool was converted to a fillable form, [DHS-7889-ENG](#). The tool was shared by department Foundation training staff with new child protection trainees. It was also highlighted in the [Caseworker and child visits best practice guide, DHS-7987](#), published in January 2020.

A survey was issued to a random sample of 50% of local agencies (N = 41), with 29 agencies responding. Of the responders, 14 use the department-provided curriculum, Foster Parent College. The rest use a mix of curricula. Of those that did not use Foster Parent College, 10 reported providing information on the number of training requirements in their own pre-service training. This information was shared with the Minnesota Child Welfare Training System and the department's Foster Care Unit to inform future planning and efforts.

The department issued one survey in the second year of the two-year PIP window, and planned to do a second survey in March 2020. Because of the pandemic, staff determined that a survey was not a priority for local agencies at this time. Staff will continue to monitor agencies to ensure training is being offered on an annual basis.

- **Strategy 1.1.6:** 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.

2020 Update: The department collaborated with Quality Parenting Initiative-Minnesota (QPI-MN) through participation in its Connections Workgroup, providing technical assistance on a bill to require an initial "comfort call" at time of placement or placement move, and arranging for QPI-MN to participate in a webinar held by MN ADOPT to introduce resources and supports for foster providers in response to the COVID-19 epidemic. The comfort call bill is anticipated to pass during the legislative special session. Department staff worked with QPI-MN to adapt guide created by its workgroup for statewide distribution. There are ongoing meetings with the Child Welfare Training Academy, QPI-MN, and program staff in the Family Support and Placement Services unit, to discuss integration of QPI-MN's

work in training and policy implementation. The comfort call statute is anticipated to be implemented statewide in November 2020, if passed.

Child foster care notice to relatives, ([DHS-3799-ENG](#)), was updated in March 2020 to include more information for relatives interested in participating in planning for a child and/or being a placement resource.

Department staff created [new stand-alone document](#) for relatives who may not have received a written notice to inform them of the foster care placement and licensing process, opportunities to participate in care and planning, court reviews, permanency planning, services and supports for relative caregivers.

Objective 1.2. Improve engagement with children and parents, including frequency and quality of caseworker visits. This objective will be achieved through the following strategies.

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 12.

Table 12. Measurement benchmarks for goal 1, objective 2

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Item 14 baseline (2017): 68%	Target: 71.2% Observed: 75.7%	74.5% --	77.7% --	81.0% --	84.2% --
Item 15 baseline (2017): 68%	Target: 71.3% Observed: 70.3%	74.6% --	77.9% --	81.2% --	84.5% --

- **Strategy 1.2.1:** 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.

2020 update: A 90-minute eLearning module designed for children's mental health and juvenile justice workers was collaboratively developed and posted on the Learning Management System on Apr. 28, 2020. The learning opportunity was announced to social service directors via email, requesting they share it with children's mental health and juvenile justice staff. Notice of the training was also sent through the Child Welfare Training Academy's mailing list.

The following topics are covered in the eLearning module:

1. Brief description of CFSR process
2. Child welfare in Minnesota: State supervised, county administered; 11 American Indian tribes; intake, screening and pathway assignment
3. Child protection (Family Assessment, Family Investigation, Facility Investigation)
4. Case planning
5. Out-of-home placement
6. Permanency
7. Caseworker visits
8. Engagement with children and families
9. Disparities and disproportionality

Development of this eLearning module was a collaborative effort involving representatives from the Minnesota Departments of Corrections, Education and Human Services.

- **Strategy 1.2.2:** 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.

2020 Update: Guidance on caseworker and child visits was incorporated in Foundation training within the case management focused classroom. The combined case planning and caseworker visit training is in development by the Training and Foster Care units in CSP.

- **Strategy 1.2.3.** 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.

2020 Update: The Innovation Zone was developed as part of the Program Improvement Plan resulting from the 2016 federal Child Family and Services Review. The goal of the Innovation Zone was to improve practice regarding assessing risk and safety, and engagement with families and foster parents. It was also intended to be complementary to redesigned continuous quality improvement processes in the Child Safety and Permanency Division, and build agency capacity in program improvement. The redesigned Continuous Quality Improvement (CQI) system is intended to use "rapid cycle evaluation" work such as this moving forward.

In April 2019, 10 county agencies volunteered to participate in the Innovation Zone. Initial work included focus groups with frontline staff, supervisors, managers, and directors at each participating agency to collect information related to influences that impact assessing risk and safety, and engaging with children, parents and foster parents. That information, along with data from Child and Family Service Reviews and state and federal measures, guided teams through the process of identifying an area they wanted to further explore.

Beginning in July 2019, teams developed a goal, created a work plan, and began to implement strategies. Further work was completed through rapid evaluations of effectiveness of strategies implemented by each agency and making adjustments, as needed. CSP CQI staff convened quarterly meetings with participating agencies, providing opportunities for agencies to come together, share accomplishments and challenges, supporting each other's work. CQI unit staff provided guidance and technical assistance to support agencies in developing goals, strategies, measurement plans, and evaluating progress. Teams also engaged in one-on-one meetings with CQI staff throughout the work to provide individualized support. Each team had unique data needs supported through creation of Tableau dashboards specific to data points identified for each goal. Designated staff in every county and tribal agency in Minnesota have access to Tableau and the numerous dashboards in Tableau. [Click here for a list of participating agencies with their identified goals and strategies.](#)

Strategy 1.2.4: Continue development and implementation of an inter-county agreement for placement of children to support caseworker visits across county lines.

2020 Update: Beginning in April 2019, eight county agencies began participating in a six month pilot of the project. During the pilot fifty requests for assistance were received related to licensing when a child had already been placed across county lines and when an agency was considering placement with a relative outside of its jurisdictional boundaries. Department staff facilitated contact and information sharing between agencies. The pilot ended in April 2020 at which time a bulletin describing the process was published and distributed statewide. Agencies across the state are now utilizing the process.

- **Strategy 1.2.5.** Provide real time data to county and tribal agencies with alerts to identify children who haven't had visits as of the 20th of each month through Tableau Server.

2020 Update: Access to real-time data was delayed as a result of delays in the MN.IT centralization process. Centralization was completed in November 2019. Department staff met with MN.IT about getting access to near real-time data in early November 2019. MN.IT indicated that the need to update Oracle-based servers used with SSIS is a security risk that requires attention before it can provide the department with daily updates to the data system. Alternative methods were discussed for access to data for the 15 local agencies with the lowest performance. The department was on target to complete this activity in March 2020, however, due to changes required in practice specific to caseworker visits with children and families as a result of the COVID-19 pandemic and peacetime emergency, child-specific lists were not provided. Work is underway to ensure queries for pulling data on caseworker visits is consistent with current guidance, e.g., inclusive of video-conferencing contacts with children in out-of-home placement. Distribution of child-specific lists to local agencies began in May 2020, and will continue monthly thereafter

Objective 1.3. Build collaborative partnerships with community-based agencies to support engagement of children and families. This will be achieved through the following strategies.

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 13.

Table 13. Measurement benchmarks for goal 1, objective 3

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Number of Partnerships with community-based agencies established	Establish the baseline and set target for future year				
	Draft engagement Strategy: Partially Completed, delayed As a result of the Pandemic	Develop engagement analysis tool	Establish baselines for engagement	Statistically significant increase in engagement	
Assessing Level of engagement	Maintain an 85% attendance rate in partnership meetings, including the Inter-agency leadership team and Cultural and Ethnic Communities Leadership Council meetings 100% attendance				

- **Strategy 1.3.1:** 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.

2020 Update: The interagency leadership team met 9 times and traveled for the BUILD Initiative cross-state collaborative meetings twice which are 3 day meetings focused on supporting cross-agency collaborative early childhood systems building. These efforts broadly were focused on the development of a coordinated authentic community engagement process. In addition, the interagency team sponsored and participated in the Equity Leadership Action Network six month fellowship, which included site visits with two communities experiencing inequities in Minnesota, gathering and analyzing input provided during those visits, and the development of a coordinated response by the systems involved on the interagency team to what was learned during the visits. There were 12 – 16 cross-system equity projects developed during the course of the fellowship that focused on increasing equity either in the state agencies or with communities facing racial inequities.

- **Strategy 1.3.2:** Collaborate with the department’s director of community relations to expand consultation with the Cultural and Ethnic Communities Leadership Council.

2020 Update: No activity to report for this year.

- **Strategy 1.3.3.** Expand the statewide Youth Leadership Council by adding more individual councils across the state to incorporate more youth voices.

2020 Update: A request for proposals (RFP) for an agency to support Youth Leadership Councils was executed in spring 2020. No new agencies were identified from this effort. The seven previous agencies were selected to continue. The independent living coordinator, along with the seven agencies, work to increase youth engagement in the Youth Leadership Council, and also actively promote youth members’ involvement in child welfare policy and decision-making activities at the local, state and national levels.

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

Measures of progress

To address the CFSP goal regarding reducing disparities, progress will be assessed using federal performance measures on permanency timelines, as well as an internal CSP measure, 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 American Indian children as alleged victims in screened in child protection reports and in out-of-home care by half; and reduce the difference in performance on the permanency measures between American Indian and White children by half. The measurement targets for this goal are in Table 14.

Table 14. Goal 2 Measurement targets; American Indian data points (relative to white children)

	Target	Baseline 2018	2019	2020	2021	2022	2023
Child protection Involvement	2.5x more likely	5.0	4.9				

Out-of-home			
Placement	9.1x more likely	17.8	16.7
Permanency 0 -12	Difference <=7.0%	15.7%	13.2%
Permanency 12-23	Difference <=7.0%	15.7%	19.0%
Permanency 24+	Difference <=5.9%	11.7%	6.1%

Objectives

Objective 2.1. Identify factors that lead to disparities, including racial bias. Progress on this objective will be assessed through development and use of the disparities index, published in the first year and updated on a monthly basis.

- **Strategy 2.1.1:** 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.

2020 Update: Over the past year, research staff from the Child Safety and Permanency Division had conversations with Ramsey County and the state of Oregon; both of whom have done similar work to create a disparities index. Research staff have developed a draft dashboard and are in consultation with a group from the division's leadership team to complete and publish the dashboard.

- **Strategy 2.1.2:** Adapt and implement the Collaborative Safety learning processes to capture systemic factors that specifically lead to disparities, including racial bias.

2020 Update: The department has provided information and informal training to the ICWA Advisory Council on the child fatality/near fatality review process and are planning for additional, formal training for tribal agency staff over the next year. During this formal training, there will be opportunities for tribal agency staff to make suggestions on how the process might be adjusted to be more culturally responsive. The department has conducted one fatality/near fatality review involving an American Indian child whose tribal affiliation was with a tribe outside of Minnesota. Reviews involving American Indian children will expand as training is provided to tribes, and input into the process is received from them.

This is a collaborative effort between various entities; tribes and the American Indian community are key to the success of this strategy, as well as continued collaboration between the department and the ICWA Advisory Council, individual tribes, and between units within the department.

Objective 2.2. Improve access to culturally appropriate child welfare services for American Indian children and families.

Progress on this second objective will be assessed through use of an internal CSP ICWA compliance measure, and the relative rate index for American Indian children who are alleged victims of maltreatment and those experiencing out-of-home care. The measurement benchmarks for this objective are in Table 15.

Table 15. Measurement benchmarks for goal 2, objective 2

Benchmarks	2019	2020	2021	2022	2023
Compliance rate for Indian Child Welfare Act, baseline (2018): 62%	Target: 66%	70%	74%	78%	82%
	Observed: 79%	--	--	--	--

Relative rate index of alleged victims American Indian to white children, baseline (2018): 5.2 x more likely	Target: 4.7 Observed: 4.9	4.1 --	3.6 --	3.0 --	2.5 --
Relative rate index of children in out-of-home care American Indian to white children baseline (2018): 18.2x	Target: 16.4 Observed: 16.7	14.6 --	12.7 --	10.9 --	9.1 --

- **Strategy 2.2.1:** Adapt the fatality and near fatality review process to be culturally responsive when used with tribal child welfare agencies.

2020 Update: The department provided information and informal training to the ICWA Advisory Council on the child fatality/near fatality review process, and planning for additional formal training for tribal agency staff over the next year. During formal training, there will be opportunities for tribal agency staff to make suggestions on how the process might be adjusted to be more culturally responsive. The department conducted one fatality/near fatality review involving an American Indian child whose tribal affiliation was with a tribe outside of Minnesota. Reviews involving American Indian children will expand as training is provided to tribes, and input into the process is received.

This is a collaborative effort among various entities. Collaboration with tribes and the American Indian community is key to the success of this strategy, as well as continued collaboration among the department and the ICWA Advisory Council and individual tribes, and among divisions and units within the department.

- **Strategy 2.2.2:** 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.

2020 Update: The Red Lake Nation has made extraordinary progress in their work toward assuming child protection responsibilities from local county systems. The DHS AICWI team has diligently worked to bring the systems and funds previously hosted by neighboring counties to the Red Lake Nation. In December 2019, DHS began hosting monthly and now bimonthly AICWI Leadership meetings. In partnership with the Red Lake Nation and Beltrami County, the leadership teams are coming together to join in discussions in preparation for the Initiative transfer. We have moved forward into MOU (Memorandum of Understanding) negotiations within these leadership meetings.

The AICWI team is in continual communication with the Red Lake Nation, allowing for time to listen and directly address concerns and ongoing updates. This year DHS hosted bimonthly Video Now meetings to bring information directly to the Red Lake Nation related to data reporting, funding streams and allocations, systems, and training. The AICWI team works closely with State programs and systems within the Gateway Project. This project is designing the actual transfer of Initiative cases from neighboring counties to the Red Lake Nation.

As Red Lake is an inherent sovereign nation in which Public Law 280 is not applicable within its jurisdiction, DHS is being continually reminded to recognize the Nation's unique political

status and that their work will not look like how it has been done by other counties and tribes within Minnesota, but their work will meet or exceed expectations. The Red Lake Nation will be amending their planning contract to extend for an additional six months on July 1, 2020 and then will begin their implementation contract on January 1, 2021.

Planning continues with Mille Lacs Band of Ojibwe to move toward joining the AICIWI. There is not a confirmed date as to when this may occur.

Strategy 2.2.3: Provide extra support to agencies determined out of compliance with ICWA and MIFPA. Department ICWA Compliance and Training staff will work closely with county agencies not meeting substantial compliance standards, and provide ICWA curriculum training and technical assistance.

2020 Update: Upon Completion of the 2019 Indian Child Welfare Act – Minnesota Indian Family Preservation Act (MIFPA) compliance review, the department’s ICWA unit staff scheduled onsite technical assistance with each county reviewed. A total of 48 onsite visits occurred between August 2019 and January 2020. In some instances, onsite assistance included several counties represented when discussion occurred. These discussions involved implementation of ICWA/MIFPA provisions, as well as case consultations using the ICWA/MIFPA Desk Aid tool, given to each worker. ICWA unit staff were also asked for onsite technical assistance with Tribal Nations/communities discussing components of ICWA/MIFPA implementation and policy expectations of county agencies.

The department’s Training and ICWA units collaborated in developing and implementing six webinars focusing on major components of ICWA and MIFPA. These 45-60 minute webinars, known as “ICWA Coffee Talks,” focused on ICWA/MIFPA data entries in the Social Service Information System with correlated policy requirements. ICWA team members received and responded to questions posed by participants, and incorporated cultural/Tribal language whenever possible to educate and expose participants to differences with Tribal Communities and Nations.

The department collaborated with the Minnesota Indian Child Welfare Advisory Council (11 Tribal and six Urban Indian representatives), and county agency representatives, to develop an ICWA/MIFPA Compliance Review tool. Collaboration continues in development of program improvement planning when an agency is found out of compliance.

Measures used to determine effectiveness of federal and state requirements are based on outcomes with the ICWA/MIFPA compliance review. In 2018, statewide incompliance was rated at 49%, with an increase to 61% in 2019, with ICWA/MIFPA requirements.

The ICWA unit, the department’s Continuous Quality Improvement staff, Tribal and county agency partners, collaborated to work together in development of the program improvement plan process. It utilizes the Collaborative Safety review model which incorporates Human Factors and System Safety (Safety Science). The process includes outcomes from the compliance case file reviews, following up with debriefs involving front-line staff making case decisions, and a mapping process including representation from local county and Tribal agencies and department partners. The process is to better understand decision making in real time, identifying underlying systemic barriers to ICWA and MIFPA compliance.

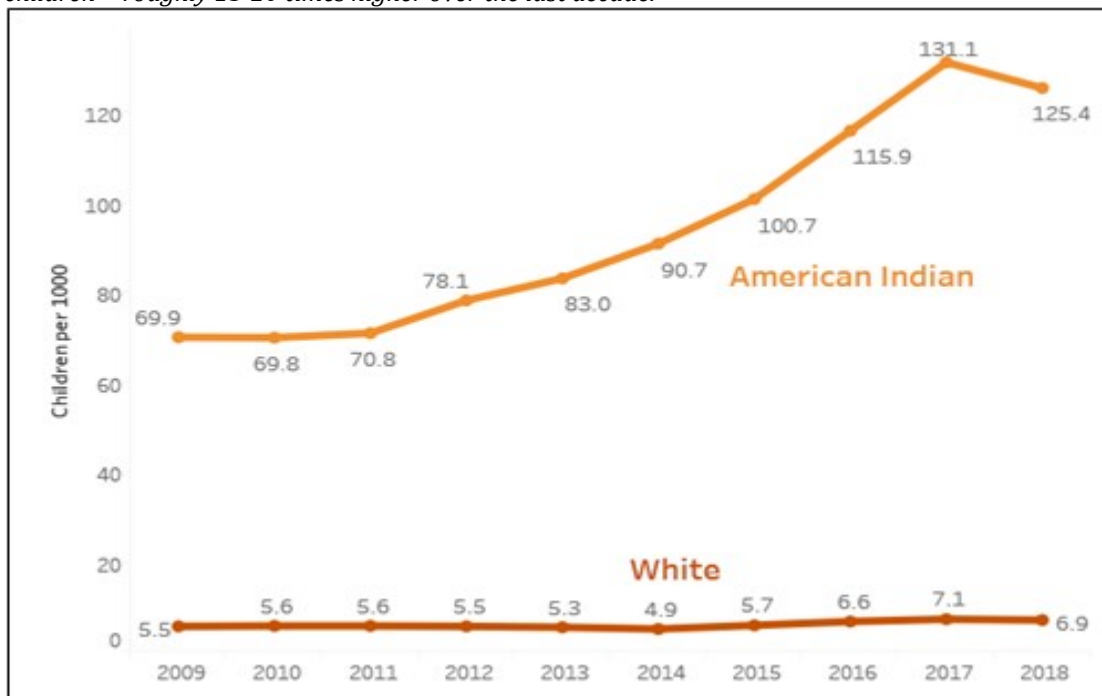
- **Strategy 2.2.4:** Leverage Family First Prevention Services Act and Preschool Development grant work to build capacity among the department and local levels to co-create and support

systemic child and family well-being/prevention strategies, particularly for American Indian children, families and communities (using a Targeted Universalism approach).

2020 Update: The Child Safety and Permanency Division, Prevention unit/Children's Trust Fund uses the data below to determine focus populations. American Indian families live within inequitable systems, which have been instilled in our structures over centuries through racism and resulting biases.

American Indian and white children rate per 1,000 experiencing out-of-home care

This line graph shows the rate of children experiencing out-of-home care in Minnesota. The rate is per 1,000 children in the population. Two separate lines are shown: one for American Indian children, and one for white children. American Indian children experience care at substantially higher rates than children—roughly 15-20 times higher over the last decade.



It is understood that while staff have engaged families in the work, that engagement has not been the primary driver of work. Minnesota's Children's Trust Fund programs will now be based in what has been learned from partnering in two large scale community engagement efforts: The Preschool Development Grant community-based needs assessment,¹ and the Minnesota Maternal and Child Health Needs Assessment Discovery Survey.²

¹ The PDG Community-based Needs Assessment engagement process included 134 events within 56 communities and 11 tribal nations in as many as six different languages. Out of 1,372 participants, 73% were parents.

² The Minnesota Maternal and Child Health Needs Assessment Discovery Survey included 2,160 respondents, of which 50% identified as community members.



While staff intend to work within the values of the department (above), staff have also adopted guiding principles for its work, created through collaboration with families, communities, and state agencies as part of the Preschool Development Grant planning process. From the Maternal and Child Health Discovery Survey, it was learned that families have needs that cannot be dissected from each other. There is no one single solution.

From the Preschool Development Grant community-based needs assessment, department staff learned that families need help navigating programs and services, and adopting a targeted universal approach is needed for practice, policies, and systems to better support families and communities experiencing inequities due to race and ethnicity, wealth and geography.

The department and its partners are moving toward a system of promotion and prevention that supports families before they enter the child welfare system. This will be done through:

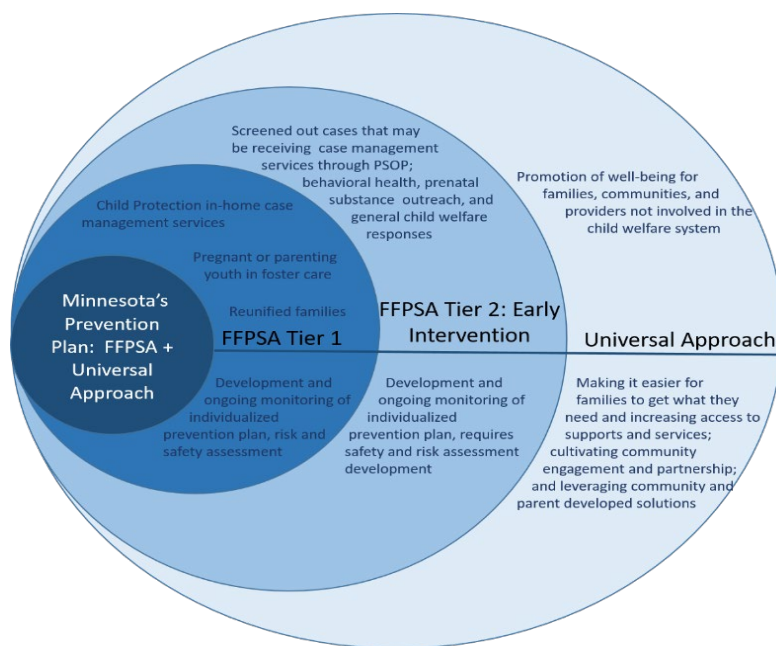
- Making it easier for families to get what they need, increasing access to supports and services
- Cultivating community engagement and partnership, and
- Leveraging community- and parent-developed solutions.

In collaboration with the Minnesota Departments of Education and Health, the Children's Trust Fund will leverage Preschool Development Grant (\$6 million over two years), and Community-based Child Abuse Prevention (CBCAP) funds to offer community-based grants to develop Implementation Hubs (Hubs). Hubs will support pregnant and parenting families with young children up to age 8. Grantees will develop partnerships within communities to facilitate ease of navigation, referrals, and families getting what they need in a timely way.³ Grantees will support families and communities experiencing inequities due to race and ethnicity, wealth, and geography – as determined by data to be the focus population. CTF will offer up to 15 grants statewide for the following:

- Develop universal access points for families coupled with relationship-based, culturally appropriate navigation of programs and systems. Due to COVID-19, guidance for Hubs will include brick and mortar, mobile, and virtual access points

³ Referral services may be: Family home visiting, early care and education (including Early/Head Start), behavioral health, housing, food security, income supports, primary and dental care, and more.

- Increase access to systems through pilot testing the state’s Help Me Connect (based on the national Help Me Grow model) system coupled with the Children’s Defense Fund, Minnesota’s online Bridge to Benefits platform, and



-
- Grow community engagement and support community-developed solutions (which will look and feel different for each community).

This work naturally intersects with the Family First Prevention Services Act (FFPSA) Prevention Plan development. As seen in the diagram at left, the work of CTF staff is to engage with partners to build a targeted universal system of promotion and prevention.

Objective 2.3 Promote reunification when possible, and other permanency options in a timely manner when reunification is not possible.

Progress on the third objective will be assessed through use of federal permanency measures. The measurement benchmarks for this objective are in Table 16.

Table 16. Measurement benchmarks for goal 2, objective 3; American Indian child permanency

Benchmarks	2019	2020	2021	2022	2023
Permanency in less than 12 month: 37.7%	Target: 41.2% Observed: 40.3%	44.6% --	48.1% --	51.5% --	55.0% --
Permanency in 12-23 months: 49.6%	Target: 52.7% Observed: 44.9%	55.8% --	58.8% --	61.9% --	65.0% --
Permanency in 24 months	Target: 30.5%	32.9%	35.2%	37.6%	40.0%

or more: 28.1%

Observed: 30.7% --

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- **Strategy 2.3.1:** Continue to expand the experiential training on the court process through the Children's Justice Initiative (CJI) partnership.

2020 Update: In an effort to improve the quality of EPC (emergency protective care) hearings, and to ensure all findings are made, beginning in August 2018 the Children's Justice Initiative began partnering with Mitchell Hamline School of Law to hold [EPC Experiential Learning Trainings](#). To date, five such trainings were held involving 12 counties. During these trainings, multi-disciplinary teams (judges, county attorneys, caseworkers, attorneys for parents and children, tribal representatives, and GALs) are brought together to simulate an EPC hearing using a mock child protection case scenario. Following the simulation, each county team is given constructive feedback by peers (judges, county attorneys, caseworkers, and attorneys for parents/children) of what they can do to improve the quality of the EPC hearing. Additional EPC trainings will be scheduled once the pandemic is over.

- **Strategy 2.3.2:** Implement an Innovation Zone in Judicial Districts 6 and 9 to identify contributing factors to increased disparity rates in those areas.

2020 Update: No activity to report.

- **Strategy 2.3.3:** Target Family Group Decision Making (FGDM) resources to children and families most at risk for poor permanency outcomes, and support consistency in implementation through modifications to the RFP process.

2020 Update: Department staff continue to review and assess current FGDM practices across 15 grantees which includes 50 county and three tribal agencies. Department staff also continue to host annual meetings, webinars, and site visits to monitor FGDM practice across the state. In partnership with the Research unit and FGDM grantee agencies, the Safety and Prevention unit developed a FGDM data dashboard. The FGDM dashboard allows department staff to monitor and report on client data related to FGDM practice. The dashboard allows agencies and department staff to track and monitor who, when, and what type of cases receive FGDM services. The dashboard also helps identify practice outcomes and service gaps related to FGDM.

Department staff utilize FGDM practice data to inform programs and guide future funding decisions. In addition, agencies that have responsibility to implement FGDM practice must report those activities in quarterly program narrative reports through SSIS, and submit summary-level Participant Conference Evaluation forms, and how agencies will share and incorporate feedback received within the FGDM service model.

For the purpose of safely maintaining children in their family, agencies are requested to dedicate a minimum of 25% of FGDM meetings to "early in the life" of a case. This is defined as any FGDM conference held during the 45 day time period of a child protection Family Assessment or Family Investigation within the grant reporting period.

In 2021, the department plans to re-issue the RFP with increased focus on equity and early intervention to promote in-home service delivery, and timely permanency outcomes.

Strategy 2.3.4: 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 timelines. 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.

2020 Update: Minnesota has completed the Permanency Technical Assistance Workshops, and county agencies completed detailed action plans that developed from that work. The Children's Justice Initiative and department staff collaborated on a number of technical assistance workshops in 2017 and 2018 to share individual county data, provide education regarding timelines, roles and responsibilities for each group participating, and discuss patterns and trends for each county. Each team developed an action plan they worked on throughout 2019 and the first half of 2020, with a goal of lowering the length of time to permanency overall for children in their counties. As part of this plan, county agencies identified issues that negatively affected their ability to establish timely permanency for children, along with strategies they employed to improve internal processes. As of April 2020, all teams completed action plans, implementing strategies to continue their success.

There was no formal evaluation done of this project as a whole, rather each county was responsible to identify, collaborate, and implement approaches that would improve overall length of time to permanency. The project identified and followed a specified grouping of children and tracked their path to permanency.

The Children's Justice Initiative shared the strategies statewide, so other CJI teams could review them and identify what areas they may recognize as issues, and what strategies they may employ to improve timely permanency outcomes for children served.

Objective 2.4 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.

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 children and families in the Whole Family System grant. The American Indian Early Intervention Program will be established in the first two years, and progress will be demonstrated in years three – five by increasing the number of American Indian children served. Progress will be assessed using the number of American Indian infants removed as a result of parental drug use. The benchmarks for this objective are in Table 17.

Table 17. Measurement benchmarks for goal 2, objective 4

Benchmarks	2019	2020	2021	2022	2023
American Indian children under age 1 placed in out-of-home care for parental drug use, baseline (2018): 236	Target: 2220 Observed: 195	205 --	189 --	174 --	158 --
Number of American Indian children served in PSOP, baseline (2018): 349	Complete plan for implementation of early intervention program with tribes	Implement early intervention program	395 --	418 --	464 --

- **Strategy 2.4.1:** 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.

2020 Update: In October 2019, the department funded eight grantees, including four focused on serving American Indian children and families. The following provide descriptions of the four focus grant recipients:

Fond du Lac Tribal College: The college's Ojibwemotaadidaa Omaa Gidakiiminaang language immersion program is partnering with the department, Child Care Aware and Fond du Lac Social Services to plan and implement "Grandma's House," a language nest where infants and toddlers, with the help of their parents, elders and language staff, will grow up immersed in Ojibwe language and culture in a rich, home-like environment to convey a sense of identity, responsibility, and spiritual relationship to all creation.

Minneapolis American Indian Center: With its partners, including families, the center's Bright Beginnings program will develop individual and systems-level solutions to barriers faced by American Indian women who experienced substance use, and at risk of or have a history of child welfare involvement, helping them develop a stable, nurturing environment for their children. The project will incorporate cultural teachings and seek additional cultural resources for working with families.

Northwest Indian Community Development Center: Working with partners, tribes and families, the center seeks to identify systemic solutions to family separation caused by intergenerational incarceration and substance use disorder for Anishinaabe and American Indian relatives in Beltrami County.

People Serving People: Family homelessness overwhelmingly impacts African American and American Indian communities. With partners including families, Mill City Kids, and the Hennepin County Office to End Homelessness, People Serving People will explore issues related to access to child care and quality early childhood education, and ways to prevent recurrence of family homelessness.

Grantees are currently engaging with families and community members, core team members, and state partners to explore challenges faced by communities, and possible whole family systemic solutions that can be prototyped and implemented in 2020/2021.

- **Strategy 2.4.2:** 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.

2020 Update: The Indian Child Welfare Unit within the Child Safety and Permanency Division received state legislated dollars for Early Intervention grant funding as well as dollars for one FTE. This FTE will oversee both Early Intervention grantee management and coordination/engagement with the Minnesota ICWA Advisory Council (11 tribal representative and 6 Urban Indian representative) to collaborate and provide input within the planning and development of the Families First Act Minnesota state plan.

The Early Intervention Program's intended purpose is to support and assist Minnesota American Indian families living in both rural and urban areas in accessing preventative services to decrease the amount of children entering the Minnesota child welfare system.

Programming is aligned with the Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA) in its efforts to support the intent to "protect the best interests of Indian children, and to promote the stability and security of Indian tribes and families" with the focus on culturally appropriate services for families at risk of entraining the child protection/child welfare system. An outcome we are working to impact is strengthening the relationships with Tribal, Urban and County Social Services so families are supported and accessing assistance from both Tribes and County agencies.

Collaboration with the ICWA Advisory Council members included the development of a position description for the Early Intervention Consultant (1 FTE), interviewing applicants, drafting of the Early Intervention Grant request for proposal and selection of approved proposals.

In the upcoming year the focus will be on relationship building around Indian values and responses. One major goal is to engage the ICWA Advisory Council on the early intervention plan for the Families First Act through workgroups, active consultation, and guidance with policies and procedures impacting American Indians living within Minnesota.

- **Strategy 2.4.3:** 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.

2020 Update: CAPTA funding has been directed to communities to develop a multi-sector coordinated response to prenatal substance exposure and to develop plans of safe care. The department released a request for proposals in winter 2019 and received four responses and entered into contracts with these four sites in the fall of 2019. These sites are located across Minnesota and include metro and non-metro sites. The Plan of Safe Care grants include a deliverable that states 1) an integrative collaborative will be developed including tribal social service agencies or other cultural liaisons; and 2) a tribal liaison will be involved in planning processes and service delivery including tribal healing, doulas, and midwives incorporated into prenatal care and hospital treatment for American Indian families.

Goal 3: Reduce disparities for African American children throughout the child welfare system

Measures of progress

To address the CFSP goal regarding reducing disparities for African American children, progress will be assessed using federal performance measures on permanency timelines, as well as internal CSP measures on the 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 Americans as alleged victims in screened in child protection reports in out-of-home care by half; and reduce the difference in performance on permanency measures between African American and white children by half. The measurement targets for this goal are in Table 18.

Table 18. Goal 3 measurement targets; African American data points (relative to white children)

	Target	2018	2019	2020	2021	2022	2023
Child protection							
Involvement	2.4x more likely	2.8	2.7				
Out-of-home							
Placement	1.5x more likely	2.9	2.7				
Permanency 0 -12	Difference <=2.0%	3.7%	7.9%				
Permanency 12-23	Difference <=4.8%	9.6%	12.5%				
Permanency 24+	Difference <=3.5%	7.0%	1.6%				

Objectives

Objective 3.1. Identify factors that lead to disparities, including racial bias.

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

- **Strategy 3.1.1:** 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.

2020 Update: During 2019, the CSP Division's Research unit staff had conversations with Ramsey County Human Services staff and social services staff from the state of Oregon, both doing similar work to create a disparities index. Research staff developed a draft dashboard, in consultation with a group from the division's Leadership Team to complete and publish the dashboard.

- **Strategy 3.1.2:** Adapt and implement the Collaborative Safety learning processes to capture systemic factors that specifically lead to disparities, including racial bias.

2020 Update: Activities in this area have focused on adapting processes in collaboration with tribes.

Objective 3.2. Improve access to culturally appropriate child welfare services for African American children and families.

Progress on the second objective will be assessed through the relative rate index for African American children who are alleged victims of maltreatment, and those who experience out-of-home care. The benchmarks for this objective are in Table 19.

Table 19. Measurement benchmarks for goal 3, objective 2

Benchmarks	2019	2020	2021	2022	2023
Compliance rate for Indian Child Welfare Act, baseline (2018): 62%	Target: 66%	70%	74%	78%	82%
	Observed: 79%	--	--	--	--
Relative rate index of alleged Victims, African American to white children, baseline (2018): 2.8 x more likely	Target: 2.5	2.2	2.0	1.7	1.4
	Observed: 2.7	--	--	--	--
Relative rate index of children in out-of-home care, African American	Target: 2.6	2.3	2.1	1.8	1.5

to white children, baseline (2018): 2.9 x Observed: 2.7 -- -- -- --

- **Strategy 3.2.1:** 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 these families as key partners in developing guidance.

2020 Update: The CSP Division formed an African American Child Well-being unit to specifically target and address the needs of African American children to ensure equity in child welfare, culturally appropriate practices and policy, and eliminate disparities and disproportionality.

The African American Child Well-being unit supervisor has been actively involved in the division's planning related to the implementation of the Family First Prevention Service Act, including, but not limited to, planning regarding prevention services, foster care and placement of children in a qualified residential treatment program, and case planning. This is to ensure the needs of the African American community are met through proposed legislative policies or child welfare practices, and there are no adverse unintended consequences, such as increased disproportionality or disparity.

The CSP Division crafted and submitted a legislative proposal to address the needs of the African American community using data collected from community forums, individuals who experienced child welfare, and qualitative/quantitative data collected from internal and external child welfare professionals. While the initial proposal did not progress in the legislative process, it was reintroduced in spring 2020; some parts of the proposal remain under legislative consideration.

Some CSP Division staff are participating in a blended legislative work group crafting a proposal to support policy to address the needs of the African American community.

The Foster Care unit coordinated a series of trainings with Hennepin County, the state's most populous county, to strengthen practice on kinship searches and permanency planning. While this training was not exclusively focused on African American children and families, the content of the training included quantitative and qualitative data indicating a need for improvement in these efforts, which contributed to disproportionately impacting the African American community. Improving the county's practice in this child welfare domain can significantly and positively impact child welfare outcomes for this population by increasing relative placements; increasing relative placement stability; shortening time in placement; supporting reunification and/or achieving permanency through adoption, or transferring legal and physical custody to a relative.

As stated above, the African American Child Well-being unit worked collaboratively to support development of a community-driven legislative proposal. This initiative includes collaboration with county partners from both Hennepin and Ramsey counties, community advocates, and other child welfare representatives.

In drafting the above legislative proposal, collaboration occurred between the Foster Care and Permanency units, with external collaboration from the community and county partners, as well as department and other state agency leadership, to support development of this proposal.

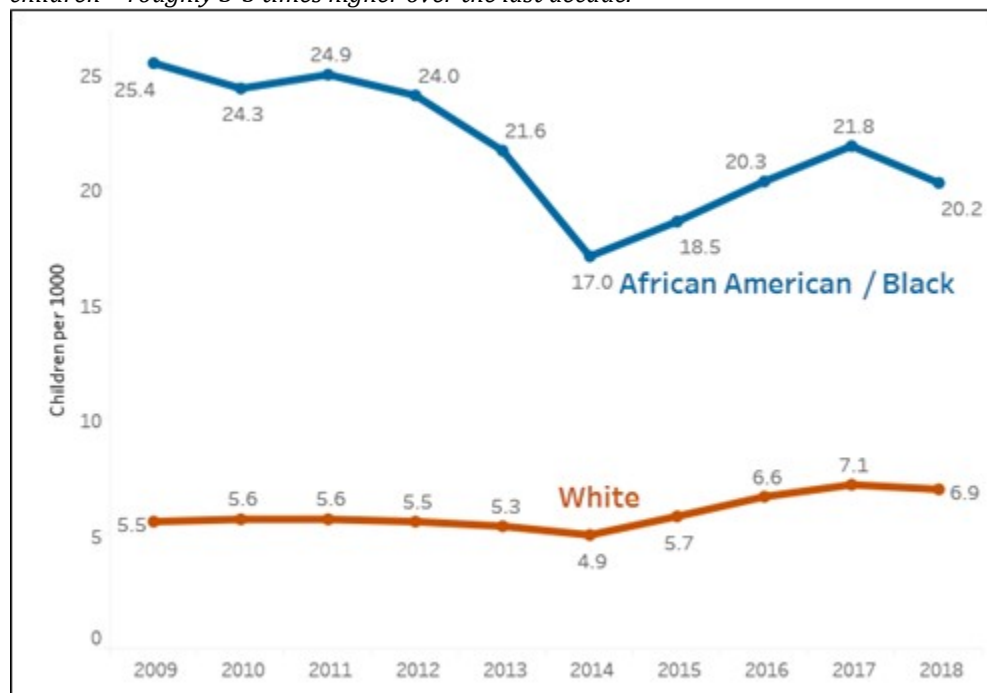
Collaboration regarding Family First Prevention Services Act implementation is taking place internally across various department divisions, and specific CSP units as needed. This also included formation of targeted work groups consisting of department staff, county and tribal partners, community advocates, service providers, and individuals from communities with personal child welfare experience.

- **Strategy 3.2.2:** Leverage Family First Prevention Services Act and Preschool Development grant work to build capacity among the department and local agencies. This is to co-create and support systemic child and family well-being/prevention strategies, particularly for African American children, families and communities (using a Targeted Universalism approach).

2020 Update: The CSP Division's Prevention unit/Children's Trust Fund uses the data below to determine focus populations. African American families live in inequitable systems, instilled in structures over centuries through racism and resulting biases.

African-American / Black and white children rate per 1,000 experiencing out-of-home care

This line graph shows the rate of children experiencing out-of-home care in Minnesota. The rate is per 1,000 children in the population. Two separate lines are shown: one for African-American / Black children, and one for white children. American Indian children experience care at much higher rates than children—roughly 3-5 times higher over the last decade.



It is understood that while caseworkers have engaged families in their work, that engagement has not been the primary driver of work. CTF programs will be based on what has been learned from partnering in two large-scale community engagement efforts: The

Preschool Development Grant community-based needs assessment,⁴ and the Minnesota Maternal and Child Health Needs Assessment Discovery Survey.⁵

Staff intend to work within the values of the department (above), and adopted guiding principles for our work. These were created through collaboration with families,



communities, and state agencies as part of the Preschool Development Grant planning process. From the Maternal and Child Health Discovery survey, it was learned that families have needs that cannot be dissected from each other. There is no one single solution.

From the Preschool Development Grant community-based needs assessment it was learned that families need help navigating programs and services. Programs need to adopt a targeted universal approach to practice, policies, and systems to better support families and communities that experience inequities due to race and ethnicity, wealth and geography.

The department and its partners are moving toward a system of promotion and prevention that supports families before they enter the child welfare system. This will be done through:

- Making it easier for families to get what they need, increasing access to supports and services
- Cultivating community engagement and partnership, and
- Leveraging community- and parent-developed solutions.

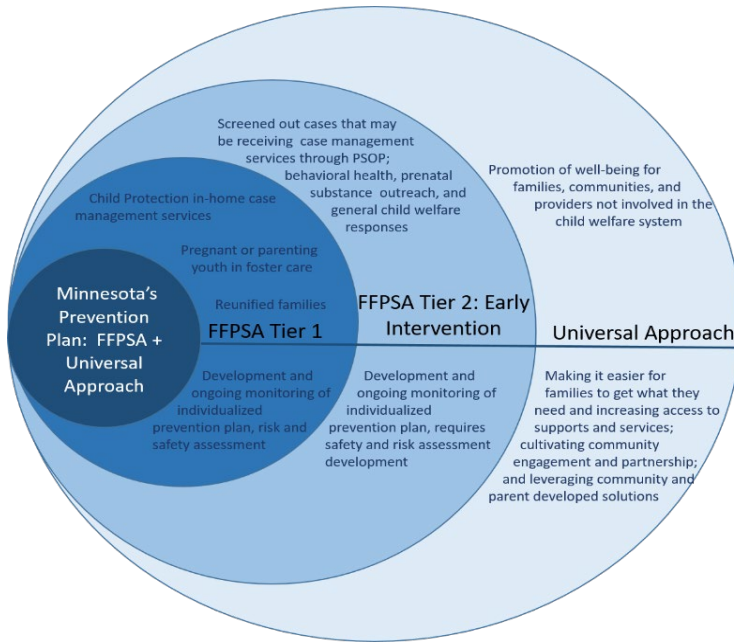
In collaboration with the Minnesota Departments of Health and Education, the Children's Trust Fund will leverage Preschool Development Grant (\$6 million over two years), and CBCAP funds to offer community-based grants to develop Implementation Hubs. Hubs will support pregnant and parenting families with young children up to age 8. Grantees will develop partnerships within their communities to facilitate ease of navigation, referrals, and families getting what they need in a timely way.⁶ Grantees will support families and communities experiencing inequities due to race and ethnicity, wealth and geography – as determined by data to be their focus population. CTF will offer up to 15 grants statewide for the following:

⁴ The PDG Community Based Needs Assessment engagement process included 134 events within 56 communities and 11 tribal nations in as many as six different languages. Of 1,372 participants, 73% were parents.

⁵ The Minnesota Maternal and Child Health Needs Assessment Discovery survey included 2,160 respondents, of which 50% identified as community members.

⁶ Referral services may include family home visiting, early care and education (including Early/Head Start), behavioral health, housing, food security, income supports, primary and dental care and more.

- Develop universal access points for families coupled with relationship-based, culturally appropriate navigation of programs and systems. Due to COVID-19, guidance for Hubs will include brick and mortar, mobile, and virtual access points
- Increase access to systems through pilot testing the state's Help Me Connect (based on the national Help Me Grow model) system, coupled with the Children's Defense Fund, Minnesota's online Bridge to Benefits platform, and



- Grow community engagement and support community developed solutions (which will look and feel different for each community).

This work naturally intersects with the Family First Prevention Services Act Prevention Plan development. As seen in the diagram to the left, the work of CTF staff is to engage with partners to build a targeted universal system of promotion and prevention.

Objective 3.3 Promote reunification when possible, and other permanency options in a timely manner when reunification is not possible.

Progress on the third objective will be assessed through use of federal permanency measures. The benchmarks for this objective are in Table 20.

Table 20. Measurement benchmarks for goal 3, objective 3

Benchmarks	2019	2020	2021	2022	2023
Permanency in less than 12 months, African American: 49.3%	Target: 50.4% Observed: 45.6%	51.6% --	52.7% --	53.9% --	55.0% --
Permanency in 24 months Or more, African American: 32.8%	Target 34.2% Observed: 35.2%	35.7% --	37.1% --	38.6% --	40.0% --

- **Strategy 3.3.1:** Continue to expand experiential training on the court process through the Children’s Justice Initiative partnership.

2020 Update: In efforts to improve the quality of Emergency Protective Care (EPC) hearings, and to ensure all findings are made, as of August 2018 the Children’s Justice Initiative began partnering with Mitchell Hamline School of Law to hold [EPC Experiential Learning trainings](#). To date, five trainings were held involving 12 counties. During these trainings, multi-disciplinary teams (judges, county attorneys, caseworkers, attorneys for parents and children, tribal representatives, and GALs), are brought together to simulate an EPC hearing using a mock child protection case scenario. Following the simulation, each county team is given constructive feedback by peers (judges, county attorneys, caseworkers, and attorneys for parents/children), of what they can do to improve the quality of EPC hearings. More EPC trainings will be scheduled once the pandemic is over.

- **Strategy 3.3.2:** Implement an Innovation Zone in Judicial Districts 6 and 9 to identify contributing factors to increased disparity rates in those areas.

2020 Update: No activity to report.

- **Strategy 3.3.3:** Target Family Group Decision Making resources to children and families most at risk for poor permanency outcomes, supporting consistency in implementation through modifications to the RFP process.

2020 Update: Department staff continue to review and assess current FGDM practices across 15 grantees, which includes 50 county and three tribal agencies. Department staff also continue to host annual meetings, webinars, and site visits to monitor FGDM practice statewide. In partnership with the Research unit and FGDM grantee agencies, the Safety and Prevention unit developed a FGDM data dashboard.

The FGDM dashboard allows department staff to monitor and report on client data related to FGDM practice. The dashboard allows county and tribal agencies and department staff to track and monitor who, when, and what type of cases receive FGDM services. The dashboard also helps department staff identify practice outcomes and service gaps related to FGDM. FGDM practice data is utilized to inform programs and guide future funding decisions. In addition, agencies that have responsibility to implement FGDM practice must report those activities in quarterly program narrative reports through SSIS, submit summary level Participant Conference Evaluation forms, and how an agency will share and incorporate feedback received within the FGDM service model.

For the purpose of safely maintaining children in their family, agencies are asked to dedicate a minimum of 25% of FGDM meetings to “early in the life” of a case. This is defined as any FGDM conference held during the 45-day time period of a child protection Family Assessment or Family Investigation within the grant reporting period.

In 2021, the department plans to re-issue the RFP with increased focus on equity, early intervention to promote in-home service delivery, and timely permanency outcomes.

- **Strategy 3.3.4:** Continue the Permanency Technical Assistance Workshop, 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.

2020 Update: Minnesota completed the Permanency Technical Assistance Workshops, and county agencies completed detailed action plans that developed from that work. The Children’s Justice Initiative and department staff collaborated on a number of technical assistance workshops in 2017 and 2018 to share individual county data, provide education regarding timelines, roles and responsibilities for each group participating, and discuss patterns and trends for each county. Each team developed an action plan they worked on throughout 2019 and the first half of 2020, with a goal of lowering the length of time to permanency overall for children. As part of this plan, county agencies identified issues that negatively affected their ability to find timely permanency for children, along with the strategies they employed to improve internal processes. As of April 2020, all teams completed action plans, implementing strategies to continue their successes.

There was no formal evaluation done of this project as a whole, rather each county agency was responsible to identify, collaborate, and implement approaches that would improve its overall length of time to permanency. The project identified and followed a specified grouping of children and tracked their path to permanency.

The Children’s Justice Initiative shared the strategies statewide, so other CJI teams could review them and identify what areas they may recognize as issues, and what strategies they may employ to improve timely permanency outcomes for the children they serve.

Objective 3.4. Prevent children and families from entering the child welfare system through partnerships with communities and community-based agencies with a focus on equity.

Progress on this objective will be assessed through development of partnerships, co-creation of strategies to address disparities, and engagement outcomes to be determined through targeted work related to serving African American children and families in the Whole Family System grant. Progress will also be assessed using the number of African American infants removed as a result of parental drug use. The benchmarks for this objective are in Table 21.

Table 21. Measurement benchmarks for goal 3, objective 4

Benchmarks	2019	2020	2021	2022	2023
African American children					
Under 1 placed in out-of-home	Target: 135	125	115	106	97
Care for parental drug use,	Observed: 131	--	--	--	--
Baseline (2018): 145					

- **Strategy 3.4.1:** 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.

2020 Update: In October 2019, the department funded eight grantees, including four focused on serving African American/black children and families. The following are descriptions of the four focus grant recipients:

City of St. Paul: Through partnerships with financial institutions, community-based agencies and early childhood providers, St. Paul is expanding and building off its college savings account initiative to improve economic stability, as well as early childhood health and well-being outcomes for children and families experiencing disparities.

NorthPoint Health & Wellness Center: To support healthy child development during the critical period from conception to age 3, NorthPoint, along with partners and families, will research systemic failures that result in an abundance of risk factors and lack of protective factors for many African American children and their parents/caregivers.

People Serving People: Family homelessness overwhelmingly impacts African American and American Indian communities. With partners including families, Mill City Kids, and the Hennepin County Office to End Homelessness, People Serving People will explore issues related to access to child care and quality early childhood education, and ways to prevent the recurrence of family homelessness.

Intercultural Mutual Assistance Association: The association, along with Families First of Minnesota, is leading a multi-disciplinary team partnering with families and other community agencies to explore the social-cultural barriers of success in pre-kindergarten- to kindergarten-age children, whose families are first-generation immigrants and refugees.

Grantees are currently engaging with families and community members, core team members, and state partners to explore challenges faced by the community, and possible Whole Family systemic solutions that can be prototyped and implemented in 2020/2021.

- **Strategy 3.4.2:** Engage in planning with public health/Medicaid/behavioral health/health care to reach pregnant women and families, specifically African American parents and families, creating a continuum of culturally appropriate services to address addiction and support parenting using technical assistance from the Center for Healthcare Strategies.

2020 Update: CAPTA funding has been directed to communities to develop a multi-sector coordinated response to prenatal substance exposure and to develop plans of safe care. The department released a request for proposals in winter 2019 and received four responses and entered into contracts with these four sites in the fall of 2019. These sites are located across Minnesota and include metro and non-metro sites. The Plan of Safe Care grants include a deliverable that states 1) an integrative collaborative will be developed including tribal social service agencies or other cultural liaisons; and 2) a tribal liaison will be involved in planning processes and service delivery including tribal healing, doulas, and midwives incorporated into prenatal care and hospital treatment for American Indian families.

Goal 4: Improve access to and utilization of services that meet the needs of children and families

Measures of progress

To address the CFSP goal related to 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 rationale for this goal are in Table 22.

Table 22. Goal 4 measurement targets

Measure Type	Measure	Baseline year	Baseline	Target	2019
Internal CSP	Median time to permanency, adoption	2018	25.6 months	20.6 months	24.1 months
	Median time to permanency, TPLPC	2018	19.9 months	14.9 months	19.1 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	6.7%	5.7%	7.5%
Federal	Re-entry	2018	15.9%	10.9%	15.6%

Objectives

Objective 4.1. Identify service needs across Minnesota.

Progress on this first objective will be assessed through use of CFSR Safety Outcome 2, item 3, which assesses risk and safety, as well as engagement and participation in the application for the Preschool Development Grant in fall 2019, and completion and use of service mapping on Tableau. The number of times the dashboard is accessed by local agencies will be reported in future years. The benchmarks for this objective are in Table 23.

Table 23. Measurement benchmarks for goal 4, objective 1

Benchmarks	Year1	Year 2	Year 3	Year 4	Year 5
Safety Outcome 2, Item, 3 baseline (2017): 65%	Target: 67.5%	71%	74.5%	78%	81.5%
	Observed: 76.9%	--	--	--	--

- **Strategy 4.1.1:** Support and partner with the Minnesota Departments of Education and Health in the statewide needs assessment occurring through the Preschool Development Grant, and development of a statewide strategic plan to support young children and their families.

2020 Update: The statewide needs assessment for the Preschool Development Grant (PDG) was completed in December 2019. The PDG needs assessment had two components: quantitative – dealing with programmatic and systemic outcome measures; and qualitative – a community-based needs assessment strategy. Both portions, along with the resulting strategic plan are [here](#).

- **Strategy 4.1.2:** Continue statewide mapping of services focused on mental health, chemical dependency, parent support services and dental care that began as part of the PIP.

2020 Update: The department, in partnership with the Minnesota Departments of Education and Health, have been working with early childhood partners across the state to address how families can learn about and choose essential services. They identified the solution of expanding and building on Minnesota's Help Me Grow to provide a one-stop option (Help Me Connect) to help families and referring providers more easily find and

connect to a wide range of prenatal and early childhood (birth through 8 years) services that support healthy child development and family well-being, including basic needs. Minnesota's Help Me Connect provides a centralized access "no wrong door" approach to access local services that support healthy child development – including multi-generational supports for parents and families, taking advantage of the database previously completed and published here: <https://www.minnesotahelp.info/public/>.

The overall aim of Minnesota's Help Me Connect is to improve equitable access and outcomes for early identification and services which address both developmental and behavioral health, as well as social determinants of health (i.e., Minnesota Family Investment Program, WIC, housing, safety, high quality child care), for communities experiencing racial, economic, and geographic inequities.

- **Strategy 4.1.3:** Support the child welfare workforce in assessing the needs of children and families through development of Safety Practice Profiles, which include the core component of assessing and addressing safety throughout the life of a case. Safety Practice Profiles will clearly articulate safety-related behaviors that are observable across the life of a case. The Safety Practice Profiles are in development in partnership with local child welfare agencies.

2020 Update: The CSP Division, with the Capacity Building Center for States, and Safety Framework Advisory Committee, developed Safety Practice Profiles, a tool for defining safety-related interventions, describing how it works in everyday practice across the life of a case. The goal of the Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and help guide appropriate goal setting as they work to enhance practice skills.

The Safety Practice Profiles have moved into a pilot phase; the first pilot started in April 2020. Department staff are in the process of selecting sites for two additional pilot cohorts, one to begin in September 2020, the second in January 2021. The pilots primarily engage child protection supervisors who will develop additional skills in coaching to support use of the tool. At the end of the pilot it is expected that supervisors will be able to:

- Describe and differentiate between ineffective, foundational, and advanced safety practice behaviors
- Recognize safety practice behaviors of individual workers and identify current level of practice skills
- Apply coaching skills to help workers to deepen safety practice skills across a continuum
- Utilize Safety Practice Profiles to evaluate practice behaviors within a coaching framework
- Evaluate the pilot process and provide feedback to department staff on future efforts.

Each pilot will take place over six months. Agencies will receive both in-person and online support over the course of the six months, including individual coaching and group technical assistance opportunities (Learning Circles).

- **Strategy 4.1.4:** 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 the CSP Division in improving outcomes,

identifying and funding needed resources, and reducing disparities experienced by LGBTQ foster children.

2020 Update: Two enhancement requests were made and in development with MNIT, but delayed due to the COVID-19 pandemic. The first enhancement is to add an additional field for sexual orientation for youth in care which would be available for children 14+, but not required. The second is to add a gender identity category to replace the current gender with sex to sex assigned at birth and adding gender with a start and end date, for youth 14+ but not required.

Objective 4.2. Increase service capacity through investment in service providers and community-based agencies, and support of local child welfare agencies.

Progress on the second objective will be measured using an internally developed state performance measure of physical health exams for children in 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 communities. Using the service mapping tool created under objective 1, a measure of service availability will be created, used in future years to measure access by county and tribal agencies. The benchmarks for this objective are in Table 24.

Table 24. Measurement benchmarks for goal 4, objective 2

Benchmarks	2019	2020	2021	2022	2023
Piloting HMG electronic screening system	Complete the service inventory	Identify 12 pilot communities	Plan and finalize implementation strategy	Implement pilot	
Physical health exam state measure: 60.2%	Targeted: 63.2% Observed: 5.5%	66.1% --	69.1% --	72.0% --	75.0% --

- **Strategy 4.2.1:** Partner with the Minnesota Departments of Education and Health to co-create and implement with local communities the Help Me Connect model (based on the national Help Me Grow model).

2020 Update: An RFP was developed in response to feedback in the PDG community needs assessment to implement the Community Hubs described in Strategies 2.2.4 and 3.2.2, which will work with the department to develop and implement the Help Me Connect model described in Strategy 4.1.2.

- **Strategy 4.2.2:** 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.

2020 Update: CSP and Licensing Division staff met multiple times to discuss data available for sharing, and opportunities for coordination. CSP staff has utilized data from the state's

licensing lookup website for compiling and providing data to the CJI Advisory Committee and Foster Care Advisory Work Group. This work is ongoing.

The contract with MN ADOPT to recruit foster and adoptive families, provide outreach to media, organize general recruitment events, and manage an information website and referral service for individuals interested in adopting or fostering, was expanded to include creation of a statewide system for matching children in need of foster care to available foster homes. MN ADOPT is in process of redesigning its system to include this expansion.

- **Strategy 4.2.3:** Broaden post-permanency support program through state and federal funds to support adoption or kinship caregivers.

2020 Update: 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. Services are also provided to the professionals who serve the families. Services include:

- Parent-to-parent support network
- Family activities
- Crisis services
- Mental health services
- Peer support for youth
- Respite care
- Educational support
- Training offered statewide in Minnesota for foster, adoptive, and kinship families, and the professionals who serve the families, on the effects of trauma, common disabilities of adopted children and children in foster care and kinship placements, and challenges in adoption, foster care, and kinship placements
- Training offered statewide in Minnesota for foster, adoptive, and kinship families, and the professionals who serve the families, on the effects of trauma, common disabilities of adopted children and children in foster care and kinship placements, and challenges in adoption, foster care, and kinship placements.

In 2019 and 2020 the department entered into contracts with 8 agencies to provide 22 services. The PSS program is intended to assist children, youth and families with the continuum of support services, from a family's first interest in foster care or adoption through permanency support services.

In December of 2019 and January of 2020 the department held stakeholder meetings with county agencies, tribal agencies, private agencies, adoptive families, kinship families, foster families and the professionals that support these families to determine additional needed services.

In 2020 Minnesota issued Request for Proposal with a focus on services in greater Minnesota. The focus was to create a coordinated and comprehensive program intended to strengthen and expand existing post-adoption support services in greater Minnesota. Three

new agencies will join the PSS program and 2 agencies are expanding their existing services with a focus on greater Minnesota. These additional support services will begin in 2021.

The department continues to meet with community stakeholders to with a focus of expansion of existing services.

A combination of Title IV-B funding, post-adoption expansion funds made available by 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 de-links the Title IV-E Adoption Assistance program from the Aid to Families with Dependent Children (AFDC) requirements; Adoption and Legal Guardianship Incentive funds and state funding.

- **Strategy 4.2.4:** 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.

2020 Update: Minnesota Statutes, section 256.043, subd. 3, was passed in 2019 which established an Opiate Epidemic Response account allocated to county and tribal social service agencies to provide supplemental child protection services for children and families affected by addiction. Funding for the allocation is based on actual fees collected by the Opiate Epidemic Response account. The allocation formula, outlined in statute, is based on the number of out-of-home placements in each county or tribal jurisdiction in the previous calendar year due to the primary removal condition of parental drug abuse. The first allocation will be issued July 1, 2020, for six months, and beginning January 2021, funds will be allocated for a 12-month period.

Funds will be used to promote optimal health, safety and well-being for families and their children. Agencies can target preventive interventions and work with at-risk-families in child protection, child welfare, Parent Support Outreach Program, prenatal exposure cases, minor parents, truancy, children's mental health and juvenile justice.

County and tribal social service agencies must not use funds to supplant current state or local funding received for child protection services for children and families affected by addiction. A Child Protection Opioid Epidemic Response Account bulletin (#20-68-15C) was issued to county and tribal agencies in May 2020 to provide guidance on the allocation, spending and reporting on use of funds.

All county and two Initiative tribal agencies were involved regarding how the allocation could be used. This included in-person meetings with directors as well as information submitted through emails from agency supervisors and managers. This collaborative group recognized the challenges families encounter due to racial, cultural, geographic and economic inequities in gaining access to services. As needs differ, varying statewide, there was consensus the funds should be flexible in how they can be utilized, including:

- Conventional services: Programs, expenses related to treatment and recovery services, supportive services, culturally specific services, etc.
- Flexible spending: Tangible services for families including transportation, housing support, child care, food support, expenses related to traditional healing activities or cultural services, and expenses related to use of safety support networks, etc.

- Additional staff: New or expanded staff positions to support families affected by addiction. Family-based workers, county or tribal caseworker positions, outreach workers, etc.
- Training: Provide new or expanded training opportunity for staff, including training related to working with families affected by addiction. This includes tribal providers in cultural healing and traditional ceremonies.

County and tribal social service agencies receiving funds from the Opiate Epidemic Response account must submit a plan approved by the department stating how they plan to use funds, proving funds were not used to supplant services. Plans may be modified during the year, if needed. At the end of each year agencies must submit an annual report to the department's commissioner stating how funds were used to provide child protection services, including measurable outcomes.

Measurement: Two data indicators will be used to monitor the success of the child protection opioid allotment; both will be disaggregated by race and age to ensure positive results are experienced equitably. The first indicator is the rate of removal for children as a result of parental drug use, and the second is the median time to permanency for children who were removed as a result of parent drug use.

- **Strategy 4.2.5:** 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.

2020 Update: Co-chairs of the Children's Justice Initiative created a CJI CHIPS Parent Attorney Representation subcommittee. This committee meets every other month to partner with the CJI regional groups and William Mitchell Center for Law to build strategies to recruit, train, and retain parent attorneys for CHIPS cases. Collaboration for this strategy included representatives from private attorneys, public defenders, judges, caseworkers, parent advocates, ICWA attorneys, dispositional advisors and clerks. Future work is expected to explore changes to certification and training requirements for parents' attorneys as recommended by the Parent Representation subcommittee.

- **Strategy 4.2.6:** 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.

2020 Update: Monthly meetings occurred in person throughout the year (and virtually with the pandemic) between CSP and Medicaid staff, in addition to monthly calls with the Center for Healthcare Strategies to identify ongoing needs and provide technical assistance. These meetings frequently focused on coordination needs for implementation of the Family First Prevention Services Act.

- **Strategy 4.2.7:** 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.

2020 Update: Staff who coordinate Rapid Consultation services, generally Safety unit staff, include staff from other areas of the division, as needed, including staff from the Foster Care, Permanency, Indian Child Welfare and/or Continuous Quality Improvement units. Capacity

for consulting with county and tribal agencies was expanded in these areas of the division. The work to possibly formalize Rapid Consultation services beyond consultations on safety-related issues is ongoing.

Goal 5: 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 related to 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 25.

Table 25. Goal 5 measurement targets

Measure Type	Measures	Baseline year	Baseline	Target	Year 1
State	Timeliness to face-to-face contact	2018	88.4%	90.2%	88.1%
	Safety 2, Item 2	2017	89.0%	97.0%	90.2%
	Safety 2, Item 3	2017	64.0%	81.0%	76.9%
	Well-being 1, Item 12	2017	66.0%	81.8%	69.2%
	Well-being 1, Item 13	2017	78.0%	92.0%	82.5%
	Well-being 1, Item 14	2017	68.0%	84.3%	75.7%
	Well-being 1, Item 15	2017	68.0%	84.5%	70.3%
	Permanency 1, Item 4	2017	83.0%	97.8%	78.4%
	Permanency 1, Item 5	2017	79.0%	94.8%	77.3%
	Permanency 1, Item 6	2017	70.0%	92.4%	68.5%

Objectives

Objective 5.1. Improve CSP staff 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.

Progress on the first objective will be assessed through 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. Benchmarks for this objective are in Table 26.

Table 26. Measurement benchmarks for goal 5, 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 agencies 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	Target: 80% Observed: 94%	90% --	Maintain 90% rate		
Worker's report feeling safe sharing challenges	Establish				

and barriers to work

baseline, set
target

Recommendations implemented that remove
identified systemic barriers

Develop and
administer
survey

Establish
baseline,
set target

- **Strategy 5.1.1:** 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.

2020 Update: Refer to section 4. Quality Assurance System for this update.

- **Strategy 5.1.2:** 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.

2020 Update: The department completed various activities over the past year to enhance tracking tools and increase the use of data-informed decision making throughout the CQI process, including:

- Developed dashboards that enhance the ability of county and tribal agencies to monitor performance on various child welfare indicators
 - Provided technical assistance to most of the regional supervisor groups statewide, educating supervisors on available dashboards and how to access and utilize them
 - Continued work on finalizing indicators for the redesigned CQI system
 - Developed row-level lists for specific child welfare indicators (e.g., caseworker visits with children) that are regularly updated, provided to county and tribal agencies.
- **Strategy 5.1.3:** Improve communication strategies and collaboration internally across units in CSP to ensure the CQI process is being implemented as intended.

2020 Update: Department staff continues to work on finalizing redesign of the CQI system; collaboration and feedback within the division is part of that work. Over the past year, there has been collaboration across the division related to establishing indicators for the revised CQI system. Consultation occurred with each program area to identify high level indicators in program areas.

- **Strategy 5.1.4:** Provide technical assistance regarding CQI internally and to county and tribal agency supervisors at regional supervisor meetings and through biannual onsite visits with tribes.

2020 Update: Department staff met with all but two regional supervisor groups statewide. Meetings had been scheduled with all supervisor groups, however, some needed to be rescheduled due to the pandemic, peacetime emergency, and refocus on meeting COVID-19 related needs.

Initial conversations regarding CQI with the tribes have occurred through the American Indian Child Welfare Advisory Council. To date, those conversations primarily focused on the child fatality and near fatality review process, and the pilot for PIP development subsequent

to the ICWA compliance review. Both of these processes include the foundational elements of the overall CQI redesign, and provide a foundation for broader CQI conversations.

Objective 5.2. 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.

Progress on the second objective will be assessed through 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 on implementation of the CQI advisory team, which will occur in Year 1. The benchmarks for this objective are in Table 27.

Table 27. Measurement benchmarks for Goal 5, objective 2.

Benchmarks	Year 1 (2019)	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%	Target: 78% Observed: NA*	--	82%	--	85%
Worker reported having sufficient input in decision making at their agency, baseline (2016): 64%	Target: 68% Observed: 69%	--	72%	--	75%
Worker satisfaction with the department's communications and leadership, baseline (2016): 35%	Target: 50%	--	65%	--	75%
Attendance at ICWA Advisory Council meetings	Attended all four of the quarterly meetings				
Meet with tribes biannually *Survey item discontinued	Meet with 100% of tribes biannually				

- **Strategy 5.2.1:** Improve communication and development of feedback mechanisms regarding practice and policy guidance with local social service agencies at all levels of the workforce.

2020 Update: Using GovDelivery, the CSP Division now has multiple topical monthly newsletters providing updates and links to key information. Assigned staff allows for release of information in a more coordinated way across units. The Foster Care, Adoption/Permanency, and Safety and Prevention units all release monthly newsletters. County, tribal and state staff can subscribe to receive newsletters for areas they are most interested in, or most impacted by. Division staff use GovDelivery to release information from the division on an ad hoc basis, when needed, e.g., sending multiple e-updates providing information on COVID-19 in March/April 2020.

- **Strategy 5.2.2:** Build on the relationship with the ICWA Advisory Council, consulting on department issues that impact American Indian children, families, communities and tribes.

2020 Update: Various activities occurred over the past year related to this strategy, including:

- The ICWA unit, Continuous Quality Improvement staff, tribal and county partners collaborated to design a process for developing the Program Improvement Plan following an ICWA compliance review. (See Strategy 2.2.3 for information.)
 - Department staff attend each quarterly meeting of the American Indian Child Welfare Advisory Council. Feedback received in one of those meetings resulted in changes in goals in this APSR, separating a single goal focused on reducing disparities for American Indian and African American/black children into two separate goals.
 - Department staff consulted with council chairs and tribal leaders regarding presentation of data to a subgroup of the Children's Justice Initiative Advisory Committee, making adjustments prior to presenting data to the group.
 - Department staff explored the Comprehensive Child Welfare System (CCWIS) data system requirements with Red Lake Nation tribal leaders and Children's Bureau staff in preparation for it becoming an American Indian Child Welfare Initiative tribe.
- **Strategy 5.2.3:** Implement biannual onsite meetings with all 11 tribes to learn about child welfare programming, and how the CQI process can best support their work.

2020 Update: Department staff had initial conversations with the American Indian Child Welfare Advisory Council members regarding biannual meetings with each tribe. In response to requests to coordinate such visits across the division, internal conversations regarding structure of these visits also occurred. Planning is ongoing.

- **Strategy 5.2.4:** 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, make recommendations for removing barriers, and promoting improved outcomes.

2020 Update: Work groups were formed and began meeting to finalize the implementation plan for all components of the CQI redesign, including the CQI Advisory team. The general structure of the CQI Advisory team has been developed. Representatives from the Minnesota Association of County Social Service Administrators (MACSSA) were identified to participate on the team. Plans for consulting with various stakeholder groups and communities in late March 2020 were delayed due to COVID-19, the peacetime emergency, and changes to work environments, e.g., limits on travel and in-person meetings. PIP activities related to convening the CQI Advisory team were extended for six months (to Oct. 31, 2020); the advisory team will be convened by that time.

4. Quality Assurance System

Current

Minnesota's current Quality Assurance/Continuous Quality Improvement System collects and analyzes both qualitative and quantitative data through several review processes, including:

- **Children and Family Service Reviews.** Department staff utilize the federal Onsite Review Instrument (OSRI) to complete a minimum of 40 cases per quarter in accordance with the PIP Measurement Plan. In the most recent four quarters, 172 reviews were completed, including information gathered from 526 case-related interviews with children, parents, foster parents, caseworkers, and others such as guardian ad litem, advocates and service

providers. Seventy of the 78 county agencies and both Initiative tribes had at least one case reviewed since initiating a statewide random sample process in December 2017.

The PIP implementation period was due to end Apr. 30, 2020. Because completion of some activities was delayed due to the COVID-19 pandemic, peacetime emergency, and changes to the work environment, a six-month extension was granted to complete some activities; other activities were moved to the APSR for ongoing reporting, discussed throughout this document.

- Child mortality reviews. Department staff conduct Systemic Critical Incident Reviews (SCIRs) of all fatalities and near-fatalities due to maltreatment, in addition to those occurring in licensed facilities, e.g., foster care. The review process utilizes safety science practices and principles, focusing on human factors and system influences and accountability. Case reviews are completed by a team comprised of department and local agency supervisory staff. Any learning points identified in a review are mapped by a regionally based mapping team that includes local agency representatives from across the region, and other system stakeholders.
- Screening reviews. Since 2015, the department has had a process through which local agency screening decisions on reports of child maltreatment are reviewed. Decisions to screen in or screen out reports of maltreatment are reviewed by department staff. When decisions do not appear to meet statutory criteria, department staff consult with local agencies regarding a decision. Approximately 5% of each agencies screened in and screened out maltreatment reports are reviewed annually. In 2019, 5,151 local agency screening decisions were reviewed.
- Child Welfare – Targeted Case Management (CW – TCM) reviews. On a regular basis, department staff review local agency CW – TCM cases and claims to ensure claims meet criteria for Medicaid reimbursement. Local agencies are provided results of reviews and technical assistance is provided to assist in addressing areas noted as potential issues.

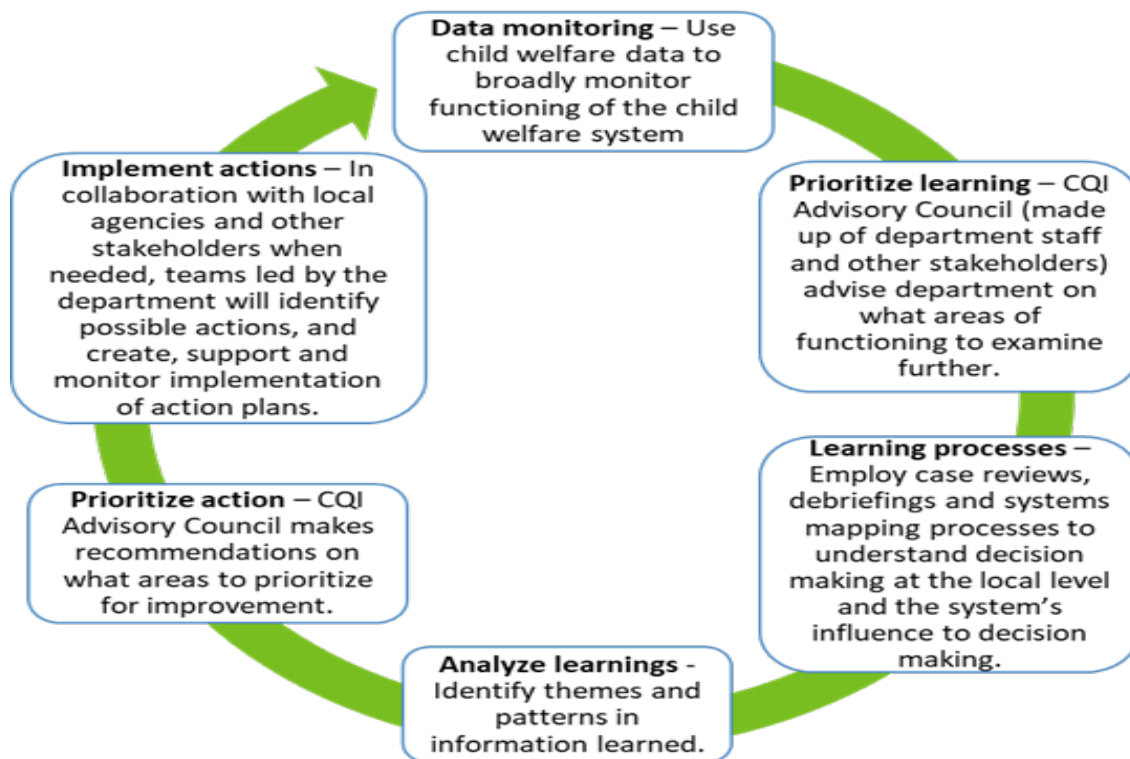
Information collected through these review processes is used to identify problem areas and provide technical assistance to agencies, monitor progress of program improvement efforts, and identify themes and systemic influences impacting achieving goals. To date, PIP goals for seven of the 10 CFSR items requiring reporting through the PIP process were met.

CQI redesign

The department began partnering with the Center for States to redesign the QA/CQI system in 2018. Initial steps of the process involved convening a Design team including department staff, county representatives, state court administrator's office, and a representative from the Center for Advanced Studies in Child Welfare; tribal agencies were also invited to participate. The Design team provided input on a number of aspects of the redesign. Additional, separate activities are planned to obtain tribal input, discussed earlier in this document.

In addition to Design team activities, CSP Division and Hennepin County child welfare staff completed the Capacity Building Center's CQI Training Academy. The academy provided foundational training in CQI – the process of first identifying, describing, analyzing strengths and problems, testing, implementing, learning from, and revising solutions.

Department staff are now engaged in the execution of the Child Welfare CQI Redesign Implementation Plan. Teams of CQI staff are engaged in defining processes for each component of the redesigned system. (See draft visual of process below.)



The CSP Division's CQI section grounded the work of the CQI redesign process by developing a mission statement and defining core values for work completed. Note that the mission statement and core values included below are in "draft" stage. Values include:

- Shift from a culture of individual blame to one of system accountability.
- Seek to understand, without judgment and regardless of outcome:
 - The context in which decisions are made at the local level, recognizing that people make decisions that make sense to them at the time.
 - The systemic contribution to decisions.
- Acknowledge compliance as a starting point for further learning.
- Incorporate diverse perspectives and experiences in learning about the system.
- Utilize the skills and knowledge of diverse points of view and experiences, including from front line child welfare workers, local leaders, child welfare partners, communities, families and youth.
- Use information learned about the system to proactively make improvements and resist pressure to make quick fixes.
- Build and maintain trusting relationships with partners and stakeholders
- Be transparent about what is learned regarding the system, how it was learned, and what is being done to make improvements.

Mission Statement
The Minnesota Child Welfare Continuous Quality Improvement team seeks to learn what works and does not work in the child welfare system in order to make improvements which result in sustained equitable outcomes for children and families.

5. Update on Service Description

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

Services for Children Adopted From Other Countries

The department contracts with a private nonprofit agency to manage 50 regional support groups for adoptive parents. The groups meet monthly throughout the state. The grantee also manages online support groups and peer-to-peer support services. Each year, the grantee holds one weekend retreat 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 are available to all adoptive families.

The department also contracts with a private nonprofit agency 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 families with children adopted from other countries. The agency also provides in-person and online training and education to professionals and adoptive families. The training and education services are available to all adoptive families.

Comprehensive child well-being assessments for youth include medical, developmental, cognitive, and mental health through assessments of child’s family, medical and developmental history, medical exams including lab work, screening for toxic exposure, Fetal Alcohol Syndrome Disorder 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.

Services for Children under the Age of Five

Help Me Grow/Follow Along

Per CAPTA, every child birth to age three within the child welfare system must be referred to IDEA Part C services. Minnesota [Help Me Grow](#) and the Minnesota [Follow Along](#) programs are services offered through the Minnesota Departments of Education and Health that help families identify developmental delay through screening and referral to appropriate services.

Infant Early Childhood Mental Health (IECMH) Initiative

The department provides support in continued education of child welfare professionals, including those working in the early intervention programs, such as the Parent Support Outreach Program. In partnership with the Center for Advanced Studies in Child Welfare (CASCW), the University of Minnesota Center for Early Education and Development (CEED) provides a training and certificate program in Understanding Infant and Early Childhood Mental Health to child welfare professionals. The purpose of this training is to provide education on infant and early social and emotional development; the role of caregivers in supporting child development; the potential impacts of trauma and adversity on development, including consideration of caregivers with mental illness, chemical dependency, adolescent parents, and those who experienced trauma themselves; ways to support development of resiliency; and ways to reflect on and consider culture when thinking about young children, families and development. The department provides additional trainings and monthly consultations specifically targeted to graduates of this certificate program to promote

transfer of this training and education into direct work with families. Goals of this initiative include using a reflective supervision/consultation framework to support the workforce in:

- Collaborating with colleagues to discuss developmentally and trauma-informed best practices
- Considering the developmental needs of infants and children who have undergone highly stressful event,
- Considering how challenges and traumatic events have affected parents and the parent/child relationship; and
- Identifying the most appropriate intervention that will best meet the needs of highly stressed children and parents.

Additionally, the department participates in the early learning scholarship policy advisory committee at the Minnesota Department of Education. A bulletin on quality early care and education opportunities available to support the developmental needs of children under age five involved in the child welfare system will be released in the summer of 2020; a webinar will be held with a panel of experts to discuss how to select and access options based on the needs of the child.

[Efforts to Track and Prevent Child Maltreatment Deaths](#)

Data submitted on NCANDS (The National Child Abuse and Neglect Data System) reports includes data from the Social Service Information System on child deaths along with data collected by the department's child mortality review staff on child maltreatment deaths.

Local social service agencies notify the department of a child maltreatment death, often within 24 hours of the death. Additional child maltreatment deaths are identified through the review of death certificates obtained from the Minnesota Department of Health's Office of Vital Statistics. Data collected regarding child deaths includes review of law enforcement reports, autopsy report, medical examiner's investigation report, death certificates, and birth certificates (only for infant deaths). The department's child mortality review staff reviews death certificates to ensure that all child deaths meeting program criteria are reviewed.

The department has incorporated safety science into the child fatality/near fatality review process through the use of the Collaborative Safety Model. This model allows department staff to get first-hand accounts from frontline staff as well as relevant public and private partners, such as law enforcement, public health, physicians/child abuse specialists, and local attorney's offices. Those partners are invited to and participate in safety systems mappings, where systemic influences and barriers are identified that inhibit the ability to provide idealized services to the children and families. These voices are invaluable as all partners are intricately woven into the service procurement to families. As a result of these mappings, themes are identified and recommendations are made annually to improve the services to families across the state.

The department also convenes the State Child Mortality Review Panel, comprised of a multi-disciplinary team of professionals that meet 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.

MaryLee Allen Promoting Safe and Stable Families (title IV-B, subpart 2)

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 process for Family Support Services

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.

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 seen an increase in the number of reports received statewide beginning in 2015. This increase coincides with increased attention to the child welfare system after a high profile death drew media attention. The opioid crisis has also led to a rise in the number of reports accepted for prenatal exposure to substances, and reports related to parental substance abuse. While this does explain a portion of the increase, there were also clarifications made to the screening guidelines in 2015. These clarifications have likely partially contributed to the increased number of accepted reports.

Services to address at-risk populations

Reports of child maltreatment should be accepted for a Family Investigation or Family Assessment if the following conditions are met:

- Allegations meet the statutory definition of child maltreatment
- There is sufficient identifying information to locate a child or at least one member of their family
- A report includes maltreatment allegations not previously assessed or investigated by the local agency.

If a 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.

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 families not engaged in services.

Family Group Decision Making conferences are conducted for many children as a means to avoid placement, 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 assist youth's transition to independence.

Kinship Navigator Funding (title IV-B, subpart 2)

Program Rationale/Background

The State of Minnesota launched its kinship navigator program in direct response to the increasing need of assistance with the number of related caregivers assuming responsibility for raising relative child(ren). Minnesota kinship navigation program is still in the developmental phase, with the state's primary focus on building its infrastructure, kinship caregiver services, community partnerships and community outreach programs. The rationale being, that more children will be served with families and kin prior to potential removal from the home and placement in a foster care setting, as well as moving more child(ren) from a congregate foster care settings to more family-like environments. The department's focus will be on providing an approachable trauma informed, evidence-based supportive system role to our kinship families. This criteria will be defined and easily replicable for kinship navigator programs throughout the state. The kinship navigator program is being designed to support and assist relative caregivers, in understanding the importance of keeping children within their family unit, when their biological parent cannot adequately provide for them.

The department was awarded \$303,792 in FY2018 and \$286,426 in FY 2019 to develop a kinship navigator program to:

- Develop infrastructure that supports the needs of kinship families
- Support outreach to kinship families through community partnerships

- Evaluate kinship navigator activities.

FY2018 Kinship navigator activities:

Development of Kinship Navigator Positions: Two temporary kinship navigator positions were hired, using \$76,000 of the award:

- Social service kinship navigator- this position provided outreach with other state and local agencies to promote service coordination, and/or provide information and access services to kinship care families.
- Legal social service kinship navigator- this position focused on coordinating access to information and legal resources for kinship families, including facilitating direct access to legal clinics, law library services, fee waivers, legal documents and legal community resources for state and tribal courts.

Development of Information and Access for Kinship Caregivers: Information about the kinship navigator program was added to the MNADOPT website <https://www.mnadopt.org/fostering-network/kinship-care>. This website provides information, resources, education, public awareness and support for kinship, foster and adoptive families. A section of the website was developed to provide comprehensive informational links and referral to community resources for caregivers that also includes access to training opportunities. Website development used \$25,000 of the award.

At this time, the department is still considering whether it is beneficial to include kinship information and resources on a state managed website such as minnesotahelp.info. Also, under consideration is a kinship page included on the FFPSA County Link page and the use of a toll free service for kinship navigation.

Community Outreach:

- Symposium sponsorship: Kinship Navigator Community Awareness Symposium was a partnership between the department and Fond du Lac Tribal and Community College. The symposium was held in July 2019 in Duluth, Minn. Symposium sponsorship used \$30,000 of the award.
- Outreach grants: Outreach grants used \$137,960 of the award. Mini-grants of up to \$20,000 were awarded to county, tribal, community agencies and school districts, to enhance outreach and promote kinship navigator programs and services. Priority was given to proposals that promote public-private partnerships. A total of 7 mini grants were awarded and 570 kinship families were served through these grants.

Evaluation: Minnesota's Kinship Navigator program partnered with Fond du Lac Tribal and Community College to survey and evaluate targeted audiences from the symposium "Kinship Navigator Community Awareness." The final kinship caregiver and family needs assessment will assist the kinship program to focus on better meeting the needs of caregivers. The evaluation used \$30,000 of the award.

FY2019 Kinship navigator activities:

Staffing: Due to the need for fiscal reconciliation with the 2018 award a portion (\$17,898) of the payroll from 2019 was deducted from the 2019 award.

Mini Grants: With FY2019 funding the Department plans to work in partnership with counties, tribes, and agencies across the state to continue to develop and evaluate how best to serve kinship caregivers and the children in their care. The department posted a request for proposals and

awarded agencies with mini-grants of up to \$25,000 per grantee. These grants were awarded to 6 agencies and 6 counties. A total of \$160,000 of funding will be used.

Evaluation Tool: Additional evaluation of the needs of kinship families statewide is needed. The department plans to work with a higher education institution to develop an evaluation tool by Sept. 2020. Estimated cost will be \$40,000-\$108,000 of the FY2019 funding. The evaluation tool would later be used by 6 regional surveyors in partnership with other federal funding.

Non-grant funded activities:

- Ongoing collaboration with grantees on programming, clearinghouse standards, and possibility of meeting Title IV-E standards for reimbursement for kinship services.
- Development of kinship handbook which includes information on community services and resources available to kinship families. A legal manual has been developed and will be finalized by August 2020.
- Ongoing discussions on where kinship manual, services and program information is to be posted (minnesotahelp.info, County Link, MNADOPT, etc.) are being held so the information is centralized and accessible.
- The Family First Prevention Services Act (FFPSA) kinship subgroup has been developed. External stakeholders to be identified and included in discussions of kinship programming and development.

Minnesota Kinship Navigator Program Goals for 2020-2021

Minnesota's Kinship Navigator program will continue to focus on child safety, permanency and well-being, as well as adult well-being, access to services, and referral to services.

The kinship navigator program will achieve program goals by implementing the following:

- Ongoing community and professional kinship navigator education
- Defining and building kinship caregiver referral systems
- Information management and tracking (tracking program(s) satisfaction and needs assessments)
- Kinship navigator staff (training/onboarding/education requirements)
- Kinship program policies and procedures
- Kinship services addressing identified barriers
- Ongoing community outreach and partnership.

Monthly Caseworker Visits Formula Grants and Standards for Caseworker Visits

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

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

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

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

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

Monthly caseworker visit grant funds are used to supplement the Minnesota Child Welfare Training System for caseworker and supervisor training. Grant funding is also used to support QA/CQI staff efforts to evaluate county and tribal agency performance on frequency and quality of caseworker visits through MnCFSTRs, and assist agencies in developing plans to improve performance. Specific interventions in goal 4 target this area.

Minnesota has not met performance standards for monthly caseworker visits with children in out-of-home placement. It consistently meets the performance standard related to the majority of visits occurring in a child's residence. In CY 2019, Minnesota's performance on monthly caseworker visits with children in placement was 82.3%. Minnesota met its PIP measurement goal on Item 14: caseworker visits with children during this reporting period.

Through the CFSR PIP, the department completed a number of activities focused on improving the frequency of caseworker visits with children in out-of-home placement, including:

- Developed and published guidance on requirements for caseworker visits, addressing both frequency and quality of caseworker visits
- Providing child-specific lists of children who have not had a caseworker visit by the 20th of each month to local agencies on a monthly basis. This specific activity was implemented in May 2020; impacts are yet to be seen.

Goal 1, Objective 2 of the CFSP/APSR is to ensure that all children in foster care are visited by their caseworker a minimum of once a month. Refer to that section for identification of strategies and progress.

[Additional Services Information](#)

[Adoption and Legal Guardianship Incentive Payments \(section 473A of the Act\)](#)

The department provides services to foster, adoptive and kinship and families through the Permanency Support Services (PSS) program. The program consists of grants with eight agencies to provide 22 services. Adoption incentive funds are utilized to provide a continuum of services from a families first interest in becoming a foster adoptive or kinship parent through post permanency support, including:

- A contract with a private nonprofit agency to coordinate training for adoptive parents and adoption professionals. Training topics have included attachment, parenting adopted teens, parenting children with sexualized behaviors, trauma and more. Training is offered both in-person and in webinar formats. Some training is offered as a series and includes a support group component.
- Funding for the Center for Advanced Study in Child Welfare's Permanency and Adoption Competency Certificate (PACC). The program includes 90 hours of training and 18 hours of clinical supervision. Attendees are mental health professionals 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.

- Funding for the Center for Advanced Study in Child Welfare's Phoenix Learning Xchange (PLX). The program includes web based training, and in-person training. Attendees are mental health professionals, members of the multi-disciplinary teams, adoption resource workers, tribal agency workers 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 the state. 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 in obtaining services, the grantee provides financial assistance. This can include in-home counseling.
- A contract with a private nonprofit agency to manage 50 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. The peer-to-peer support services 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. The peer-to-peer support allows foster, adoptive and kinship families to build connections.
- Funding for private child placing agencies to provide child-specific recruitment and placement services. Child-specific recruitment services include relative search services and intensive child-specific services. Placement support services include intensive efforts to support and stabilize families.
- 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.
- One agency was contracted to offer camp services to transracial adoptive, foster and kinship families.
- 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 Fetal Alcohol Spectrum Disorders and an assessment of developmental skills.
- Contract for web-based and in person free 16 hour training for individuals interested in becoming foster care providers or adoptive parents. Providing grants to adoptive, foster and kinship families to assist with expenses that have arisen due to COVID – 19.

In 2021 and 2022 the adoption unit is expanding PSS to provide additional services in greater Minnesota through grant contracts with three agencies, services include wraparound services to foster adoptive and kinship families; in person and web-based support groups; and family activities and celebration.

The department is pursuing the option to contract with an agency to provide a medical assistance navigator for families who have adopted or families that have been formed through transfer of legal physical custody (TPLPC). The department is also pursuing grants and contracts for targeted

recruitment activities to increase the pool of foster and adoptive parents. These will include community partnership, advertising and gatherings when COVID – 19 as guidance allows from the Center for Disease Control. We continue to explore through community engagement and stakeholder meetings ways to expand supportive services to foster, adoptive and kinship families and the professionals that support these families.

[Adoption Savings \(section 473\(a\)\(8\) of the Act\)](#)

The department continues to use the same adoption savings calculation. 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 meaningful and 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 hours of 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.
- Contract for free web-based and in-person 16 hours of training for individuals interested in becoming foster care providers or adoptive parents. The training topics are meant to be an overview of the child welfare system and included the following topics: impact of trauma, parent panels, attachment, cross cultural transracial adoptions.
 - Impact of prenatal exposure to drugs and alcohol on brain development, including Fetal Alcohol Spectrum Disorders.
 - Impact of grief, separation and loss on children.
 - Impact of trauma, abuse and neglect on children's development and relationships, and implications for adoptive parents.
 - An introduction to common mental health issues children in foster care experience, as well as different therapeutic approaches to these issues.
 - Attachment and its impact on adoptive parents and children.

- Cross-cultural and transracial adoption, its impact on adoptive parents and children.
- Overview of the child welfare system, including how children come to be in out-of-home care and under guardianship.
- The permanency needs of youth ages 12-17 and permanency needs of youth over age 18 and considerations for parents.
- A youth panel for education and recruitment purposes of older youth.
- A parent panel or other manner of incorporating experienced adoptive parents into education.
- An overview of relative concurrent planning, including the various parties involved, their roles and the benefits of concurrent planning to children.

The current years' adoption saving were estimated in December of 2018 and encumbered into July 1, 2019 through June 30, 2020 contracts. The department has a plan to expend unused savings through contracts over the next three year. Grants were created utilizing an estimation of current year adoption savings and unspent adoption savings. Each December and May the department revisits the unspent funds and estimates increases or decreases to existing contracts based upon the estimated current year adoption savings and unspent adoption savings.

[John H. Chafee Foster Care Program for Successful Transition to Adulthood \(the Chafee Program\)](#)

[Service Description](#)

The department disbursed federal funds to county and tribal agencies in an application process. Non-government, community-based agencies apply for Chafee funds via a Request for Proposals (RFP) process. During FFY 2019, department staff negotiated contracts with 12 agencies statewide for a total of 18 contracts regarding independent living skills services and leadership councils. During FFY 2020, all of the state's 87 counties were funded. Department staff monitors disbursement of funds and services provided through quarterly narrative progress reports and annual final reports filed by community-based, county and tribal agencies. County and Initiative tribal agencies are also monitored through SSIS.

The application for county and tribal agencies targets goals youth must accomplish before discharge from placement. Minnesota statute requires annual court reviews of independent living plans of youth ages 14 and older in placement. Plans should include, but not be limited to, the following objectives:

- i. Educational, vocational, or employment planning
- ii. Health care planning and medical coverage
- iii. Transportation including, where appropriate, assisting the child in obtaining a driver's license
- iv. Money management, including responsibility of an agency to ensure that youth annually receives, at no cost to them, a consumer credit report and assistance in interpreting and resolving any inaccuracies in a report
- v. Planning for housing
- vi. Social and recreational skills
- vii. Establishing and maintaining connections with the child's family and community
- viii. Regular opportunities to engage in age-appropriate or developmentally appropriate activities typical for a child's age group, taking into consideration the capacities of an individual child.

The court is required to review progress toward the following goals prior to a youth's discharge from placement:

1. The county social service agency provided written notification to a child, their parents or legal guardians, and foster parents, of the availability of foster care benefits to age 21, and how to file an appeal if a request for foster care benefits is denied by a county agency
2. Obtained a high school diploma or its equivalent
3. Completed a driver's education course, or has demonstrated the ability to use public transportation in the community
4. Is employed or enrolled in post-secondary education
5. Applied for and obtained post-secondary education financial aid for which they are eligible
6. Has health care coverage and health care providers to meet their physical and mental health needs
7. Applied for and obtained disability income assistance for which they are eligible
8. Obtained affordable housing with necessary supports, which does not include a homeless shelter
9. Saved sufficient funds to pay for the first month's rent and a damage deposit
10. Has an alternative housing plan, which does not include a homeless shelter, if the original housing plan is unworkable
11. If male, has registered for Selective Service
12. Has a permanent connection to a caring adult

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
- Tribal enrollment identification card
- Green card or school visa
- Child's school, medical and dental records
- A contact list of a child's medical, dental and mental health providers
- Contact information for a child's siblings, if the siblings are in foster care.

For a child who will be discharged from foster care at age 18 or older, the responsible social services agency is required to develop a personalized transition plan as directed by youth. Transition plans must be developed during the 90-day period immediately prior to the expected date of discharge. The plan must provide a child with the option to execute a health care directive.

The agency shall ensure that youth receives, at no cost, a copy of their consumer credit report, and assistance in interpreting and resolving inaccuracies in the report.

A portion of Chafee funds were combined with state funds for the Healthy Transitions to Adulthood (HTA) program. This program grants funds to nonprofit agencies to operate community-based programs designed to optimize transition outcomes for youth in out-of-home placement, and to prevent homelessness for youth who have experienced out-of-home placement. Twenty-four community-based agencies applied for funding through RFPs. The combined Chafee and state funds are being awarded to 11 grantees. These agencies provide services statewide for youth ages 14 and older who are in out-of-home placement and referred by county social workers, or youth 14-22 who

have left placement and are no longer receiving county social services. Grantee agency staff 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 and/or tribal agency, foster parents, and other community providers and resources to ensure that the goals listed above are met for each youth served.

Minnesota has eight independent Youth Leadership Councils, seven through community-based agencies and one through a county agency. One of the community-based councils is specific to Native American youth. The purpose of a Youth Leadership Council is to give youth a voice for improving the foster care system, both locally and statewide, by strengthening services for youth aging out of care, providing leadership opportunities, and representing the interests of youth in policy-making and training. Representatives of these councils meet monthly with the Chafee coordinator to form the statewide council, and provide the department with input on policies affecting older adolescents in foster care and service delivery.

Minnesota's Chafee independent living program is called Successful Transition to Adulthood for Youth (STAY). Minnesota is vast in geographical area as well as urban, suburban, and rural regions. In CY2020, in addition to the purchase and provision of services to achieve independent living goals, STAY added the "Big Idea" program. This new optional feature is intended to support county and tribal agencies to pursue creative ways that may better serve youth in their area while increasing positive connections to adults and ultimately creating more successful transitions to adulthood. Data on Minnesota youth from the National Youth in Transition Database (NYTD) suggests youth having a relationship with an adult in their lives that they trust had positive outcomes related to:

- Fewer experiences of homelessness
- Decreased rates of incarceration
- Decreased rates of birthing or fathering children
- Increased use of treatment services for drug and alcohol counseling.

A "Big Idea" is likely to include:

- Collaboration with other county or tribal agencies or community service providers to combine resources with the goal of increasing service provision for youth.
- An emphasis on creating connections to trusted adults within a youth's life.
- A budget for existing Chafee programming (direct services) as well as additional programming to respond to a big idea.

A Chafee Advisory Committee is comprised of county and tribal workers, community-based agency staff and youth. This committee meets quarterly to discuss the STAY and ETV programs and address concerns. NYTD and other pertinent data are shared during these meetings. This information is also shared with stakeholders, tribes, and courts through bulletins and a quarterly adolescent services newsletter titled "Empowering Youth Update." Data has also been shared during trainings and meetings regarding adolescent services, specifically that the NYTD data shows better outcomes for youth that have remained in foster care through the extended foster care program. The NYTD review is not yet scheduled. Stakeholders and others have been informed that a review is coming and will be informed in these same ways once it has been scheduled.

In an effort to customize federal NYTD regulations to Minnesota's efforts, the department has adopted the acronym MNYTD to reflect the Minnesota Youth in Transition Database. MNYTD represents Minnesota's procedures and processes to comply with federal policy. MNYTD requires

that any independent living services provided to transitional youth be entered in SSIS. Surveys, along with contact sheets, are completed by county and tribal workers with all youth in placement on or within 45 days after their 17th birthday every three years. The department has monthly contact during baseline survey years with county and tribal agencies to ensure timely entry of survey data. Youth, who were in the baseline population of 17-year-olds in care and who completed the MNYTD survey, are asked to respond to the survey again at ages 19 and 21, regardless of whether they are still in care. The department contracts with a vendor (The Improve Group), to locate, communicate with, survey, and administer incentives to these youth annually until they reach age 21.

Collaboration

Foster youth provide personal testimony on their experiences in the foster care system through focus groups, presentations, and panels. Youth have presented at foster parent appreciation events, conferences, and department meetings.

Adolescent Services staff presented at conferences, trainings, and meetings regarding transition planning for foster care youth. These were held at county, tribal, and community-based agencies, as well as other community sites. Adolescent Services staff discussed the services available for youth in or aging out of foster care, transitioning from foster care to adulthood, extended foster care, and requirements of the Preventing Sex Trafficking and Strengthening Families Act and the Family First Prevention Services Act.

Governor Tim Walz designated April as Financial Capability Month in Minnesota. In an effort to promote fiscal literacy across the state, resources were sent to all county and tribal social service agencies, child care providers and community youth-serving agencies.

The Safe Harbor Act [Minn. Stat. 260C.007, subd. 31, and Minn. Stats. 145.4716, 145.4717 and 145.4718] offers protection and comprehensive services to Minnesota youth who have been sexually exploited. This is a collaboration between the Minnesota Department of Health, and the department (Office of Economic Opportunity, Licensing and Child Safety and Permanency divisions). 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, county social service agencies shall develop a multidisciplinary child protection team to assist in developing outreach services for sexually exploited youth, including homeless, runaway, and truant youth who are at risk of sexual exploitation. This team may provide case consultation, and a case review process in which recommendations are made concerning services to be provided to identified children and families. The team must include a representative of a youth intervention program, or one representative of a nonprofit agency serving youth in crisis. In addition, agency staff should collaborate with the Safe Harbor regional navigator to identify and provide comprehensive services.

Adolescent services staff have been working with counties since October 2019 to support and facilitate the coordination of child welfare agencies and Public Housing Authorities to utilize FYI (Foster Youth to Independence) vouchers. A letter was sent to all counties, supporting them in applying for the vouchers. The department has participated in webinars involving the Public Housing Authorities and Continuum of Care providers to support the use of these vouchers. The Department has assisted counties, Public Housing Authorities and service providers to educate, collaborate and assist in creating these partnerships. Three Public Housing Authorities that have received the vouchers with more applying in the near future.

Accomplishments FY 2020

County and tribal agency staff, and foster parents identify Chafee eligible youth ages 14 and older, and with the youth's input, develop an independent living plan. Caseworkers are responsible for assuring that each youth accomplishes goals in their independent living plan. Youth can be referred to a Chafee funded community-based agency, work with a foster parent, use web-based training materials, tap into existing community resources, or combine these and many other strategies. Youth that remain in out-of-home placement after age 18 continue to work on an independent living plan with their social worker while working or attending school. Youth who leave placement remain eligible for Chafee funded services, but are much more likely to access services through a community-based agency rather than a county social service agency.

Minnesota Chafee eligibility is defined by department policy as:

Minimum age: Age 14

Maximum age: 23rd birthday

Eligibility for youth in foster care

Youth ages 14 - 20 who are on a county or tribal social services caseload and have experienced an out-of-home placement for at least 30 consecutive days after age 14. This means any youth in foster care, including extended foster care, may be served starting at age 14 up to their 21st birthday. This includes all child welfare/protection, children's mental health, and developmental disabilities workgroups.

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

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

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

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 23rd birthday.

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)

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 23rd birthday.

- Ages 14 and older who are under state guardianship or in permanent custody of an agency, and expected to remain in placement until age 18 or older, should be the highest priority
- All county placements must be entered into the Social Services Information System for the department to verify eligibility.

This eligibility criteria is explained in bulletins and Request for Proposals, as well as executed award letters and contracts, so that county, tribal and community-based agencies receiving Chafee funds clearly understand which youth can be served with these funds.

County, tribal, and community-based agencies funded with Chafee and state dollars served 2304 eligible youth in 2019. Services received by youth and demographics are reported through the NYTD system.

The Adolescent Services Unit staff offered trainings to all county and community-based agency staff who receive the quarterly Empowering Youth Update email to facilitate discussion on successfully transitioning youth to adulthood and utilizing available services. NYTD data was shared at these

trainings, showing the positive outcomes of youth who remained in care past age 18 versus youth who left care.

All county agencies that applied with a “big idea” were funded to provide that program. Over 70% of counties are involved with the new programming. One criteria for the new programming is that all agencies agreed to participate in evaluative activities throughout the 2 year pilot project. The agency contracted to complete the NYTD follow up surveys is working with these agencies to collect data similar to NYTD in order to evaluate the outcomes and service provisions of the “big idea” programs. Another criteria for the Big Idea Program is participation in a monthly positive youth development consultation facilitated by a trauma therapist. Each month, two agencies present about a case of a youth that they are working with or a program implementation issue with their “big idea,” and receive feedback and suggestions from not only the trauma therapist, but also the other agencies and adolescent services staff.

Combined Chafee and state funds were awarded to 11 community-based agencies. These agencies provided services for either youth ages 14 or older in out-of-home placement referred by county caseworkers, or youth 14-22 who left placement and no longer receive county social services. Youth are taught life skills they need to make a healthy transition to adulthood by working with staff one-to-one or in groups. Staff collaborate with county agencies, foster parents, and other community providers and resources to ensure that goals listed above are met for each youth served.

A requirement of contracts with community-based agencies is participation in a monthly trauma consultation facilitated by a trauma therapist. Each month, two agencies present a case of a youth that they are working with and receive feedback and suggestions from not only the trauma therapist, but also the other community-based agencies and adolescent services staff.

All Chafee funded county, tribal and community-based agencies identify and use other public and private programs and resources to maximize services to youth. A benefit of this approach is that it builds future connections and resources for youth in their community. Examples of additional resources include:

- Job opportunities through Workforce centers
- Driver’s education instruction through local schools
- Financial aid sources, public and private, for youth attending post-secondary school
- Personal safety, health care and nutrition education provided by public health staff, county extension services and women’s resource centers
- Group training events provided by volunteer community experts
- Meeting room space donated by churches, community centers, colleges and other organizations
- Volunteer mentors, co-facilitators and chaperones for retreats
- Federal, state and locally funded/subsidized transitional housing options
- Local sobriety groups and sponsors
- Vocational rehabilitation programs, waived services, SSI for disabled youth
- Area Learning Centers and Adult Basic Education programs
- Partnerships with local churches to provide volunteers, emergency housing and donations of household goods for youth moving into dorms or apartments.

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

The Tomorrow's Leaders Today (TLT) Youth Leadership Conference was held in July 2019. The conference is for current or former foster youth ages 16 to 20. About 200 people attend each year.

The purpose of the conference is threefold:

- To celebrate and enhance the leadership capacity of youth
- To teach leadership skills that can be used now and in the future to affect personal and community change
- To strengthen the network of adults who value youth leadership.

The TLT conference empowers youth. It encourages them and gives them the tools they need to participate in their communities in meaningful and constructive ways. These youth have a great deal to say about how to improve the child welfare system, because they have experienced it. The TLT conference changes young peoples' self-concept from disenfranchised to contributing, knowledgeable, and valued community members. The TLT conference is also intended to change adults' views. The conference is built on a foundation of positive youth development. Youth workers are encouraged to recognize each youth's talents, abilities, and knowledge, and to return home committed to involving youth in their community in a positive way.

Two youth accompanied the Chafee Independent Living Coordinator and the Education Training Voucher Coordinator to Washington DC for the Chafee Technical Assistance meeting and the Child Welfare Evaluation Summit as youth ambassadors in Aug., 2019. In March 2020, one youth accompanied the coordinators to Washington DC for the Chafee Technical Assistance meeting as a youth ambassador.

On Mar. 9, 2020, the Minnesota Youth Leadership Council facilitated a 3rd annual "day on the hill" to advocate for foster child/youth rights. This event is designed by youth, for youth to have a voice on the pressing issues they experience in the foster care system. Training is provided to prepare youth for the rally and meetings with legislators. The rally consists of youth speakers and the opportunity for attendees to address the crowd. Adults are to assist youth in finding their voice.

In Mar., 2020, due to the COVID-19 pandemic, there was some shift in focus as well as how programming was provided due to stay-at-home orders. Due to the pandemic, many face-to-face activities were canceled, postponed, or switched to a virtual experience. Agencies have been allowed flexibility in their budgets to ensure that youth's basic needs are provided for.

On Apr., 22, 2020, the adolescent services staff along with some youth from the Youth Leadership Council provided a virtual town hall for Minnesota's foster youth. Questions were received and answered, and service options provided. There was approximately 180 people in attendance.

Minnesota was chosen as a participant in the Authentic Youth Engagement summit coordinated by the Children's Bureau and the Annie E. Casey Foundation. The May 2020 summit was postponed until Aug., 2020.

[Planned Activities for FY 2021](#)

Due to the continuation of the pandemic, many face-to-face activities will continue to be canceled, postponed, or switched to a virtual experience. Agencies will continue to be allowed flexibility in their budgets to ensure that youth's basic needs are provided for.

Related to the Family First Prevention Services Act (FFPSA), Minnesota will continue implementing the change to serve youth up to age 23. At this time, services will remain the same for the 21-23 year olds as 14-21 year olds. Revisions will continue to be made as needed in all policy and programming materials. This will be done by bulletins and trainings.

County agencies may use a portion of their annual Chafee/STAY funds to help defray expenses associated with the cost of resolving credit issues or identity theft for foster youth. Agencies can also utilize funds for normalcy and age or developmentally appropriate activities. Specific activities to meet the needs of individual youth are determined by the county or tribal agency.

The outcomes for youth to achieve, while working with county, tribal, and/or community agencies include:

- Being engaged in either one-to-one or groups to learn life skills and work on independent living plans
- Successful completion of high school
- Transition to post-secondary education
- Success at finding and keeping employment
- Transition from out-of-home placement to stable, affordable housing
- Permanent connections to at least one caring adult.

Department staff will train, monitor and offer technical assistance to caseworkers at community-based and tribal agencies with grant contracts, and county agencies. Statewide training and technical assistance will be provided via online presentations, in-person presentations, telephone and email.

Chafee program staff meet with SSIS staff regarding implementation of the National Youth in Transition Database. They work closely with the private vendor to administer the follow-up NYTD surveys to 19 and 21-year-old current and former foster youth. Support and technical assistance to county and tribal agencies and Chafee funded community-based agencies will continue so accurate NYTD service data is in SSIS. Training and technical assistance is provided to agency staff as requested.

Minnesota continues to encourage youth leadership with an annual state Youth Leadership Conference and provides support, training and resources for Youth Leadership Councils (YLC). An annual Youth Leadership Council retreat is also planned to facilitate networking and to work on agenda goals. A national Leaders for Change conference is also planned for up to seven YLC members and two staff. The July 2020 youth leadership conference was canceled due to the pandemic, with the hope of bringing it back in the summer of 2021. The June 2020 retreat is currently postponed with the hope of scheduling in the late summer of 2020. There has been no word on the fall national conference at this time.

The Annie E. Casey Foundation's Authentic Youth Engagement summit is scheduled for Aug., 2020 via a virtual platform.

Efforts to Expand, Strengthen and Improve the Program

Minnesota continues to implement provisions of the federal Fostering Connections to Success Act that allow youth to remain in foster care up to age 21. Youth must meet one of the five eligibility criteria outlined in the federal act. Research and NYTD data shows that youth who stay in care past age 18 have better outcomes than those who leave care at age 18.

Minnesota’s “Helping Youth Transition from Out-of-home Care to Adulthood”, and “Working with Lesbian, Gay, Bisexual, Transgender and Questioning/Queer Youth” best practice guides are on the department’s website.

- [Helping Youth Transition from Out-of-home Care to Adulthood Best Practice Guide](#)
- [Working With Lesbian, Gay, Bisexual, Transgender and Questioning/Queer Youth](#)

The department continues to look to expand its statewide Youth Leadership Council (YLC) by adding more councils across the state. These groups meet monthly, either in person or online, to discuss the Chafee program and other topics. The Improve Group, the vendor for NYTD follow-up surveys, has met with the YLC to discuss survey administration issues as well as communication issues. The YLC has also been part of focus groups regarding the foster care system and extended foster care. Each council also consults by phone or email as needed. The statewide YLC has joined a nationwide group, Foster Youth in Action, to broaden the scope of involvement in foster care issues. YLC members take part in national events as the opportunities arise.

The Youth Leadership Council coordinated the third Foster Child and Youth Day on the Hill in Mar., 2020. This included a morning training on key issues in foster care as well as how to meet with legislators and how to hold a rally. The afternoon consisted of a rally and meeting with legislators.

The Chafee Advisory Committee meets quarterly to discuss the Chafee program, ETV and NYTD. This group consists of caseworkers, nonprofit agency staff and youth.

NYTD data collection has improved with increased communication with county and tribal agencies to provide information on locating youth for follow-up surveys. Increased communication throughout the baseline survey year looks to improve timeliness concerns. A bulletin to describe implementation requirements and a recorded VPC training were issued prior to the start of the current baseline year of Cohort 4.

An annual Youth Worker Training consists of county, tribal, and community-based agency staff who facilitate group independent living skills. The training builds youth engagement and group facilitation skills as well as encourages networking among agencies.

STAY “Big Idea” Programs participate in a monthly positive youth development consultation. Youth Leadership Council’s supportive adults participate in monthly leadership skills development consultation.

Evaluation efforts of the “Big Idea” programs look to incorporate NYTD outcomes into Chafee programming. All “Big Idea” programs focus on increasing permanent connections, but may also look at decreasing homelessness, decreasing incarceration, delaying pregnancy and/or parenting, and increasing treatment for substance abuse.

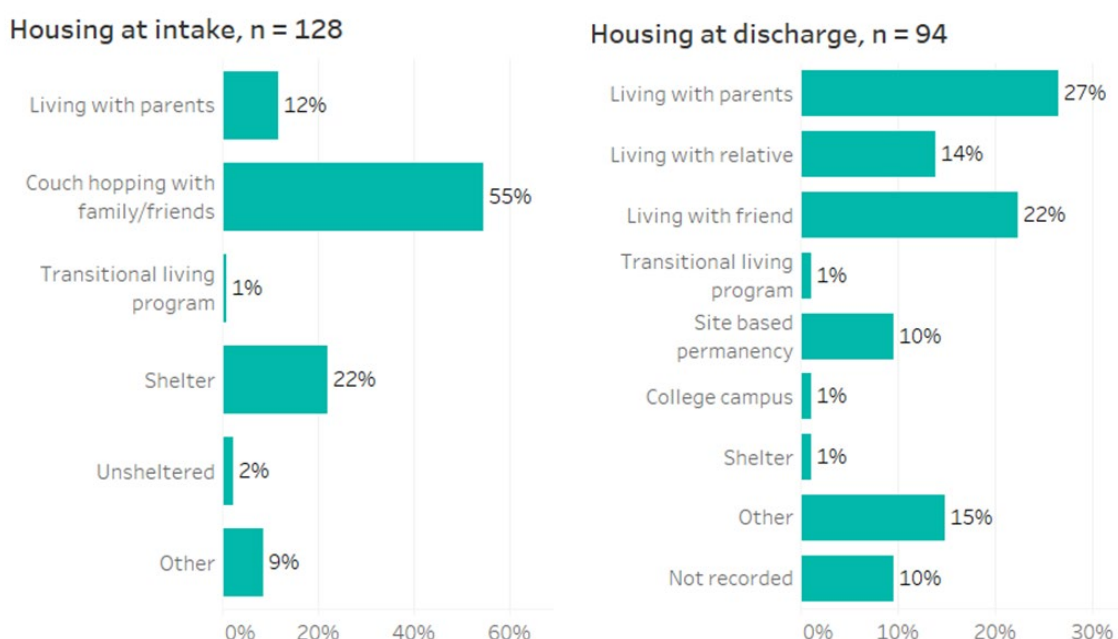
[Homelessness Prevention](#)

The Healthy Transitions to Adulthood (HTA) program grants funds to nonprofit agencies to operate community-based programs to optimize transition outcomes for youth in out-of-home placement, and to prevent homelessness for youth who have experienced out-of-home placement. These agencies provide services statewide for either youth ages 14 and older who are in out-of-home placement and referred by county caseworkers, or youth 14 up to age 22 who left placement and are no longer receiving county services. Grantee agencies teach youth the life skills they need to make a healthy transition to adulthood. They collaborate with county agencies, foster parents, and other community providers and resources to ensure that goals are met for each youth served.

Minor Connect is a pilot program with Hennepin County to address the issue of unaccompanied minors ages 15-17 who were screened out for child protection. Minor Connect uses child welfare resources and community providers to get services to youth who are currently not with their parents or legal guardian, or at risk of homelessness.

From Apr., 1, 2018 through March 31, 2020, Minor Connect received 128 referrals. One hundred twelve minors accepted services from Hennepin County navigators. Sixty-three minors were served by community providers.

Housing at intake is collected by Hennepin County Navigators upon doing an intake on a minor after receiving a referral to Minor Connect from Hennepin County child protection screening. Housing at discharge includes data collected when Hennepin County Navigators close the case because the minor refused services, no longer needed services, or was referred to a community provider.



The department's Office of Economic Opportunity (OEO) received Homeless Youth Act funds and provided grants to community-based agencies for homeless shelters and transitional housing across the state. Some of these grantees also receive Chafee funding. The department has partnered with OEO, who funds grantees through FYSB, regarding runaways from foster care and sexually exploited youth. This partnership will continue through the Heading Home and Safe Harbor work described below.

Department staff participate in a work group called Heading Home Minnesota, which focuses on ending youth homelessness. This is a multi-state agency collaboration, including the Minnesota Departments of Education, Employment and Economic Development, Public Safety, Health, Human Rights, Human Services, Higher Education, Corrections, Veterans Affairs, Housing, and Transportation.

Reducing The Risk That Youth And Young Adults In The Child Welfare System Will Be Victims of Human Trafficking.

In Minnesota, the Safe Harbor law meets Title IV-E requirements for identifying, reporting, and determining services for victims of sex trafficking. Grant funds go to community agencies to provide shelter and services for youth, funded in collaboration with the Office of Economic Opportunity. The Minnesota Department of Health provides regional navigators, and training is provided by the department.

Enhancements to SSIS provide protocols to collect data to meet AFCARS (The Adoption and **Foster Care** Analysis and Reporting System) requirements. A best practice guide has been updated to incorporate changes regarding the Justice for Victims of Trafficking Act.

- [Runaway Debriefing Form](#)
- [Best practice for responding to youth who run away from foster care](#)

Service Coordination

Chafee funded county and tribal agencies and grantees work closely with many other private youth-serving organizations, including school districts, Adult Basic Education, Workforce centers, the Minnesota State Colleges and Universities System, low-income housing agencies and more. Chafee-eligible youth aging out of care also benefit from federally funded transitional housing programs. This collaboration will continue.

Chafee staff collaborates with a statewide group of:

- County and nonprofit agency youth workers and youth to host a three-day youth leadership conference for current and former youth in care called Tomorrow's Leaders Today
- County and nonprofit agency youth workers to host a two-day youth worker training for independent living skills group facilitators
- Youth workers and youth who are part of the Youth Leadership Council to host a Youth Leadership Council retreat for networking, team building, and developing work plans
- Nonprofit agency youth workers to coordinate funding and attendance for the national Leaders for Change conference, which provides leadership and advocacy training for youth who have been in foster care
- County and nonprofit agency youth workers and youth to host a Foster Child and Youth Day on the Hill.

Youth Involvement

Current and former foster care youth are members of Youth Leadership Councils across Minnesota. The councils have become an important part of the annual "Tomorrow's Leaders Today" conference, assisting behind the scenes, administering evaluation forms, and helping youth select workshops. Youth give keynote presentations, facilitate workshops and host a variety of workshops.

Two youth who are members of the Youth Leadership Council attended the 2019 Chafee Technical Assistance meeting in Washington DC along with the Chafee Independent Living Coordinator. One youth who is a member of the Youth Leadership Council attend the 2020 Chafee meeting.

Youth participated in youth panels which train others in different aspects of foster care from the lives and perspectives of the youth.

The Youth Leadership Councils hosted a Foster Child and Youth Day on the Hill at the State Capitol to rally for a Foster Care Bill of Rights legislation and other policies supporting youth. The Youth

Leadership Councils engage in local fundraising activities for homeless youth and raise awareness about youth aging out of foster care.

Department staff consulted with Youth Leadership Councils on several issues, including ETVs, Tomorrow's Leaders Today conference, the foster care system, foster parent training, extended foster care, NYTD, youth awareness of Medical Assistance benefits to age 26 and other programming ideas.

Education and Training Voucher Program

Program Description

The [Education and Training Voucher \(ETV\) program](#) is administered by the Minnesota Department of Human Services who contracts with a private agency, Lutheran Social Service of MN to implement the program.

The program eligibility criteria for the school year is that all students applying to the program have not reached their 26th birthday and have not applied for the ETV program for five years, accepted into an [accredited](#), Federal Pell Grant-eligible institution of higher education, graduated from high school or received a General Equivalency diploma, must be awarded [financial aid](#) and one of the following: In foster care for 30 consecutive days between their 17th and 18th 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. Five years is defined as follows:

- Students using any amount up to ½ of their ETV award during one semester, will have it counted as ½ year of the five year total of participating in the ETV program.
- Students using up to 100 percent of their ETV award during one semester, will have it counted as one year of the five year total of participating in the ETV program.
- Students accessing any or all of their ETV award in both semesters (July 1-June 30 each year), will have it counted as one year of the 5 year total of participating in the ETV program.

The ETV program ensures the total amount of educational assistance to a youth does not exceed the total cost of attendance and avoids duplication of benefits 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 do not add their living expenses and Basic Monthly Foster Care Maintenance and Supplemental payments on their budgets. ETV recipients are tracked by name, annually, to ensure an unduplicated count of awards between July 1 and June 30.

The [ETV program](#) goal of promoting the program and preparing youth for post-secondary educational success expanded as follows:

- The application due date for the 2020-2021 school year is changed to July 1-April 1 each year to accommodate students attending post-secondary education program for most of the year and to allow ETV staff to update program documents and processes, if needed.
- Per the Family First Prevention Services Act, students can apply to the program for five years up to their 26th birthday as long as they are enrolled and making progress toward completing their post-secondary education.
- Continue attending the Chafee Advisory and Educational Stability committees to provide

information on the ETV program and receive feedback.

- The program has done the following to expand youth/case worker knowledge of the program.
 - On July 31, 2019, ETV staff participated in the Tomorrow's Leaders Today (TLT) conference by holding an Amazing ETV Race event for 150 youth and workers from around the state. Participants were divided into teams to solve clues to learn more about the program.
 - In Sept. 2019, ETV staff roles were redefined to target the ETV goal area of marketing the program. The program has done this by identifying a staff person to be responsible for marketing, promoting the program and coordinating with regional staff. Six regional staff identified geographic regions around the state to provide preparation for post-secondary and ETV materials, program information and presentations to county, tribal, private social service agency, high school and post-secondary school staff and others working with foster care youth.
 - In March, 2020, due to COVID-19 and the closure of high schools, post-secondary institutions, social service agencies, in person meetings with students and staff ended and replaced with phone and email contacts and using video sessions.
- On Jan. 16, 2020, ETV staff consulted with the 11 tribes at the Indian Child Welfare Advisory Council meeting regarding eligibility for ETV benefits and services. No tribe requested to develop an agreement to administer, supervise, or oversee the ETV program with respect to eligible Indian children. ETV information was provided to the council members.
- County, tribal, private social service agencies are emailed ETV information and the Empowering Youth Update, a quarterly newsletter, and provided at statewide conferences and agency training sessions. The [Promoting Brain Gains for Youth Emerging From Foster Care](#) video, Annie E. Casey Foundation, is part of presentations and provides information on adolescent brain development and how child welfare systems might provide more thoughtful opportunities for successful transition to adulthood.
- The [ETV website](#) provides information for youth, supportive adults and case workers on the program, including a brochure, program and expense guidelines outlining services and supports and how to apply for the program, applications and a video titled "[Fostering Success: An overview of Minnesota's Education and Training Voucher.](#)"
- Each year, current ETV students are sent an email to remind them to apply to the program if they need funds, links to the application, expenses and program guidelines, and any program changes.
- ETV staff meets with [College Possible](#) staff and other educational and community agencies to share information to support Minnesota youth.

The ETV program goal of supporting students to continue in their post-secondary schools expanded the program to include the following activities:

- All students awarded ETV funds are provided contact information to their post-secondary school student support and counseling services.
- In Dec, 2019 and May, 20, ETV staff sent all ETV students care packages and supportive messages during finals. This practice supports normalcy as families often send care packages for their students. Students state that the package came at the right time to elevate stress.
- In September, 2019, ETV staff roles were redefined to target the goal area of supporting students to increase retention in and completion of post-secondary education. One staff

person was assigned to provide case management services and regular contact with students, assist students in developing/implementing educational, budget and success plans, and coordinate with case managers, post-secondary school staff, and Independent living skills case managers.

- In Jan. 2020, ETV staff sent congratulations cards to 22 students with a cumulative grade point average of 3.5 or above after fall semester to recognize their hard work and diligence.
- In Feb, 2020, ETV staff partnered with a community agencies to send 171 students a Valentine's Day card and a gift card. The community agency provided ETV staff signed cards and gift cards for ETV staff to mail.
- On Mar., 16, 2020, the following staff responses are made to meet students' needs due to COVID-19:
 - ETV staff began contacting students to determine their school status, plan for housing, employment, computer/internet access, transportation, and level of support and well-being to maintain their education. Students needing more support are contacted more frequently, and those needing less support, are contacted less frequently.
 - Staff supported youth to apply for unemployment, appeal unemployment denials, locate and send out financial support options, called and identified schools with a lap top programs, revise budgets, located/obtained internet service and provided Centers for Disease Control (CDC) and Minn. Department of Health websites for health and safety information regarding COVID-19.
 - Orientation sessions were changed from meeting in person to doing phone sessions. For the 2020-2021 school year, ETV staff will hold video sessions. All first year ETV students are required to attend a session to learn how to access their award, meet ETV staff to develop budgets and identify each student's circle of support.
 - ETV staff continues to identify and provide support to students with academic and personal issues interfering in their educational success and those turning 21 years old and leaving extended foster care.
 - On April 22, 2020, department staff and YLC members held a virtual town hall meeting to support foster care youth and provide COVID-19 resources. Post-secondary resources and ETV information was provided to the 177 youth, caseworkers and others working with foster care youth who attended the meeting.
- A staff person was identified to process student's requests for payments to continue to ensure students expenses are paid on a timely basis and meet federal guidelines.
- ETV staff was planning a picnic in May, 2020, for students to share college experiences, connect with other recipients and staff and celebrate successes (3.0 grade point averages/graduations). The picnic was cancelled due to COVID-19 so celebrating student successes will be done by mailing cards.

The [ETV](#) program goal of engaging youth in program planning expanded by implementing the following activities:

- Minn. Youth Leadership Councils (YLC's) provides support to the ETV program by reviewing documents and making suggestions for improvements.
- The Willmar Youth Leadership Council is assisting ETV staff in developing an application for current ETV student to apply to be on the ETV Advisory committee. The committee will meet quarterly 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.

The ETV program goal of evaluating the program/soliciting the voice of youth by implementing the following activities:

- Added two questions to the ETV renewal application to solicit information from students on what does the program do well and how can the program improve to better serve students.
- Exploring options for evaluating the program.

Chafee Training

Training Conducted During 2019-2020

- A three-day “Tomorrow’s Leaders Today” conference for 200 Chafee eligible youth and their chaperones was held at the University of Minnesota, Duluth, in July 2019
- Monthly case-specific trauma consultations were provided to community-based agencies
- Monthly case or program specific consultations were provided to county agencies implementing “Big Idea” programs
- Meetings were held across the state for training on adolescent services/programs, transition planning, and normalcy/reasonable and prudent parenting standard for tribal and county agencies
- Presentations regarding Chafee and NYTD were given at SSIS mentor meetings.

Training Planned

- The department will offer its curriculum for foster parents on youth transitioning from out-of-home care to adulthood
- The department will offer its curriculum “Preparing Adolescents for Adulthood: Partnering for Success” for county caseworkers
- Monthly case-specific consultations will be provided to county, tribal, and community-based agencies
- Youth Leadership Councils will be convened for an annual training on networking, team building, and work plans
- A three-day Tomorrow’s Leaders Today conference will be held for approximately 200 Chafee-eligible youth and their chaperones
- County and tribal agencies will be convened for an annual training event on group independent living skills facilitation and youth engagement
- Training and technical assistance will be provided to county and tribal agency staff and other stakeholders
- A presentation regarding Chafee and NYTD will be given at SSIS mentor meetings as requested.

Consultation with Tribes

Department staff consulted with Minnesota’s Indian Child Welfare Advisory Council on 1/16/2020 regarding Chafee and ETV. All 11 tribes in Minnesota and several large urban agencies are represented on the advisory council. Staff from Child Safety and Permanency Division attend each meeting. The 11 tribes are provided the same information and receive the same training and technical assistance as county agencies. An annual bulletin is issued to tribes with instructions on

how to apply for Chafee funds. In 2017, four tribes submitted proposals and are receiving Chafee funds through contracts until December 2020. When tribes request funding, they describe their programs and how they will utilize the funding. No tribe has requested to administer its own Chafee program. Chafee funds also support an urban community-based agency that facilitates a Youth Leadership Council for Chafee-eligible Native American youth.

Tribal agencies are invited to all training offered by the department. The University of Minnesota offers a life skills curriculum for Native American youth called “Expanding the Circle,” which received positive reviews from youth workers. The Casey Life Skills Assessment tool has a culturally specific version for Native American youth. This is also well regarded by youth workers.

6. Consultation and Coordination Between States and Tribes

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 and White Earth Nations, the case review system is the responsibility of the tribe. Counties and tribal agencies work collaboratively to meet service and protection needs of American Indian children. Most of these 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:

Tribal:

Bois Forte:	Angela Wright
Fond du Lac:	Tawny Savage
Grand Portage:	Tina Deschampe
Leech Lake:	Dawn Eckdahl
Lower Sioux:	Luther Talks
Mille Lacs:	Tabatha Boyd
Prairie Island:	Ann Turnbull
Red Lake:	Cheri Goodwin
Shakopee:	Nancy Martin
White Earth:	Laurie York
Upper Sioux:	Kathleen Preuss

Urban:

Duluth:	Donna Newgren-Isaacson
Minneapolis:	Jasmine Grika
Minneapolis:	Andrea Sanders
Minneapolis:	Charleen Day-Castro
St. Paul:	John Day
St. Paul:	Christine McCleave

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 2020 Tribal/State Agreement meeting is potentially June 26 via WebEx.

According to the department's 2018 Child Maltreatment Report, American Indian children had the highest rate of contact with the child protection system, more than 5.2 times more likely to be reported as abused or neglected than white children.

American Indian children represent 1.9 % of the general child population; in comparison to children of all races in Minnesota, these children represent 19.6% of those in out-of-home placement.

Compliance measures

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 the Social Service Information System (SSIS)
- Consultation with the ICWA Advisory Council
- Consultation with the Minnesota Association of County Social Service Administrators
- [Report from ICWA court monitoring program in Ramsey County and Hennepin County](#)
- Reports from ICWA court monitoring program in Hennepin County
- ICWA non-compliance complaint process
- ICWA/MIFPA compliance review established through County Aid funding Minn. Stat. 477A.126.

Department staff monitor statewide aggregate and qualitative data on the child welfare dashboard: [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. In 2018, the ICWA Unit instituted the use of Customer Relationship Management (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 the department to respond to complaints of ICWA non-compliance. Department staff review complaints and if found non-compliant, the county agency is required to complete a corrective action plan.

In response to the results of the 2019 Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA) compliance review, ICWA Unit team members met with 44 county agencies and 4 tribal social services agencies for onsite technical assistance (TA) meetings. Team members shared ICWA/MIFPA tools, resources and discussed federal and state practice requirements. In addition, team members collaborated with the Minnesota Child Welfare Training Academy by hosting 6 WebEx sessions called “ICWA Coffee Talks.” Sessions were 45 to 60 minutes, with 100 to 200 participants, covering topics from data entry within the SSIS-ICWA tabs, policy and practice and questions and answers related to ICWA and MIFPA. During a 6 month period (July 2019 to January 2020), team members responded to over 230 ICWA/MIFPA questions received by email in the Customer Relations Management (CRM) system.

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 in Minnesota statutes and rules, and included in SSIS to ensure compliance with ICWA and MIFPA. Efforts to maintain compliance with this requirement are carried out through the ICWA noncompliance complaint response system, procedures outlined in the Indian Child Welfare Manual, SSIS ICWA AFCARS, and information provided to county staff through 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 in Minnesota statutes, and included in SSIS to ensure 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 noncompliance complaint response system, procedures outlined in the Indian Child Welfare Manual, SSIS ICWA AFCARS and information provided to county staff through 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

ICWA and Training unit staff, within the 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 that is consistent whether 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 is positive.
 - Exploring periodic webinars to further support workers in this area.

In development

- Comprehensive cultural and historical online training (Module 11)
 - Will be a prerequisite for all other ICWA/MIFPA trainings.
 - One-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.
- The department was granted rights by the director to use the film *Dawnland* to further enhance this experiential online training.
- Application of ICWA/MIFPA Advanced Course (209a):
 - This training focuses on implementation of ICWA/MIFPA policy. Workers practice applying ICWA/MIFPA in case scenarios using tools and job aids like the worker checklist. 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 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 provides 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.

Section D. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

No substantive changes to state law or regulations were made that would affect Minnesota's eligibility for the CAPTA state grant. There were no significant changes from Minnesota's previously approved CAPTA plan in how the state uses funds to support the 14 program areas.

Minnesota's CAPTA coordinator is:

Jamie Sorenson, Director
 Child Safety and Permanency Division
 Children and Family Services Administration
 Minnesota Department of Human Services
jamie.sorenson@state.mn.us

CAPTA Funded Activities

Citizen Review Panels:

Provide opportunities for community members to play an integral role in ensuring the child welfare system is protecting children from abuse and neglect, and helping to find permanent homes for them. While the panels are required to review the state's CAPTA plan, they also evaluate different aspects of the child protection system in their communities. Comprised of 11 to 16 citizens each, these panels represent a partnership among:

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

To ensure the state's child protection system is effective, Citizen Review Panels:

- Evaluate how well their county complies with the state's CAPTA plan
- Consult with their county's child protection agency on other child protection standards
- Prepare and make available to the public an annual report summarizing panel activities
- Review consistency of the child protection system's practice and policy compliance
- Offer insight that those working within the system may miss, and provide feedback on what is or isn't working
- Analyze trends and recommend policy changes
- Provide an outsider's validation of the child protection system's successes and staff efforts
- Increase community understanding of, and investment in, the child protection system
- Provide input on the use of community resources
- Promote cooperation among community resources and county child protection services
- Advocate for needed resources to protect children from abuse and neglect, and find them permanent homes quickly.

The annual reports from the Citizen Review Panels and the department's most recent response are at [Citizen Review Panel](#) on the department's website.

CAPTA funded staff activities

- Enhancing the general child protection system by developing, improving, and implementing risk and safety assessment tools and protocols
- Assisting county and tribal agencies in addressing disparities using multi-disciplinary, interagency teams
- Supporting and enhancing interagency collaboration among public health, the child protection system, and agencies carrying out private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems)
- Supporting use of differential response, intake, assessment and investigation when responding to constituent inquiries.

Substance Exposed Newborns

Department staff made efforts to connect, build relationships, and explore possibilities for partnerships beyond the division to address the critical issue of prenatal substance exposure. These partners included staff from the Behavioral Health and Health care divisions. Department staff collaborated with the hospital association to learn more about system needs and strengths across the state. Efforts to coordinate at the state level will continue.

The additional CAPTA funding has been directed to communities to develop a multi-sector coordinated response to prenatal substance exposure and to develop plans of safe care. The department released a request for proposals in winter 2019 and received four responses and entered into contracts with these four sites in the fall of 2019. These sites are located across Minnesota and include metro and non-metro sites. Work related to these contracts is underway.

The department continues to work alongside Minnesota's Hospital Association to explore relationships and improve relationships between hospital and clinic settings and county/tribal child welfare agencies related to supporting pregnant women and women and their infants that are affected by substance abuse. A statewide survey is planned to better understand these relationships and explore areas to develop further. The purpose of this survey is to better inform strategies to improve coordination and development of plans of safe care. Further, planning for a potential statewide convening is also underway. The purpose of a statewide convening is to build understanding and improve coordination efforts across agencies and service providers.

Additional screens were added to SSIS related to plan of safe care compliance. This assists in monitoring compliance and meeting federal reporting requirements, which have improved overtime. Additional supportive documentation is underway to engage local agency staff in awareness and improved documentation.

Section E. Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Recruiting activities have been done in partnership with county and tribal agencies, the community, 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 is an effort that supports the Minnesota Child and Family Services Plan.

Minnesota does not have policies in place that would limit its ability to recruit foster or adoptive families that reflect children currently in care.

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 were selected to represent a diversity of experience regarding children and their communities.

The advisory council will be reviewing available data, identifying how to use it to improve recruitment and retention, and determining:

- What type of data need to be collected.
- Who is being placed and what are the greatest unmet needs.
- What resources are needed to meet the identified needs.
- Characteristics of effective strategies and building upon existing strengths.

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 (Multiethnic Placement Act - Interethnic Placement Provisions) and Minnesota law.

Diverse Methods of Disseminating Information

- Partnerships with state, county, contracted tribal agencies and contracted adoption agencies to provide child-specific recruitment services to find permanent homes. County agencies may refer any child age 6 or older for this service.

- Contracted 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 program called Kid Connection, featuring a Minnesota child waiting for adoptive parents. The program is also available on the Twin Cities Live website with links to the MN Adopt website.
- Newspaper and magazine coverage of Minnesota waiting children in the following media: Minneapolis Star Tribune feature Minnesota Waiting Child; Duluth News Tribune feature Waiting Child; Adams Publishing Company feature Waiting Child is in 26 community newspapers and one monthly magazine feature; Press Publication feature MN Waiting Child is in 6 northern suburban newspapers and one monthly magazine feature.
- An annual event, Circus of the Heart, sponsored by MN Adopt, the department, and a collaboration of state, county and private agencies. The event 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 available 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 perspective foster and adoptive families, with a focus on recruiting diverse families. They will partner with corporations (12 in 2019, 16 in 2020, 18 in 2021 and 18 in 2022). Each partnership will result in informational events, lunch and learns, resource tables at faith community events, resource fairs and display of materials at the corporation. The goal is that over four years 228 families will be directly recruited (four per partnering organization) and information about the need for foster and adoptive parents will be presented to thousand through outreach activities.

Strategies for Assuring That All Prospective Foster/Adoptive Parents Have Access to Agencies That License Foster And Adoptive Parents

- MN ADOPT's website and telephone referral service provides information about agencies, their locations, and training schedules for individuals interested in adoption
- In May 2018, Minnesota launched [Fostering Network](#) recruitment and support service through MN ADOPT. The website includes a tool for prospective foster and adoptive parents 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
- Interested families can contact a licensing agency from the department's website: [Children and Families-Licensing](#).

Strategies for Training Staff to Work with Diverse Communities

The department will continue to offer training through the Minnesota Child Welfare Training System. 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. A list of training is

included 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 legislative session approved funding for a new state child welfare training academy that will be delivered through regional hubs with training targeted to the needs of the hub’s particular region, taking into account varying demographics, resources, and practice outcomes. Statute requires that the content must be structured to reflect the variety of communities served by the child welfare system.

Strategies for Dealing with Linguistic Barriers

- 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

- 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

- American Indian Child Welfare Initiative (includes White Earth and Leech Lake)
- To support relative placements, non-safety licensing related issues have been set aside and more supports are available to relatives seeking foster care licenses, especially focused on African-American, American Indian, Hmong, Laotian, Somali and Spanish speaking families.
- 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 convened in 2019 will continue to build upon the recommendations from the 2015 work group.

- The department has implemented recommended revisions to the home study and application process and 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 some of the barriers and will continue to engage in process to improve our system
- The department expanded contract adoption services to provide outreach services for relative and kin families with the licensing application process.

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.

The department convened a Foster Parent Recruitment and Retention Advisory Council in June of 2019 which continues to meet quarterly. The council includes members from county, tribal, and private social service agencies, foster parents, and representatives from cultural councils. The council has been reviewing available data and identifying gaps in foster homes to meet the needs of the children in care.

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 Team 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 working in partnership with the Minnesota Developmental Screening Taskforce to add 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. In 2019, Department staff successfully added the trauma question to the Pediatric Screening Checklist, conducted an evaluation of current children's mental health screening practices, and facilitated a webinar reviewing the current screening tools for child protection staff. Department staff continues to work collaboratively with state partners to update the remaining screening tools and available trainings to further implement the updated tool/s across the state.

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](#) website ([http://www.mnpsychconsult.com/training-- education.html](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.

2020 Updates

Goals update:

- 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.

- The department is exploring possible options for developing policy, procedure, and forms for consent and assent pertaining to psychotropic medication use.
- Clarifying data sharing between health care providers, child welfare agencies, and foster parent to ensure coordination of services.
 - See below information pertaining to case planning.
- 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.
 - The department is exploring options for an electronic health care record, however resources are limited due to FFPSA implementation efforts and staffing disruptions related to the pandemic.

Impact of psychotropic medication management protocols: Due to staffing disruptions and reassignments, the Psychotropic Medications Oversight and Monitoring Committee has been on hiatus. The department has begun work of reconvening the committee, and start data requests to understand the impact of our protocol has been. It is anticipated to have data requests pertaining to psychotropic medication use fulfilled by the end of the summer, 2020.

Family First Prevention Services Act initiatives: Many areas of FFPSA policy development impact portions of the HCOC, including case planning, and protocols to prevent inappropriate placement of children in non-family homes. Below is a summary of the work done so far that impacts the HCOC.

Case planning: The department has been working with internal stakeholders to revamp the out-of-home placement plan. Some of the changes include providing more clarity of roles and responsibilities for parents, foster providers, and case managers in managing a child's medical, dental, and mental health care, including oversight of psychotropic medications. Consultation with external stakeholders on the proposed revisions is expected to begin at the end of July, 2020.

Protocols to prevent inappropriate placement in non-family homes: Minn. Stat., section 260C.157, subd. 3 modifies the juvenile treatment screening team composition and screening processes to be more inclusive of the child's family and cultural needs. Including the family in decision-making processes aligns this congregate care placement component with the Family First Prevention Services Act (FFPSA) congregate care placement provisions.

The Child Safety & Permanency Division (CSP) has also started work to standardize the Juvenile Treatment Screening Team processes across the state, as part of the FFPSA implementation efforts. This work is being done in conjunction with the Behavioral Health and Disabilities Services divisions as internal collaborators. CSP is also collaborating with external stakeholders including county case managers across child welfare, disabilities services and children's mental health disciplines, tribes, the community, and advocacy organizations. A series of systems changes will also be made to the child welfare computer system to enable better documentation and data collection of these new processes.

Disaster Plan

There have been no changes to this 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 did place the COOP into effect due to the COVID-19 pandemic following the declaration of a peacetime emergency on March 13, 2020.

In June 2020 the Minnesota Department of Human Services (DHS) initiated engagement of an agency wide Business Impact Analysis (BIA). This data gathering project, which takes place every four years, starts June 1 and runs through mid-July. It includes all DHS administrations. The information collected identifies all activities performed at DHS that allow the department to fulfill its mission. Four years ago, the work completed formed the foundation that has allowed DHS to manage the work of the agency as effectively as possible during the COVID-19 pandemic. Recovery directors, business continuity planners and subject matter experts are reviewing the current functions in the BIA and work within their administrations to collect new and improved data. This project is one of the largest efforts bringing staff together to help prioritize DHS activities. The data gathering focuses on statewide key business drivers, identifies site and resource needs, and recognizes critical dependencies on people, places and things. This provides measurable information to develop Continuity of Operations Plans (COOPs) so that, in a major disruption or disaster like the current pandemic, DHS has effective plans in place to keep business running.

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, subs. 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 (ETV) include a protocol requirement to prepare independent youth on how to respond in case of a disaster.

Training Plan

The Minnesota Child Welfare Training System (MCWTS) is a comprehensive, competency-based system that promotes culturally responsive services rooted in strength-based, family-centered best practices that support child safety, permanency and well-being. The MCWTS provides quality, trauma-informed training for case workers, resource families, and supervisors to support continuous improvement of services and outcomes for children and families. MCWTS is funded by a combination of federal Title IV-E, state and county resources.

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

Training Summary

New Worker Training: The Minnesota Child Welfare Training System conducts Child Welfare Foundation Training (CWFT), providing skill-intensive foundation curricula that combines classroom and computer lab SSIS documentation training, as well as web-based training (WBT). Foundation training includes a focus on practice skills and application of relevant competencies related to cultural responsiveness, partnering, engagement, assessment, and case planning in child welfare, along with WBT module post-tests and supervisor transfer of learning manual. Foundation

training meets the statutory requirement {Minn. Stat. 626.559, subd. 1a} for training new child protection workers. Foundation training is offered at a frequency to accommodate new child protection workers, whose training is required within the first six months of employment.

Foundation training is offered statewide throughout the year, in agencies and tribal partners to meet the proximity of new workers in regional areas.

- Through collaboration with the University of Minnesota Center for Advanced Studies in Child Welfare (CASCW), Classroom 1 of Foundation Training (Introduction to Public Child Welfare) is offered to Bachelor of Social Work students. Classroom 2 (Family Assessment and Investigation) and Classroom 3 (Case Planning and Post-placement/ Permanency Planning/ICWA) are offered to Masters of Social Work students in fall and spring, respectively.
- In collaboration with CASCW, the department launched the Minnesota Child Welfare Practice Framework, the development of shared competencies for workers and supervisors. Implementation of the Practice Framework will meet goals of supervisors and workers addressing areas of professional growth and development.
- In 2020, Foundations Training was expanded to include 5 additional days of training: a three day Review and Practice session focused on integrating learning with practice, and a 2 day course focusing on Indian Child Welfare practice offered in partnership with staff from the Center for Regional and Tribal Child Welfare at the University of Minnesota – Duluth.

Ongoing advanced training:

Ongoing Child Welfare Direct Practice training is offered, covering a wide variety of subject matter specific to child welfare practice, including working with children and families from diverse cultures, trauma-informed, and co-occurrence designed to enhance knowledge and skills of child welfare caseworkers. Updated advanced training in support of the CFSP/APSR goals and objectives include:

Sexually Exploited Youth (SEY)-This two-day course provides an overview of human trafficking and sexual exploitation of children in Minnesota, including identifying risk factors, red flags and best practices for working with sexually exploited youth. Participants learn the department's current guidance on responding to sexually exploited youth within Minnesota's child welfare system in the context of legislative efforts, including Public Law 114-22, Justice for Victims of Trafficking Act, and Minnesota's Safe Harbor Law and No Wrong Door Model. Training also includes practice-focused scenarios and exercises to model decision-making processes on cases that serve trafficked or exploited children or at risk of being trafficked or exploited.

Case Planning-This training was recently revised to support providing engagement-focused case planning to identified innovation zones. Participants utilize strength-based strategies in case planning with complex families in the child welfare system. Participants create case plan goals and tasks that are culturally appropriate and safety-focused.

Structured Decision Making Advanced Practice-An advanced practice SDM course revised to meet identified objectives utilizing structured decision making tools across agencies, safety-focused practice, and safety planning. The course focuses on application of tools in practice, emphasizing collaboration across disciplines to inform safety planning with families, partners and tribes. This two-day (12-hour) training serves to refresh professional's knowledge and deepen understanding of the application of SDM safety and risk assessments, strengthen the connection between the safety assessment and safety planning, and how to connect engagement skills with assessments.

The ICWA Coffee Talk webinar series was initiated in 2019. ICWA Coffee Talks are carried out in partnership of the ICWA Compliance unit and Training unit with the goal of providing real-time insight and clarification on ICWA and MIFPA provisions. Specific attention is paid to documentation and practice for the child welfare workforce. Six sessions were held during this fiscal year

Supervision and Leadership

Supervision core courses are currently being revised to incorporate coaching skills for child welfare support and practice, along with updating content to meet identified goals related to the supervisors' role in policy guidance, utilizing data to inform decision making, and integrating supervisor competencies.

Resource Family/Foster/Adoptive/Guardianship trainings

MNADOPT contract-Staff utilized expertise to formalize the contract with MNADOPT, a statewide agency providing programs, services, and training to adoptive, kinship and foster families. Specialized and tailored trainings are developed to meet foster/kinship needs. Training serves as ongoing knowledge and skill-building for providers in accessible opportunities that include online, blended, and in-person trainings statewide.

Technical Assistance

Technical assistance activities are targeted at goals and objectives in the CFSP, and geared to improving casework practice and services to families, ensuring 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, Collaborative Safety, in Minnesota's child welfare system. Trauma-informed, systemic critical incident review processes extended across child welfare was developed and presented to agencies, leadership, frontline staff, local agency leadership, and other child welfare partners.
- 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 as well as child protection interventions. County and tribal agency staff, child protection and child welfare caseworkers, supervisors and managers attend. Department staff facilitate the meetings. Topics are regionally directed or based on newly developed or revised policies.
- 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 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.

The Child Safety and Permanency Division, Research and Evaluation Unit, conducts evaluation and research activities on an ongoing basis to support the division, county and tribal agencies' work. 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 highlight county and statewide performance on key child welfare data indicators. Regional and agency hosted meetings provided opportunities for discussion on policy implementation, performance data, and areas to support supervisors and case-workers on improving practice.

Capacity-building services

In collaboration with the Center for Advanced Studies in Child Welfare (CASCW), the department launched the Minnesota Child Welfare Practice Framework, development of competencies for workers and supervisors. The Practice Framework informs curriculum development, serves as a resource to workers and supervisors to support professional development that aligns with defined competencies in the child welfare field. As part of implementation of the Practice Framework, competencies were aligned with curriculum objectives; a module is being developed to orient supervisors and workers to the Practice Framework and competencies. The Practice Framework is at: [U of MN Practice Framework and Competencies](#)

The Capacity Building Center for States has been a partner in providing training, project management, facilitation, and technical training related to:

- Safety-focused practice-assessing, defining, and developing Minnesota's approach, tools, guidance, and practice profiles to support best practices in guiding frontline practice that leads to competent safety-focused practice while utilizing evidence-based tools in decision making and safety planning.
- Continuous Quality Improvement-carrying out a six-month CQI training academy with staff across the Child Safety and Permanency Division, toward development of systematic change in defining and determining problems, indicators, and interventions within the child welfare system.

Implementing Child Welfare Training Academy

In spring 2019, the Minnesota State Legislature passed a bill supporting the creation of a new Child Welfare Training Academy in Minnesota. Starting in July 2019, a state-university partnership was established to begin the four year implementation of the new Training Academy. The Training Academy includes expanded curricula offerings, enhanced training facilities and technology, a simulation training center, the establishment of regional learning centers across the state, and a robust new worker/supervisor certification program. Below is an outline of key implementation tasks that were undertaken in the first year of the project along with planned activities for the second year.

Implementation Phase One: July 2019 – June 2020

- Established Joint Powers agreement with University of MN
- Planning and renovation of central training facility
- Establish communication strategy (new website, social media channels, marketing)

- Expanded New Worker “Foundations” Training
 - Initial enhancements needed prior to undertaking full revision in years 2 and 3
- New ICWA training partnership/curriculum in consultation with ICWA Council and Center for Regional & Tribal Child Welfare (UMD)
- Began statewide community listening sessions to gather community input and implementation priorities (some needed to be postponed due to the COVID-19 pandemic)

Implementation Phase Two: July 2020 – June 2021

- Launch Regional Learning Centers
 - Review RFP applicants, select sites, work with host sites to finalize training space
 - Establish regional/statewide advisory councils
- Hire majority of new staff
 - Introduction of equity coaches/trainers and regional staff
- Full revision of new worker & new supervisor curricula
- Develop & test new learner management system
- Redesign evaluation practices and tools
- Continue to engage stakeholders in all aspects of implementation

Section F. Statistical and Supporting Information

1. CAPTA Annual State Data Report Items

Information on Child Protective Services Workforce

Minnesota’s child protection system is administered at the county level. The Merit personnel system is utilized by 73 of the 87 counties. The minimum qualifications for each job classification are defined by the Merit system at [Merit System Class Specifications](#).

The Merit system class specifications are often used as a general guideline by county agencies not in the system. The minimum qualifications of education and experience in the Merit system for a child protection caseworker include:

- A bachelor's degree from an accredited college/university with a major in social work, psychology, sociology or closely related field, or
- A bachelor's degree from an accredited four-year college or university with a major in any field, and one year of experience as a caseworker in a public or private social services agency.

Note: The incumbent must participate in a minimum of 15 hours per year of continuing education or in-service training as outlined in Minn. Stat. 626.559.

New child protection workers are required to attend Foundation training provided by the Minnesota Child Welfare Training System within six months of being hired.

There are no mandated caseload or workload requirements for child protection caseworkers or supervisors.

The Merit system minimum qualifications for social services supervisors are a:

- Master's degree in Social Work from an accredited college or university and one year of experience as a caseworker or

- Master's degree from an accredited college or university in clinical psychology, counseling psychology, human services administration, or closely related field (i.e., applied behavioral sciences), and one year of experience as a caseworker or
- Baccalaureate degree from an accredited college or university and four years of experience as a caseworker.

For child protection personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in Minnesota, the following are demographics and data on the education, qualifications and training of staff:

Age:

- 20's 28.05%
- 30's 34.01%
- 40's 20.85%
- 50's 13.65%
- 60's 3.44%

Gender:

- Male 15.05%
- Female 84.95%

Ethnicity:

- American Indian 6.30%
- Asian 2.34%
- African American/Black 5.69%
- White/Caucasian 80.99%
- Hispanic 1.83%
- Other, including Hawaiian/
Pacific Islander, Hmong
Ethiopian, Korean, Russian,
Somali, Vietnamese 2.94%

Degrees:

- AA 1.56%
- BA/BS 38.43%
- BSW 34.57%
- MA 4.85%
- MSW 18.52%
- Ph.D. 0.11%
- DSW 0.0%
- Other Mstr 2.5%

Education:

- Social work 53.43%
- Psychology 19.85%
- Sociology 5.02%
- Human Services 5.02%

- Other Social Services 11.49%
- Other Non-social Services 5.19%

Juvenile Justice Transfers

Minnesota defines this population of children as those who have been discharged from foster care with transfer to another agency as the reason for discharge. Data is derived from AFCARS foster care element 58. In 2019, 120 discharges from foster care were transferred to another agency. This represents 2.9% of all discharges in 2019, essentially unchanged from 2018.

2. Education and Training Vouchers

See attachment D

3. Inter-Country Adoptions

In 2018, two children had adoption dissolutions who were adopted from another country. Both children came into care due to a child protection report of abuse. Licensed private agencies worked with the families to facilitate the initial adoptions into the U.S. Minnesota county child welfare agency staff worked with the families during the adoption dissolution and were responsible for permanency planning. Both children have adoption as their permanency plan; one of the children was re-adopted by a family who now receives adoption assistance benefits. Department staff are in the process of gathering and assessing 2019 data.

4. Monthly Caseworker Visits Data

Data for FY 2020 will be reported separately by Dec. 15, 2020, as required.

Section G. Financial Information

Payment Limitations

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-B, subp. 1 funds may be spent on administrative costs:

- Refer to CFS-101, Parts I and II.

Title IV-B, Subpart 2

Non-supplantation Requirement

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

	1992	2018
Prevention and Support Services	\$16,088,680	\$39,262,875
Crisis Interventions and Family Preservation	\$35,139,076	\$175,109,174
Reunification	\$27,980,457	\$6,827,096
Time-limited Reunification	--	\$5,233,569
Independent Living Services	\$670,902	\$3,238,392

Attachments

CFS-101s:

- CFS-101, Part I for FY 2021
- CFS-101, Part II with planned expenditures for the use of FY 2021 funds
- CFS-101, Part III with estimated and actual expenditures of 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 Vouches Awarded

Minnesota Child Welfare Training Plan 2021