2010 - 2014

Minnesota Child and Family Services Plan

Minnesota Department of Human Services
Child Safety and Permanency Division
Minnesota

Child and Family Services Plan

for the

Stephanie Tubbs Jones Child Welfare Services

and

Promoting Safe and Stable Families Programs

2010 - 2014
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The Minnesota Department of Human Services is one of several state agencies that have a significant impact on the lives of Minnesota’s children. This department administers health care financing, public assistance programs, child support enforcement, mental health programs, social services and child welfare services. The department establishes policy direction through legislation, policy interpretation and analysis. It oversees program development in areas that have the potential to affect thousands of Minnesota’s children.

Because Minnesota is a state supervised and county administered system, most child welfare services are financed by county funds. To achieve its goals, the department works closely with each of the 87 counties that prepare a Biennial Service Plan to address the needs of children and adults within the county. The service plan specifies outcomes to be achieved and general strategies to be employed. Service plans include performance targets for outcomes related to indicators of children’s mental health, child safety, permanency and well-being.

The Minnesota Department of Human Services carries out its responsibilities by:

1. Providing general supervision of counties
2. Allocating funds to each county with an approved service plan
3. Providing technical assistance and evaluating county performance in achieving outcomes
4. Providing necessary information and assistance to each county for establishing baselines and desired improvements on mental health, safety, permanency and well-being for children
5. Providing training, technical assistance, and other support to each county to assist in needs assessment, planning, implementation, and monitoring of outcomes and service quality
6. Using data collection, evaluate service outcomes, and review and approve county service plans to supervise county performance in the delivery of community services.

The department is headed by a commissioner, appointed by the governor, who serves as a member of the governor’s cabinet. The commissioner has statutory authority to supervise the administration of state human services and delegates much of the day-to-day operation and coordination of programs to the various administrations within the department that are headed by assistant commissioners. Children and Family Services is the administration within the department that oversees and coordinates programs for children and families. The Children and Family Services Administration represents the children’s services, economic and community supports divisions. This administrative organization provides an
infrastructure that supports a holistic and integrated approach to meeting the needs of children and families in the social services system.

Children and Family Services has direct responsibility for programs such as child protection, family support and preservation, foster care, adoption, adolescent programs, the Indian Child Welfare Act, and the state’s Social Services Information System. In addition, this administration brings together resources and expertise from throughout the department to ensure positive outcomes for at risk children.

The Child Safety and Permanency Division administers the state’s child welfare programs. The division administers the following programs funded under the Social Security Act: [45 CFR 1357.15(e)(1) and (2)]

1. Title IV-B, subparts 1 and 2
2. Title IV-E
3. Title XX.

Special programs or discretionary grants administered by the Child Safety and Permanency Division include the following:

1. Adolescent Services grants
2. Adoption Assistance
3. Child Abuse Prevention and Treatment Act
4. Children’s Justice Act grants
5. Family Assessment Response grants
6. Family Group Decision Making grants
7. Indian Child Welfare grants
8. MFIP Family Connections grants
9. Parent Support Outreach Program grants

In operating most of these programs, the department’s primary role is to provide state supervision. County social service agencies provide direct services to children and families.

**VISION STATEMENT**

*Children in Minnesota will be safe from abuse and neglect and nurtured in healthy and stable families.*

To realize this vision, the department’s policies, practices, activities, and allocation of resources will be directed toward achieving a child welfare system in which:

1. Communities are engaged with child protection agencies as partners to protect children and support families
2. Families are engaged with the child protection agency and community as partners in addressing safety concerns
3. Children and families have access to a continuum of responses and services that are tailored to meet their unique needs
4. Children and families receive services necessary to address child safety and family stability
5. Children and families receive fair and respectful treatment and experience equitable outcomes regardless of race, ethnicity, socioeconomic status or where they live
6. Children are safely maintained in their families and communities with meaningful connections, culture, and relationships preserved and established
7. Minnesota’s public child welfare staff is a diverse, professionally competent team that supports strength-based practice and demonstrates inclusiveness at all levels.

The department’s vision is guided by the following values and principles of Minnesota’s Child Welfare Practice Model:

**Safety:** Child safety is paramount and best achieved by supporting parents within their community.

**Permanency:** Children and youth need and have the right to lifelong nurturing and secure relationships that are provided by a family who can meet their specific needs. Efforts to identify and secure permanency for children are continuous and integrated into all stages of involvement with the child and family.

**Fostering Connections:** As youth transition to adulthood they benefit from services that promote healthy development, academic success, safe housing, and establish connections to caring adults who will commit to a lasting supportive relationship.

**Well-being:** Children’s well-being is dependent upon strong families and communities to meet their physical, mental, and behavioral health, as well as educational and cultural needs.

**Family Focus:** Families are the primary providers for children’s needs. The safety and well-being of children is dependent upon the safety and well-being of all family members.

**Partnership:** Families, communities, and the public child welfare system are primary and essential partners in creating and supporting meaningful connections in a safe and nurturing environment for children and youth.

**Respectful Engagement:** Children, youth, and families are best served when public child welfare staff actively listen to them and invite participation in decision making. Respectful engagement includes understanding and honoring the family’s history, culture, and traditions, empowering families to meet their unique and individual needs through utilization of family strengths, and educating families regarding the child welfare process.

**Organizational Competence:** Minnesota’s public child welfare agencies will perform as high quality organizations, guided by a clear mission, priorities and resource allocation with committed, qualified, trained, and skilled staff and providers applying evidence-informed practices.
**Professional Competence:** The professional competence of Minnesota’s public child welfare system will be demonstrated by a workforce that proactively responds to the evolving needs of communities, is knowledgeable of the historical context within which the child welfare system operates, provides respectful treatment to families, and continually strives for professional excellence through critical self examination.

**Cultural Competence:** Cultural competence is achieved through understanding and serving children, youth, and families within a context of each unique family and community. This includes, but is not limited to, a family’s beliefs, values, race, ethnicity, history, tribe, culture, religion and language.

**Accountability:** The public child welfare system holds itself accountable to the highest standards of practice. It recognizes its responsibility to children, youth, and families and other stakeholders to assess and manage its performance, self correct, innovate, and enhance its ability to achieve positive outcomes through continuous improvement efforts. The system also recognizes the need for its practices, service delivery and performance to be easily understood, evaluated, and open to feedback from stakeholders.

**GOALS, OBJECTIVES AND MEASURES OF PROGRESS**

The department has undertaken a number of assessment activities to gather, analyze and synthesize information to identify resources, strengths and areas needing improvement. Assessment activities included:

1. Assessment of progress on the goals and objectives of the 2004 – 2009 Child and Family Services Plan
2. Completion of the Statewide Assessment in 2007
3. Findings from the 2007 federal Child and Family Service Review
4. Findings from Minnesota’s Child and Family Service Reviews conducted from 2004 through 2009
5. Recommendations from the African American Disparities Project
6. Department research and evaluation data on federal and state performance indicators
7. Independent evaluations of child welfare reform efforts:
   - Family Assessment Response
   - Parent Support Outreach Program final report
   - MFIP Family Connections interim report.
8. A number of other sources of evaluation and feedback such as Child Mortality Review and Citizen Review Panel reports

The goals and objectives represent the culmination of the vision, assessment, consultation/coordination and planning activities undertaken by the department in development of the 2010 - 2014 Child and Family Service Plan. The plan reflects continuation of initiatives already in progress, as well as new approaches to achieving improved outcomes for children and families in the child welfare system. Elements of the
state’s proposed Program Improvement Plan have been incorporated into the goals and objectives of the plan.

The goals and objectives of the Child and Family Service Plan are generally organized around improving safety, permanency and well-being outcomes for children, youth and families, in addition to improving the systemic functions that support child welfare practice and service delivery.

Successful implementation of the goals and objectives of the 2010 – 2014 Child and Family Services Plan will be measured by:

1. Improved timeliness to initiate investigations
2. Increased monthly caseworker visits with children in out-of-home placement
3. Reduced out-of-home placements
4. Reduced re-entry
5. Reduced recidivism
6. Reduced number of children aging out of foster care without achieving permanency
7. Improved rate of relative care
8. Improved stability in foster care
9. Reduced racial and ethnic disparities and disproportionality.

Progress toward meeting goals and objectives and results associated with the state’s proposed Program Improvement Plan will be reported quarterly through a separate process, and summarized annually as part of the APSR. Accomplishments toward meeting interim benchmarks for each objective will be assessed ongoing and reported annually. Findings from the state’s child welfare quality assurance reviews and performance on national performance standards (composites and individual measures) will be used to measure improved outcomes achieved for children, youth and/or their families throughout the course of the plan.

Overarching strategies to accomplish improvements fall into five broad categories and are reflected throughout the safety, permanency, well-being, and systemic improvement activities detail in the plan, including:

- Engage families in case planning and encourage an active role in the care of their children
- Clarify existing policy and practice requirements, establish acceptable performance standards and develop best practice guidance to improve front-line case practice
- Clarify existing policy and practice requirements, establish acceptable performance standards and develop best practice guidance to improve front-line case practice
- Support a continuum of responses to reports of maltreatment, new strategies to keep families intact, and placement and permanency alternatives, including post-permanency services, to meet the individual needs of children and families
- Implement state and local strategies to address disparities based on race and build local capacity for addressing cultural diversity
• Build child welfare system capacity and involve communities and cultures in meeting needs of children and families.

Other strategies represent the state’s plans for extending and/or sustaining strategies being implemented through the two-year Program Improvement Plan cycle, which prove successful.

A description of the specific goals and objectives, benchmarks and timetables can be found in Attachment A – 2010 – 2014 CFSP Goals and Objectives.

CONSULTATION AND COORDINATION

A requirement of the Child and Family Service Plan development process is consultation with a broad representation of internal and external stakeholders that represent the spectrum of the statewide child and family service delivery system. Consultation provides stakeholders the opportunity for input on the plan during the development stage, and helps ensure coordination of service planning and delivery.

The following representatives are part of ongoing input and planning:

1. Administration of Children and Families (federal)
2. Citizen Review Panel
3. Child Mortality Review Panel
4. Metro county human services supervisors
5. Other regional supervisor groups
6. Minnesota Association of Community Social Services Agencies Children’s Committee
7. Indian Child Welfare Act Advisory Committee
8. Children’s Trust Fund
9. County staff and administration
10. Tribal representatives
11. University of Minnesota
12. Minnesota State Colleges and University System
13. Courts
14. Child Welfare Training System Steering Committee
15. Children’s Justice Initiative
16. Guardians ad litem
17. Ombudsperson for Latino Families
18. Ombudsperson for African American Families
19. Community service providers
20. Former foster youth
21. Juvenile corrections
22. Minnesota Fathers and Families Network
23. Minnesota Foster Parent Association
24. Social Services Information System (DHS)
CHILD AND FAMILY SERVICE CONTINUUM

Minnesota has a continuum of public and private children and families services. This service continuum includes: child abuse and neglect prevention, intervention and treatment services and foster care; family support services; family preservation services; and services to support family reunification, adoption, kinship care, independent living, or other permanency living arrangements as outlined in the final rule.[45 CFR 1357.15 (n)]

The following is a description and definition of the continuum of services provided by the state and county agencies.

1. **Prevention and Support (Family Support).** Services include: information and referral, community education and prevention, health-related services, housing services, social and recreational services, home-based support services, homemaking services, individual counseling, respite care, group counseling, family group decision making, approved pilot projects, local collaboratives, adaptive aids, supplies or special equipment, adolescent life skills training, specialized case management, Community Alternative Care (CAC), Community alternatives for Disabled Individuals (CADI) or Traumatic Brain Injury (TBI).

2. **Protective Services.** Services include child protection assessment and investigation, consisting of all activities from initial reports of maltreatment to determining whether maltreatment occurred and whether child protection services are needed and Family Assessment Response, which consists of all activities from initial reports of maltreatment to assessing immediate safety concerns, completing risk assessments and developing a service plan, if indicated.

3. **Crisis Intervention (Family Preservation).** Services include child welfare assessment, court-related services, family-based crisis services, family-based counseling services, family-based life management skills, family services for Alternative Response program, Family Group Decision Making, respite care, general case management, children’s mental health, family community support services, case management (Rule 79); child general case management, children’s mental health family-based services and therapeutic support of foster care.

4. **Time-limited Family Reunification.** Services include 20 Family Group Decision Making projects.

5. **Adoption Promotion and Support.** Services include MN ADOPT, a coordinated system to provide a state adoption exchange and adoption information, referral and training to adoption professionals, adoptive families and persons interested in
adoption. In addition, the state provides more intensive, therapeutic services for adopted children and their families through the Public/Private Adoption Initiative (PPAI), the state’s grant contracts with eight private, non-profit adoption agencies.

6. **Foster Care Maintenance.** Services include child foster care, treatment foster care, group homes, correctional facilities, child shelters, and child residential treatment.

7. **Adoption Subsidy Payments.** This category includes Title IV-E Adoption Assistance Program

8. **Guardianship Assistance Payment.** This category includes payments for Relative Custody Assistance, a state-funded program.

9. **Independent Living.** Services include those provided under the Support for Emancipation and Living Functionally or Chafee Foster Care Independence Program and homeless and runaway youth services. See the Chafee Foster Care Independence Program plan for additional details.

10. **Foster Parent Training and Recruitment.** Services include all activities by county human service agencies and by the department’s recruitment grantees.

11. **Adoption Parent Training and Recruitment.** Services include the Public/Private Adoption Initiative service grants and county agency provided adoption services.

Much of the service coordination essential to clients takes place at the county level through cooperative working relationships with community-based service providers, multi-disciplinary team models of service and delivery and case management services. Service coordination is supported by the department through strategic support functions such as training, information and technology systems, quality assurance and policy development.

The Children and Community Services Act consolidated 15 separate children and community services grants, including family preservation and support grants, into a single fund allocated to counties based on an approved biennial service agreement. The service agreement is based on local assessment of needs and must include attention to priorities consistent with family preservation and support. This consolidated fund eliminates planning for service delivery based on categorical requirements; gives counties increased flexibility to ensure better outcomes for children and their families; and adolescents in need of services; and permits increased coordination and integration of services.

**SERVICE DESCRIPTION**

**Family preservation** includes Family Assessment Response, available in all 87 counties. Family Assessment Response services and assessments are funded through Title IV-B 2. The Parent Support Outreach Program is available in 30 participating counties across the state.

**Family Support and Time-limited Family Reunification** includes Family Group Decision Making, with 20 grantees involving 71 counties and eight tribal governments. Nearly 2,150 children are served annually by Family Group Decision Making to prevent placement, enhance safety and service planning, facilitate reunification and broaden engagement of community supports.
The MN ADOPT program, an adoption promotion and support service, is funded under Title IV-B, Part 2 and available statewide. This program is a coordinated system of supports and services to individuals and agencies throughout Minnesota’s 87 counties. MN ADOPT manages the state’s adoption exchange, a computerized recruitment tool that generates potential matches between waiting children and home studied families. MN ADOPT also provides pre- and post-adoption information, referral and training to county and private agency social workers, other professionals working with waiting or adopted children and families who are interested in adoption or have already adopted. In addition, MN ADOPT maintains a directory of adoption support groups located throughout the state, and specifically provides training to prepare adoptive parents to start, sustain and facilitate adoption support groups. MN ADOPT is coordinated through a Web site and staffs respond to inquiries via phone, fax, mail and e-mail.

Other adoption promotion and support services are provided through the Public/Private Adoption Initiative (PPAI). The state contracts with eight private, non-profit adoption agencies to assist county social service agencies facilitate the adoptions of children under guardianship of the commissioner. The PPAI agencies provide an array of services, including:

- Recruiting, training, and home studies for prospective adoptive parents
- Delivering child-specific recruitment efforts
- Providing pre- and post-placement services and supports
- Therapeutic services for adopted children and their families.

Through the PPAI contracts, the state targets services for children under guardianship of the commissioner who are historically difficult to place due to age, race, sibling group status or level of disabilities.

Planning and service coordination activities funded by Title IV-B, Part 2 funds include administrative support at the state level, evaluation of effectiveness of family support and preservation, time-limited reunification services, training of county staff and community partners, and consultation and program development.

Distribution of funds is consistent with the needs and priorities identified as part of the plan development process.

Gaps in services were identified through child welfare quality assurance reviews and through the federal Child and Family Service Review in 2007. Service array was generally considered adequate and service gaps were typically related to availability and/or access. Some services are in short supply and children and families wait to receive services. Children’s mental health services, in-home family based services and some specialized chemical dependency treatment services were identified in this category. Other gaps are related to a shortage of culturally diverse service providers. This gap was identified most often in suburban and rural counties. Statewide, however, there is a growing challenge to meet the needs of diverse populations and non-English speaking children and families. Access to services is also impacted by availability of support services such as transportation, childcare and by adequacy of safe and affordable housing. Availability of these supportive services is highly dependent on county resources and budgets and varies widely across counties.
DECISION-MAKING PROCESS

Funding for family support services is provided by the department to county agencies in consolidated Children and Community Services grants. This consolidated fund provides for increased flexibility for planning and use of funds, including allowing funds to be used for services performed by professionals or non-professionals, as well as natural supports in the community. This flexibility is conducive to supporting needs of children within the context of their families and communities, a key element of community-based services.

The department enters into a Biennial Service Agreement with each county, and allocation of children and community services funds is contingent on an approved Service Agreement. The Service Agreement includes a description of the needs of children, adolescents and adults within the county, and also includes an assessment of community strengths and resources available to address those needs. The Service Agreement specifies outcomes to be achieved and general strategies to be employed, including any partnerships that will be established or strengthened. All Service Agreement requirements must be developed with a process that includes public input. This planning process and community input requirement helps to ensure a local community role in identifying and planning services within the county, a key element of community-based services.

COORDINATION WITH TRIBES

The department carries out ongoing and systemic consultation and coordination with the state’s 11 tribal organizations. The department's Indian Child Welfare program consultant provides technical assistance to county and tribal social workers on implementation of the Indian Child Welfare Act (ICWA), Minnesota Indian Family Preservation Act (MIFPA), as well as policy and best practice advice on working together for Indian children and families upon request and/or referral. The Indian Child Welfare Advisory Council advises the commissioner of Human Services on child welfare issues affecting American Indian children and families. Department staff meet quarterly with the Indian Child Welfare Advisory Council to review issues affecting Indian children and families. The commissioner meets with tribal leaders every year by June 30 to discuss how the department and tribes can work together to improve outcomes and services for Indian children and families.


The department has issued the Indian Child Welfare Act Active Efforts Best Practices guide. Department staff, led by the American Indian Disparities Project consultant, convened regional forums and teleconferences to consult with tribes and neighboring counties on Active Efforts Best Practices. The objective of the practice guide is to provide guidance to
county child welfare workers who work with American Indian children and families, build consistency and social worker experience through active efforts practice, and increase county compliance with the Indian Child Welfare Act and Minnesota Indian Family Preservation Act as required by federal and state laws. The department will provide training on the practice guide for tribes and county child welfare workers who work with American Indian children and families.

The department continues to fund family preservation and reunification services, and special focus grants to the 11 Indian tribes and bands and four urban American Indian agencies.

The compliance review process authorized in Minnesota’s Tribal/State Agreement is similar to a mediation process, facilitated by the department’s Indian Child Welfare program consultant. The process is responsive to the need for direct tribal and county involvement in resolving issues around compliance with the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act. Use of the process informs training tailored to address specific tribal and county social service issues around ICWA, and further facilitates written joint collaborative processes between tribes and counties.

Department staff is charged with providing technical assistance for Indian Child Welfare activities and other support, as needed, to improve compliance in providing services to American Indian children and families. The department also receives Indian Child Welfare noncompliance reports from biological parents and other extended family members, tribal staff, county staff and private agency staff.

Both the county social services agency and the tribe to which a child belongs serve most Indian children who require child welfare services. County social service agencies provide or arrange for child protection investigations and provide funding for placements. Counties are, therefore, responsible for assuring foster care protections, such as development of case plans, provision of case reviews, and preparation for permanency hearings.

The Red Lake Band of Chippewa has a unique legal status in Minnesota. It provides child protection and other child welfare services on the reservation. It receives some funding for these positions from the county agency, and uses state rules (to which the tribe is not subject) as guidelines for service provision.

A. Specific Measures Taken to Comply with ICWA

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 policy and procedures to comply with these requirements are outlined in the department’s Social Services Manual issued to each county agency. Compliance is further supported by SSIS features that include a social worker checklist and built-in documentation feature that helps counties meet 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 Social Service Manual and SSIS.

2. **Placement preferences for Indian children:** Requirements to follow special placement preferences for Indian children are clearly defined in numerous citations of Minnesota Statutes and Rules, and are included in the SSIS feature for ensuring compliance with ICWA and MIFPA. Efforts to maintain compliance with this requirement are carried out through referral to the ICWA Compliance Review Team when appropriate, procedures outlined in the Social Service Manual, SSIS and MCWTS.

3. **Active efforts to prevent the breakup of the Indian family when parties seek to place a child in foster care or for adoption:** Requirements to provide active efforts to prevent the breakup of the Indian family are clearly defined in numerous citations of Minnesota Statutes, and are included in the SSIS feature for ensuring compliance with ICWA and MIFPA. Active efforts findings are required in any 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 referral to the ICWA Compliance Review Team when appropriate, procedures outlined in the Social Services Manual, SSIS and MCWTS.

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. The agreement clearly describes transferring jurisdiction to tribal social services and tribal courts based on three levels of criteria: mandatory transfers, conditional transfers and transfer procedures. The Social Service Manual provides procedural guidance to counties to carry out these requirements.

**B. Section 422 Protections for Indian Children**

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

2. Minnesota has a case review system for each child receiving foster care under the supervision of the state.

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

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

Children in foster care represent a special population, with more medical conditions, developmental disorders, and mental health problems than children who are never removed from their homes. As a state supervised, county administered system, the state recognizes a need to improve coordination of programs that impact the quality of health care and delivery of services for children in foster care. Foster care settings include: relative and non-relative family foster care homes, group homes, and residential treatment. In 2007, there were 14,800 children placed in these foster care settings by county/tribal social service agencies.

A. New Legislation

As required by PL 11-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Minnesota has enacted legislation effective July 1, 2009, which amended 2008 Minnesota Statutes, section 260C.212, subd. 1, regarding the out-of-home placement plan for all children in foster care. The amendment requires county/tribal social services agencies to document in plans efforts made by agencies to ensure oversight and continuity of health care services for children in foster care, including:

1. The plan to schedule a child's initial health screens
2. How a child's known medical problems and identified needs from the screens, including any known communicable diseases, will be monitored and treated while they are in foster care
3. How a child's medical information will be updated and shared, including their immunizations
4. Who is responsible to coordinate and respond to a child's health care needs, including the role of the parent, agency and foster parent
5. Who is responsible for oversight of a child's prescription medications
6. 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 the appropriate medical treatment for them
7. Responsibility to ensure that a child has access to medical care through either medical insurance or Medical Assistance
8. The health records of a child, including information regarding the names and addresses of their health care and dental care providers
9. Record of a child's immunizations
10. A child's known medical problems, including any known communicable diseases; a child's medications; any other relevant health care information such as their eligibility for medical insurance or Medical Assistance.

B. Child and Teen Check-ups

All Minnesota children who enter foster care are eligible for Medical Assistance (Medicaid). The federal Early and Periodic Screening and Treatment (EPSDT) program, known in Minnesota as Child and Teen Check-ups (C & TC) is a required Medicaid service. C & TC provides comprehensive heath care for children and teens, birth - age 20, who are enrolled in Medical Assistance. The goal of the C & TC program is to improve
the health of eligible children and teens, and reduce the negative impact of 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 conditions that threaten their health. The county social service agency engages birth parents of foster children, when possible, in the routine care and treatment decisions for their child. Foster parents are active participants in decisions and activities regarding a child’s health care needs.

Minnesota’s Title IV-B health care oversight plan for children in foster care is based on the existing framework of identification and outreach to eligible children in foster care, and provision of health care services that are currently provided through the C & TC program. This program ensures a coordinated strategy in each county and tribe by a local C & TC coordinator who identifies and responds to the health care needs of children in foster care, including their mental health and dental health needs. The role of the county or tribal C & TC coordinator is extensive. In most cases the coordinators are public health nurses who ensure that C & TC objectives are being met. These objectives include identification, outreach and assistance to access health care services, maintain provider lists, provide follow-up on referrals for further assessment, diagnose and/or treatment, and determine if a child has received services.

C. Title IV-B Health Care Plan Requirements

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

1. A child’s health care needs while in foster care are identified through screenings, and are monitored by the child’s caseworker, birth parents and foster parents. The county/tribal C & TC coordinator will help access providers based on the C & TC screening. A periodicity schedule for initial and follow-up health screenings is based on a public health model which promotes wellness for Medicaid eligible children who are at higher risk than the general pediatric population. C & TC coordinators provide follow-up on referrals for further assessment, diagnosis and/or treatment to determine if a child has received services. Minnesota Statutes also require that all children who enter foster care are required to have a mental health screening.

2. 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. C & TC coordinators and providers work together to avoid duplication of services by coordinating ongoing well-child care with complete C & TC screening and treatment services, including: initial prenatal visits, newborn/well baby checkups; Head Start, school, camp or athletic physicals; routine well-child care; family planning visits; immunizations and early childhood screening. 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.

3. The state’s required out-of-home placement plan for children in foster care is developed by the agency caseworker with the birth parents, child, foster parents and others. The plan is electronically entered in the state’s Social Service Information
System (SSIS). A child’s medical information is required to be entered into the out-
of-home placement plan within 30 days of placement and updated every six months. The out-of-home placement plan includes the health records of a child, names and addresses of a child’s health care providers, a record of their immunizations, and known medical problems, including any communicable diseases, medications, and any other relevant health information. Copies of a child’s plan are given to all who participated in development of the plan, and to the judge who reviews a child’s placement in foster care.

4. When a child with special needs or disabilities cannot receive care or treatment in their own home and needs foster care to receive treatment, the state has developed a specific policy for voluntary foster care for treatment. Minnesota Statutes, Chapter 260D, establishes that a child’s safety, health and best interest are the primary considerations for voluntary foster care. A primary feature of the statute is to ensure that a child’s birth parents maintain legal responsibility to plan with the agency caseworker and the foster parents for a child’s treatment needs. This clarification supports the birth parents’ active participation in the care of their child, and their responsibility to make decisions about the medical treatment their child receives, including the oversight and use of psychotropic medications.

5. Information about a child’s physical and mental health, dental care, and treatment monitoring information are electronically entered into their case record on the state’s SSIS system in specific screens relating to their health. Minnesota Rules require that a child’s foster care provider must also keep a health record for each child. The record must include a child’s medical information, and documentation of the history of their illnesses and medical care provided.

6. The oversight of prescription medicines, including psychotropic medications, is monitored by routine medical appointments, with daily oversight responsibility most often given to 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 the 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. Identification of a child’s medications is entered into the SSIS system, and into their out-of-home placement plan. The out-of-home placement plan contains a section to identify and plan for a child’s health needs. 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.

7. The department has an interagency agreement with the Minnesota Department of Health (MDH) to provide C & TC training to Minnesota health care program providers. Both departments work with national health professional organizations and educational programs/institutions to build relationships and increase collaboration through increased communication. At the county level, C & TC coordinators provide program and training information to providers and clinic staff, as appropriate.

8. Minnesota Statutes require that, at a minimum, when a county/tribal social service agency accepts a child for foster care placement, the agency must determine whether a child has had a physical examination by or under the direction of a licensed physician within the 12 months immediately prior to the date a child came into the agency's care. If there is documentation that a child has had an examination within the
last 12 months, the agency is responsible for seeing that they have another physical examination within one year of the documented examination, and annually in subsequent years. If the agency determines that a child has not had a physical examination within the 12 months immediately preceding placement, the agency must ensure that a child has an examination within 30 days of coming into the agency's care, and once a year in subsequent years. As previously mentioned, the C & TC program provides health care services to children in foster care on a much more frequent periodicity schedule consistent with a child’s needs and age.

D. Proposed Measurements

The department monitors the C & TC participation rates for children in foster care for a federal fiscal year by county and tribe. The federal participation rate standard for all Medicaid eligible children is 80 percent. In 2008, the participation rate for Minnesota children in foster care was 80.3 percent. The state proposes to improve the rate of participation for children in foster care utilizing the C & TC program by 5 percent to 85.3 percent during the years 2010 – 2014.

The department also conducts qualitative case reviews of the health needs of children in foster care using the Minnesota Child and Family Services Review (MnCFSR) model. One of the performance items rated for children in foster care focuses on a child’s physical and dental health needs. Another performance item focuses on a child’s mental health needs. Both items have compliance components that address whether or not children in foster care received required physical examinations and mental health screenings within the required time frames. Between 2003 and 2007, Quality Assurance staff reviewed 790 child welfare cases; 448, or 56.7 percent, were cases of children in foster care. Although not all 790 cases were rated on these two performance items, there were significant findings. The county agency performance over the five-year period for meeting the physical and dental health needs of 551 children reviewed was rated a strength in 84 percent of the cases reviewed. The county agency performance during the same period for meeting the mental health needs of 635 children was rated a strength in 70.7 percent of the cases. The department proposes to improve the strength rating for each of these two performance items by 5 percent during the years 2010 – 2014. The measurement reported for the CFSP annually will include only children in foster care rated for physical and mental health care needs.

E. New Strategies to Improve Performance

The five-year plan to improve the state’s health care oversight of children in foster care will use new strategies. Strategies can be found in Attachment A - 2010 – 2014 CFSP Goals and Objectives

F. Conclusion

The state, while having an infrastructure in place for meeting the health care needs of children in foster care, has room for improvement. PL 11-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008 has provided a new framework for
child welfare policymakers and practitioners to engage with medical policymakers and providers to identify and treat these health care needs. Improved training, data collection, oversight, and coordination of policies and resources will result in improved child health care outcomes, not only for children in foster care, but for all children in Minnesota’s child welfare system.

**DISASTER PLANS**

Minnesota’s disaster preparedness plan for child welfare works in tandem with other disaster plans developed by state and local governments. The governor issued an Executive Order that 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). Within that, each state agency was required to establish a Continuity of Operations Plan (COOP) to provide for continuance of services and control in the event of a major disruption of normal operations.

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 plan 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 mission-essential functions. It includes alert and 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 address the Do Not Resuscitate/Do Not Intubate (DNR/DNI) procedure details. A succession chart was created that includes contact names and numbers for the administration, and the order of succession in case of a disaster or emergency. The department has held “tabletop exercises” in which teams test the COOP plan by responding to emergency scenarios to evaluate what works and doesn’t work. As part of the MEOP, HSEM has developed the Minnesota Highly Pathogenic Avian Influenza and Pandemic Influenza MEOP Supplement.

Also, Minnesota launched a public awareness campaign to promote disaster preparedness called “codeReady.” The Web site, [www.codeready.org](http://www.codeready.org), 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. The campaign is also using multiple types of media, a statewide mobile tour, outreach to special populations and/or ethnic groups, and free toolkits (CD ROMs). This campaign was a joint effort between the Department of Health and HSEM. Many others, including staff from the department, other government agencies, nonprofits, businesses, etc., were on an advisory committee to help develop and launch the campaign.

The department offers employees personal disaster preparedness training. The training uses the University of Minnesota’s Minnesota Emergency Readiness Education and Training (MERET) program. The MERET Web site is at [http://cpheo.sph.umn.edu/meret](http://cpheo.sph.umn.edu/meret).
Minnesota is a state supervised, county administered system; roles must be clear to create a system that does not duplicate efforts or leave gaps in services.

A team was assembled to explore potential disasters and response actions, and key capabilities needed in the event of a statewide disaster. The team has representation from within the department from the areas of Social Service Information Systems (SSIS), MAXIS (the economic assistance automated system), Deaf and Hard of Hearing, Children’s Mental Health, Licensing, Developmental Disabilities and Human Resources. The team has representation from external stakeholders from the Minnesota Council of Child Caring Agencies (MCCCA), the Minnesota Departments of Public Safety, Health, Corrections, and Minnesota Association of County Social Services Administrators (MACSSA), the Supreme Court, and tribal leaders. A product of the series of stakeholder meetings held regarding disaster preparedness called Stakeholder Roles is Attachment B.

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 required county social service agencies to develop and implement a child welfare disaster preparedness plan in accordance with federal requirements by Sept. 28, 2007. A checklist is available for counties to use. This tool is in Attachment C. An instructional bulletin will be issued in summer 2009 to support county social service agencies’ child welfare disaster preparedness efforts.

Duties have been added to the contract the department has with the direct service provider for youth receiving ETVs to prepare them in case of a disaster.

MACSSA has instructed county administrators to submit their agency’s all-hazard plans to that organization. The plans will be incorporated into the department’s COOP.

Information and instructions to counties for the 2010 – 2011 Minnesota Family Investment Plan/Children and Community Services Act Biennial Service Agreements will include a reminder regarding disaster preparedness requirements under the section titled Contingency Planning.

**CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES**

On Oct. 1, 2004, the Administration on Children and Families granted authority under section 1130 of the Social Security Act for Minnesota to operate a child welfare demonstration project. The Minnesota Permanency Demonstration Project allows for expanded eligibility and services within the Title IV-E foster care program to support a continuous benefit set for foster parents who adopt or accept permanent legal custody of children in their care. The overall goal of the project is to increase willingness of foster parents to adopt or assume permanent legal custody of special needs children already in their care by eliminating the financial barriers to these permanency options.
The department began implementation of the permanency demonstration on Nov. 17, 2005, with an expected completion date of Aug. 30, 2010. The target population for the demonstration includes Title IV-E eligible children in foster care, ages birth -18, for whom reunification has been ruled out as a permanency option. The demonstration places particular emphasis on American Indian and African American children in long-term foster care and children with special needs. To the extent possible, sibling groups are maintained in the same permanent family home. Participating foster parents must meet all foster care licensing requirements.

The Permanency Demonstration is currently operating in five counties: Cass, Carlton, Dakota, Hennepin and Ramsey. Hennepin and Ramsey are Minnesota’s most populous metropolitan counties. Dakota is a large suburban county. Cass and Carlton have significant American Indian populations located in greater Minnesota. The state has contracted with the Institute of Applied Research to conduct an evaluation of the demonstration, including process, outcome components, and cost analysis. The research design is divided into two parts: 1) An experimental design with random assignment to experimental and control groups in Hennepin and Ramsey Counties; and 2) A quasi-experimental matched case comparison design in Cass, Carlton and Dakota Counties.

As of May 2009, more than 1000 children, assigned across both evaluation components, have entered the demonstration. Through the first three years of the demonstration, 325, or 61.9 percent of children in the waiver group, have moved to permanency through adoption or permanent legal custody arrangements, compared with 43.9 percent of children in the control group. In the experimental group, 44 percent of children are African American, 22 percent American Indian, 31 percent Caucasian, 3 percent Asian, and 45 percent have special needs or disabilities. The average length of time in foster care for these children was 1,070 days, almost three years.

Title IV-B funds maximize the use of flexible Title IV-E dollars. Title IV-B funds will continue to fund family support and family preservation services, and time-limited family reunification services to children and families participating in the Child Welfare Demonstration Project: Title IV-E Waiver. The anticipated savings from the demonstration project will be used for provision of additional child welfare services.

**ADOPTION INCENTIVE PAYMENTS**

Any adoption incentive award funds received by Minnesota during FY 2010 through 2014 will be used to support adopted children and their families. In the 2009 Minnesota legislative session, language was clarified requiring any adoption incentive grants received during fiscal years 2010 and 2011 to be appropriated to the commissioner of Human Services for post-adoption services, including parent support groups. Adoption incentive award funds received during the previous two CFSP periods were expended within the time frames allowed. Minnesota currently contracts with multiple private agencies to provide a variety of post-adoption services. If Minnesota receives adoption incentive award funds during the next CFSP period, the department will be able to complete one or more grant contract amendments with existing providers to add funds to the contract, and outline the tasks that
are to be accomplished with provided funding. Adoption incentive payments will continue to be used to support adopted children and their families.

**TRAINING**

**Staff and Provider Training**

The Minnesota Child Welfare Training System (MCWTS) is a comprehensive, competency-based, in-service training system. The system provides culturally-responsive, family-centered, job-related training to county and tribal child welfare social workers, economic support staff, supervisors, directors and managers, children’s mental health case managers, and to foster, adoptive and kinship providers. MCWTS uses five service regions across 87 counties, each with an area training manager. The area training managers address specific county and tribal training concerns in their regions. They work with child welfare and child protection workers and supervisors to ensure counties and tribes have access to job-specific training.

MCWTS is a joint effort of the Minnesota Association of County Social Service Administrators (MACSSA) and the department. MACSSA assigns two members to the MCWTS Central Steering Committee (CSC). CSC implements ongoing strategic planning, management, monitoring and evaluation of the system. Counties are also represented on CSC by three county supervisors. Tribes are represented by two members designated by the Indian Child Welfare Advisory Council. The Asian-Pacific and Spanish speaking communities are represented by the ombudspersons for their respective communities.

CSC provides input on the use of training system funds. Minnesota Statute 626.559 authorizes withholding a share of county funds to fund the system, and 626.5591 authorizes the state funds that fund the system. Minnesota Statute 626.559 also directs the process for federal Title IV-E reimbursement. The funds are to be used to ensure decentralization of training.

The Continuing Education/Customized Training Division of Century College manages the grant contract for the five area training centers where the area training managers are located, and for development of e-learning materials. The contract also includes management of Eligibility Determination Training (EDT) Project. The goal of EDT is to improve the efficiency and effectiveness of counties and tribes in determining whether a child is eligible for Title IV-E foster care reimbursement or Title IV-E adoption assistance. Training has been tailored to accommodate needs, done regionally, on-site and on a one-to-one basis. Century College is a member institution of the Minnesota State Colleges and Universities system.

MCWTS provides needs-based training based on statutory requirements, department initiatives and priorities, and county and tribal input. Curriculum development and revisions, and delivery of training, support the goals and objectives of this plan, and are priorities for the system.
Minneapolis Statute 626.559 requires that child protection social workers attend the Social Worker Core within the first six months of employment. Core is divided into six classroom training modules and one computer-based training module. Core provides the fundamental and essential knowledge and skills necessary for child welfare casework. The training is 90 hours over 15 days, and is offered multiple times per year using the regional training structure.

The Child Safety and Permanency Division’s Training Unit will continue development of a new child welfare foundation training curriculum which will integrate the policy and technical training currently provided to workers in separate courses. The outcome will be a comprehensive best practice curriculum which includes technical training included in the Social Service Information System (SSIS) New Worker Training curriculum, and policy training included in the MCWTS Social Worker Core. The foundation curriculum will be based on two scenarios, with each scenario developed using a “life of the case” model. Parts of the curriculum will be delivered through computer-based training that is being jointly developed with Century College.

Minnesota Rule 9560.0234 requires that counties develop annual training plans for their child protection workers. Plans must include at least 15 credit hours of social work training per year. MCWTS provides training that allows child protection workers to earn their credit hours. MCWTS provides three levels of training:

1. Core (fundamental and essential skills)
2. Specialized Skills (skills for specialized program areas or for special client populations)
3. Related Skills (skills that refine and enhance child welfare practice), training that covers a wide array of relevant child welfare practice issues.

Specialized Skills and Related Skills training courses are offered on a continuing basis using the regional training structure. Most Specialized Skills and Related Skills training courses are one or two days. MCWTS offers more than 100 Specialized Skills and Related Skills training courses.

MCWTS provides training to those interested in providing foster, adoptive and kinship care to children, or those who already provide those services. The training system offers providers a 12-module pre-service series on the following topics:

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<th>Discipline</th>
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<td>Team Building</td>
<td>Primary Families</td>
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<td>Cultural Issues in Placement</td>
<td>Sexual Abuse</td>
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<td>Family Systems and Abuse and Neglect</td>
<td>Effects of Caregiving on the Family</td>
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<td>Impact of Abuse and Neglect on Child Development</td>
<td>Permanency Issues for Children</td>
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<tr>
<td>Attachment, Separation and Placement</td>
<td>Permanency Issues for Families</td>
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In addition, the training system provides Specialized Skills and Related Skills training on a variety of topics to providers.
MCWTS also offers Leadership Core Skills training to provide the fundamental and essential knowledge and skills necessary for child welfare supervisors and managers. The 72-hour curriculum is divided into six two-day modules, offered multiple times per year using the regional training structure.

MCWTS statewide training schedules are issued quarterly through the department’s Web site. For each course, the schedule provides a content summary, the learning objectives, the target audience, and date(s), time and location of the training. Trainer biographies are listed in a separate document on the Web site. MCWTS is restructuring and updating the MCWTS Web site to make it more user-friendly, and to provide increased access to resources, information, and related links that are useful on the job.

The Quality Assurance Unit database has data collected in the Quality Assurance Review process and continues to be a resource. Reports are available after each county review. This database enhances the ability to collect, store and disseminate information on performance issues based on findings from county quality assurance reviews. Individual county data is used to identify courses to emphasize as training interventions in county program improvement plans. Summary data is used to inform curriculum revision or development, and as a needs assessment to identify priority curricula to include in training calendars.

MCWTS continues to actively pursue the creation of blended learning curricula and progress has been made toward the goal of implementing alternatives to classroom training. Pilot training of the Advanced Case Planning blended-learning curriculum is scheduled for Summer 2009 for the online and classroom elements. Century College is providing the technical expertise to develop the electronic learning components of the Social Worker Core, as mentioned previously.

Counties continue to be interested in ways to reduce travel costs associated with classroom training. MCWTS primarily utilizes Virtual Presence Communication (also known as Interactive Television) as an alternative to standard classroom training, and has guidelines for developing successful training that other units of the division can use.

**Title IV-E Training**

The department provides Title IV-E eligible training activities through undergraduate and graduate programs at the Universities of Minnesota, Twin Cities and Duluth, and a consortium of five state universities. The primary goal of these training activities is to build culturally competent professionals who represent the diverse populations served by social service agencies. A summary of current activities of these Title IV-E programs are provided below:

The University of Minnesota, Twin Cities, provides social work education at the graduate level. The purpose of this program is to assist social workers in advancing their knowledge of child welfare policies and practices regarding children at risk of and in out-of-home placement, and to provide services to meet the needs of these children and their families.
Forty students were provided stipends for the fall 2008 semester based on their commitment to the field of child welfare; 30 percent were identified as non-Caucasian.

The University of Minnesota, Duluth, program offers a graduate social work program with a special focus on the American Indian population, and working with child welfare families and children at risk who live in rural areas. There were 24 students who were granted stipends for the fall 2007 semester; nine of these were American Indian students.

The University of Minnesota collaborates with five state universities to deliver a Title IV-E funded Undergraduate of Social Work program to increase the number of culturally competent child welfare social workers. The five schools are Bemidji State University; St. Cloud State University; Winona State University; Minnesota State University, Mankato; and Minnesota State University, Moorhead. In the fall 2008 semester, 44 students were enrolled in the undergraduate collaborative program.

One Minnesota county social service agency is currently providing Title IV-E training reimbursement for three employees seeking graduate social work degrees. The county and the individual employee sign an agreement with a commitment to work in a child welfare position in that particular county for a period of time at least equal to the period for which financial assistance was granted after completion of their graduate degree in social work.

**Fostering Connections to Success and Increasing Adoptions Act**

The Fostering Connections to Success and Increasing Adoptions Act expanded the availability of federal training dollars under Title IV-E to new trainee groups, including: relative guardians, staff of private child welfare agencies, court personnel, attorneys, guardians ad litem, and court appointed special advocates. Minnesota did not, nor does it plan to deliver any such training during FY 2009.

In FY 2010 department staff will engage with stakeholders in the new trainee groups to conduct a thorough assessment of training needs and determine the best approach to meeting those needs consistent with provisions of the Act. The planning phase for meeting the needs for new trainee groups will include steps that the department must take to assure that the cost of such training is properly identified, measured and allocated.

**EVALUATION AND TECHNICAL ASSISTANCE**

**Evaluation.** The department works with grantees to identify key work performance measures and includes them in their grant contracts. Specific evaluation activities are related to a number of initiatives, including Family Assessment, Concurrent Permanency Planning, Family Support and Preservation Services and Family Group Conferencing. The department is developing specific strategies to permit enhanced local level performance management and tracking of longitudinal foster care and adoption trends.

Other evaluation activities in support of the goals and objectives of the Child and Family Services Plan include:
1. Evaluation of pilot projects, such as Parent Support Outreach and MFIP/Family Connections projects, to expand the continuum of child protection response that includes connecting families not accepted by the child protection response system to community-based services, and connecting families accepted by the child protection response system, but without alleged substantial endangerment, directly to community-based programs for assessment and services
2. Evaluation of cultural competency training curriculum, delivery and participation
3. Participant evaluation of all MCWTS sponsored trainings
4. Regular review and evaluation of all MCWTS curricula to ensure required standards are met
5. Observation, evaluation, development, and support of new and existing trainers
6. Research and identification of effective community-based approaches to working with African American families
7. Study the impact of equalizing various out-of-home care benefit rates on outcomes for children in long-term foster care
8. Study the feasibility of creating a single program and single benefit system for supporting children in out-of-home care
9. Continue evaluation of factors contributing to, and factors that reduce re-entry into foster care
10. Evaluation of the Children’s Trust Fund initiatives to prevent child abuse and neglect, including Strengthening Families grantees; child abuse prevention councils; statewide networking, professional development and training; public awareness; and parent leadership
11. Study of Family Group Decision Making outcomes.

Technical Assistance

Program and training staff will provide technical assistance to:
1. County social service staff in the areas identified under the Goals and Objectives section, as well as maintenance efforts
2. Community-based service providers and contractors
3. Foster care and adoptive families and other placement providers
4. Adoption agencies that are part of new partnerships.

State staff is available to provide technical assistance to county social service staff upon request.

QUALITY ASSURANCE SYSTEM

Quality assurance programs assess the quality of services under the Child and Family Services Plan, and assure that measures are taken to address identified problems. Some of these activities include:
1. Minnesota Child and Family Service Reviews: a systemic assessment and case review process that evaluates the adequacy and quality of county child and family practice. Areas identified as needing improvement are addressed in a county program improvement plan. Findings and data collected from counties and cumulative
statewide review findings are used to guide state and county agency decisions around resource development, technical assistance and training.

2. Child mortality review: annual reports and ongoing recommendations are incorporated into statewide planning and operations decisions.

3. Citizen Review Panels: annual reports and recommendations are incorporated into statewide planning and operations decisions.

4. Establishing specific performance measures: the Children and Community Services Act includes a provision for establishing performance targets for seven indicators of children’s mental health, safety, permanency and well-being. Baseline performance was determined by 2005 data, and counties plan for improved outcomes in their Biennial Service Agreements.

5. Licensing standards govern all child care and child/juvenile residential care settings. Licensing activities provide enforcement of licensing standards and ensure compliance with all applicable rules and statutes. Licensing deficiencies are addressed with corrective actions or negative licensing actions.

ASSURANCES

Assurances and certifications can be found in Attachment D.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN

A. Program Areas Selected for Improvement

The department selected the following six program areas for improvement from section 106(a)(1) through (14) of CAPTA:

1. The intake, assessment, screening and investigation of reports of abuse and neglect;

2. Case management, including ongoing case monitoring and delivery of services and treatment provided to children;

6. (B) Developing, strengthening and facilitating training, including training regarding legal duties of such individuals;

8. Developing and facilitating training protocols for individuals mandated to report child abuse and neglect;

12. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;

14. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with educational systems), and to address the health needs, including mental health needs, of children who are the subject of substantiated child maltreatment reports.
The CAPTA Plan is part of and coordinated with the Child and Family Services Plan under part B and E of title IV of the Social Security Act, [42 U.S.C. 620 et seq.] and Title XX, relating to child welfare services and family preservation and family support services. Refer to Attachment A - 2010 – 2014 CFSP Goals and Objectives for a description of activities that the state intends to carry out using amounts received under the grant to achieve the purposes of this title.

B. CAPTA Funded Activities

1. Citizen Review Panels: Citizen Review Panels provide opportunities for community members to play an integral role in ensuring the child protection 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 own communities. Comprising 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 important child protection standards in their county
   - Prepare and make available to the public an annual report summarizing the panel’s 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 outside 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.

2. Multistate Foster Care Data Archive Web site is an online information and decision support system maintained by the Center for State Foster Care Adoption Data, developed by Chapin Hall Center for Children, University of Chicago, and the American Public Human Services Association. The Web site allows viewers to more

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effectively use administrative data to manage child welfare programs. The Web site allows states and counties to better understand foster care placement outcomes, establish performance improvement targets, monitor progress toward those targets, and compare performance with other counties and states.


C. **CAPTA Funded Services and Training**

Child Safety provides ongoing technical assistance and training for intake assessment, screening, and investigations on reports of child abuse and neglect. Assistance and training is provided to county social service agencies and private providers to strengthen their ability to remain in compliance with their legal responsibilities.

D. **CAPTA Assurances**

CAPTA assurances, pursuant to section 106(b)(2)(A) and (B), signed by the chief executive officer is found in [Attachment D](#).

E. **Substantive Changes in Law**

There are no planned substantive changes in law that would affect the state’s eligibility for the CAPTA grant for 2010-2014.

F. **Criminal Background Checks**

There are no planned changes to the state’s provisions and procedures for criminal background checks for prospective foster and adoptive parents, and other adult relatives and non-relatives residing in the household in 2010-1014. [section 106(b)(2)(A)(xxii) of CAPTA]

G. **CAPTA Funds**

A request for CAPTA funds and estimate of expenditures, CFS-101, parts I and II, is found in [Attachment E](#).

CHAFEE FOSTER CARE INDEPENDENCE AND EDUCATION AND TRAINING VOUCHERS PROGRAMS

The departments Child Safety and Permanency Division will administer, supervise and oversee the programs carried out under this plan, and will cooperate in national evaluations of the effectiveness of the programs implemented to achieve their purposes.
A. Description of Program Design and Delivery

The department meets the program purposes of the Chafee Foster Care Independence Act by disbursing federal funds to counties and tribes in an application process distributed annually through a department bulletin. Non-government, community-based agencies apply for Chafee funds via a Request for Proposals (RFP) process.

Proposals attached to an annual bulletin are submitted by tribes and counties annually.

In 2009, the application provided for counties and tribes, and the RFP for community-based agencies, were developed specifically to focus Chafee funding on goals youth must accomplish before discharge from placement. An amended Minnesota Statute, which became effective Aug. 1, 2008, requires annual court reviews of the independent living plans for youth age 16 and older in out-of-home placement. The court is required to make findings regarding the progress toward, or accomplishment of, the following goals prior to a youth’s discharge from placement:

1. The county social service agency has provided written notification to a child, their parents or legal guardians, and the foster parents, of the availability of foster care benefits up to age 21, and how to file an appeal if a request for foster care benefits is denied by the county
2. A child has obtained a high school diploma or its equivalent
3. A child has completed a driver’s education course, or has demonstrated the ability to use public transportation in the community
4. A child is employed or enrolled in post-secondary education
5. A child has applied for and obtained post-secondary education financial aid for which they are eligible
6. A child has health care coverage and health care providers to meet their physical and mental health needs
7. A child has applied for and obtained disability income assistance for which they are eligible
8. A child has obtained affordable housing with necessary supports, which does not include a homeless shelter
9. A child has saved sufficient funds to pay for the first month’s rent and a damage deposit
10. A child has an alternative housing plan, which does not include a homeless shelter, if the original housing plan is unworkable
11. A child, if male, has registered for Selective Service
12. A child has a permanent connection to a caring adult
13. The court shall ensure that the responsible agency, in conjunction with the placement provider, assists a child in obtaining the following documents prior to leaving foster care:
   • A Social Security card
   • The child’s birth certificate
   • A state identification card or driver’s license
   • Green card or school visa
- The 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.

Additional Chafee funds were combined with state funds to provide a healthy transition from foster care to reduce the risk of homelessness. Thirty-nine community-based agencies applied for funding through an RFP. The combined Chafee/state funds are currently being awarded to 17 of them. These agencies will provide services statewide for either youth ages 16 and older who are in out-of-home placement and referred by county social workers, or youth 16 - 21 who have left placement and are no longer receiving county social services. The grantee agencies will teach youth the life skills they need to make a healthy transition to adulthood by working with them one-to-one or in groups. They will collaborate with the county, foster parents, and other community providers and resources to ensure that the goals listed above are met for each youth served.

All Chafee funded counties, tribes, 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 communities. Examples of additional resources include:

1. Job opportunities through Workforce Centers
2. Driver’s education instruction through local schools
3. Financial aid sources, public and private, for youth attending post-secondary school
4. Personal safety, health care, and nutrition education provided by public health staff, county extension services, and women’s resource centers
5. Wilderness camping scholarships through YMCA and other outdoor education organizations
6. Group training events provided by volunteer community experts
7. Meeting room space donated by churches, community centers, colleges, etc.
8. Volunteer mentors, co-facilitators, and chaperones for retreats.

B. Serving Youth Across the State

Each year, at least 90 percent of Minnesota’s counties receive Chafee funds, as well as two to four tribes. The 17 Chafee funded community-based agencies are located in both metro and rural Minnesota. Some of these agencies serve multiple counties in rural areas.

C. Serving Youth of Various Ages and States of Achieving Independence

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

1. Self esteem/image enhancement
2. Dealing with discrimination
3. Interpersonal relationships(peer pressure
4. Conflict resolution
5. Communication
6. Decision making
7. Problem solving
8. Goal setting/planning
9. Anger management skills
10. Budgeting, credit and consumer skills
11. Separation and loss
12. Time management
13. Nutrition, meal planning and cooking
14. Career exploration/career fairs/volunteer work
15. Parenting skills
16. Reproductive health.

Foster parent training is also highly recommended as a means of enhanced skills training for younger teens in out-of-home placement.

Tribes, counties, and foster parents are relied upon to identify Chafee eligible youth ages 16 and older, and with the youth’s input, develop an independent living plan. The social worker is responsible for assuring that a youth accomplishes goals in the independent living plan. Youth can be referred to a Chafee funded community-based agency, can work with a foster parent, use Web-based training materials, tap into existing community resources, or combine these and many other strategies over time. 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 that leave placement at age 18 remain eligible for Chafee funded services, but much more likely to access services through a community-based agency rather than a county.

There are no statutory or legal barriers preventing broadening eligibility criteria. Department staff believes that youth aging out of long-term care without permanency are at high risk for a host of poor outcomes, thus the neediest population to serve. Even with this narrow definition of eligibility, Minnesota has many more eligible youth than it can serve, due to lack of funds.

D. Room and Board

The department, for the purposes of CFCIP funding, defines room and board to include rent, damage deposits, utilities and telephone installation. Each youth’s residence must be approved by the agency serving them before CFCIP funds may be used for a deposit, rent or utilities.
Counties and grantees have the following options. They may:

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

During FFY 2008 the amount spent on room and board was $81,433, or 4.46 percent of Minnesota’s Chafee allocation. Use of Chafee funds for room and board is not expected to increase, as state and/or federally funded transitional housing programs are Minnesota’s primary affordable housing options for youth.

E. Medicaid Coverage for Former Foster Care Youth Ages 18-20

Minnesota does not plan to utilize the option to expand Medicaid to youth ages 18 – 21 that have aged out of care. However, during 2009, an advocacy group was successful in introducing legislation to automatically enroll youth aging out of foster care in MinnesotaCare, which is a subsidized health care program created in 1992 by the Minnesota Legislature. It is a medical insurance alternative for low-income people who do not have employer-subsidized or private health insurance. It is funded by enrollee premiums, and a statewide tax on health care services. MinnesotaCare also receives federal funding, and coverage is comparable to Medicaid, a good option for youth. Youth are automatically enrolled when they age out of placement, and remain enrolled until their 21 birthday and will not have to pay monthly premiums. At this time the bill is waiting for the governor’s signature.

F. Trust Funds

Minnesota does not have a trust fund program for youth and has no plans to establish one.

G. Education and Training Vouchers Program

Minnesota administers the Education and Training Voucher (ETV) funds like a scholarship program. ETV applications require the submission of financial aid award letters from the youths’ post-secondary school/program, ensuring coordination with other federal and state sources of aid for post-secondary education costs. Each youth awarded an ETV identifies an adult to act as their mentor, or they are matched with an adult mentor.

Due to the high number of Chafee eligible youth in Hennepin and Ramsey Counties, they receive an annual allotment of ETV funds to solicit and choose ETV recipients from youth within their respective counties. Both counties maintain an open case on each recipient, act as the youths’ mentor or arrange for an adult to fulfill this role. They report their ETV activities and expenditures to the department on a regular basis. Administrative costs are covered with county funds.
The department receives ETV applications from former and current foster care youth residing in the remaining 85 suburban and rural counties and 11 American Indian tribes. The department contracts with Lutheran Social Service-Willmar to act as fiscal agent for funds awarded to youth; work with youth on budgeting and managing their ETV award; and act as a mentor for those who need one. Department staff works closely with Lutheran Social Service-Willmar to coordinate the program.

The Education and Training Voucher program staff has developed contacts with post-secondary education programs, including the Minnesota Office of Higher Education and University of Minnesota, the largest school in the state. Post-secondary education staff is involved in the ETV program as members of the advisory committee. They are interested in learning the issues faced by foster care youth transitioning to post-secondary schools, and sharing those issues with post-secondary staff. They also have been valuable in providing information, sharing resources, and assisting students in resolving school issues.

A multidisciplinary ETV Advisory Committee meets twice a year to exchange information and to receive guidance on program issues. Current and former ETV recipients are invited to participate on the committee.

ETV eligibility criteria were expanded to include youth whose permanent legal and physical custody was transferred to a relative/kin.

ETV information was provided to the Indian Child Welfare Advisory Council.

A priority that will continue is identifying and providing the level of support and assistance required for ETV recipients to continue in their post-secondary programs. Questions were added to the ETV application enabling youth to identify their need for support and assistance. ETV staff will follow up as needed to discuss a support plan. Youth will continue to be involved in the ETV program through the advisory committee.

Other plans to expand or strengthen the program include:
1. Continue promoting the program to county and tribal social service staff through the Empowering Youth Update, which is e-mailed quarterly. ETV staff is available to meet with county and tribal social service agencies and their foster care youth and foster care providers to share ETV information.
2. Continue to provide program information to the guardian ad litem program, foster care providers, high school counselors and post-secondary/financial aid staff.
3. Maintain contact with the Minnesota Office of Higher Education to continue exchanging information, sharing resources, and assisting students in resolving school issues.
4. Continue to provide support and direction to mentors to strengthen the mentor/youth relationship.
H. Consultation and Collaboration

Counties, tribes, and grantees rely on other state, county and locally funded agencies, including school districts, to provide resources for youth they serve. Many of these agencies provide services to foster care youth at no cost. They also rely on donations from churches, local businesses, and the services of many volunteers in the community. Examples of these resources include:

1. Early Childhood Family Education classes through community education
2. Workforce Centers—career exploration, job readiness, job search and placement
3. Public Health or Planned Parenthood—sex education, AIDS education, pregnancy prevention
4. Public Housing—tenant rights and responsibilities, rental assistance
5. Park and recreation—free and low cost recreation options
6. Churches and local businesses—donations of items for apartment start-up
7. Volunteer speakers for life skills groups, volunteer group co-facilitators
8. Volunteer field trip “tour guides” (e.g., apartment tour)
9. Driver’s education at reduced rates through local school districts
10. Nutrition education and cooking lessons through County Extension offices
11. Meeting room space donated by churches, community centers, colleges.

The department coordinates with other federal and state programs for youth by continuing participation on the federal Shared Youth Vision (SYV) initiative. Minnesota was one of 16 states that joined the federal team in a pilot process to establish cross-agency collaboration. The Adolescent Services supervisor serves as the co-chair of the group, along with the director of Youth Development at the Minnesota Department of Employment and Economic Development. The Minnesota effort can be viewed at the SYV Web site: http://www.deed.state.mn.us/youth/SYV/SYV.htm

The SYV team meets quarterly to review new developments in youth programming, and to decide on how to coordinate across state agencies and community stakeholders. Members of the Shared Youth Vision Team provided input into development of a Request for Proposals issued by the department on youth transitioning out of foster care. Several members of the SYV also served as raters of proposals for transitional services in April 2009.

The Minnesota SYV team was selected to host a Regional Peer-to-peer Youth Forum on September 24 – 25, 2009.

On Mar. 16, 2009, Minnesota was selected to participate in a national learning network sponsored by the National Governors Association (NGA) on Youth Transitioning Out of Foster Care. The learning network is co-sponsored by the Jim Casey Youth Opportunities Initiative, and will provide technical assistance on development of an extended foster care model for Minnesota as offered by the Fostering Connections for Success and Increasing Adoptions Act of 2008. Members of the Minnesota team include representatives from the department, Hennepin County Human Services and Public Health Department (Minnesota’s largest county), and the Governors Office. Minnesota’s involvement with the NGA will extend to March 2010.
The Adolescent Services Unit coordinated with staff in mental health, the Minnesota Children’s Justice Initiative, Licensing, Foster Care and Community Partnerships to publish a comprehensive bulletin to county and tribal social services on Transition Planning and Requirements for Older Youth in Care in April 2009. **This accomplishment is associated with Goal B3 of Minnesota’s Program Improvement Plan.**

The Adolescent Services Unit developed a notification of Foster Care Benefits to Age 21 to be given to all youth who are anticipated to age out of foster care. The notice was made available statewide on the state’s SACWIS system in April 2009. **This accomplishment is associated with Goal B3 of Minnesota’s Program Improvement Plan.**

Two members of the Child Safety and Permanency Division participate on the National Advisory Committee on the Implementation of the National Youth in Transition Database (NYTD). The committee is sponsored by the American Public Human Services Association (APHSA). The committee is responsible for drafting a National Youth in Transition Guidebook for states and others to use when implementing NYTD regulations.

I. Determining Eligibility for Benefits and Services

Under the CFCIP, Minnesota has determined that youth as young as age 14, and up to age 21, will be served. Prior to the passage of the Chafee Act, county social service agencies were eager to lower the eligibility age from 16 to 14. There is statewide consensus that youth ages 18 – 21 should be served, and Minnesota has done so since 1987.

Minnesota defines Chafee eligible youth as:

1. Age 14 and older, in long-term foster care and expected to age out
2. Ages 18 – 21 and aged out of foster care
3. Adopted after age 16
4. Physical and legal custody granted to a relative or kin after age 16.

This eligibility criterion is explicitly spelled out in department bulletins and requests for proposals so that counties, tribes and community-based agencies receiving Chafee funds clearly understand which youth can be served with these funds.

J. Ensuring Fair and Equitable Treatment of Youth Receiving Benefits

Minnesota ensures fair and equitable treatment of youth receiving benefits in the following ways:

1. Clear policies are in place regarding eligibility criteria, the range of services that are recommended and can be funded, and how services can be offered. Regular bulletins, training, and technical assistance by telephone, e-mail, and site visits continuously educate and clarify policies for counties, grantees, foster parents, parents and youth.
2. Policies incorporate requirements of the Multi-Ethnic Placement Act of 1994, the Indian Child Welfare Act of 1978, the Adoption and Safe Families Act of 1997, and applicable Minnesota Statutes and Rules. Training for county social workers clarifies that independent living services are desirable for every youth, including youth with permanency goals of reunification or adoption.

3. Youth’s eligibility for services under the CFCIP is not determined by placement or geography. They can receive services in any county, or from a statewide network of non-profit agencies. They do not lose eligibility if their county social services case is closed, or if they move to a different area of the state, or out-of-state.

4. Plans are in place to serve youth at various ages and stages of achieving independence, at any time between ages 14 - 21. Youth may continue receiving services up to age 21 after leaving out-of-home placement, even if they are adopted or legal custody is granted to relatives or kin after age 16.

5. Services are made available to Minnesota’s American Indian youth on the same basis as non-Indian youth by offering CFCIP funds to all tribal social service agencies.

6. Efforts are made to fund non-profit agencies statewide to do outreach and serve youth ages 18 - 21 that are disconnected from the child welfare system.

7. Efforts are made to fund non-profit agencies to specifically serve youth of color (African American, Hispanic, Native American) in areas of the state where those youth are concentrated.

8. Demographic data on youth served is closely analyzed to determine Minnesota’s effectiveness in equitably serving youth of different ages, genders, races and locations in the state.

K. Training

1. An annual three-day leadership conference is held for Minnesota youth ages 16 – 21 who are CFCIP eligible. It is attended by about 175 youth and 50 youth workers each year.

2. Quarterly grantee agency meetings will be offered for support, exchange of best practice ideas, and training topics requested by grantees.

3. An annual planning and training meeting will be held for members of all four Minnesota Youth Leadership Councils.

4. Upon request by counties, the department will offer its 12-hour curriculum for foster parents on How to Help Youth Transition from Out-of-home Care to Adulthood.

5. Upon request by counties, the department will offer its six-hour curriculum for county social workers on How to Help Youth Transition from Out-of-home Care to Adulthood.

6. Upon request, a workshop entitled One-to-one Work with Youth, will be offered for county and tribal social workers and nonprofit agency youth workers.

7. Upon request, a workshop entitled Group Work with Adolescents: How to Teach Independent Living Skills, will be offered for county and tribal social workers and non-profit agency youth workers.
8. Department staff will offer counties and private agencies technical assistance and consultation to deliver the most beneficial, cost-effective services to youth. Guidance and direction is provided for the identification of eligible youth, assessment of youth, development of independent living plans, and interpretation of service standards and guidelines for program activities. Guidance and direction is provided to counties regarding foster care benefits up to age 21.

9. Department staff will offer tribes technical assistance and consultation regarding culturally specific assessment and training materials for Native American youth.

L. Preparation to Implement National Youth in Transition Database

The Department has taken several steps to move towards implementation of the National Youth in Transition Database (NYTD). In May 2008 both a SACWIS manager and the Adolescent Services supervisor joined the National Advisory Committee (NAC) for the National Youth in Transition Database initiative as organized by the National Association of Public Child Welfare Administrators (NAPCWA). The NAC met in Washington D.C. Sept. 15 – 16, 2008, to begin planning. The NAC has worked to develop tools for states in an effort to provide technical assistance on implementation of the NYTD requirements. At this writing the NAC has developed a NYTD instructional guidebook and architectural blueprint for states to use when considering NYTD implementation. Minnesota has benefitted from participation on the NAC through direct contact with NAPCWA and Chapin Hall staff.

The above representatives from Minnesota also attended the NYTD technical assistance conference in Washington D.C. hosted by the federal Health and Human Services Administration July 22 – 24, 2008. The meeting brought together both the SACWIS and the Chafee staff from multiple states to discuss integration of NYTD elements in both the policy and SACWIS systems.

In September 2008 a DHS workgroup of SACWIS staff and program staff began weekly meetings to discuss program implementation issues for NYTD. The workgroup sought a charter with senior management to develop a cost-benefit analysis and define the project organization, management process, work packages and schedule and high level requirements for NYTD. A Software Project Management Plan was presented and accepted by senior management on Apr. 21, 2009. Senior management authorized program staff to seek a vendor to assist department staff in completing a surveying of 19- and 21-year-olds in the NYTD follow-up population.

Department staff also issued a Request for Information (RFI) in December 2008 to seek input on agency capacity and costs associated with locating and surveying youth that have left foster care and are part of the NYTD follow-up population. The RFI generated four responses which were used to calculate estimates of costs associated with this piece of NYTD implementation.

Minnesota has four Youth Leadership Councils that develop local initiatives and provide the department with input on policies affecting older adolescents in foster care. The
department’s Chafee coordinator met with the Youth Leadership Council in Willmar, Minn. to discuss strategies for soliciting youth participation in the NYTD outcome survey. When the state selects a vendor to assist with this piece of NYTD there will be additional efforts to consult the Youth Leadership Councils about this critical aspect of NYTD data collection.

STATISTICAL AND SUPPORTING INFORMATION

JUVENILE JUSTICE TRANSFERS

Minnesota has defined 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 358. While it is possible that a youth may have been discharged to an agency other than juvenile justice, practically speaking, in Minnesota there is no other system to which a youth under state care would be transferred. In 2008, 230 discharges from foster care were transferred to another agency. This represents 2.79 percent of all discharges from foster care in 2008.

INTERCOUNTRY ADOPTIONS

During FFY 2008, 48 youth entered out of home placement who had been previously adopted in Minnesota from a foreign country. They range in age from 10, the youngest, to 19, the oldest (as of May 2009), with a median age of 14.7. The following is an illustration of what the data indicates:

Placement/Legal Disposition and Reason for Out-of-home Placement

Of the 48 youth on which data was provided, there were five sibling groups; two sibling groups of two and three sibling groups of three. In the three sibling group cases the case outcomes were termination of parental rights to the adoptive parents. In one of the cases, the removal condition was abandonment, in another it was neglect, and in the third it was sexual abuse. In the abandonment case, the primary permanency plan was adoption by non-relatives, for the other two cases it was reunification. Related to the most recent placement setting; the abandonment case had the three siblings placed in a non-relative foster care setting, for the neglect case, the three siblings were in a pre-adoptive non-relative foster home setting, and in the severe abuse case, two of the siblings were in residential treatment center placements, while the third sibling emancipated from care.

In the two sibling groups of two cases, one is currently still open, and in the other, the primary permanency plan was reunification, which did occur. The removal condition related to the case of reunification was child behavior problem, for both children. For the case currently open, the removal conditions were physical abuse and parental alcohol abuse. The primary permanency plan for the case currently open is adoption. Concerning the most recent placement setting, on the open case, the two siblings are in a relative foster home, and in the second case, the siblings are in a non-relative foster home.
Of the remaining 35 youth, there were three instances where the parental rights of the adoptive parents had been terminated. In these cases the removal condition was neglect in two of the cases, and abandonment in the other. The primary permanency plan was reunification for the two cases involving neglect, and adoption for the abandonment case. The most recent placement settings for the two neglect cases were a group home setting in one case, and a relative foster home placement for the other. In the case involving abandonment, the placement setting was in a group home. In each of these three cases, there was just one removal condition.

Of the remaining 32 youth, 24 had child behavior problem listed as a precipitating factor at the time of their removal; 12 had child disability listed; six had caretaker inability to cope; two had child mental health; four had nothing listed, with three of these noting the child had an open children’s mental health workgroup; two listed child drug abuse; one listed alcohol abuse; one physical abuse; and one neglect. In 14 of these cases, there was more than one removal condition; two of them had three, 11 had two, 18 had one, and two had no removal condition listed.

**Permanency Plan for Children Currently in Out-of-home Placement**

Of these 35 youth, 27 had a primary permanency plan of reunification. It was successfully achieved in eight cases. One youth had adoption as their plan, two had long-term foster care, two had no plan listed, two had independent living, and one was listed as unknown.

Of these same 35 youth, 12 had a most recent placement setting listing of residential treatment center; 15 were in foster care, with two in relative placements; five in a group home; two in a corrections setting; and one in a supervised independent living setting.

**Agencies Responsible for Placement/Adoption**

As of Aug. 1, 2005, the department no longer maintains information on children adopted by a Minnesota family when the child comes from a foreign country. What is known is the county these children were living in at the time of their out-of-home placement: Anoka, Blue Earth, Carlton, Carver, Cass, Dakota, Dodge, Douglas, Hennepin, McLeod, Mower, Nicollet, Olmsted, Otter Tail, Ramsey, Redwood, Stearns and Washington Counties.

**Describe Activities the State Has Undertaken for Children Adopted From Other Countries, Including the Provisions of Adoption and Post Adoption Services**

Minnesota provides post-adoption support and services through Minnesota Adoption Support and Preservation (MN ASAP). The primary focus of MN ASAP is to serve families who have adopted children from state guardianship. MN ASAP has three components: 1) Adoption information clearinghouse, 2) Training for adoptive parents and professionals, 3) Parent support network. The state has contracts with two non-profit agencies to provide these services. In the past several years, MN ASAP has expanded its target population to serve prospective and pre-adoptive families, foster families, kinship families, and families who adopt internationally and through private agencies.
ETV VOUCHERS

Youth Who Received ETV Awards FY 2008 and FY 2009

<table>
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<tr>
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<th>2005</th>
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<tr>
<td>Number receiving ETVs</td>
<td>164</td>
<td>181</td>
<td>188</td>
<td>218</td>
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<tr>
<td>Number receiving on-going ETVs</td>
<td>58</td>
<td>50</td>
<td>70</td>
<td>89</td>
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<tr>
<td>First time recipients</td>
<td>106</td>
<td>131</td>
<td>118</td>
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In June 2008, 218 youth were awarded ETVs. The deadline for 2009 applications is July 1, 2009; therefore the number of awards has not yet been determined. It is estimated that about 220 youth will receive ETVs in 2009, and approximately 120 of them will receive an ETV for the first time. They will begin using their ETV funds for the 2009 fall semester.

TIMELY HOMESTUDIES REPORTING AND DATA

Between Oct. 1, 2007, and Sept. 30, 2008, Minnesota Interstate Compact on the Placement of Children (ICPC) processed 487 requests that applied to the Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239. Of these requests, 248 were sending cases and 239 were receiving cases.

Of the 248 sending cases, 30 requests were withdrawn; 10 remain with no home study returned to date; 93 home studies were returned in less than or equal to 60 days; 21 requests took between 61 and 75 days for the home study to be returned; and 94 requests took more than 75 days for a home study to be returned.

Of the 239 receiving cases, 23 requests were withdrawn; 20 requests remain with no home study returned to date; 71 requests were completed in less than or equal to 60 days; 24 took between 61 and 75 days for the home study to be returned; 111 requests took more than 75 days for a home study to be returned.

Staff is unable to determine the frequency with which the state needed the extended 75-day period for an interstate home study. In addition, staff does not have access to information that provides the reasoning as to why a study was not completed within 60 days, nor the extent to which the extended compliance period resulted in the resolution of the circumstances that necessitated the extension, or the actions taken by the state to resolve the need for an extended compliance period.

Adoption staff attributed the lack of reliable data to an insufficient database which does not contain information specific to the Safe and Timely Interstate Placement of Foster Children Act of 2006, P.L. 109-239, or provision of a mechanism for tracking such requests for follow-up to ensure compliance. The department is in the process of working to include ICPC in the state SACWIS system. Once in the design/building/testing phase, it is anticipated that needed components will allow for data collection of this type.
FINANCIAL INFORMATION

PAYMENT LIMITATIONS – Title IV-B, subpart 1

A. Amount of Title IV-B, Subpart 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

B. Amount of non-federal funds expended by the state for foster care maintenance payments for FY 2005:
   - Foster care maintenance: $88,528,000

Subpart 1, funds may be spent on administrative costs:
   Administrative costs: $430,092

PAYMENT LIMITATIONS – Title IV-B, subpart 2

A. Allocations of Title IV-B, Subpart 2, Funds 2010

   Minnesota has allocated Title IV-B, subpart 2, funds for three primary service areas. As a result of the approved amendment, the distribution of allocated federal funds for FY 2009 is as follows: family support, 30 percent; family preservation, 30 percent; time-limited family reunification, 30 percent; and administration and planning, 10 percent. Family preservation and family support services include Family Assessment Response programs available in all 87 counties. Family Assessment Response assessments and family services for Family Assessment Response are funded through Title IV-B 2 and state child welfare reform grants. A total of $3,105,600 is being distributed to Minnesota counties in 2009.

B. No More than 10 Percent of Title IV-B, Subpart 2 Funds may be Spent for Administrative Costs:

   Administrative costs: $337,907
C. Non-supplantation Requirement

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

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<th>Service</th>
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<td>Prevention and Support Services</td>
<td>16,088,680</td>
<td>44,707,360</td>
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<tr>
<td>Crisis Interventions and Family Preservation</td>
<td>35,139,076</td>
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<td>Reunification</td>
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<td>Time-limited Reunification</td>
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<tr>
<td>Independent Living Services</td>
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**Total:** 79,879,115

CFS-101, Parts I, II and III

The CFS-101, parts I, II and III are found in a separate document as Attachment E.
## ATTACHMENT A – 2010 - 2014 CFSP Goals and Objectives

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<thead>
<tr>
<th>Goal: Improve Child Safety Outcomes</th>
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<td>Benchmarks/Activities</td>
</tr>
<tr>
<td>------------</td>
<td>-----------------------</td>
</tr>
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</table>
| Improve timeliness of initiating assessments (PIP Goal)(CAPTA Goal). | • Use performance data and technical assistance to improve compliance with legislation enacted in 2006 and 2007 which amended and clarified timelines for initiating child maltreatment response, including requirements for face-to-face contact with children, and timelines for screening child protection reports.  
• Target intense improvement activities to 5-7 counties  
• Distribute quarterly performance report to county agencies  
• Improve required SSIS data entry for initiating assessments  
• Facilitate regional peer learning opportunities  
• Assess timely assessments through MnCFSRs | October 2009 and ongoing until performance goals are met |
| Improve quality of assessments, case planning and access to service array to address child safety and well-being (PIP Goal)(CAPTA Goal). | • Provide technical assistance to improve caseworker competencies, and improve the quality and consistency of using standardized assessment tools, such as Structured Decision Making (SDM) tools and Child Well-Being (CWB) tool, to guide key decisions about case planning and access to service array to achieve child safety and well-being.  
• Target intense improvement activities to 3-5 counties  
• Develop a case reading/assessment protocol for use of standardized assessment tools  
• Conduct assessments and share findings statewide  
• Facilitate regional peer learning opportunities  
• Assess overall quality of risk and safety assessments | October 2009 and ongoing until performance goals are met |
| **Expand the safety-focused family partnership model to improve assessment of needs, engagement with families in case planning, delivery of services, and access to service array to meet child safety and well-being needs (PIP Goal) (CAPTA Goal).** | • Issue RFP to solicit interest to expand safety-focused family partnership models across the state.  
• Select 10-12 counties that meet criteria of RFP  
• Provide intense orientation, training and support to selected counties.  
• Develop statewide awareness and knowledge of safety-focused family partnership models through statewide VPC gatherings  
• Assess child welfare curriculum and develop or update as necessary to address the caseworker skills and competencies for achieving successful safety-focused family partnerships. | October 2009 - September 2011  
Evaluate for ongoing after 2011 |
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<tbody>
<tr>
<td><strong>Prevent child abuse and neglect and improve developmental outcomes for children in families experiencing poverty. (CAPTA Service)</strong></td>
<td>• Implement a pilot program providing voluntary support services to families with young children receiving TANF (MFIP) supports.</td>
<td>October 2009 – September 2010</td>
</tr>
</tbody>
</table>
| **Provide “strengthening families” prevention and early intervention approach to specific counties with communities whose children are disproportionately over-represented in the child protection system (CAPTA Service)** | • Implement efforts to reduce disproportionality by linking prevention and early intervention programs  
• Conduct strategic planning to sustain early intervention supports and services and link CBCAP-funded prevention programming to specific communities  
• Conduct an analysis of communities by census tract data  
• Provide cross-training and professional development regarding the Strengthening Families framework and the five protective factors  
• Coordinate exploration and research related to Culture as a | October 2009 – September 2011 |
- Issue a Request for Proposal to provide statewide messaging on prevention of child abuse and neglect with a strengthening families and protective factors framework geared toward counties and tribes who have specific racial/ethnic populations disproportionately over-represented in child protection.

<table>
<thead>
<tr>
<th>Ensure equitable access to early intervention and prevention services.</th>
<th>Continue to monitor and evaluate access to Family Assessment Response and Parent Support Outreach by race and ethnicity.</th>
<th>October 2009 – September 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluate the impact on child/youth outcomes by race ethnicity.</td>
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<table>
<thead>
<tr>
<th>Strategies</th>
<th>Benchmarks/Activities</th>
<th>Timelines</th>
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</table>
| Expand Concurrent Permanency Planning policy and practice to older youth in care (PIP Goal). | - Update and support concurrent permanency planning (CPP) policy and practice to meet unique needs of older youth in foster care.  
  - Target intense training and technical assistance to 2-3 counties.  
  - Update/develop CPP policy and best practice guidance for expanding CPP to older youth.  
  - Review and update training system curriculum for CPP to support best practice when working with older youth. | October 2009 – September 2011 |
<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Activities</th>
<th>Time Period</th>
</tr>
</thead>
</table>
| Assess application of CPP with older youth through MnCFSRs.                 | - Develop and implement a CJI quality assurance component to the state’s MnCFSR process in 2 counties.  
- Work with regional CJI teams to improve performance on national standards. | October 2009 – September 2011 |
| Improve the consistency of policy, practice and access to service array for children/families in court-ordered trial home visits (PIP Goal). | - Develop policy and guidance for using trial home visits.  
- Assess impact of trial home visits on reunification/re-entry performance.                                                                 | October 2009 – September 2011 |
| Improve the capacity for achieving permanency for youth who are served by child welfare, children’s mental health, and/or juvenile corrections systems (PIP Goal). | - Develop a multi-disciplinary permanency practice model to support permanency for youth through reunification, transfer of permanent custody to a relative, or adoption.  
- Pilot multi-disciplinary permanency practice model in 1-2 urban/metro counties.  
- Support implementation of the multi-disciplinary permanency practice model through written practice guides, training and/or technical assistance. | October 2009 – September 2011 |
| Reduce the number of youth who age out of foster care without achieving permanency by increasing their options for achieving permanency through transfer of custody and/or adoption. | • Continue to pursue a single permanency benefit.  
• Assess the impact of reducing financial disincentive for transfer of legal custody or adoption (Title IV-E Waiver Project):  
  o Continue Permanency Demonstration Project  
  o Offer foster parents a single benefit set when they adopt or accept a transfer of custody for children in their care  
  o Continue the evaluation of the demonstration project with a focus on process, impact and cost analysis outcomes  
  o 20 percent more children in the waiver group will achieve permanency than children assigned to the control group  
• Set performance targets on key indicators for improving permanency outcomes and monitor performance on a statewide and by-county basis:  
  o Increase the percentage of children who are adopted by relatives and kin, including foster parents  
  o Reduce the use of long-term foster care as a “permanency” option  
  o Timelines from TPR to adoption  
  o Reduce placements in institutional or group care settings  
  o Number of prospective adoptive parents who are prepared to adopt the type of children typically available for adoption.  
• Define statewide resource needs, establish performance criteria and provide oversight to contracted providers.  
• Allocate funds to allow county social service agencies to | October 2009 – September 2014 |
| Increase placement with relatives by ensuring they are aware of procedures to request licensing variances including providing information about non-safety related licensing variances (Fostering Connections requirement). | • Provide statewide technical assistance on the adoption process.
• Improve judicial oversight of adoption process:
  o Reduce statutory timelines to specific steps in the adoption process and clarify judges role in enforcing timelines
  o Enforce statutory requirements for completion of child social and medical histories and strengthen judicial oversight to ensure that each child has a social and medical history that is complete, thorough, meaningful and current. | October 2009 – September 2011 |

| Ensure child and youth connections, including, but not limited to: Siblings Birth family members Previous foster parents Friends Community School Sports and other activities | • Improve rate of siblings placed together in foster care and/or in adoptive settings
• Improve performance on sibling visitation, for those siblings placed separately in foster care
• Improve performance on parent/child visitation
• Improve performance on maintaining connections
• Improve efforts to keep children in their own communities, including in their “home” school districts, when they are placed in foster care | October 2009 – September 2014 |

| Update Family Matters: A brochure for relatives considering becoming foster parents
Update the Commissioner’s home study format to include a notice to include a notice to the applicant about waivers and update the social worker checklist to document the waivers. |  |  |
<table>
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<tr>
<th>Culture</th>
<th>Assess maintaining connections through MnCFSRs</th>
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</table>
| Provide adequate supports and services to sustain adoptive families. | Use federal adoption incentive funds to further support adoption.  
Provide information and referral; on-going training; and intensive, therapeutic services to meet the needs of adopted children and their families.  
DHS contract for MN ADOPT to provide information and referral and on-going training.  
DHS contracts for PPAI to provide intensive, therapeutic post-adoption services. | October 2009 – September 2014 |
| Ensure equitable access to family preservation and support, and reunification services. | Continue to monitor and evaluate access to Family Group Decision Making by race and ethnicity.  
Evaluate the impact on child/youth outcomes by race ethnicity. | October 2009 and ongoing |
| Prepare foster youth to live healthy interdependent lives upon discharge from foster care. | Extend provision of foster care benefits to age 21.  
Ensure that every child in foster care has a complete and thorough social and medical history previous to discharge from care.  
Contract for Healthy Transition and Homeless Prevention (HTHP) services to assist youth develop permanent connections with supportive adults, including relatives.  
Quantify efforts to assist youth in establish and maintaining | October 2009 – September 2014 |
- Create and nurture opportunities for supportive adults to assist youth with issues regarding post-secondary education through requirements for receipt of Education and Training Vouchers (ETV).
- Youth who exit foster care are contacted to report on outcomes related to their transition experience while in care.
- Implement National Youth in Transition Database (NYTD) policies and collect outcome data on baseline youth at age 19.
- Implement the requirement that the Court may not discharge a youth from foster care until the 11 required Independent Living Skills (ILS) have been achieved (Citizen Review Panel recommendation).
- Include the 11 ILS on the updated out-of-home placement plan on SSIS.
- Promote and cooperate with the Children’s Justice Initiative (CJI) training for court personnel regarding the 11 required ILS before discharge from foster care.
<table>
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<tr>
<th>Strategies</th>
<th>Benchmarks/Activities</th>
<th>Timeline</th>
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</table>
| Increase participation and support father involvement across the child welfare service continuum (PIP Goal). | **Assess and improve the capacity for engaging and supporting fathers in the child welfare system, that includes engagement in case planning and access to service array.**  
**Convene workgroup of stakeholders to define and develop a father’s policy and best practice guidance**  
**Develop and implement technical assistance to support father’s policy and best practice**  
**Offer father engagement child welfare training**  
**Citizen Review Panels conduct assessment of agency, worker, and service provider capacity to engage and involve fathers in child welfare system**  
**Citizen Review Panels will share findings in a report**  
**Assess father involvement/engagement through MnCFSRs** | October 2009 – September 2012 |
| Expand application of Family Group Decision Making across the child welfare continuum (PIP Goal) (CAPTA Goal). | **Target intense training and technical assistance in 3 counties to support application of Family Group Decision Making to prevent placements, achieve permanency, and/or support post-permanency through training and technical assistance** | October 2009 – September 2011 |
| Improve the frequency and quality of caseworker visits with children in foster care and/or receiving in-home services (PIP Goal) (CAPTA Goal). | **Improve compliance with state requirements for monthly face to face caseworker visits with children in foster care (e.g. a majority of the visits must be in child’s home).**  
**Issue policy bulletin that includes policy requirements and** | October 2009 and ongoing |
| Improve access and coordination of services to children with disabilities in the child welfare system. | Improve data entry of caseworker visits  
Distribute quarterly performance report to counties  
Target intense improvement activities to select counties  
Develop brief training videos on quality caseworker visits  
Assess performance on caseworker visits with children through MnCFSRs | October 2009 and ongoing |
|---|---|---|
| Meet the health care needs of all children in the state’s foster care system (Fostering Connections requirement) (CAPTA). | Implement and support early identification and intervention services to young children with disabilities in the child welfare system.  
Ensure systemic supports through information/technology, training and quality assurance are aligned with efforts for early identification and intervention services. | October 2009 – September 2014 |
| | Develop and promote new training to county/tribal caseworkers to disseminate knowledge about best practices regarding the health care needs of children in foster care.  
Develop capacity in SSIS for recording and tracking health care information for children in foster care.  
Improve the rate of C & TC health screenings by 5 percent from 80.3 percent to 85.3 percent by 2010.  
Improve the performance ratings of county QA reviews of child health care by 5 percent from 70.7 percent to 75.7 percent.  
Develop training for county social service supervisors with a focus on the health care needs of children in foster care, new legislative requirements and the new Title IV-B Health Care Services Plan. |
- Develop a “Health Care Passport” for every child in foster care containing a summary of his or her medical information. The “Health Care Passport” will be available in both hard copy and electronic form and enable doctors and foster caregivers to receive accurate and timely medical information on each child.
- Improve judicial oversight of the health care needs of children in foster care by developing a checklist for judges to review the child’s health care needs and services including the child’s physical, dental and mental health.
- Initiate quarterly meetings between DHS Divisions of Health Care Policy and Children and Family Services to review progress on the Health Care Services Plan and to identify barriers and solutions that will improve the health care outcomes for children in the states foster care system.
- Coordinate with the C & TC staff, SSIS and counties/tribes to improve performance on the annual federal 416 report regarding C & TC participation rates of children in foster care.
## Goal: Improve Child Welfare Systems

<table>
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<tr>
<th>Strategies</th>
<th>Benchmarks/Activities</th>
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| Improve the capacity of the child welfare system to meet the unique needs of African American children and families. | • Continue to facilitate and support the work of the African American Disparities Advisory Committee.  
• Implement the Minnesota Action Plan, developed as part of the Peer Technical Assistance Match, facilitated by Casey Family Programs.  
• Implement regional disparities demonstration projects in 7-10 counties.  
• Develop and maintain a DHS African American Disparities webpage  
• Continue the partnership with Children’s Justice Initiative for reducing disparities | October 2009 and ongoing |
| Build the capacity of the training system to improve the knowledge, skills and abilities of child welfare supervisors (PIP Goal). | • Assess and improve the content, delivery and support of training for child welfare supervisors  
• Request technical assistance from the NRCOI to assess supervisor component of training system  
• Present recommendations for supervisor training to county and tribal partners  
• Develop and implement final recommendations  
• Develop and implement support to supervisors to for transfer of learning for child welfare staff | October 2009 – September 2011 |
<table>
<thead>
<tr>
<th>Improve the capacity of the child welfare system to meet the unique needs of American Indian children and families.</th>
<th>October 2009 and ongoing</th>
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<tbody>
<tr>
<td>• Continue working with the Indian Child Welfare Advisory Council to support best practices in working with American Indian Children and families.</td>
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<td>• Complete development and offer the Native American Experience and Best Practices curriculum.</td>
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<td>• Continue annual progress on recommendations from the American Indian Disparities Committee</td>
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<tr>
<th>Improve the quality, distribution and application of performance data (PIP Goal).</th>
<th>October 2009 and ongoing</th>
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<tr>
<td>• Provide quality, up to date child welfare performance data to county agency supervisors to improve their capacity to monitor and improve performance.</td>
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<tr>
<td>o Develop and distribute quarterly data dashboard</td>
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<tr>
<td>• Participate in The Center for State Foster Care and Adoption Data developed by Chapin Hall and American Public Human Services Association</td>
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<tr>
<td>• Provide webinar and VPC training to child welfare administrators and supervisors for access and use of longitudinal data and cutting-edge information technology to conduct program planning and innovations</td>
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<tr>
<td>• Maintain annual state membership and provide technical assistance to support child welfare administrators in use of data to inform innovation and improvements</td>
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<tr>
<td>• Produce an annual Minnesota Child Welfare Disparities Report on key indicators along the continuum of child welfare interventions.</td>
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<tr>
<td>o Highlight local and state efforts to reduce disparities</td>
<td></td>
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<tr>
<td>o Set out recommendations in collaboration with policy/practice partners</td>
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</table>
| Assess service array (PIP Goal) | Require counties to evaluate the array of services in their counties, continue to work to improve the delivery of services necessary to assess and address safety, permanency and well-being needs of children and families, and ensure services are available, accessible and individualized.  
| Require counties to evaluate the array of services in their counties, continue to work to improve the delivery of services necessary to assess and address safety, permanency and well-being needs of children and families, and ensure services are available, accessible and individualized.  
| Assess service array through MnCFSR self assessment, stakeholder interviews and case review | October 2009 and ongoing |
| Enhance the capacity of tribes to provide a continuum of child welfare services. | Continue support and development of the White Earth and Leech Lake American Indian Child Welfare Initiative projects.  
| Continue support and development of the White Earth and Leech Lake American Indian Child Welfare Initiative projects.  
| Continue support and development of tribal IV-E agreements, including access to Title IV-E pursuant to the Fostering Connections Act.  
| Continue to support and expand tribal access to state and federal funds (i.e. ICWA grants, SELF funds, mental health screening funds). | October 2009 and ongoing |
| Promote and support the participation of community members in the child welfare system (CAPTA Goal) | Citizen Review Panels  
| Provide ongoing coordination and technical assistance to Minnesota’s five county based Citizen Review Panels  
| Expand the Citizen Review Panels in the counties, regionally and with the Tribes throughout Minnesota.  
| Parent Leadership  
| Provide for the meaningful involvement of parent leadership in the planning and development of policy and program initiatives to improve child safety, family stability and well being outcomes for children.  
| Create a Parent Leadership State Team through contractual relationship with Prevent Child Abuse Minnesota  
<p>| Train parent leaders and key staff within the CSP Division | October 2009 and ongoing |</p>
<table>
<thead>
<tr>
<th><strong>Implement the Minnesota Child Welfare Practice Model</strong></th>
<th><strong>Support continuous quality improvement through Minnesota Child and Family Service Reviews (CAPTA Goal)</strong></th>
</tr>
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<tbody>
<tr>
<td>• Complete development of the Child Welfare Practice Model</td>
<td>• Conduct MnCFSR reviews</td>
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<tr>
<td>• Widely distribute the Child Welfare Practice Model to public child welfare stakeholders.</td>
<td>• Assist counties to develop and implement program improvement plans.</td>
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<tr>
<td>• Develop Practice Model curriculum and deliver training statewide to public child welfare partners and stakeholders.</td>
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<tr>
<td>• Include Practice Model curriculum in Child Welfare Foundation Training.</td>
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<tr>
<td>• Include Practice Model training for all training system curriculum writers and trainers.</td>
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</table>

Parent Leaders are designated members of state committees, workgroups and taskforces.
Conduct twice yearly in-person Team meetings
Conduct quarterly in-person or teleconference technical assistance meetings

October 2009 and ongoing

October 2009 and ongoing
ATTACHMENT B
Child Welfare Disaster Preparedness Stakeholder Roles

Stakeholder roles in being prepared to serve children in the child welfare system in a disaster:

- SSIS – Information access and maintaining records
- MAXIS – Information access, maintaining records and processing eligibility
- Children’s Mental Health – Provide consultation, supports, resources, and oversight to support mental health needs
- Licensing – Establish requirements for licensees to have a disaster prep plan and a process for receiving waiver requests
- Developmental Disabilities - Provide consultation, supports, resources, and oversight to support needs of developmental disabled
- Human Resources – Oversee and manage essential duties and communication with staff
- Deaf and Hard of Hearing - Provide consultation, supports, resources, and oversight to support needs of those who are deaf and hard of hearing
- Chemical Health - Provide consultation, supports, resources, and oversight to support chemical health needs
- MN Council of Child Caring Agencies (MCCCA) – Guidance and leadership in disaster preparedness to members
- Department of Public Safety – assist and ensure that emergency operations establishes a plan and provide resources when requested
- Department of Health – Establish liaisons and communication plans to inform, coordinate, and share service information
- Department of Corrections – Plan, implement and provide direct services to families and children in the Corrections system. Coordinate and communicate with key stakeholders.
- Judicial Branch/ State Courts – Timely processing of child welfare cases as a result of disaster and new cases that arise
- Tribal Leaders – Plan, implement and provide direct services to children and families. Coordinate and communicate with other key stakeholders.
- County Social Services and MACSSA - Plan, implement and provide direct services to children and families. Coordinate and communicate with other key stakeholders.
## ATTACHMENT C

**Children’s Services Child Welfare Emergency Preparedness Planning Checklist for Counties**

Prepared by: ________________________  Title: ________________________  Date: ________________________

Reviewed by: ________________________  Title: ________________________  Date: ________________________

<table>
<thead>
<tr>
<th>ITEM</th>
<th>Item Complete</th>
<th>Review Date</th>
<th>Revision Date</th>
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<tbody>
<tr>
<td><strong>Locate and identify children in care who may be displaced:</strong></td>
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<tr>
<td>• Up-to-date listing of names and contact numbers for all children in out-of-home placement</td>
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<tr>
<td>• Call-up plan to account for each child or youth in placement</td>
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<tr>
<td>• Master list that denotes status on a daily basis</td>
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<tr>
<td>• Scheduled call-in protocol from providers and caregivers</td>
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<tr>
<td>• Interstate/county agreements and communication points</td>
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| **Communicate with caseworkers who may have been displaced:** | | | |
| • Each staff has an up-to-date emergency contact list/packet (one at home/one in office) | | | |
| • Emergency contact list denotes primary, secondary and/or alternate managers, supervisors, or other contact points (command centers) | | | |
| • Contact list denotes who will validate and maintain the list | | | |
| • Contact protocol will include call-in schedule and individual work status | | | |
| • Plan to check on staff at home who have not been heard from | | | |
| • Have a “ready to go” emergency hotline or other emergency designated number and alternate | | | |
| • Staff have been trained on the emergency notification system and understand their responsibility to call in during an emergency event | | | |

| **Continue services to children under care who may be dispersed:** | | | |
| • Plan for assigned SW or alternate/s to continue to provide case services | | | |
| • Case plan includes potential placement options should a major event occur and children become dispersed or separated from primary caregiver/s | | | |
| • Designated authority to approve emergency funding for contracted and non-contracted service providers | | | |
| • Designated authority to approve SW costs if located away from their homes at strategic centers and approval of overtime | | | |
| • Identification of and agreements with emergency fuel points for vehicles and prioritization of use | | | |
| • System to manage expenses for agency and non-agency staff (contracted services) | | | |
| Staff have been cross-trained to fill systemic service gaps due to absenteeism or dispersed staff | | | |
| • Plan for attending to medically fragile children/youth under care | | | |
| • Know emergency licensing provisions for alternate caregivers for displaced children | | | |
| • Reliable system to maintain payment system to continue payments to foster homes, providers, vendors and caregivers | | | |
| • Reliable system to ensure continued compensation to agency personnel | | | |
| • Continue Services: Plan for agency/court interface | | | |

| **Coordinate services and sharing information with other state or county agencies:** | | | |
- Up-to-date list of all providers and children in their care
- County plan is integrated in the community network
- County maintains an emergency notification system with the community
- Plans include a schedule for daily communication to update/verify the status on each child/youth in out-of-home placement
- Community has been involved in agency emergency planning
- Plan to keep children/youth in same placement and with siblings

**Protocol to place children from other states:**

- Provide in-home family services to children from out of state:

**Identify new child welfare cases and provide appropriate services:**

- Intake system plan to implement during a disaster to ensure the ongoing safety of children from abuse and neglect
- Agency has an emergency response plan that ensures the deployment and/or redeployment of staff to respond to new reports of child maltreatment within mandated timeframes
- Identify roles, responsibilities, and staffing of intake during an emergency
- A sustainable communication plan

**Preserve essential case information, electronic and documentary:**

- Agency has a disaster tested back-up plan that safeguards electronic data
- County has hard copy files stored in secure areas
- Authority to acquire, replace, and install emergency communication systems

**ADDITIONAL:**

- Plan for the locating and recovery of children who may be absent during a disaster
- Continue ongoing training and support to foster parents regarding disaster preparedness
- Include emergency preparedness duties/clause in all contracts with vendors
- Communication plan regarding children placed under the Interstate Compact on the Placement of Children (ICPC)
Attachment D: Assurances and Certifications

State Chief Executive Officer’s Assurance Statement for the Child Abuse and Neglect State Plan

As Chief Executive Officer of the State of Minnesota, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. provisions or procedures for reporting known or suspected instances of child abuse and neglect (section 106(b)(2)(A)(i) of the Child Abuse Prevention and Treatment Act (CAPTA), as amended);
2. policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition in such infants (section 106(b)(2)(A)(ii) of CAPTA);
3. the development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms (section 106(b)(2)(A)(iii) of CAPTA);
4. procedures for the immediate screening, risk and safety assessment, and prompt investigation of such reports (section 106(b)(2)(A)(iv) of CAPTA);
5. triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(A)(v) of CAPTA);
6. procedures for immediate steps to be taken to ensure and protect the safety of the abused or neglected child, and of any other child under the same care who may also be in danger of abuse or neglect; and ensuring their placement in a safe environment (section 106(b)(2)(A)(vi) of CAPTA);
7. provisions for immunity from prosecution under State and local laws and regulations for individuals making good faith reports of suspected or known instances of child abuse or neglect (section 106(b)(2)(A)(vii) of CAPTA);
8. methods to preserve the confidentiality of all records in order to protect the rights of the child and of the child's parents or guardians, including requirements ensuring that reports and records made and maintained pursuant to the purposes of CAPTA shall only be made available to--
   a. individuals who are the subject of the report;
   b. Federal, State, or local government entities, or any agent of such entities, as described in number 9 below;
   c. child abuse citizen review panels;
   d. child fatality review panels;
   e. a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury; and
   f. other entities or classes of individuals statutorily authorized by the State to receive such information pursuant to a legitimate State purpose (section 106(b)(2)(A)(viii) of CAPTA);
9. provisions to require a State to disclose confidential information to any Federal, State, or local government entity, or any agent of such entity, that has a need for such information in order to carry out its responsibility under law to protect children from abuse and neglect (section 106(b)(2)(A)(ix) of CAPTA);

10. provisions which allow for public disclosure of the findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality (section 106(b)(2)(A)(x) of CAPTA);

11. the cooperation of State law enforcement officials, court of competent jurisdiction, and appropriate State agencies providing human services in the investigation, assessment, prosecution, and treatment of child abuse or neglect (section 106(b)(2)(A)(xi) of CAPTA);

12. provisions requiring, and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated or false, except that nothing in this section shall prevent State child protective services agencies from keeping information on unsubstantiated reports in their casework files to assist in future risk and safety assessment (section 106(b)(2)(A)(xii) of CAPTA);

13. provisions and procedures requiring that in every case involving an abused or neglected child which results in a judicial proceeding, a guardian ad litem, who has received training appropriate to the role, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings-
   a. to obtain firsthand, a clear understanding of the situation and needs of the child; and
   b. to make recommendations to the court concerning the best interests of the child (section 106(b)(2)(A)(xiii) of CAPTA);

14. the establishment of citizen review panels in accordance with subsection 106(c) (section 106(b)(2)(A)(xiv) of CAPTA);

15. provisions, procedures, and mechanisms -
   a. for the expedited termination of parental rights in the case of any infant determined to be abandoned under State law; and
   b. by which individuals who disagree with an official finding of abuse or neglect can appeal such finding (section 106(b)(2)(A)(xv) of CAPTA);

16. provisions, procedures, and mechanisms that assure that the State does not require reunification of a surviving child with a parent who has been found by a court of competent jurisdiction--
   a. to have committed a murder (which would have been an offense under section 1111(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
   b. to have committed voluntary manslaughter (which would have been an offense under section 1112(a) of title 18, United States Code, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of another child of such parent;
   c. to have aided or abetted, attempted, conspired, or solicited to commit such murder or voluntary manslaughter; or
d. to have committed a felony assault that results in the serious bodily injury to the surviving child or another child of such parent (section 106(b)(2)(A)(xvi) of CAPTA);

17. provisions that assure that, upon the implementation by the State of the provisions, procedures, and mechanisms under number 16 above, conviction of any one of the felonies listed in number 16 above constitute grounds under State law for the termination of parental rights of the convicted parent as to the surviving children (section 106(b)(2)(A)(xvii) of CAPTA);

18. provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the reporter (section 106(b)(2)(A)(xviii) of CAPTA);

19. provisions addressing the training of representatives of the child protective services system regarding the legal duties of the representatives, which may consist of various methods of informing such representatives of such duties, in order to protect the legal rights and safety of children and families from the initial time of contact during investigation through treatment (section 106(b)(2)(A)(xix) of CAPTA);

20. provisions and procedures for improving the training, retention and supervision of caseworkers (section 106(b)(2)(A)(xx) of CAPTA);

21. provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services funded under part C of the Individuals with Disabilities Education Act (section 106(b)(2)(A)(xxi) of CAPTA);

22. provisions and procedures for requiring criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(A)(xxii) of CAPTA);

23. procedures for responding to the reporting of medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions), procedures or programs, or both (within the State child protective services system), to provide for--
   a. coordination and consultation with individuals designated by and within appropriate health care facilities;
   b. prompt notification by individuals designated by and within appropriate health care facilities of cases of suspected medical neglect (including instances of withholding of medically indicated treatment from disabled infants with life-threatening conditions); and
   c. authority, under State law, for the State child protective services system to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, as may be necessary to prevent the withholding of medically indicated treatment from disabled infants with life-threatening conditions (section 106(b)(2)(B) of CAPTA);

24. an assurance that the programs or projects relating to child abuse and neglect carried out under part B of title IV of the Social Security Act comply with the requirements in 106(b)(1) and (2) of CAPTA; and
25. authority under State law to permit the child protective services system of the State to pursue any legal remedies, including the authority to initiate legal proceedings in a court of competent jurisdiction, to provide medical care or treatment for a child when such care or treatment is necessary to prevent or remedy serious harm to the child, or to prevent the withholding of medically indicated treatments from disabled infants with life-threatening conditions (section 113 of CAPTA).

Signature of Chief Executive Officer:

Date: 6/10/09

Federal Review:

Reviewed by: ________________________________

(ACF Regional Representative)

Dated: __________________________________________
Certifications for the Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Minnesota, I certify that the State has in effect and is operating a Statewide or area wide program pursuant to section 477(b) or (j)(2) relating to Foster Care Independent Living and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
5. The State will adequately prepare prospective foster parents with the appropriate knowledge and skills to provide for the needs of the child before a child, under the supervision of the State, is placed with prospective foster parents and that such preparation will be continued, as necessary, after the placement of the child. [Section 471(a), as amended];
6. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
7. The State will make every effort to coordinate the State/Tribal programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
8. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
9. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)];
10. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and
benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

[Signature]

Signature of Chief Executive Officer

6/10/09

Date
State Chief Executive Officer's Certification for
the Education and Training Voucher Program
Chafee Foster Care Independence Program

As Chief Executive Officer of the State of Minnesota, I certify that the State has in effect and is operating a statewide program relating to Foster Care Independent Living:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
   • ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
   • avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

[Signature]
Signature of Chief Executive Officer

6/10/09
Date
Title IV-B, subpart 1 Assurances

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:
   a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;
   b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State;
   c. A service program designed to help children:
      i. Where safe and appropriate, return to families from which they have been removed; or
      ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and
   d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.

4. The State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.

5. The State assures that it will participate in any evaluations the Secretary of HHS may require.

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.
Effective Date and Official Signature:

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: ____________________________

Charles E. Johnson

Title: __Assistant Commissioner, Children and Family Services_____

Agency: __Minnesota Department of Human Services______________

Dated: ________________

June 9, 2009

Federal Review:

Reviewed by: ____________________________

(ACF Regional Representative)

Dated: ____________________________
CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2010, October 1, 2009 through September 30, 2011

<table>
<thead>
<tr>
<th>1. State or Indian Tribal Organization (ITO): Minnesota</th>
<th>2. EIN: 41-6007162</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Address: Department of Human Services</td>
<td>4. Submission:</td>
</tr>
<tr>
<td>444 Lafayette Road N</td>
<td>[XX] New</td>
</tr>
<tr>
<td>Saint Paul, MN 55155-3832</td>
<td>[ ] Revision</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds</td>
<td>$ 4,300,922</td>
</tr>
<tr>
<td>a) Total administration (not to exceed 10% of estimated allotment)</td>
<td>$ 430,092</td>
</tr>
<tr>
<td>6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.</td>
<td>$ 3,279,071</td>
</tr>
<tr>
<td>a) Total Family Preservation Services</td>
<td>$ 980,388</td>
</tr>
<tr>
<td>b) Total Family Support Services</td>
<td>$ 980,388</td>
</tr>
<tr>
<td>c) Total Time-Limited Family Reunification Services</td>
<td>$ 980,388</td>
</tr>
<tr>
<td>d) Total Adoption Promotion and Support Services</td>
<td>**</td>
</tr>
<tr>
<td>e) Total for Other Service Related Activities (e.g. planning)</td>
<td>$ 100,000</td>
</tr>
<tr>
<td>f) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)</td>
<td>$ 337,907</td>
</tr>
<tr>
<td>7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)</td>
<td>$ 200,652</td>
</tr>
<tr>
<td>a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated allotment)</td>
<td>$ -</td>
</tr>
<tr>
<td>8. Re-allotment of title IV-B subparts 1 &amp; 2 funds for States and Indian Tribal Organizations:</td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of the State’s/ Tribe’s allotment that will not be required to carry out the following programs:</td>
<td></td>
</tr>
<tr>
<td>CWS $ ______000000, PSSF $ ______000000, and/or MCV ______000000</td>
<td></td>
</tr>
<tr>
<td>b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $ 1,000,000, PSSF $ 1,500,000, and/or MCV $ 5,000,000</td>
<td></td>
</tr>
<tr>
<td>9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)</td>
<td>$ 448,640</td>
</tr>
<tr>
<td>10. Estimated Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$ 1,811,238</td>
</tr>
<tr>
<td>a) Indicate the amount of State’s or Tribe’s allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td>$ 543,371</td>
</tr>
<tr>
<td>11. Estimated Education and Training Voucher (ETV) funds</td>
<td>$ 609,064</td>
</tr>
<tr>
<td>12. Re-allotment of CFCIP and ETV Program Funds:</td>
<td></td>
</tr>
<tr>
<td>a) Indicate the amount of the State’s or Tribe’s allotment that will not be required to carry out CFCIP Program</td>
<td>$ -</td>
</tr>
<tr>
<td>b) Indicate the amount of the State’s or Tribe’s allotment that will not be required to carry out ETV Program</td>
<td>$ -</td>
</tr>
<tr>
<td>c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program</td>
<td>$ 600,000</td>
</tr>
<tr>
<td>d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program</td>
<td>$ 650,000</td>
</tr>
<tr>
<td>13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the</td>
<td></td>
</tr>
</tbody>
</table>

Signature and Title of State/Tribal Agency Official

[Signature and Title]

Signature and Title of Central Office Official

[Signature and Title]
CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO)  Minnesota  For FFY OCTOBER 1, 2009 TO SEPTEMBER 30, 2010

<table>
<thead>
<tr>
<th>SERVICES/ACTIVITIES</th>
<th>TITLE IV-E</th>
<th>(d) CAPTA*</th>
<th>(e) CFCIP</th>
<th>(f) ETV</th>
<th>(g) STATE, LOCAL, &amp; DONATED FUNDS</th>
<th>(i) NUMBER TO BE SERVED</th>
<th>(j) POPULATION TO BE SERVED</th>
<th>(k) GEOG. AREA TO BE SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.) PREVENTION &amp; SUPPORT SERVICES (FAMILY SUPPORT)</td>
<td>318</td>
<td>960</td>
<td>179</td>
<td></td>
<td>27,983</td>
<td>13,037</td>
<td>9,003</td>
<td>22,040</td>
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<tr>
<td>2.) PROTECTIVE SERVICES</td>
<td>2,454</td>
<td></td>
<td>179</td>
<td></td>
<td>19,728</td>
<td>49,137</td>
<td>11,071</td>
<td>60,208</td>
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<tr>
<td>3.) CRISIS INTERVENTION (FAMILY PRESERVATION)</td>
<td>850</td>
<td>980</td>
<td>0</td>
<td></td>
<td>127,240</td>
<td>72,336</td>
<td>19,030</td>
<td>91,366</td>
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<tr>
<td>4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES</td>
<td>0</td>
<td>981</td>
<td>0</td>
<td></td>
<td>10,970</td>
<td>2,150</td>
<td>504</td>
<td>2,654</td>
</tr>
<tr>
<td>5.) ADOPTION PROMOTION AND SUPPORT SERVICES</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td>20,540</td>
<td>1,860</td>
<td>1,385</td>
<td>3,245</td>
</tr>
<tr>
<td>6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)</td>
<td>0</td>
<td>100</td>
<td>0</td>
<td></td>
<td>0</td>
<td>1,791</td>
<td>525</td>
<td>2,316</td>
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<tr>
<td>7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY &amp; RELATIVE FOSTER CARE</td>
<td>256</td>
<td></td>
<td>16,363</td>
<td>76,103</td>
<td>12,339</td>
<td>1,264</td>
<td>13,603</td>
<td>entire State*</td>
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<tr>
<td>8.) ADOPTION SUBSIDY PMTS.</td>
<td>0</td>
<td>5,103</td>
<td>81,348</td>
<td>4,863</td>
<td>1,221</td>
<td>6,084</td>
<td>8,048</td>
<td>entire State*</td>
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<tr>
<td>9.) GUGDNISHP ASSIST. PMTS.</td>
<td>0</td>
<td>0</td>
<td>17,677</td>
<td>34,986</td>
<td>1,860</td>
<td>1,385</td>
<td>3,245</td>
<td>entire State*</td>
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<tr>
<td>10.) INDEPENDENT LIVING SERVICES</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,500</td>
<td>352</td>
<td>279</td>
<td>631</td>
<td>entire State*</td>
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<tr>
<td>11.) EDUCATION AND TRAINING VOUCHERS</td>
<td>0</td>
<td>553</td>
<td>21,993</td>
<td>68,054</td>
<td>218</td>
<td>218</td>
<td>218</td>
<td></td>
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<tr>
<td>12.) ADMINISTRATIVE COSTS</td>
<td>423</td>
<td>338</td>
<td>0</td>
<td>140</td>
<td>56</td>
<td>5,362</td>
<td>6,628</td>
<td></td>
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<tr>
<td>13.) STAFF &amp; EXTERNAL PARTNERS TRAINING</td>
<td>0</td>
<td>90</td>
<td>374</td>
<td>462</td>
<td>0</td>
<td>8,149</td>
<td></td>
<td></td>
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<tr>
<td>14.) FOSTER PARENT RECRUTIMENT &amp; TRAINING</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1,947</td>
<td>5,128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.) ADOPTIVE PARENT RECRUTIMENT &amp; TRAINING</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>32,777</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.) CASEWORKER RETENTION, RECRUTIMENT &amp; TRAINING</td>
<td>0</td>
<td>0</td>
<td>201</td>
<td>449</td>
<td>1,811</td>
<td>609</td>
<td>68,819</td>
<td>519,686</td>
</tr>
<tr>
<td>18.) TOTAL</td>
<td>4,301</td>
<td>3,379</td>
<td>201</td>
<td>449</td>
<td>1,811</td>
<td>609</td>
<td>68,819</td>
<td>519,686</td>
</tr>
</tbody>
</table>

^ Caseworkers visis of children at their residence. Multiple visits included.
* States Only, Indian Tribes are not required to include information on these programs
CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV): Fiscal Year 2007: October 1, 2006 through September 30, 2007

1. State or Indian Tribal Organization (ITO): Minnesota
2. EIN: 41-5007162
3. Address: Department of Human Services
   4444 Lafayette Road N
   Saint Paul, MN 55155

4. Submission: [X ] New [ ] Revision

<table>
<thead>
<tr>
<th>Description of Funds</th>
<th>Estimated Expenditures</th>
<th>Actual Expenditures</th>
<th>Number served</th>
<th>Population served</th>
<th>Geographic area served</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Total title IV-B, subpart 1 funds</td>
<td>$4,777,141</td>
<td>$4,297,528</td>
<td>13755</td>
<td>13755</td>
<td>Entire state</td>
</tr>
<tr>
<td>a) Total Administrative Costs (not to exceed 10% of Federal allotment)</td>
<td>$477,714</td>
<td>$429,753</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f)</td>
<td>$4,513,221</td>
<td>$3,513,591</td>
<td>13755</td>
<td>13755</td>
<td>Entire state</td>
</tr>
<tr>
<td>a) Family Preservation Services</td>
<td>$1,623,610</td>
<td>$748,239</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Family Support Services</td>
<td>$1,623,611</td>
<td>$748,239</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Time-Limited Family Reunification Services</td>
<td>$1,000,000</td>
<td>$1,390,328</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Adoption Promotion and Support Services</td>
<td>$97,000</td>
<td>$57,972</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Administrative Costs (FOR STATES: not to exceed 10% of total allotment after October 1, 2007)</td>
<td>$169,000</td>
<td>$170,534</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Total Monthly Caseworker Visit Funds (STATE ONLY)</td>
<td>$1,990,137</td>
<td>$1,801,223</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Administrative Costs (not to exceed 10% of Federal allotment)</td>
<td>$1,801,223</td>
<td>$1,801,223</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Total Chafee Foster Care Independence Program (CFCIP) funds</td>
<td>$679,804</td>
<td>$617,656</td>
<td>218</td>
<td>218</td>
<td>Entire state</td>
</tr>
<tr>
<td>a) Indicate the amount of State’s allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)</td>
<td>$77,311</td>
<td>$77,311</td>
<td>636</td>
<td>636</td>
<td>Entire state</td>
</tr>
</tbody>
</table>

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's

Signature and Title of State/Tribal Agency Official       Date

Signature and Title of Central Office Official       Date

[Signature and Title]

6/25/07