



Legislative Report

2017-2018 Child Welfare Disparity Grants Evaluation Report

Child Safety and Permanency Division

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I. Executive Summary

The Minnesota Department of Human Services (the department) Child Safety and Permanency Division (CSP) released a Request for Proposals (RFP) in November of 2015 seeking qualified respondents to develop and implement activities to address racial disparities and disproportionality in Minnesota's child welfare system through the Child Welfare Disparities (CWD) grant. This grant was guided by the documented observation that there is great disparity within Minnesota's child welfare system, and with it, great disproportions in outcomes of the children and families within the system.¹ A total of ten grantees throughout the state of Minnesota were awarded CWD grants. Seven grantees began work in June 2016, while the remaining three grantees began work in April 2017. Grantees provided direct services to clients, referral services, professional development for staff, cultural and family activities, therapeutic sessions for families, and education and life skills planning. Grantees updated the department on their progress regarding contracted activities and outcomes each quarter. This legislative report details all CWD grantee activities from April 15, 2016, through June 30, 2018.

In addition, CSP contracted with an external firm, ACET, Inc., to provide evaluation services. This report details the evaluation technical assistance that took place during the grant period, strengths and challenges that grantees encountered, and recommendations.

Key findings from the second year of the grant from July 1, 2017, through June 30, 2018, include:

- 158 families and 503 individuals were reached during the grant year across the ten grantees;
- Grantee activities centered around six main focus areas: direct services, referral services, professional development, cultural and family activities, therapy sessions, and education and life skills;
- Of the short-term outcomes that grantees measured and reported data on, 21 of 36 targets were surpassed (58%);
- The short-term outcome targets were based mostly around increasing knowledge and skills, engaging in cultural and family activities, meeting basic needs, and staff professional development;
- Among the strengths of the overall grant program was the ability of grantees to forge meaningful partnerships with other organizations, partner programs, public libraries, churches, and county departments including housing authorities and public health; and
- One of the most common structural factors that grantees encountered was the challenge of staff turnover and clients' lack of access to various resources that impeded their success in the programs.

¹ American Indian and African American/Black children had the highest rate of contact with Minnesota's child protection system. Compared to White children, American Indian children were 15.5 times more likely and African American/Black and multiracial children were four times more likely to be placed in out-of-home care. See Minnesota's Child Welfare Report 2013. Report to the 2014 Minnesota Legislature. Children and Family Services. Retrieved on April 24, 2018, from [MN 2013 Child Welfare Report](https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-5408F-ENG) or copy this link to your server to access report: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-5408F-ENG>

II. Legislation

Minn. Stat. § 256E.28 CHILD PROTECTION GRANTS TO ADDRESS CHILD WELFARE DISPARITIES.²

Subdivision 1. Child welfare disparities grant program established. The commissioner may award grants to eligible entities for the development, implementation, and evaluation of activities to address racial disparities and disproportionality in the child welfare system by:

- (1) identifying and addressing structural factors that contribute to inequities in outcomes;
- (2) identifying and implementing strategies to reduce racial disparities in treatment and outcomes;
- (3) using cultural values, beliefs, and practices of families, communities, and tribes for case planning, service design, and decision-making processes;
- (4) using placement and reunification strategies to maintain and support relationships and connections between parents, siblings, children, kin, significant others, and tribes; and
- (5) supporting families in the context of their communities and tribes to safely divert them from the child welfare system, whenever possible.

Subd. 2. State-community partnerships; plan. The commissioner, in partnership with the legislative task force on child protection; culturally based community organizations; the Indian Affairs Council under section [3.922](#); the Minnesota Council on Latino Affairs under section [15.0145](#); the Council for Minnesotans of African Heritage under section [15.0145](#); the Council on Asian-Pacific Minnesotans under section [15.0145](#); the American Indian Child Welfare Advisory Council under section [260.835](#); counties; and tribal governments, shall develop and implement a comprehensive, coordinated plan to award funds under this section for the priority areas identified in subdivision 1.

Subd. 3. Measurable outcomes. The commissioner, in consultation with the state-community partners listed in subdivision 2, shall establish measurable outcomes to determine the effectiveness of the grants and other activities funded under this section in reducing disparities identified in subdivision 1. The development of measurable outcomes must be completed before any funds are distributed under this section.

Subd. 4. Process. (a) The commissioner, in consultation with the state-community partners listed in subdivision 2, shall develop the criteria and procedures to allocate competitive grants under this section. In developing the criteria, the commissioner shall establish an administrative cost limit for grant recipients. A county awarded a grant shall not spend more than three percent of the grant on administrative costs. When a grant is awarded, the commissioner must provide a grant recipient with information on the outcomes established according to subdivision 3.

(b) A grant recipient must coordinate its activities with other entities receiving funds under this section that are in the grant recipient's service area.

² The Office of the Revisor of Statutes. (2015). "2015 Minnesota Statutes: 256E.28 Child Protection Grants to Address Child Welfare Disparities." Retrieved from: [MN Stat. 256E.28](https://www.revisor.mn.gov/statutes/2015/cite/256E.28) or enter this link into your server: <https://www.revisor.mn.gov/statutes/2015/cite/256E.28>.

(c) Grant funds must not be used to supplant any state or federal funds received for child welfare services.

Subd. 5. Grant program criteria. (a) The commissioner shall award competitive grants to eligible applicants for local or regional projects and initiatives directed at reducing disparities in the child welfare system.

(b) The commissioner may award up to 20 percent of the funds available as planning grants. Planning grants must be used to address such areas as community assessment, coordination activities, and development of community-supported strategies.

(c) Eligible applicants may include, but are not limited to, faith-based organizations, social-service organizations, community nonprofit organizations, counties, and tribal governments. Applicants must submit proposals to the commissioner. A proposal must specify the strategies to be implemented to address one or more of the priority areas in subdivision 1 and must be targeted to achieve the outcomes established according to subdivision 3.

(d) The commissioner shall give priority to applicants who demonstrate that their proposed project or initiative:

- (1) is supported by the community the applicant will serve;
- (2) is evidence-based;
- (3) is designed to complement other related community activities;
- (4) utilizes strategies that positively impact priority areas;
- (5) reflects culturally appropriate approaches; or
- (6) will be implemented through or with community-based organizations that reflect the culture of the population to be reached.

Subd. 6. Evaluation. (a) Using the outcomes established according to subdivision 3, the commissioner shall conduct a biennial evaluation of the grant program funded under this section. Grant recipients shall cooperate with the commissioner in the evaluation and shall provide the commissioner with the information needed to conduct the evaluation.

(b) The commissioner shall consult with the legislative task force on child protection during the evaluation process and shall submit a biennial evaluation report to the task force and to the chairs and ranking minority members of the house of representatives and senate committees with jurisdiction over child protection funding.

Subd. 7. American Indian child welfare projects. Of the amount appropriated for purposes of this section, the commissioner shall award \$75,000 to each tribe authorized to provide tribal delivery of child welfare services under section [256.01, subdivision 14b](#). To receive funds under this subdivision, a participating tribe is not required to apply to the commissioner for grant funds. Participating tribes are also eligible for competitive grant funds under this section.

III. Introduction

In 2015, the Minnesota Legislature enacted a new law (Minn. Stat. § 256E.28) that specifically allocated \$1.5 million per year for grants to “eligible entities for the development, implementation, and evaluation of activities to address racial disparities and disproportionality in the child welfare system.”³ In November 2015, the CSP division issued an RFP from qualified responders to develop, implement, and evaluate activities to address racial disparities and disproportionality in the child welfare system. In 2016, seven grantees were awarded funding for the initiative while three more grantees were awarded funding in 2017. Following the grantee RFP, the CSP division issued a second RFP in February 2016 for a qualified contractor to evaluate the effectiveness of CWD grants from which ACET, Inc., was contracted to provide the evaluation services. The ACET team brings experience in providing evaluation technical assistance involving various populations, settings, and intervention types, including both evidence-based practices and innovative approaches. ACET worked closely with grantees to build their evaluation capacity by providing technical assistance and trainings to meet the needs of the grantees. ACET’s evaluation team developed an evaluation framework based on both the mission of the CWD grant and the experience of the CWD grantees and their work with families of color and American Indian communities within the child welfare system (see page 33).

Grantees were asked to address and provide support in the following areas:

1. Identify and address structural factors that contribute to inequities in outcomes;
2. Identify and implement strategies to reduce disparities in treatment and outcomes;
3. Use cultural values, beliefs, and practices of families, communities and tribes for case planning, service design, and decision-making processes;
4. Use placement and reunification strategies to maintain and support relationships and connections between parents, siblings, children, kin, significant others, and tribes; and
5. Support families in the context of their communities and tribes to safely divert them from the child welfare system, whenever possible.

Need for Intervention:

The CWD grants attempt to ameliorate the significant disparity and disproportionate representation in the child welfare system. Overall, from 2015-2016, there was a 10.2% increase in the overall number of children who experienced out-of-home care in Minnesota.⁴ As stated by the department, “recent increases in children involved in child protection and a growing drug epidemic are contributing to more children entering care and staying in care longer.”⁵

³ The Office of the Revisor of Statutes. (2015). “2015 Minnesota Statutes: 256E.28 Child Protection Grants to Address Child Welfare Disparities.” Retrieved from: [MN Stat, 256E.28](#).

⁴ Minnesota’s Out-of-Home Care and Permanency Report 2016. Report for the Minnesota Legislature. Children and Family Services. Retrieved from: [2016 Out-of-home Care and Permanency Report](#).

⁵ Ibid or enter this link in your server to access the report: : https://mn.gov/dhs/assets/2017-10-out-of-home-care-and-permanency-report_tcm1053-321462.pdf.

Figure 1: Disproportionality in Out-of-Home Care by Race, 2016

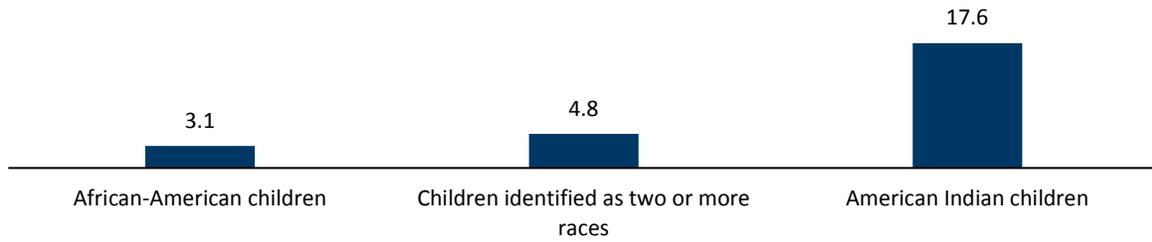


Figure 1 shows the disproportionality by race in out-of-home care experienced in the state of Minnesota for 2016, compared to white children.⁶ For example, African-American children were 3.1 times more likely to experience care than white children. The CWD initiative represents a critical opportunity for providers and organizations to advocate for families of color and American Indian families in Minnesota. The initiative strives to create equitable representation in the child welfare system, and to provide culturally sensitive, relevant, and timely services that address the families' own needs.

Child Welfare Disparities Grantees:



⁶ Minnesota's Out-of-Home Care and Permanency Report 2016. Report for the Minnesota Legislature. Children and Family Services. Retrieved from: [20176 Out-of-home Care and Permanency Report](#).

The ten organizations awarded grants include county, nonprofit, and tribal organizations. Each introduced novel approaches for reducing child welfare disparities and empowering individuals to care for their children permanently in their family homes. Grantee activities during the year have centered around six main focus areas: direct services, referral services, professional development, cultural and family activities, therapy sessions, and education and life skills.⁷ Each grantee is focused on providing interventions to empower families of color and families of American Indians to actively work towards and maintain safe family environments. The grantees are located throughout the state of Minnesota. The majority of grantees are in the Minneapolis-St. Paul metro area, and there are also grantees located in the southern and northern parts of the state.⁸

IV. Overview of the Initiative

For the initiative, grantee activities focused around six areas: direct services, referral services, professional development, cultural and family activities, therapy sessions, and education and life skills. All ten of the grantees engaged in more than one focus area, with an average of three focus area concentrations. Most of the grantees provided direct and referral services. In the first year of funding, grantees concentrated efforts on developing their evaluation plan, logic model, data-collection tools and outcome measures. During the second year of funding, grantees worked to refine their evaluation plan and began to report on outcome measures as requested by the department.⁹ Over the course of the second year of the grant, 158 families and 503 individuals were reached across the ten grantee programs.¹⁰ The focus areas and examples of grantee activities are presented below:

Table 1: Focus Areas of Grantee Projects

Focus Areas							
Grantees	Direct Services	Referral Services	Professional Development	Cultural/ Family Activities	Therapy Sessions	Education/ Life Skills	Grantee Total
EVOLVE	X		X		X	X	4
ICWA Law Center	X	X			X		3
LS/SWHHS	X		X	X	X	X	5
MAIC	X	X		X	X		4
NorthPoint	X	X	X				3

⁷ These focus areas are described in detail in the “Overview of the Initiative” section of this report on page 10.

⁸ The grantees include the following: EVOLVE Adoption & Family Services, Indian Child Welfare Act (ICWA) Law Center, Lower Sioux and Southwest Health and Human Services (LS/SWHHS), Minneapolis American Indian Center (MAIC), NorthPoint Health & Wellness Center, Olmsted County Community Services, Ramsey County, Washington County Community Services, White Earth Indian Child Welfare, and YWCA Duluth.

⁹ Second-cycle grantees focused efforts of their first year of funding on completing their evaluation plan and logic model, and also reporting preliminary outcome and output measures.

¹⁰ First-cycle grantees included: EVOLVE, ICWA Law Center, Lower Sioux Indian Community/Southwest Health and Human Services, Minnesota American Indian Center, Olmsted County, Washington County, and White Earth. Second-cycle grantees included: Northpoint, Ramsey County, and YWCA Duluth.

Focus Areas							
Olmsted County	X	X		X	X	X	5
Ramsey County	X	X				X	3
Washington County	X	X	X		X		4
White Earth	X	X		X	X	X	5
YWCA Duluth	X		X	X		X	4
Total	10	7	5	5	7	6	

Direct Services: All of the grantees engaged in providing direct services to their clients. Many of the direct services that the grantees offered were also related to the education and life skills, cultural activities, family activities, and therapy session focus areas. Examples of grantee direct services included: dialogue groups, integrated legal and social work services, parent mentors, Indian advocates, housing and transportation assistance, case planning and case management, home visiting, supervised and unsupervised visits, and providing basic needs.

Example of effectiveness: “Client A has recently been granted unsupervised weekend visits with her daughter. When she began services with EVOLVE, she demonstrated difficulty sharing her feelings and opening up. She made gains discussing and exploring her history, thoughts, feelings, and cultural concerns. She has developed rapport with her clinician and is open to accepting feedback and trying new and different parenting strategies.”

Referral Services: Seven grantees participated in referral services for program participants: ICWA Law Center, MAIC, NorthPoint, Olmsted County, Ramsey County, and White Earth. These referral services included: resources for chemical health, housing support, job training, information about early childhood education and development, and obtaining services for mental health concerns and domestic violence. Additionally, grantees engaged in outreach activities in attempts to get more people aware of and involved in their respective programs.

Example of effectiveness: “The [program staff] have helped clients access rule 25 assessments, enter treatment, obtain services for mental health issues and domestic violence, access housing, and meet their basic needs.”

Professional Development: Five of the grantees participated in professional development: EVOLVE, LS/SWHHS, NorthPoint, Washington County, and YWCA Duluth. Grantees engaged in professional development for their staff throughout the year. These activities included training and certification programs, attending conferences and webinars, reviewing organization policies and procedures to be more inclusive and culturally tailored, and trainings on focus-group facilitation.

Example of effectiveness: “Staff A and Staff B attended the Supervised Visitation Network Conference in Florida in May and brought back information and resources to be utilized within the Therapeutic Supervised Parenting (TSP) program. Staff A completed a training in May, and Staff C began a training in June and completed a training titled Parenting Children in a Diverse

Society in May 2018. As a team, we continue to discuss trainings and learning opportunities that support our work in supervised visitation as well as the unique needs of our clients.”

Cultural and Family Activities: Five of the grantees offered cultural and family activities within their programs: LS/SWHHS, MAIC, Olmsted County, White Earth, and YWCA Duluth. These grantees concentrated on: culturally based groups focused on making moccasins; naming and water ceremony teaching; group field trips; prayer ties; cedar bough making; monthly family nights; parenting nights; regalia classes; basket, earring, and quillwork making; powwows; and ribbon skirt teachings. These activities helped clients feel more engaged in grantee programs, in addition to feeling more connected to their families and culture.

Example of effectiveness: “Clients and their families participated in a family night hosted by our local whole foods co-op and a movie night to celebrate ‘Women’s HerStory Month.’ Residents, former residents, and their families attended these monthly events; which continues to support women as they either reconnect with their families of origin or work to build new trusting relationships with positive adults and community members.”

Therapy Sessions: Seven grantees were involved in therapy sessions with their program participants: EVOLVE, ICWA Law Center, LS/SWHHS, MAIC, Olmsted County, Washington County, and White Earth. These activities included weekly support groups, Talking Circles, cedar ceremonies, sweat lodges, Jisikan ceremonies, and Healing Circles. The grantees who provided therapy sessions hoped that these activities would provide therapeutic benefits to their clients, such as healing and cleansing.

Example of effectiveness: Cedar ceremonies have become highly sought after. “The ceremony removes the ‘weight’ of grief and trauma that our families experience. Attendees speak of feeling a weight has been lifted from them after this ceremony.”

Education and Life Skills: Six grantees participated in education and life skills planning for their clients throughout the year. EVOLVE, LS/SWHHS, Olmsted County, Ramsey County, White Earth and YWCA Duluth held various events for their program participants such as community baby showers to help educate expecting mothers and those with young children, groups to focus on maternal depression and anxiety, and economic independent literacy courses.

Example of effectiveness: “Parenting and life skill education work to teach participants the skills and opportunities for reflection on parenting that provide foundation for children to be kept safe and reduce interactions with child welfare system. The activities supported by the grant this quarter have worked to keep children with their mothers and out of placement.”

The next section of this report details each grantee’s project and activities that took place over the second grant year. As shown above, each of the grantees introduced unique activities in order to best serve their clients and their families. Their client reach, data-collection measures and tools, in addition to their results are also presented.

V. Outcomes of Grantee Projects

Grantee: EVOLVE Adoption & Family Services

Project Name: Therapeutic Supervised Parenting

Location: Stillwater, MN

Reach: 30 families



Program Description: EVOLVE Adoption & Family Services assist clients who are court ordered to receive supervised visitation with their children through the Therapeutic Supervised Parenting (TSP) program. Clients receive supervised visitation with their child followed by a 30- to 45-minute therapy session. Therapy is focused on the individual and cultural needs of the family to strengthen skills and competency for effective parenting to facilitate reunification and permanency. Goals of the TSP program include helping families heal from trauma, helping to overcome intergenerational child abuse and neglect, learning and applying healthy parenting skills, addressing mental health issues that impact the parent/child relationship, and reducing the number of children who re-enter foster care. EVOLVE has current partnerships with Hennepin and Ramsey County for the TSP program.

Description of Activities: EVOLVE facilitated therapeutic supervised parenting sessions, having incorporated both specialized direct and referral services. Supervised parenting sessions are held at selected meeting sites with clinical social workers. Social workers provided individual therapy for families after parenting sessions and sent case notes to the county regarding supports clients engaged in, areas to address, and resources used. Social workers and parents discuss mental health issues, stressors and positive parenting skills during therapy and initiated referrals when needed for further specialized treatment (20%). Staff collaborated with county workers and attended trainings to further their education in offering culturally appropriate and specialized services for clients. Key activities from the past year are shown below.

- Q1**
 - Staff completed the Intercultural Development Inventory.
 - Staff completed the National Adoption Competency Mental Health Training Initiative.
- Q2**
 - Staff participated in a training by Corner House on how to conduct forensic interviews.
 - Staff attended the Parent Child Interaction Therapy certification process.
- Q3**
 - Staff participated in Supervised Visitation Network conference calls and trainings.
 - EVOLVE connected with a parenting mentor program and a Ramsey County liaison.
- Q4**
 - Staff attended the Supervised Visitation Network Conference in Florida.
 - EVOLVE secured a location at the NorthPoint Health and Wellness Center.

Clients: A total of 30 families were served during the past year, with 490 sessions conducted with parents. Children experiencing safety concerns and behavioral episodes were reduced by 50% during parenting sessions. The program also witnessed 30% of children who maintained a status quo of no safety or behavioral episodes. Parents showed an improvement in positive parenting skills (57% of parents who completed at least 12 weeks of services showed an improvement in OQ®-45 scores, which measures mental health). Of parents who completed 12 or more weeks of services, 45% of families took steps toward reunification, including supervised visits, unsupervised time, overnights, and trial home visits.

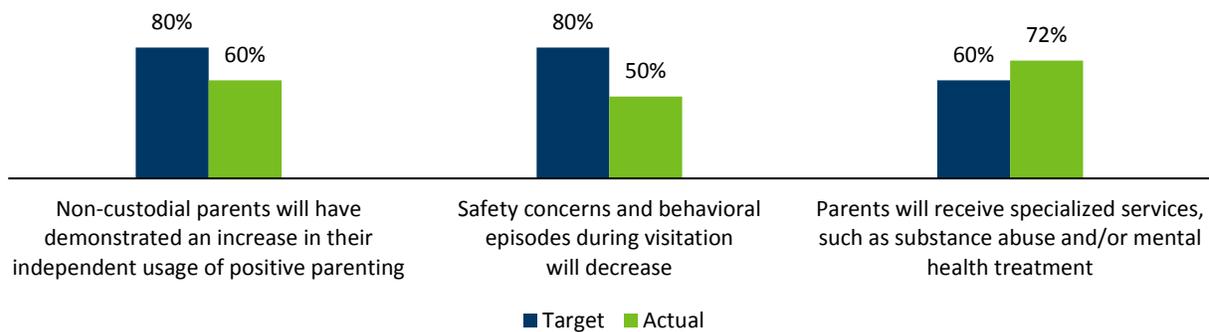
Measures: Client progress was measured through the administration of the Adult Adolescent Parenting Inventory to assess parenting and childcare attitudes. Responses indicate a level of risk for parents practicing behaviors known to be attributable to child abuse and neglect. Client mental health was measured using the Measures of Mental Health Vital Signs (OQ®-45). This instrument measures depression, anxiety, interpersonal relationships, and social difficulties.

Evidence-Based Tools and/or Practices: Adult Adolescent Parenting Inventory; Child Outcome Rating Scale; Measures of Mental Health Vital Signs (OQ®-45)

Results:

- **Program Implementation:** EVOLVE targeted three short-term outcomes to track progress throughout the year. EVOLVE surpassed their goal of parents beginning to receive specialized services (through referrals), such as substance abuse and/or mental health treatment (see Figure 2 below). Staff experienced challenges in tracking outcome measures that fell below the target goal due to data-entry inconsistency of therapists on observation reports. Revisions to observation forms are planned for the next fiscal year.
- **Client Outputs:**
 - 13 parents exhibited positive parenting skills.
 - 13 additional families made progress toward reunification; (eight reunified).
 - 25 of 29 families have a network of support.
 - 19 families received specialized or long-term services.
 - 11 staff meetings were held to discuss cultural competency in service provision.
 - Five revisions to the policies and procedures manual have been made.

Figure 2: Short-Term Outcome Measures for EVOLVE



Grantee: The Indian Child Welfare Act (ICWA) Law Center

Project Name: ICWA Family Advocacy Center

Location: Minneapolis, MN

Reach: 130 clients



Program Description: The ICWA Law Center serves American Indian families in their Family Advocacy Center by providing integrated legal and social work services to prevent out-of-home placement and facilitate reunification. The attorney provides civil legal services, and parent mentors and Indian advocates assist families with meeting basic needs and providing support with housing, transportation, and scheduling services such as Rule 25 assessments. This intensive support facilitates adherence to treatment, attendance at court, and greater autonomy and independence. The goal of the ICWA Family Advocacy Center program is to provide comprehensive legal advocacy, social work advocacy, parent mentoring, and intensive family support to empower American Indian families to overcome the underlying problems they face that put their children at risk for out-of-home placement.

Description of Activities: Throughout the year, the ICWA Law Center engaged in both direct and referral services, professional development, and therapy sessions. The attorney staffed by the ICWA Law Center provided legal services including housing and eviction prevention assistance, clearing outstanding warrants, guardianships, and return of custody. The parent mentors assisted families based on their individual needs. Activities included: taking clients to the food shelf, attending medical appointments with clients, and going to court with clients. The Indian advocates made referrals and followed up with referrals and helped clients understand and follow their case. Advocates provided emotional support and comfort, helped clients obtain bus cards, phone minutes, and food, among other services. The Kinship Support Program provided support groups, transportation, and library resource training. Key activities supported by the grant during the year are shown below.

- Q1 • Staff provided integrated legal and social work services to American Indian families.
- Q2 • Parent mentors and advocates conducted a needs assessment with their clients.
- Q3 • ICWA Law Center provided services to American Indian families.
• Staff helped improve clients' housing, access to resources, and their ability to meet basic needs.
- Q4 • ICWA Law Center continued providing legal and social work services to American Indian families.
• Staff helped improve families connection to their community.

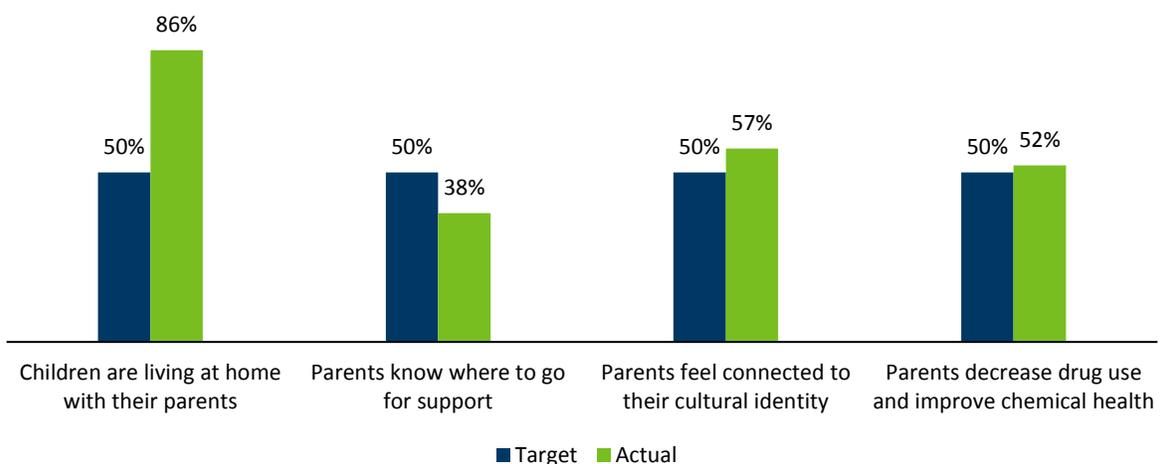
Clients: A total of 130 individuals were represented during the grant year. Many of the clients who completed the ICWA FAC Family Assessment Form experienced homelessness (28%) or housing insecurity (56%) and feared for their individual safety due to domestic violence, homelessness, and mental health issues (36%). In regard to mental health, all but three clients have had a mental health diagnosis (92%), with the majority receiving care for their specific diagnoses (67%). The majority of clients felt a daily impact of chemical dependency (61%), with fewer than half of clients’ children living at home (31%).

Measures: Client progress was measured through the administration of the ICWA FAC Family Assessment Form. The form considers questions regarding housing, safety, resources, mental health, chemical health, children, meeting basic needs, and culture. Client activities and case planning are managed and tracked through Prevail, a case-management system.

Results:

- **Program Implementation:** During the year, the ICWA Law Center identified four short-term outcomes in their evaluation plan and tracked their progress throughout the year. As the chart below shows, they exceeded their goal for three of their four short-term outcomes, including children living at home with their parents at the close of their child protection proceedings, feeling connected to their cultural identity, and decreasing their drug use and improving their chemical health.
- **Client Outputs:**
 - 130 clients were represented by the law center.
 - 26 resources were available to families.
 - Clients received transportation assistance 116 times throughout the year.
 - 22 clients made cultural connections through activities provided.

Figure 3: Short-Term Outcome Measures for ICWA Law Center



Grantee: Lower Sioux Indian Community and Southwest Health and Human Services (LS/SWHHS)

Project Name: Beloved Child

Location: Redwood County, MN

Reach: 48 parents and 95 children served by case management services



Program Description. The Beloved Child project represents a collaborative partnership between the Lower Sioux Indian Community and Southwest Health and Human Services (LS/SWHHS) to provide parenting training and education to prevent at-risk American Indian women and their families from entering the child welfare system. LS/SWHHS has joint discussions and open communication to improve the partnership between the tribe and county, increase the knowledge and understanding of factors that contribute to child welfare disparities, and improve maternal and child outcomes through an indigenous intervention program.



Description of Activities. The Beloved Child project works to accomplish three main objectives. The first is to implement the Family Spirit Model, a family and evidence-based intervention program that reports reduced drug abuse and maternal knowledge in participants. Through the Family Spirit Program, workers conduct home visits to increase parenting skills, improve maternal and child outcomes with a goal of reducing out-of-home placements of American Indian children by incorporating indigenous-based intervention practices. Workers also facilitate Adverse Childhood Experiences (ACES) trainings and share cultural information with providers, parents, and educators to increase the cultural competency of participants. Participants learn cultural resiliency factors that can reduce the effects of ACES and improve child outcomes. The Beloved Child Project also seeks to strengthen collaboration between the tribe and county to comply with the Indian Child Welfare Act by organizing a work group to address underlying causes for out-of-home placements of American Indian children. The workgroup reviews protocols, policies, and practices to improve compliance and collaboration. Key activities from the past year are shown below.

- Q1**
 - Staff developed brochures and reached out to expectant mothers and families with young children.
 - LS/SWHHS hosted a talking circle about ACES training.
- Q2**
 - Staff began ACES training.
 - Staff held a community baby shower to educate a group of expecting mothers and families.
- Q3**
 - Staff worked on developing a mentor program for those who experienced childhood adversity.
 - Staff continued ACES trainings with elders and participants in the Lower Sioux Headstart Program.
- Q4**
 - Staff attended the National Indian Child Welfare Conference in Alaska.
 - LS/SWHHS continued cultural trainings and presentations, including the topic of historical trauma.

Clients: Over the past year, LS/SWHHS have served 95 American Indian children with case-management services and 48 parents have been engaged with case management.

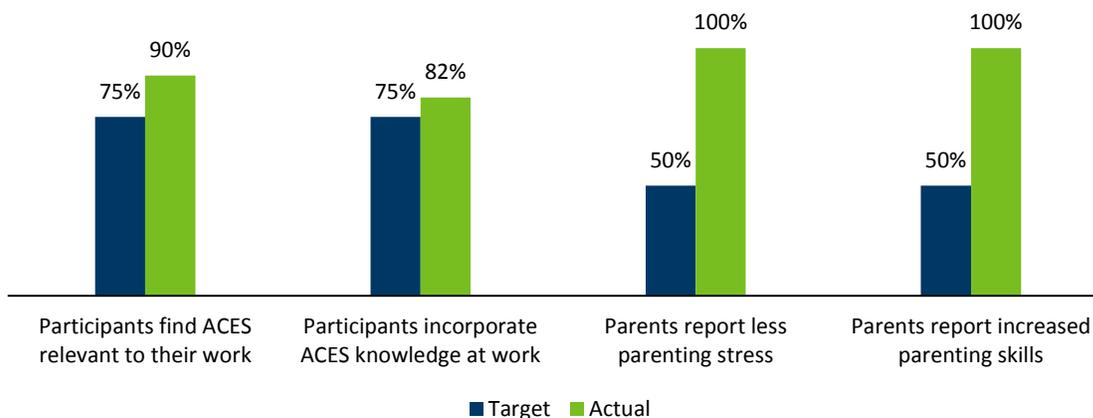
Measures: LS/SWHHS administered Family Spirit surveys after every training that assessed protective factors of parents against child abuse and neglect. Questions include responding to a child’s needs, time, and attitudes toward one’s child. Post-surveys of ACES trainings were also administered to participants. Surveys were administered to parents that measured parental stress.

Evidence-Based Tools and/or Practices: Family Spirit Program; Adverse Childhood Experiences trainings

Results:

- **Program Implementation:** LS/SWHHS identified four short-term outcomes to achieve. LS/SWHHS surpassed target goals for all short-term outcomes, with all parents (100%) having reported reduced parenting stress and increased parenting skills (see Figure 4 below). Of parents who received Family Spirit Education, 75% of respondents responded “always” to being able to sooth their child, were happy being with their child, and were happy in being a parent. All respondents also responded “never” or “very rarely” to feeling that a major source of stress was their child. Maltreatment reports for American Indian families have declined in 2017 (30%) compared to 2016 (34%) while out-of-home placements for American Indian children have remained the same (65%) in 2016 and 2017, yet the 65% of American-Indian children is higher than non-American Indian children (54% in 2017 and 35% in 2016).¹¹
- **Client Outputs:**
 - 66 staff were trained on ACES.
 - Four ACES training sessions were conducted.
 - Five American Indian children received Family Spirit services.
 - Five parents received Family Spirit education.
 - Two workers were hired to provide case management services.

Figure 4: Short-Term Outcome Measures for LS/SWHHS



¹¹ Data was obtained from the Social Service Information System (SSIS).

Grantee: Minneapolis American Indian Center (MAIC)

Project Name: Bright Beginnings Program

Location: Minneapolis, MN

Reach: 58 clients (21 pregnant and 37 delivered mothers)



Program Description. The Bright Beginnings program provides intensive case management to American Indian women who are pregnant and in need of chemical dependency treatment and/or recovery support in order to help them overcome barriers to stability and maintained recovery.¹² The focus is on helping clients address their substance abuse problems at each stage of the continuum, finding and entering appropriate treatment programs, helping to get medication-assisted recovery if needed, and helping the women to connect to resources for recovery support such as housing, support groups, and cultural resources.

Description of Activities. Case managers develop intensive case-management plans for parents to facilitate progress in recovery and increase positive parenting behaviors. Case-management plans help individuals overcome barriers to stability and recovery such as homelessness, domestic violence, and resources for childcare assistance. Staff also coordinate with other providers to implement a holistic approach to recovery as well as facilitate support groups for recovery that include cultural teachings and ceremonies related to healing and childbirth. Clients connect with their case manager weekly and receive as-needed assistance with treatment planning, childcare, Rule 25 assessments, transportation, and other support services. Clients also attend weekly support group meetings where they explore their cultural identity and consider factors important for maintaining sobriety.

- Q1**
 - Staff developed cultural teachings and activities.
 - Staff participated in the Minnesota Summit on Prenatal Substance Use and Infant Exposure.
- Q2**
 - MAIC continued weekly support groups.
 - Staff provided cultural teachings on prayer ties, cedar bough making and water ceremony teaching.
- Q3**
 - Support groups learned mindfulness, journaling, and attended a youth play.
 - MAIC continued receiving referrals and targeted recruitment.
- Q4**
 - Staff held a Cedar Healing ceremony.
 - Staff established an annual calendar with creation stories to teach stories of tribes' origin.

¹² The Bright Beginnings Program is a collaborative with White Earth Maternal Outreach and Mitigation Services (MOMS). White Earth MOMS provides holistic culturally grounded services for American Indian woman who are pregnant and experiencing opioid use and addiction. For more information see: [White Earth Maternal Outreach and Mitigation Services \(MOM\)](http://www.whiteearthculturaldivision.com/programs/moms-program). or enter this link into your server: <http://www.whiteearthculturaldivision.com/programs/moms-program>.

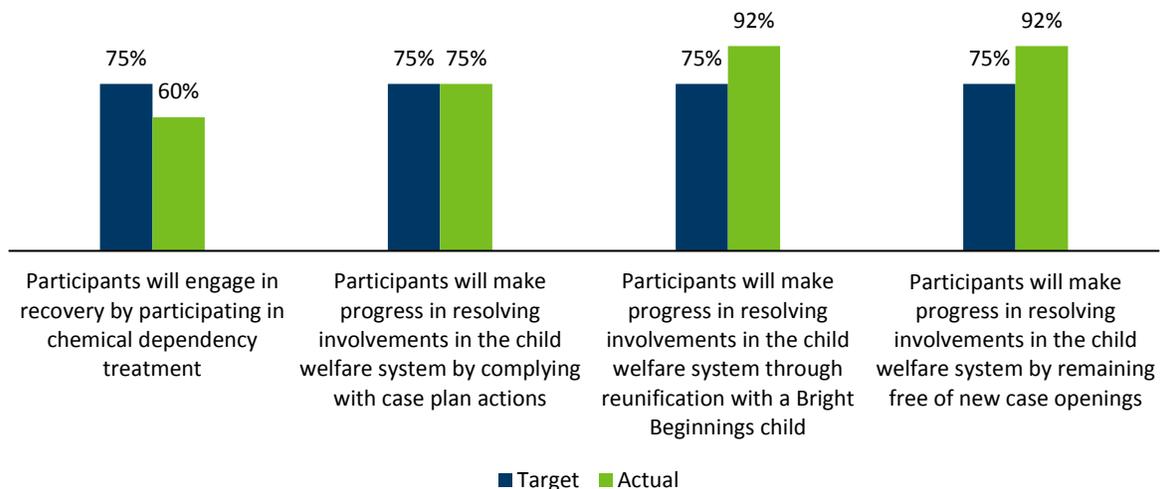
Clients: More than half (57%) of the women served have completed their Chemical Dependency Rule 25 Assessment by the sixth month of the program. Of those who were treated, 60% of women had scheduled or started treatment but had not yet completed it. By six months, 85% of Bright Beginnings children were living with their moms in the home.

Measures: Client progress was tracked and recorded through case-management notes. These include notes on utilization of services provided, tracking open child welfare cases and case plan elements completed and housing of children in Bright Beginnings. Case managers also administered surveys at admission and at every six months to measure mothers’ stability and identification with their culture.

Results:

- **Program Implementation:** MAIC identified four short-term outcomes to target during this grant. MAIC met or surpassed three of their four short-term outcomes, including participants who made progress on their case plan and were fully compliant, participants who made progress in resolving involvements in the child welfare system through reunification with a child, and participants who made progress in resolving involvements in the child welfare system by remaining free of new Child Protection Services case openings (see Figure 5 below).
- **Client Outputs:**
 - 27 clients had open case files at the end of quarter 4 of the second year; 11 of whom were admitted while pregnant and 16 admitted after delivery.
 - 10 individuals were admitted to the program and had completed intakes at the end of quarter 4 of the second year.
 - 58 clients have been admitted to the program and completed the intake process.

Figure 5: Short-Term Outcome Measures for MAIC



Grantee: NorthPoint Health & Wellness Center

Project Name: African American Coalition on Child Protection (AACCP)

Location: Minneapolis, MN

Reach: 88 individuals; 48 families

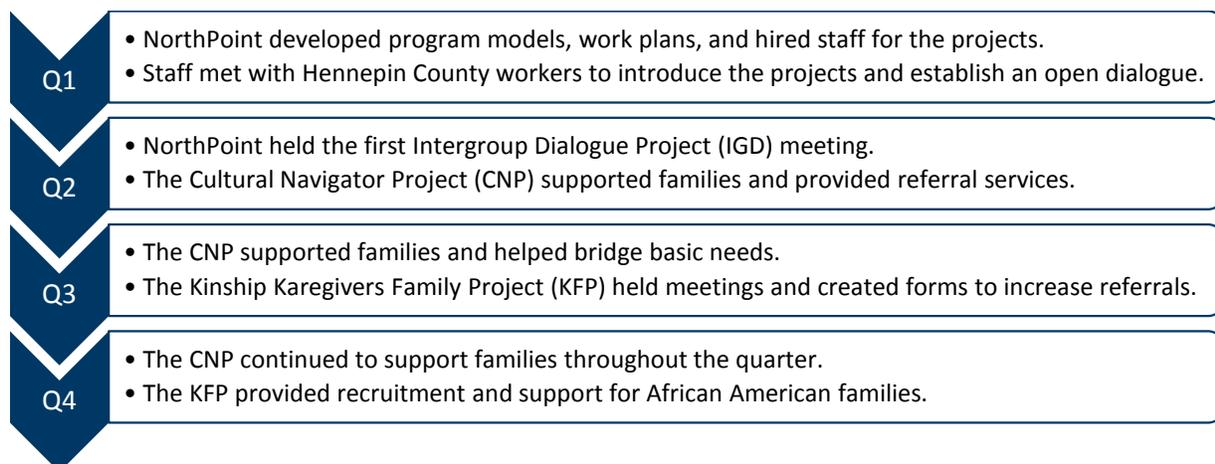


NORTH POINT
Health & Wellness Center

Partnering to Create a Healthier Community

Program Description: The AACCP and their partners work to develop and implement interventions to reduce disparities among the African American community who are involved in the child welfare system. The project itself is comprised of three inter-related sub-projects. The projects overlap and have the goal of addressing the unmet needs of African American families who are at risk for, or are already experiencing, foster care services. The Intergroup Dialogue Project (IGD) works to understand and improve relationships across systems connected to child welfare and the foster care system. The Kinship Karegivers Family Project (KFP) provides recruitment and support for African American families and children in out-of-home placement through efforts that increase relative kinship homes and provide culturally appropriate services. The Cultural Navigator Project (CNP) serves as a bridge between foster families and Hennepin County in order to provide communication support, while providing system navigation and advocacy support.

Description of Activities: Throughout the year, NorthPoint engaged in both direct and referral services and also professional development for their staff. Staff from the three sub-projects supported families in completing their case plans, goal-setting, facilitating meetings between clients and child protection workers, providing transportation, attending court with clients, providing basic needs such as winter coats and toiletries, and conducting dialogue groups with community members and county workers. Additionally, staff referred clients to job training and open positions, assistance with housing and food support, and obtaining furniture. In addition to the direct and referral services, project staff held meetings to increase referrals to their program, led focus group training, and participated in National Passenger Child Safety (CARE) training.



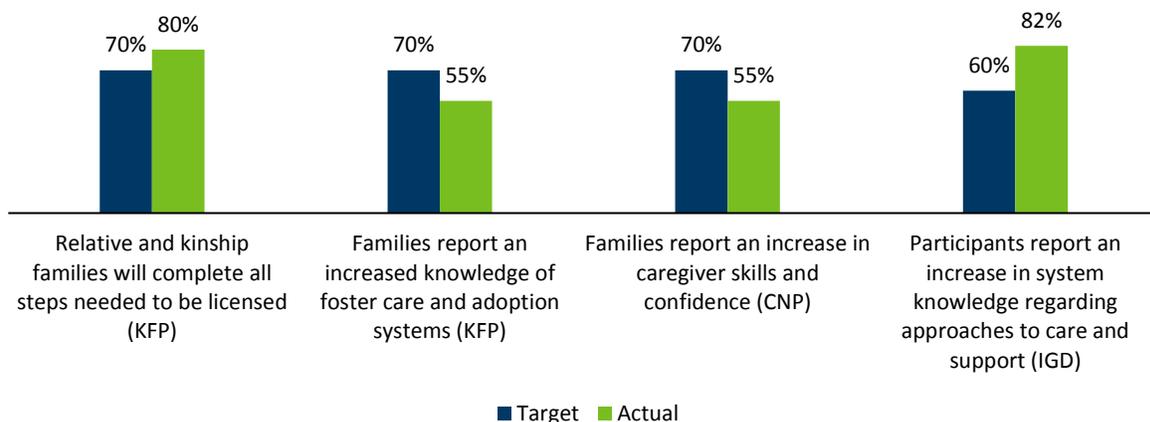
Clients: During the year, the sub-projects engaged with and served many individuals and families. For example, the Cultural Navigator Project (CNP) served 26 families during the year. Of the 26 families, phone contacts totaled 471 (with an average of 18 contacts per family per year) and in-person contacts totaled 45 (with an average of 1.7 contacts per family over the course of the year). The pre-participation surveys revealed that the most frequently selected services that clients stated they needed support for were: affordable housing (20%), employment (16%), transportation (16%), and childcare (14%). Drawing from the participation surveys, the most frequently accessed services were: affordable housing (38%), employment services (25%), and childcare (25%).

Measures: Staff on the projects developed various data-collection tools. The Intergroup Dialogue Project (IGD) project disseminated a Critical Incident Questionnaire (CIQ) to participants following the community dialogue sessions. For the Kinship Karegivers Family Project (KFP), clients were given both a pre-participation and a post-participation survey. The pre-participation survey focused on client knowledge, information and assistance needs, and communication with county personnel. The post-participation survey inquired whether clients felt the program was helpful, supportive, and respectful. The CNP also utilized pre- and post-participation surveys. The surveys focused on parent or advocate confidence and services needed and accessed.

Results:

- **Program Implementation:** During the community dialogue sessions held by the IGD project, six recommendations were produced. Of the respondents who participated in the KFP, all of them stated that the services provided were helpful and that the Kinship worker was supportive. Most respondents also stated that the program was valuable to them and their children. As shown by Figure 6 below, two of the four short-term measures where data were available exceeded their target goals.
- **Client Outputs:**
 - IGD: Five community dialogue sessions were held, with 88 participants.
 - KFP: 22 families were served by the project.
 - CNP: 26 families were engaged in system navigation and advocacy.

Figure 6: Short-Term Outcome Measures for NorthPoint



Grantee: Olmsted County Community Services

Project Name: Child Welfare Disparities

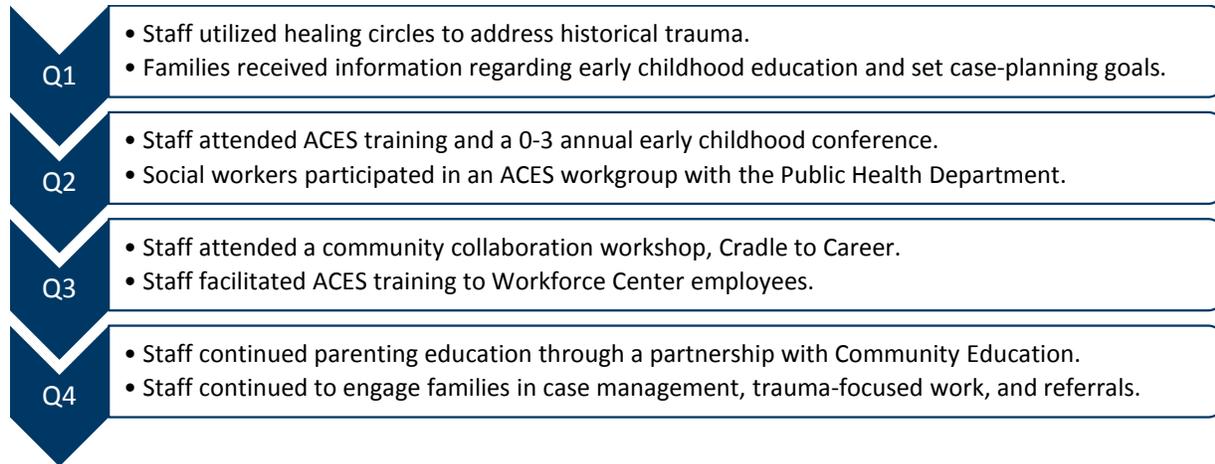
Location: Rochester, MN

Reach: 80 families



Program Description. This project involves looking at systemic barriers (racism, classism, cultural blindness) and creating partnerships and collaborative coalitions with other systems to create equity of access and opportunity to early childhood education for families of color with young children. Best-practice tools are utilized to increase access to educational opportunities, facilitate positive working relationships between families of color and service providers, and build culturally sensitive supports for the families and youth.

Description of Activities. Upon referral, families engaged in case management with social workers and were connected with Early Childhood Education programs.¹³ Parents then met with a case manager to collaboratively design an educational case plan for their child. Barriers that challenged families to participate in Early Childhood Education were addressed, and referrals for support and assistance were provided by the case manager to build protective factors for children and families. Staff also coordinated community trainings with experts for partners and educational case planning conferences to engage and influence partners in making substantive and responsive changes.



¹³ Clients are referred through a variety of sources including external partners, public health, self-referrals, etc.

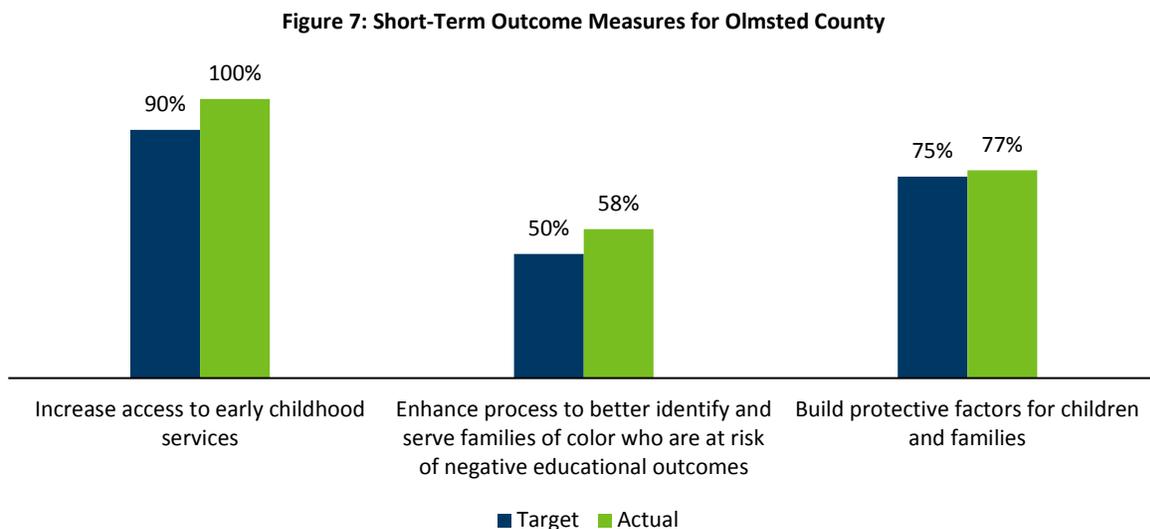
Clients: Children have maintained or increased access to Preventative Health Care (100%) and Early Childhood Education (74%). Children’s parents have maintained or increased access to employment stability (35%).

Measures: Client outcomes were defined and measured through case-management reports, tracking sheets, and educational case-planning notes. The Structured Decision Making Strengths and Needs Assessment was used to determine strengths and needs of each family and develop service interventions.

Evidence-Based Tools and/or Practices: Structured Decision Making Strengths and Needs Assessment

Results:

- **Program Implementation:** Olmsted County identified three short-term outcomes to achieve for the grant period. During the past year, the program has exceeded targeted outcomes on all three measures including increased access to early childhood services, the enhanced process to identify and serve families of color earlier, and built protective factors for children and families (see Figure 7 below).
- **Client Outputs:**
 - 29 staff and community partners were trained in historical trauma.
 - 29 regular meetings were held with early childhood providers.
 - 38 referrals of families of color with young children were made.
 - 5 Healing Circles were used with clients to address ACES and historical trauma.



Grantee: Ramsey County

Project Name: Community Liaisons to Address Child Welfare Disparities

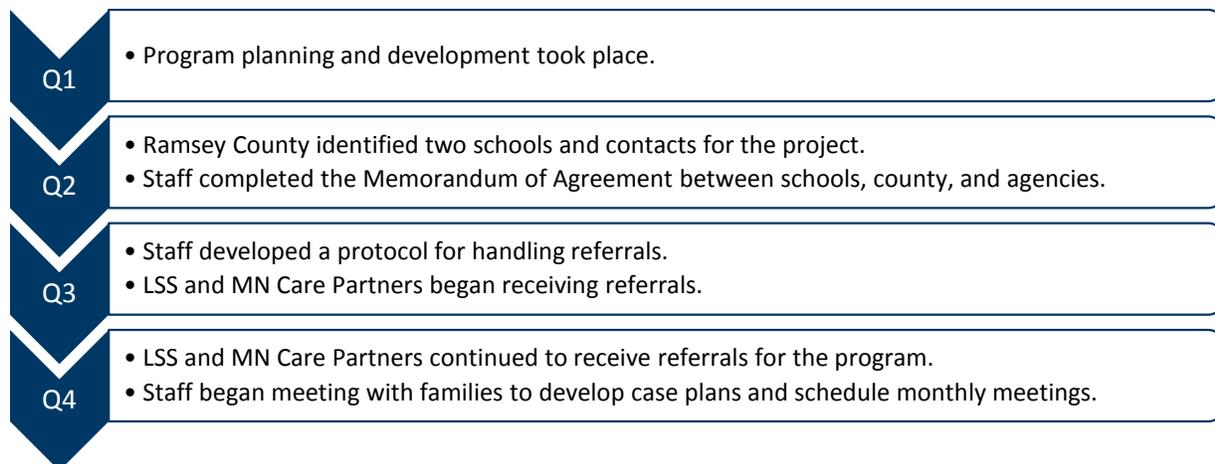


Location (county seat): Saint Paul, MN

Reach: unknown

Program Description: The goal of the Ramsey County Community Liaisons to Address Child Welfare Disparities project is to reduce the disparities in child maltreatment reports for African American/Black families. The project seeks to hire community liaisons to bring families together and assist parents in their interaction with county services. The community liaisons will be intervening when a child has multiple absences from school, to determine whether there is actual neglect taking place, or whether there is a familial situation taking place that impacts the child’s ability to attend school. Community liaisons will be available to aid through referrals, help with basic needs, and offer information about the child welfare system in an effort to reduce the number of child welfare reports. Therefore, Ramsey County will work directly with community liaisons to provide advocacy, crisis intervention, information and referral, and help with basic needs to reduce these disparities in maltreatment reports, resulting from mandated educational neglect reports.

Description of Activities: Ramsey County faced program challenges in hiring staff and other delays. These delays created a slower start in regard to their planning and therefore the planned activities will continue into the next grant year. The program, however, aims to provide direct and referral services and education and life skills guidance. Ramsey County was able to identify two schools, Maxfield Elementary and Obama Elementary, and contacts for the program, in addition to establishing relationships with contracted agencies who provide the community liaisons: Lutheran Social Service (LSS) and MN Care Partners. Although the school year has ended, it is the hope of program staff that liaisons will continue to work with and connect with families during the summer.



Results: During the grant year, project staff was able to hold 18 meetings with community agencies, county staff at the child protection division, school staff, and community influencers. There was a total of nine families from one school willing to work with staff, and another six families from the second school. In addition to those 15 families, there were an additional 17 referrals for families to receive assistance from the project. The hope of the program staff is to increase the number of families in each school receiving assistance from the project by 10% during the next grant year and increase the number of families in each school referred to social services by school staff by 15% over the next year. Staff also plan to identify between two and four institutional barriers hindering access to services by families. The table below shows Ramsey County’s short-term outcomes that they hope to achieve during the next grant year.

Table 2: Target Short-Term Outcome Measures for Ramsey County

	Target Outcomes¹⁴
Short-Term Target Outcome #1	Number of families in each school receiving assistance for various non-child protection concerns increases by 10% during the next year.
Short-Term Target Outcome #2	Number of families in each school referred to services by school staff increases by 15% during the next year.
Short-Term Target Outcome #3	County, community agencies, and schools identify two to four institutional barriers that hinder access to services for families dealing with structural factors related to educational neglect.

¹⁴ There was not enough data to report on these outcomes, therefore only the target measures are listed.

Grantee: Washington County Community Services

Project Name: Child Welfare Disparity Grant

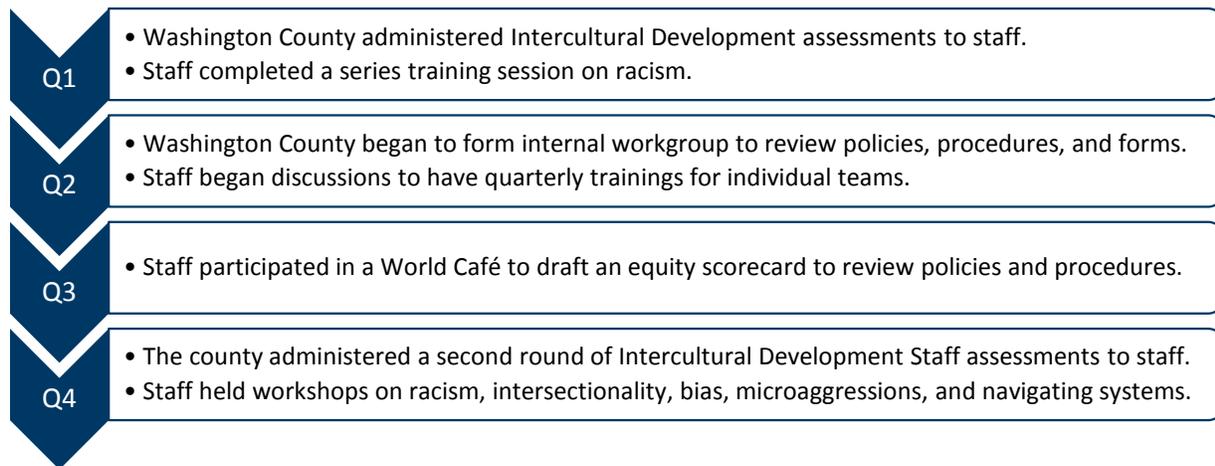
Location: Stillwater, MN

Reach: 79 staff; 5 children



Program Description. Washington County’s project consists of three separate components. The first two components target agency staff and the county’s child welfare system while the third component utilizes the FamilyWise High-Fidelity Wraparound Program, which operates by connecting clients with direct services and case management. Washington County also focused efforts on understanding internal factors within the county that may contribute to child welfare disparities. All three components work toward improving the societal, system, and individual factors that may contribute to disparate treatment to children of color in the county by providing culturally specific intervention services to families and youth as well as promoting the advancement of inclusion and equity among county staff in offering culturally sensitive services.

Description of Activities. The FamilyWise High-Fidelity Wraparound Program serves families of color who have active child protection or children’s mental health services cases in Washington County. The program works to build trust, identify supports, and provide families tools and resources for improved family functioning in order to reduce their risk for continued or future child welfare involvement. Washington County also incorporated the Intercultural Development Inventory to assess cultural sensitivity among county staff. The goal was to help county employees understand their role and ways they can support the inclusion and engagement efforts of the organization. A workgroup was also formed to review policies and procedures to guide strategic planning efforts to support inclusion and engagement strategies.



Clients: Of the 76% of county staff who completed the Intercultural Development Inventory (IDI), results showed a five-point improvement in developmental score and a two-point improvement in the orientation gap, indicating progress has been made along the continuum as an organization.

Measures: Client progress was tracked through Client Track, a case-management software program. To facilitate healthy family functioning, reunification, and reduce out-of-home placements, the FamilyWise High-Fidelity Wraparound Model was employed. Client independence and improved functioning was assessed by the Strengths and Difficulties Questionnaire (SDQ) which measures the social and emotional functioning of the participants at the beginning of the program and at exit. The IDI was used to measure cultural proficiency and assess perceived orientation in understanding and adapting to cultural differences versus developmental orientation toward cultural differences and commonalities¹⁵ along a continuum. The National Association of Public Child Welfare Administrators (NAPCWA) Disproportionality Diagnostic Tool was used to identify agency gaps, areas for improvement, and strengths.

Evidence-Based Tools and/or Practices: NAPCWA Disproportionality Diagnostic Tool; Intercultural Development Inventory; FamilyWise High-Fidelity Wraparound Model

Results:

- **Program Implementation:** Washington County targeted three short-term outcomes for this grant period. While Washington County has not yet moved one orientation along the continuum, the county made progress toward being more culturally proficient and decreased the orientation gap (see Table 3).¹⁶
- **Client Outputs:**
 - 79 county staff attended training sessions.
 - Nine training sessions were conducted.
 - Five children and families participated in the High-Fidelity Wraparound Program.

Table 3: Short-Term Outcome Measures and Results for Washington County

Short-Term Outcomes	Results
Internal workgroup will be formed and will start the process of updating the forms, policies, and procedures that govern four critical decision-making points through a lens of disparate impact.	Internal workgroup formed with 1 work session conducted
The organization will move at least one orientation along the Intercultural Development continuum.	Increase of 5 points in developmental score Increase of 2 points in orientation gap
Youth referred to FamilyWise High-Fidelity Wraparound Program will improve behavior and mental health functioning and achieve community living within a family setting (5% decrease in SDQ score from admission to program discharge).	Average youth SDQ score higher at discharge (59%) than at admission (55%) ¹⁷ 70% of youth achieved/maintained community living in a family setting at discharge

¹⁵ The higher the difference between these scores (i.e. orientation gap), the higher discrepancy between where you think you are versus where you actually are on the continuum.

¹⁶ Not all short-term outcome measures for Washington County were set with target percentages, therefore the results reported by program staff are presented in a table rather than a chart comparing target goals with actual data.

¹⁷ Average SDQ scores taken from youth who were assessed both at admission and at discharge.

Grantee: White Earth

Project Name: Gizhawaaso Holistic Program

Location: Mahnomen County, MN

Reach: unknown



Program Description: The Gizhawaaso Holistic Program serves American Indian families who are at high risk for child protection services re-entry by addressing chemical dependency, prenatal drug exposure, and addiction in parents. Families are referred to services and provided culturally specific services to facilitate traditional and holistic healing. The program works towards incorporating cultural values and skills to the American Indian population served in order to ultimately address and reduce racial disparities and disproportionality in Minnesota’s child welfare system.

Description of Activities: Throughout the year, the Gizhawaaso project staff engaged in providing both direct and referral services, cultural and family activities, therapy sessions, and education and life skills. Program participants were able to participate in cedar ceremonies, sweat lodges, Jisican Ceremonies, regalia classes, ribbon skirt teaching, and basket-making, earring, and quillwork classes. The program also provided outreach and community events, such as powwows.

- Q1**
 - Staff held cedar and Jisican ceremonies and sweat lodges, in addition to other classes.
 - White Earth provided outreach activities, community events, and cultural presenters.
- Q2**
 - White Earth began using a new survey to evaluate how clients connect to cultural activities.
 - Staff continued holding ceremonies and community events, such as a sobriety powwow.
- Q3**
 - White Earth continued with cedar and Jisican ceremonies and sweat lodges.
 - Staff provided outreach activities and also attended community events.
- Q4**
 - Staff and participants continued engaging in ceremonies, classes, and community events.
 - White Earth held their 150th Annual Powwow.

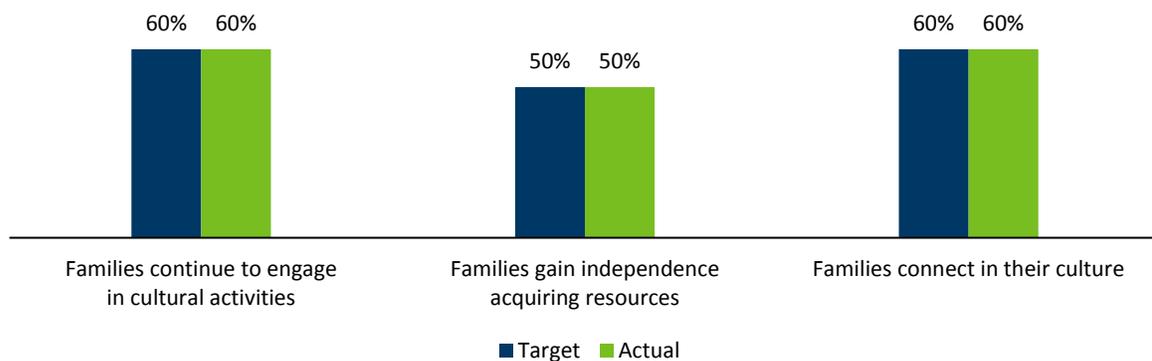
Clients: The clients enrolled in the Gizhawaaso program are at high risk for potential child protection involvement due to chemical dependency, prenatal drug exposure, or addiction. Families are referred into the program with hopes of engaging in traditional and holistic healing for families to understand their cultural identity but also to prevent reentry into the child protection system.

Measures: In order to measure their outcomes, White Earth developed and utilized a White Earth Mom’s Visit Form that is completed once a month by a social worker and used for collecting short-term outcome data. A Cultural Connection Questionnaire and Cultural Connection Exit Survey were also created. These questionnaires were generated as pre- and post-surveys in order to better understand clients’ cultural connections so that clients may engage in relevant cultural activities and connect to their cultures. The questionnaire asked questions concerning their self-identity and cultural and traditional practices, such as familiarity with traditional ceremonies.

Results:

- **Program Implementation:** For the grant year, White Earth developed three target short-term outcomes to measure. As reported in their fourth quarter report, they met all three of their targets (see Figure 8 below).¹⁸
- **Client Outputs:**
 - *Quarter Two:* Four families successfully completed the program.

Figure 8: Short-Term Outcome Measures for White Earth



¹⁸ The actual percentages for these short-term outcome measures were self-reported by the grantee.

Grantee: YWCA Duluth

Project Name: Young Mother’s Program

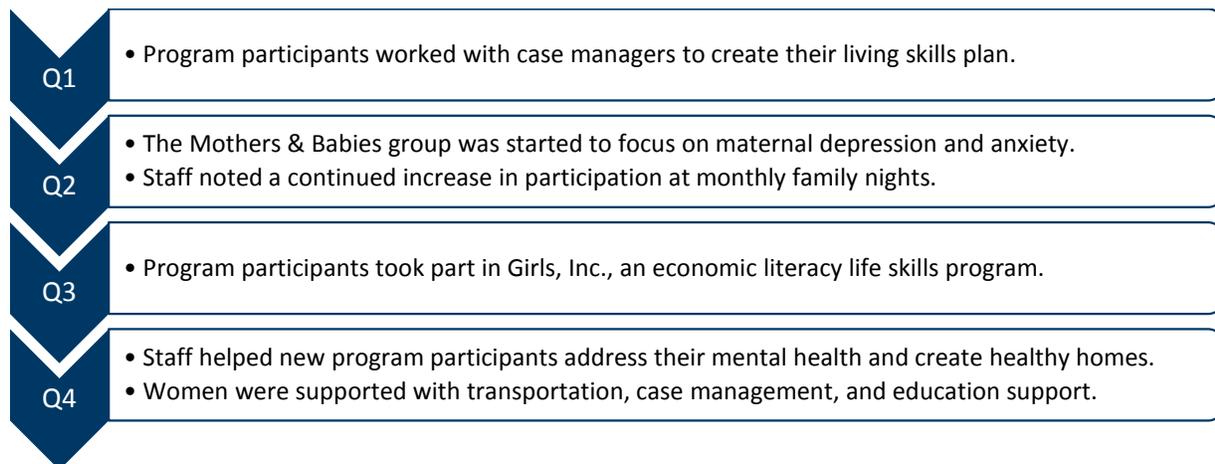
Location: Duluth, MN

Reach: unknown



Program Description: The YWCA Duluth focuses on providing high-quality services to adolescent mothers ages 16-21 to prevent child welfare involvement. The Young Mother’s Program offers early interventions, evidence-based programming, and the social supports necessary to prevent adolescent-headed households from losing custody of their child. Mothers have access to case-management services, parenting classes, money management, child care, and life skills. The Young Mother’s Program works to move families from insecure to secure attachment and to increase the reflective capacity of the parent through the lens of the relationship with their child.

Description of Activities: Throughout the year, the YWCA Duluth engaged in education and life skills activities, direct services, and family activities. Activities that were supported by the grant throughout the year included mental health and trauma training for program staff and updating program policies and procedures to be more trauma-informed and inclusive to the women and children served by the grant. Participants in the program received life skills training focusing on economic independence and economic literacy, named Girls, Inc., as well as working with case managers to create individual Independent Living Skills plans. The YWCA Duluth provided housing assistance and rental and security deposit assistance, as well as monthly family nights and Circle of Security Parenting Nights and group sessions, named Mothers & Babies, that focused on maternal depression and anxiety. Key activities supported by the grant during the year are shown below.



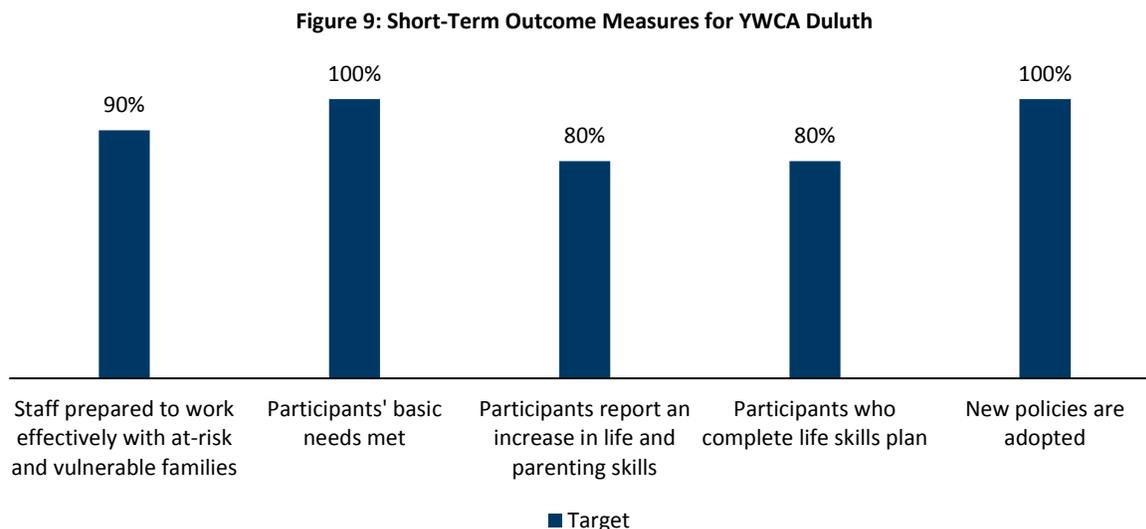
Clients: The Young Mother’s Program works to provide high-quality services to adolescent mothers ages 16-21 by engaging them in various activities and education sessions.

Measures: Participant progress was measured through the Ansell-Casey Life Skills Assessment. The assessment form addresses knowledge, behavior, and performance items, under the categories of career planning, daily living, housing and money management, self-care, social relationships, and work life.

Evidence-Based Tools and/or Practices: Ansell-Casey Life Skills Assessment (ACLSA); Circle of Security Parenting (COSP) model

Results:

- **Program Implementation:** The YWCA Duluth identified five short-term outcomes, four intermediate outcomes, and one long-term outcome in their logic model in hopes of tracking their progress throughout the year.¹⁹ On their second quarter progress report, the organization indicated that they were behind schedule on staff and volunteers feeling confident in their abilities and knowledge of working with vulnerable families; however, the staff continued working towards being on track with the outcome by providing training and staff development and also by updating program policies and practices. Figure 9 shows the target short-term outcome measures that YWCA Duluth hopes to reach during the next year.
- **Client Outputs:**
 - 22 program participants completed all sessions of the Mothers & Babies program.
 - 15 women and girls completed the Girls, Inc., economic literacy course.
 - 15 completed Independent Living Skills Plans.
 - Four girls completed high school during the year.



¹⁹ Figure 9 shows the short-term outcome measures for YWCA Duluth. YWCA Duluth completed their first year of the grant cycle and completed their target goals. This coming year, YWCA Duluth plans to collect data on the actuals for each measure.

VI. Evaluation Technical Assistance

ACET's evaluation team developed an evaluation framework based on both the mission of the CWD grant and the experience of the CWD grantees and their work with families of color and American Indian communities within the child welfare system. Following the example provided by Jumper-Thurman, Allen, and Deters (2004), the evaluation framework encompassed six goals that guided the evaluation technical assistance activities.²⁰

The goals include:

1. Providing a clear framework for grantees to follow in defining their evaluation plans;
2. Encouraging the grantees to design an evaluation effort that addressed the needs of the families within their communities;
3. Facilitating a process for identifying short- and long-term outcomes;
4. Assisting the grantees in identifying relevant and feasible methodologies to use in their evaluations;
5. Providing guidance for collaboratively designing a data-collection plan, where project staff involved in data collection, entry, and reporting are aware of their role(s) and fully engaged in the process; and
6. Offering consistently high-quality technical assistance that meets the grantees where they are at regarding evaluation capacity and with their program activities.

During the year, evaluation technical assistance focused on specific evaluation assistance as requested by the state's child welfare disparities grant staff. This included:

- Working with grantees to update and revise, as needed, their evaluation plans and logic models;
- Ensuring alignment between the logic model, evaluation plan, and project goals;
- Working with grantees to locate and define two to four short-term outcomes;
- Developing targets for each of the designated short-term outcomes that reflect reasonable expectations from program activities;
- Designing and/or selecting appropriate survey and measurement tools; and
- Developing a system of data collection, entry, and reporting that engaged project staff and addressed needs for support and internal technical assistance.

In addition to the provided technical assistance, ACET hosted training webinars to grantees to increase their capacity for program evaluation. Evaluation topics during the year included: Cross Cultural Uses of Evaluation, the Art of Storytelling in Evaluation, and the Importance of Using Evaluation Findings. Grantee feedback regarding these webinars indicated that participants overall "agreed" and "strongly agreed" that the webinar met their expectations (89%), the information was presented in an easily understood way (89%), the presented information was relevant to their respective grants (100%), and they felt more prepared to evaluate their grant (56%).

²⁰ Jumper-Thurman, P., Allen, J. & Deters, P. B. (2004). The circles of care evaluation: Doing participatory evaluation with American Indian and Alaska Native communities. *American Indian and Alaskan Native Mental Health Research*, 11(2), 139–154.

VII. Program Challenges and Strengths

Throughout the second grant year, grantee projects encountered both challenges and strengths. Many of their strengths emerged after they were able to rectify specific situations that they encountered while planning and/or implementing their programs.

Challenges: Overall, grantees faced many of the same challenges throughout the grant year. One of these challenges was continuous staffing changes and turnover. For example, one member of staff stated that because of the staffing problems, this caused difficulties to emerge between clients and current program staff because of the time it takes to build relationships, especially for clients to trust them. Therefore, staffing changes were an impediment to relationship building while also creating difficulties for the staff still on the project. Because one member of staff was no longer working on one of the grantee projects, the caseload for other staff had increased. Additionally, staffing changes caused some programs to have to delay certain aspects of their projects until a new person was hired and trained for that position.

Other challenges that grantees encountered included: fewer referrals to their respective programs than was expected, a low number of program participants/completing the programs or able to be contacted, a delay in identifying partnerships and therefore a delay in project progression, developing ways to integrate increased paperwork into their existing systems, receiving unclear or conflicting information from the department, a lack of communication, difficulty in building relationships with county departments, and receiving more referrals than the project could accommodate. Other observed challenges were the short period of time that grantees had to report on their outcomes, especially if they had challenges during the planning and implementation stage of their programs. Furthermore, because of the need to demonstrate impact through data, some of the activities that grantees incorporated were not necessarily valued. These activities had positive impacts on individuals and communities, yet, given the challenges described above, mostly were unable to be measured at this time.

Strengths: Although the grantees encountered various challenges throughout the grant year, they were able to adapt from the stated challenges and strengthen various aspects of their projects, including modifying their outcomes, activities, or approach to certain aspects of their programs. For example, one grantee was able to recognize that they needed help in building their internal capacity and created a partnership to do so. Additionally, grantees were able to hire supplementary and well-qualified staff to rectify staffing problems from previous quarters earlier in the year. Moreover, grantees were able to utilize the technical assistance provided in order to update their evaluation plans and logic models, identify their short-term outcomes, and ask questions regarding data collection and tools.

Among the strengths of the overall grant program was the ability of grantees to forge meaningful partnerships with other organizations, partner programs, public libraries, congregations, and county departments (including housing authorities and public health), such as the YWCA, White Earth Urban MOMS Program, Nurse Family Partnership, MN Care Partners, and Families First. Many of the grantees credit their partnerships with aiding in the success of their programs.

Therefore, despite the various challenges, grantees were able to make sizeable strides in their ability to implement their projects and provide important services to their program participants.

VIII. Report Recommendations

Given information in this report, in addition to the program challenges and strengths, various recommendations are presented in the hopes of improving the initiative and moving towards achieving the overall goal of the legislation by addressing racial disparities and disproportionality in the child welfare system.

- Consider *conducting in-person quarterly meetings with grantees*. These meetings can facilitate increased relationship building between the department and the grantees and help to improve communication in order to build a sense of mutual accountability where both parties feel even more invested in the programs.
- Building relationships can extend beyond the department and grantees. Relationships can be built between the grantees as well. *Rather than having two grantee meetings, consider having at least four meetings where the department, the ten grantees, and evaluators would be present*. These meetings foster increased relationships, but they can also help leverage partnerships, mentoring, and encourage grantees to learn from each other, which often leads to increased program effectiveness.
- For each grantee meeting mentioned in the previous recommendation, consider using a *Communities of Practice (COP) framework* where binders are provided with resources for quality improvement and best practices that are client specific. Local resources could also be included and communicated to the grantees. For example, many of the grantees work within similar communities and could benefit from hearing other grantee challenges and solutions that are population-specific, whereas now, many of the grantees are working in isolation.
- Grantees would benefit from *creating sustainability and dissemination plans* during the grantee meetings to ensure program success and sustainability after the grant funding has ended.
- It is difficult to examine only quantitative results, especially when grantees are providing activities for their clients that are highly valuable but are hard to quantify. Therefore, it is recommended that the evaluation team *help grantees build their capacity to show their program successes by providing more technical assistance and requiring more targeted data on the quarterly reporting forms so that activities and relevant data are captured effectively*.
- To combat staff turnover, grantees could *leverage their peers, volunteers, and program alumnus* to mentor current program enrollees.
- Instigate a *quarterly data submission from the grantees* to ensure that consistent and valid data are being collected. In addition to this, conduct *staff interviews* with the grantees to inform future reports.
- Following the publication of this report, have a *debrief site visit with each of the grantees*. The evaluation team can provide technical assistance, and this will give the grantees an opportunity to revise any of their outcomes, data-collection tools, and update the team on any project changes for the new grant year.

IX. Conclusion

This report has detailed grantee activities from July 1, 2017, through June 30, 2018, that are supported by the § 256E.28 statute, allocating \$1.5 million for grants to “eligible entities for the development, implementation, and evaluation of activities to address racial disparities and disproportionality in the child welfare system.” At the end of the year, 158 families and 503 individuals were reached across the ten grantee programs.

Grantees were asked to address and provide support in the following strategies:

1. Identify and address structural factors that contribute to inequities in outcomes;
2. Identify and implement strategies to reduce disparities in treatment and outcomes;
3. Use cultural values, beliefs, and practices of families, communities and tribes for case planning, service design, and decision-making processes;
4. Use placement and reunification strategies to maintain and support relationships and connections between parents, siblings, children, kin, significant others, and tribes; and
5. Support families in the context of their communities and tribes to safely divert them from the child welfare system, whenever possible.

Grantee activities focused around six areas: direct services, referral services, professional development, cultural and family activities, therapy sessions, and education and life skills. All ten of the grantees engaged in more than one focus area, with an average of three focus area concentrations per grantee. Grantees were able to address the five strategies by implementing key focus areas included in the list of six. Grantees addressed strategy one by engaging in professional development, including reviewing organization policies and procedures and staff training. Strategies two and three were supported by grantee activities from each of the six focus areas, including case planning, housing support, and cultural activities. Grantees were able to address strategy four by engaging in direct services, including home visiting, referral services for mental health, and increased kinship placement for children. Strategy five was also supported by each of the focus areas.

This report detailed the evaluation technical assistance that took place throughout the second year, including working with grantees to update their evaluation plans and logic models, develop targets for short-term outcomes, and hosting webinars for grantees to increase their capacity for program evaluation.

The report also described program challenges and strengths where, despite the various challenges presented, grantees were able to make sizeable strides in their ability to implement their projects and provide important services to their program participants.

Recommendations were also presented where it was suggested that mutual relationships and accountability be formed and maintained between the department and the grantees, and also build relationships between the grantees in hopes of building partnerships and mentoring so that grantees can learn from each other and improve their programs.

X. Attachment A: Sample Success Stories

Bright Beginnings

The Bright Beginnings Program provides intensive case management to Native women who are pregnant and need chemical dependency treatment and/or recovery support to help them overcome barriers to maintaining recovery and stability. The Minnesota Department of Human Services provides funding to the Minneapolis American Indian Center for this program, with the purpose of addressing child welfare disparities.

Minneapolis American Indian Center staff coordinate with other providers to implement a holistic approach to recovery, including cultural teachings and ceremonies related to healing and child birth. Clients also attend weekly support group meetings where they explore their cultural identity and consider factors important to maintaining sobriety.

Fifty-eight clients were admitted to the Minneapolis American Indian Center program, 75 percent engaged in recovery by participating the chemical dependency treatment; 75 percent made progress in resolving their involvement with the child protection system by complying with case plan actions; 92 percent experienced reunification with their children and 92 percent made progress in the child welfare system by remaining free of new child protection case openings. [Minnesota Department of Human Services, Child Welfare Disparity Grant Evaluation, 2017-2018 Legislative Report]

Success stories

The following is a compilation of real life stories to exemplify the positive impact ICWA has on Native families when implemented as intended.

Amber's story: Reunification and ICWA relative placement

Amber is a 34-year-old mother of five children, ranging in age from 2 to 15. Currently, she is one-and-a-half years sober, sharing her life with a husband and his two children, and her 2- year old daughter, whom she successfully reunited with seven months ago. She regularly attends therapy and parenting classes, months after her formal CPS was closed. She chooses to stay involved in these services because they are critical to her self-care. She says that "In order to be a good parent, I have to first be good to myself."

Amber has four children who are not in her care. One son lives with his father who has had legal custody of him since he was a baby. The other three children were placed with a grandmother five years ago who lives on a reservation in northern Minnesota. This was through transfer of physical and legal custody with a local county system. Amber is grateful for the care that her grandmother has been able to provide to the children, saying "my grandma is my hero." Early on, grandma established a routine with the children and during recent visits with Amber, they reinforce their house rules to her, stating "We don't get to do that at grandmas." Amber's goal is to reunite with her three children in the near future, when she knows that she can continue to maintain her housing and job.

Amber's reunification with her youngest child was recently highlighted in a community celebration. She and several other families were honored by American Indian child welfare advocates and county and state staff. Amber was gifted with a ribbon dress and her partner, a ribbon shirt. She is proud to receive this gift, a skirt she can wear to sweat lodge ceremonies - an important place where she has received much healing and support.

Much of Amber's adult life was challenging due to untreated mental health issues and later, opioid and methamphetamine abuse. Amber was using on a regular basis about six months prior to her three older children being removed in 2013 due to ongoing neglect issues. While the children were initially placed in a non-Native foster home, they were quickly placed with their grandma when it became apparent that Amber was not ready to meet her case plan goals. She agreed to this placement.

Three years later, Amber gave birth to her fifth child, a baby girl. She admits to using during pregnancy and when the baby was born positive for drugs, she was placed in foster care. Amber's case was assigned to the local county's ICWA unit. Amber was devastated and fell further into her addictions. When asked what helped her to start down a different path a year later, she quickly says that her baby placed with her first cousin is what made the initial impact. The county's kinship search identified several relatives. While at a family funeral, this cousin was approached by another relative about the need for "the family to step up" so that the baby could remain with relatives.

Amber's cousin was much more than a foster parent to her child. Being around the same age (early 30s), Amber shares that her cousin talked honestly with her from the beginning and became a regular voice of encouragement and strength. She had always admired her cousin and the advocacy work she did in the local American Indian community. So Amber listened to what she had to say, including things like "You're like my sister and you need to do what it takes to get your baby back." Three weeks later, Amber reached out to her cousin to ask her for a ride to detox. She was ready to work towards getting herself better and to do what was needed to get her baby back.

Amber shares that the first social worker assigned to her case was unreachable at times, and because of the lack of communication, she wasn't entirely sure how she was to get her case plan goals met. She credits the second social worker assigned as someone who believed in her and did whatever it took to help her to meet her case plan goals. Her worker gave her rides and often accompanied Amber to parenting and therapy appointments, providing important active efforts that ultimately led to her reunification with her baby. When Amber relapsed early on, her worker took a compassionate approach and commended her for being forthcoming and quickly getting back on track. Amber talks about her "ICWA crew, essentially the attorney and an advocate from a local Indian organization that represented her in the courtroom. These individuals were a source of encouragement and made sure her rights were being protected as a parent. When Amber entered treatment, she fondly remembers her attorney bringing her a gift basket full of the essential items she would need in her three-month in-patient program. She later spent three months in outpatient treatment. Working an 'honesty program' is one of the main takeaways during her time in treatment. Amber learned that in recovery, one of the most important values to live is being honest. To stop lying. Amber says she used to lie while using because it made her feel better, now telling the truth makes her feel better.

Amber knew that she had the support of her tribe through all of the legal proceedings. Her tribal ICWA representative would mostly attend hearings by phone. At the final hearing that ordered reunification, her new ICWA representative was present and told her "This is my favorite reunification story...I am so proud of you." She then gave Amber a hug.

While Amber's baby was in placement with her cousin, she saw the baby on a regular basis. At first it was supervised visits, later as she progressed these became off site weekend visits. The baby also got to know her older siblings through regular visits.

With Amber's cousin so active in the community, it was natural that the baby would be immersed in her cultural community. She enrolled her in a local child care with an emphasis on American Indian culture, and brought her

to community events, including pow wows and ceremonies. One of the first things done for the baby was holding a 1st birthday party where extended family and friends were invited. Mom also came to the party. Amber was reunited with her daughter in May 2018. This was roughly one year after entering treatment and making the decision to do what it takes to get her baby back. The following is the relative foster care provider sharing her thoughts on the day of reunification:

“Last year I became a mama overnight, to the cutest little chubby Ojibwe baby and she is the love of my life. The foster care system, in my opinion, is currently attempting to destroy Indian families because the government system is still colonizing our people. They are removing our babies and kids from our families and our community at disproportionate rates. Our people are like 2 percent of the overall state population and yet our kids make up 28 percent of kids in the system. Lots are placed in non-Native homes, and the system makes it hard for mamas and babies to reunify. Many of our kids were removed from their families because of neglect. That means that our mother’s struggle with the basic human needs to care for their children, access to adequate housing or the need for chemical dependency healing, or healing from other trauma. Mothers lack basic needs and support to care for their own children.

*Our mothers wear historic trauma on their shoulders, on their backs, in their hips, deep in their hearts, and its lodged way into their spirits. But I believe we can heal. **If we carry within us historical trauma then we also carry with us the strength of our ancestors.***

I believe in reunification. I believe mamas and babies need each other and especially to heal. Baby’s mother, my cousin, worked so hard to heal, and this week, the baby was reunited with her. This is how we heal our people. Healing collective trauma is the work.

We need more Native foster homes. We need more families and homes that believe in reunification. Becoming a foster parent is prophecy work. I feel this is how we make our ancestors proud.”

Now Amber works full-time and surrounds herself with a sober community every day. She has the daily support of her husband, his mother, her parenting coach and her therapist. She continues to have regular contact with her cousin. The baby goes to her cousin every weekend. Amber says the baby and her cousin have a strong, unbreakable bond that she will always support.

Amber is grateful for the circle of support, the people who lifted her up when she was at her lowest. She feels that each parent needs this to do the work necessary to begin healing. Her next goal is to work towards getting her three older children back. She needs to find a bigger place to live and petition family court to do that. For now, she is content knowing they are in a safe place with grandma. Grandma is supportive of the children going home but, is encouraging Amber to take baby steps in that direction. She will continue to call and visit on a regular basis until she can make the second step towards full reunification. [Personal interview]

Shannon’s Story: Resiliency, Support, and Cultural Identity

Shannon Geshick, a Native American (Anishinaabe) mother of four children, and Paula Okorafor, a white licensed psychologist, met about 15 years ago when Shannon was a young mother with three children under age 6, and Paula was working in a local county child protection unit. Shannon became involved with child protection, and all three children were placed with relatives.

This was not Shannon’s first involvement with child protection. She has been in and out of foster care as a young child—her birth family had multi-generational parenting issues directly linked to the historical trauma of her

community. Eventually she was adopted (around age 14) by a white family, along with her two younger siblings. Of her adoptive family, Shannon says, “I never felt like I could measure up or talk to them about problems or questions I had.” Although her caseworker had emphasized to her adoptive family the importance of maintaining a cultural connection for the siblings, Shannon remembers her adoptive parents taking her to drum and dance only a couple of times. Each time she says it was “super awkward” and she “felt like an outsider.” She felt that her adoptive parents were not equipped to raise a Native child. She regularly heard slurs, even from her white family, including “backwards Indian.”

Later, when Shannon became involved with child protection as a parent, she would reflect on her experiences as a child in foster care. “I always said my kids will never be in foster care, and here it happened. It took a chunk out of my self-esteem.” With Paula’s help and support, however, Shannon was able to reunify with her three children. Paula says Shannon’s determination, resiliency, and love for her children helped Shannon reunify; Shannon says it was Paula’s support and confidence in Shannon.

Cultural identity is important. Paula was the first person to support Shannon in honoring her identity. But it wasn’t an overt aspect of Shannon’s case plan. “Paula didn’t come in saying, ‘Hey, you’re Native, let’s do Native things.’ She respected my cultural identity. There was a time when I had been with only white people and white culture. My cultural identity was really important because this is what people see when they look at me. I wanted to be proud. Paula knew my background; she understood the societal ills in my community. She acknowledged me as a Native person. Growing up, I heard so much horrible, stereotypical stuff. I love being Native—I wouldn’t change it for the world— but it comes with a lot of hardships too. Just being Native is political.”

Paula said that her focus was not on Shannon’s cultural connection, but rather on her identity development, which included her culture. “My practice principle is to start with respect. You need to have a certain level of respect for the people you’re working with. Start at being respectful, embracing the person with where they’re at, what they have, what’s important to them, and then build on that. It’s important to understand where someone is coming from. Identity is a core concept to every single person, but for kids who are ripped from their moorings, it’s even more important to acknowledge and understand it, and understand what they need to connect with their identity and culture. They need to be accepted for who they are.”

Now, as a parent leader, one of Shannon’s most passionate topics is prevention and mentoring. “If people knew how to parent, I think most would be better parents. I wish there was more concentration on prevention before the catastrophe happens. Kids experience trauma when they’re separated from their parents. That was a huge traumatic piece of my kids’ lives. My kids told me that they woke up and there were flashlights shining in their eyes—they were terrified. There needs to be something that happens before that moment, to prevent that moment.”

Both Shannon and Paula encourage worker awareness and training of historical and intergenerational trauma, and of the impact of adversity in general, for effective work with parents. Paula emphasizes that “workers need to at least have a basic understanding and acknowledgement of how that background [of adversity] has impacted the person in front of them today. One’s history doesn’t determine one’s future, but it can certainly impact it. Look at everyone as individuals and start there. Workers also need to bridge the contentious relationship in order to let the client know that they’re there to help the client meet goals. Don’t come in as ‘I’m the worker and you’re the client, and there’s a gap between us. Really, your goals should be the same.”

Shannon adds, “Having somebody who listened and believed in me made a world of difference. Paula was one of the very first people in my life that told me I could do something. I got my first professional job about six

months after my case closed. I thought, I don't have to feel bad all the time—I can do something. It was a different feeling. I have three degrees now. I never thought I'd finish even one. I just needed to know that I could do something." [Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota, CW 360, Winter 2015]

Tanya's story: Resiliency, hope and reunification

Tanya had a history of abuse. As a child, a family member sexually abused her. As a teenager, she abused drugs and sold her body. As an adult, the father of her children verbally, emotionally and physically abused her. Tanya was on a path to escape the abuse. She had gotten clean and moved away from the father of her children. She was a single mother making it on her own with her five children then the bubble burst. Tanya, without the support and coping mechanisms needed to continue on this path, attempted suicide while her children were at school. The children found her and called 911. Tanya lived but lost her children by volunteering to a change of custody.

With a hole in her soul from losing her children, she returned to the only coping mechanism she knew. Drugs. Not just one but many. Tanya was huffing, doing meth, heroin and marijuana. She was running and partying hard. Boom! A pregnancy test came back positive. Tanya all of a sudden felt whole; she had a purpose again to stop. A trip to a nearby town to score the father of her baby some drugs led to a traffic stop, jail time, probation and fines. Tanya was ready to run; in fact, she was in the car and on the road when she called her probation officer to talk. She never left town.

Child protection was alerted to her case and offered PSOP (Parental Support Outreach Program). Through PSOP, she learned about Family Spirit. Tanya was 26 weeks pregnant. Family Spirit was a program that linked her to other community services and kept her accountable to keep attending these programs, but most of all Tanya claims that Family Spirit provided someone to talk to, to listen to her, and to help her work through solutions other than drugs. This helped her be the best parent that she could be.

Tanya's child is 16 months old and continues to be in her custody. Tanya continues to look forward to her Family Spirit lessons and has not missed a visit. This road has not always been smooth, but Tanya has not given up. She believes she "was given a second chance to have a child and will not screw it up again." [Beloved Child Project participant (name has been changed), Lower Sioux Indian Community and Southwest Health and Human Services, Child Welfare Disparity Grant]

The Beloved Child project implements the Family Spirit Model, a family and evidence-based intervention program to reduce drug abuse and increase maternal knowledge. The program incorporates indigenous-based intervention practices.