



2023 Minnesota Annual Progress and Services Report

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1. General information

Collaboration

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

Department and Child Safety and Permanency (CSP) Division staff engage with families, children/youth, and other partners on an ongoing basis. Since the onset of the COVID-19 pandemic in March 2020, national public health emergency and state peacetime emergency affected ways in which engagement occurs. To ensure the safety of department staff and partners, creating remote work environments was necessary, continuing to date; collaboration and coordination among staff and partners occurred through virtual meetings and other strategies.

In development of the Child and Family Services Plan (CFSP), department staff acknowledged the need to be more holistic in their engagement approach, broadening efforts to engage and incorporate feedback systematically from other family-serving systems, communities, community-based agencies, and families and children served. The CFSP includes goals and strategies designed to broaden engagement and collaboration with these stakeholders, and to ensure feedback is used in future planning. These strategies focus on gathering input and facilitating ongoing collaboration on continued development and refinement of CSP goals.

The CSP redesigned continuous quality improvement (CQI) system includes engagement and feedback loops with county and tribal social service agencies, community-based organizations through participation in advisory and implementation teams, and from families/youth. Regular feedback on learning through the CQI processes will be incorporated in goals and strategies.

Examples of substantial, ongoing, and meaningful collaboration department staff engaged in over the past year include the following:

- Partnering with the Children’s Justice Initiative (CJI) Advisory Committee, which meets quarterly, co-chaired by the CSP Division director and the Chief Justice of the Minnesota Supreme Court. Advisory committee members include a CSP deputy director, and the Children and Family Services (CFS) Administration deputy assistant commissioner. The CJI Advisory Committee sets priorities and directs annual activities.
- The Minnesota Children’s Justice Act (CJA) Task Force has historically met quarterly with presentations and discussions of current issues and projects, and planning work focusing on improving processes, policies, and practices regarding front-end child welfare system

Partners and stakeholders

Administration for Children and Families •Citizen Review Panels
•Child Mortality Review Panels
•Regional supervisor groups
•Minnesota Association of County Social Services Administrators, Child Well-being Committee
•Indian Child Welfare Act Advisory Council •Children’s Trust Fund
•Children’s Justice Act Task Force
•County agency staff and administration •Tribal representatives •University of Minnesota •Minnesota State Colleges and Universities System
•Children’s Justice Initiative •State Ombudspersons for Families (Latino, African American, American Indian, Asian)
•Community service providers
•Community-based organizations
•Former foster youth •Juvenile corrections •Child development services •Behavioral health
•Licensing •Economic Assistance and Employment Supports •Health care policy •Child and maternal health •Early learning services
•Center for Health Equity •Parent Leaders for Child Safety and Permanency •Prevent Child Abuse MN •Youth councils •Parent leaders
•Minnesota information technology

responses. The task force serves as a multi-disciplinary advisory board to the department. A new meeting structure was introduced in July 2021 to implement the three recommendations the task force made for 2021-2024, and subcommittees were formed. The three subcommittees began meeting in October 2021, establishing a monthly meeting schedule and appointing chairs who collaborate with department staff, providing leadership for subcommittee work. The task force (as a whole) began meeting every other month in November 2021 to maintain momentum and progress.

- Collaborating with the State Court Administrator's office on specific CFSR Program Improvement Plan (PIP) activities and Court Improvement Plan (CIP) development and activities. While implementation of goals, strategies, and key activities included in the CFSR PIP was completed successfully during this reporting period, CSP and State Court Administrator's staff meets monthly to continue collaborating, planning, and implementing joint projects, and planning for round four of the CFSR.
- Attending Indian Child Welfare Act (ICWA) Advisory Council meetings to provide updates on department work, and engaging in consultation on policies affecting American Indian children and families.
- Funding county agencies and American Indian Child Welfare Initiative (AICWI) tribes to provide Parent Support Outreach Program (PSOP) workers who conduct comprehensive assessments of families' needs and strengths, together making decisions regarding services or community resources that will promote successful outcomes. During the pandemic, eligibility criteria was broadened and additional funding was provided to county and AICWI agencies to specifically serve families who experienced economic insecurity due to the COVID-19 pandemic.
- Convening seven independent Youth Leadership Councils. These councils give youth a voice for improving the foster care system, both locally and statewide to strengthen services for youth aging out of care, provide leadership opportunities, and represent the interests of youth in policy-making and training. These councils provide the department with input on policies affecting older adolescents in foster care and service delivery.
- Convening periodic meetings with local agency staff, such as consulting through Rapid Consultations and monthly phone calls.
- Consulting with county and tribal agency staff regarding development of Safety Practice Profiles, including piloting use of the profiles with supervisors and caseworkers statewide.
- Engaging in regular meetings with the Minnesota Association of County Social Service Administrators (MACSSA) to ensure ongoing engagement with and feedback from local agency leadership. The frequency of meetings increased at the onset of the pandemic to consult on issues regarding the pandemic and ensuring safe, consistent service delivery to children and families.
- Convening mapping sessions with county and tribal agency staff, foster parents, visitation service providers, and county and parent attorneys to learn about barriers for face-to-face parent/child visits during the pandemic for development of practice guidance to ensure continuation of parent/child visitation in a safe way.
- Incorporating individual outreach to youth receiving Education and Training Vouchers, as well as to case managers and/or youth about to turn 18 or in extended foster care, ensuring meeting their needs during the pandemic.
- Ongoing, regular convening of multiple stakeholders across the child welfare

continuum, including county and tribal agencies, courts, providers, and communities, in planning for implementation of the Family First Prevention Services Act (FFPSA).

- Supporting work of the Children’s Cabinet through participation in the Senior Leadership team, and multiple work groups focused on improving healthy births, children’s mental health, early learning, and housing supports.
- Participating in the Interagency Leadership Team, bringing together directors across the Minnesota Departments of Health, Human Services, and Education focused on improving the system of care for young children and their families.
- Collaborating with Child Development Services and Economic Assistance and Employment Supports divisions, and Future Services Institute, University of Minnesota, to fund 12 communities experiencing geographic, economic, or racial inequities across the state to co-create whole family solutions to issues identified as critical by those communities.
- Coordinating with the Minnesota Departments of Health and Education to conduct a community needs assessment, and develop a strategic plan as part of the planning year of the Preschool Development Grant (PDG). The PDG Community-based Needs Assessment engagement process included 134 events within 56 communities and 11 tribal nations in as many as six different languages. Of 1,372 participants, 73% were parents.

Stakeholder involvement was, and continues to be, key to ensuring the direction of program efforts stays focused on relevant goals and objectives, based on real data, and considerate of agencies’ strengths and areas needing improvement. Since Minnesota is a state supervised, county administered system, collaboration with stakeholders is fundamental to achieving shared outcomes.

This report is on the department’s website, and sent to chairs of the Indian Child Welfare Advisory Council:

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

2. Update on assessment of performance

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

1. Increases in the disproportionate representation of African American and American Indian children in the child welfare system, beginning at the point of child protection reporting and through placement of children in out-of-home care
2. Increases in workloads straining the child welfare system beyond capacity, and

3. A quality assurance process not systemically capturing information sufficient to guide identification of strategies and activities to target areas presenting the greatest challenges for the child welfare system.

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

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

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

2021 Update: The COVID-19 pandemic impacted Minnesota's capacity to fully implement CFSR PIP goals, strategies, and key activities within the original implementation period. As a result, in April 2020, department staff requested and received a six-month extension to the implementation period. The final progress report on implementation of PIP goals, strategies and key activities was submitted to the Administration for Children and Families (ACF), Children's Bureau, in November 2020; in April 2021 the Children's Bureau verified Minnesota's completion of PIP goals. As a result, of discussions between Children's Bureau and department staff, continued efforts to implement, sustain, and monitor several PIP activities are reported in in this document.

Department staff continued to monitor progress on all CFSR items by conducting CFSR reviews, documenting case reviews in the Online Monitoring System (OMS), and submitting measurement reports to the Children's Bureau on CFSR items for which PIP performance goals have not been met. Performance goals for the three remaining PIP items (4, 6 and 15) were met; however, verification of completion has not been received for Items 4 and 6. Additional updates on performance are included throughout this document.

2022 Update: In August 2021 Minnesota received confirmation of the successful completion of the Program Improvement Plan that resulted from the Round 3 CFSR held in 2016. Since that time the department has paused completing CFSR reviews to explore and test additional processes to enhance the department's ability to understand systemic influences impacting the child welfare system. It is believed the addition of learning processes and more targeted evaluation of disparities, combined with CFSR data, will give us a more comprehensive view of our system, resulting in improved outcomes across the state sustained over time. Minnesota has had a robust CFSR process in place for several years known around the state as the MnCFSR. Reviews have been completed at the local and state level, as well as individually when requested. The department is planning to begin CFSR reviews in the upcoming year in preparation of Round 4 CFSRs.

During this pause in completion of CFSRs the department has used a variety of quantitative data measures (state, federal, CQI indicators, and relative rate index) as well as qualitative data collected through a variety of processes including Systems Learning Reviews (SLR), Systems Learning Mappings (SLM) Systemic Critical Incident Reviews (SCIRs) and Screening Reviews to complete assessment of the state’s performance. Additionally, department staff have completed a CFSR crosswalk, which aligns CFRS items with CQI indicators, relative rate index data points, state and federal measures.

Child and family outcomes

Safety Outcome 1

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

Table 1. State measure

	Standard	2016	2017	2018	2019	2020	2021
Timeliness to initial contact	100%	80.1%	83.7%	88.4%	88.1%	85.0%	84.1%

2020 Update: After steady, incremental progress over the past few years, Minnesota’s performance on timeliness to initial face-to-face contact with alleged child victims remained steady between 2018 and 2019. A number of activities targeted at improving timely contact with children in response to reports of maltreatment were included in the PIP. The state successfully completed the majority of those activities by the end of the PIP implementation period (Apr. 30, 2020), meeting the PIP performance goal for CFSR Item 1.

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

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

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

While Hennepin County’s performance on timely face-to-face contact with alleged child victims of maltreatment reports continues to be significantly improved since the 2016 CFSR, there was a

decline in performance in Hennepin County and state performance in the past several months. Identified influences were noted to be staff shortages dating back to 2019, and screening team processes that delayed assignment of screened in reports to caseworkers. Hennepin County created specific plans to address both influences, and successfully reduced the time of assignment to an average of three to four hours following receipt of a report.

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

2021 Update: Minnesota's performance on timeliness to initial face-to-face contact with alleged child victims decreased slightly in 2020. Dips in performance were particularly noted in spring and summer 2020, when many children were distance learning and on summer break. School closures affected agencies' ability to locate children for initial contact pursuant to a maltreatment report. There was an observed rebound of performance starting in Fall 2020 as schools and the state, in general, re-opened.

Department staff is piloting a new learning process, the Systems Learning Review (SLR) and Systems Learning Mapping (SLM) as part of the redesign of CQI processes. These pilots focus on learning about barriers to timely contact with children in response to a maltreatment report before and during the pandemic. When complete, results of learning processes will be analyzed to identify themes, patterns, and potential strategies targeting improvement.

Department staff continues to meet with Hennepin County's CQI Governance Team on a quarterly basis. Its performance on timely face-to-face contact with alleged child victims of maltreatment reports continues to improve significantly since the 2016 CFSR. In 2015, Hennepin County's performance was below 60%; in 2020, its performance was just below 80%. The county's performance did decline from 2019 to 2020 due to the pandemic. Investigating workers were unable to access children/youth in their school setting. COVID-19 caused families to move around or, in some cases, caused parents and children to live separately from one another. This resulted in being more challenging to locate children for initial contacts.

Hennepin County's performance has improved in 2021 to date. This is primarily due to the reopening of schools in the second quarter. In the first quarter of 2021, it had a notable increase in cases requiring a 24-hour response. This resulted in investigators prioritizing those investigations over reports that require a response within 120 hours. Due to the trial of Derek Chauvin and the murder of Daunte Wright, law enforcement officers were reassigned and the Minneapolis Police Department was deployed to other duties, which affected process and timelines for child maltreatment investigations. There were also safety issues for staff going to certain areas of the county occupied by law enforcement due to safety reasons.

2022 Update: After steady, incremental progress in 2016 and 2017 Minnesota's performance on timeliness to initial face-to-face contact with alleged child victims remained steady between 2018 and 2019, but has fallen off a bit in 2020 and 2021. As noted in the 2021 update the department completed targeted SLR and SLMs to better understand systemic influences impacting the decline.

Additionally data collected from the Fatality/Near Fatality Systemic Critical Incident Review process has been reviewed to provide additional data. Identified themes included staffing shortages/turnover, increased administrative work, challenges locating children and families, and pressures to manage multiple roles at once (ex. investigation/assessment and case management). The qualitative data collected is in the systemic analysis phase of the CQI process and will result in considerations for action to address the identified systemic barriers/influences.

Department staff continues to meet with Hennepin County’s CQI Governance Team on a quarterly basis. Its performance on timely face-to-face contact with alleged child victims of maltreatment reports continues to improve significantly since the 2016 CFSR. In 2015, Hennepin County’s performance was below 60%; in 2020, its performance was just below 80%. In 2021 their performance increased to 81.3%. Noted during review of Hennepin County’s performance was a significant drop in cases assigned to Family Investigation 24 hour response from 1900 in 2019 compared to 1370 in 2021 and Family Assessment (5 day response) from 5000 in 2019 compared to 3800 in 2021. This decrease in assigned investigation/assessments may have contributed to the agency’s ability to have face-to-face contact with alleged victims timely more frequently, along with the agency’s targeted work to ensure these contacts are made timely.

Safety Outcome 2

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

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

Table 2. Federal and state measures

	Standard	2016	2017	2018	2019	2020	2021
Federal re-entry measure	8.3% ↓	18.3%	17.3%	15.9%	15.6%	15.8%	11.1%
Maltreatment recurrence	9.1% ↓	8.2%	9.0%	9.0%	6.1%	5.5%	5.8%
Maltreatment in foster care (per 100,000 days)	8.5 ↓	8.1	9.2	7.1	7.4	5.7	6.6

In Minnesota’s PIP, two areas were identified as possible influences to performance in Safety Outcome 2: 1) Lack of buy-in from the workforce on use of Structured Decision Making (SDM) tools

for assessing risk and safety, and 2) Gaps in Minnesota’s safety framework around ongoing assessment of risk and safety. Several strategies were proposed to address influences through the PIP. These strategies focused on activities related to improved and consistent use of SDM tools for assessing and addressing identified risk and safety issues, preventing removal/re-entry, and development of a safety model to guide decisions across the life of a case, in partnership with the Capacity Building Center for States. A Safety Advisory Work Group was created with county leaders representing all Minnesota Association of County Social Service Administrator regions to review data, both qualitative and quantitative, on decision-making, and make recommendations on how to create improved consistency of practice in assessment of risk and safety. Next steps include development of practice profiles across five domains of safety, included in CFSP Goals 1 and 3.

Table 3. CFSR outcomes and items by PIP Measurement Period (PMP)

	2016 CFSR	Baseline	PMP 1	PMP 2	PMP 3	PMP 4	PMP 5	PMP 6	PMP 7	PMP 8	PMP 9	PMP 10
Safety Outcome 2	43%	58%	64%	85%	91%	87%	79%	82%	90%	89%	90%	91%
Item 2: Services to family to protect child(ren) in the home and prevent removal or re-entry	50%	88%	85%	96%	100%	100%	100%	100%	94%	93%	100%	100%
Item 3: Risk and safety assessment and management	43%	58%	69%	85%	91%	87%	79%	82%	90%	89%	90%	91%

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

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

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

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

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

Reinforcing safety practice occurred in various ways, e.g., Communities of Practice meetings statewide, and consultation occurring via the Rapid Child Welfare Consultation and Support

System. In FFY2020, Communities of Practice meetings focused on developing, implementing and evaluating safety plans, and co-occurrence of maltreatment and domestic violence.

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

2021 Update: Case reviews continue to reflect consistently strong performance in Safety Outcome 2. Minnesota's performance on the federal data indicators related to maltreatment recurrence, and maltreatment in foster care has improved; Minnesota continues to meet the national standard for each of those indicators. However, while performance on the foster re-entry indicator remained steady over the past few years, Minnesota does not meet the national standard.

Minnesota's Court Improvement Project (CIP) and department CQI staff began meeting on a regular basis during this reporting year for monitoring performance and planning for upcoming CFSRs and the CIP plan. Planning is underway to include a joint project in the CIP plan to assess influences to foster care re-entry, and develop strategies to positively impact performance.

All training, including revised SDM training, continues to be offered only virtually due to the COVID-19 pandemic, peacetime emergency and restrictions on travel and in-person meetings.

Reinforcing safety practice continues to occur through technical assistance and consultation provided via the Rapid Child Welfare Consultation and Support System. Division staff worked in collaboration with the Capacity Building Center for States, and the Safety Framework Advisory Committee to develop and implement use of Safety Practice Profiles. The profiles are a tool for defining safety-related interventions, describing how it works in everyday practice across the life of a case. The goal of the Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and to help guide appropriate goal setting, working to enhance practice skills. Information is in updates to Strategy 1.1.1 and 4.1.3 later in this document.

2022 Update: Minnesota continues to be above the standard for re-entry of children into out of home placement but there has been a decrease in this rate going from 18.3% in 2016 to just above 11% in 2021. Further exploration of this data suggests a higher rate of re-entry for children receiving services related to corrections and mental health,

Minnesota's Court Improvement Project (CIP) and department CQI staff met on a quarterly basis during this reporting year for monitoring performance and planning for upcoming CFSRs and the CIP plan. A joint project in the CIP plan is to assess influences to foster care re-entry related to African American children, and develop strategies to positively impact performance.

Minnesota consistently performed well on Items 2 and 3 of the CFSRs beginning in 2018 until May 2021 when CFSR review ended. The department continues to monitor these items through SSIS by monitoring the use of SDM tools, caseworker visits, and re-entry.

The agency continues to reinforce safety practice through technical assistance and consultation provided via the Rapid Child Welfare Consultation and Support System. Division staff worked in collaboration with the Capacity Building Center for States, and the Safety Framework Advisory Committee to develop and implement use of Safety Practice Profiles. The profiles are a tool for defining safety-related interventions, describing how it works in everyday practice across the life of a case. The goal of the Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and to help guide appropriate goal setting, working to enhance practice skills.

Permanency Outcome 1

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

Table 4. Federal performance measures

	Standard	2016	2017	2018	2019	2020	2021
Permanency in less than 12 months	40.5% ↑	50.6%	47.5%	48.6%	49.5%	46.1%	48.6%
Permanency in less than 12 months: 12 – 23 months in care	43.6% ↑	48.1%	51.2%	58.9%	55.5%	53.3%	54.0%
Permanency in less than 12 months: 24 months or more in care	30.3% ↑	25.2%	28.9%	34.0%	33.2%	33.8%	37.6%
Placement stability (per 1,000 days in care)	4.12 ↓	4.0	3.9	3.7	3.9	3.4	3.3

Table 5. CFSR outcomes and items by PIP Measurement Period (PMP)

	2016 CFSR	Baseline	PMP 1	PMP 2	PMP 3	PMP 4	PMP 5	PMP 6	PMP 7	PMP 8	PMP 9	PMP 10
Permanency Outcome 1	25%	59%	51%	57%	56%	68%	56%	67%	72%	63%	70%	72%
Item 4: Stability of foster care placement	65%	85%	80%	77%	79%	83%	82%	88%	87%	78%	87%	96%
Item 5: Permanency goal for child	68%	83%	78%	76%	84%	90%	88%	86%	89%	93%	93%	89%
Item 6: Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	50%	74%	66%	71%	78%	71%	69%	77%	78%	78%	85%	78%

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

In terms of achievement of permanency in a timely manner, Minnesota has historically had more difficulty achieving permanency for children in care for 24 months or more, despite recent

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

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

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

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

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

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

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

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

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

2021 Update: Minnesota meets national standards for all permanency federal data indicators. Performance on Permanency Outcome 1 and related items measured through case reviews has fluctuated. The performance goal for the two remaining Permanency Outcome 1, PIP Items 4 and 6, were met; however, verification of completion has not been received.

For children who left out-of-home placement in 2020:

- 52% were reunited with their birth parents or legal guardians
- 16% were adopted
- 11% had a permanent transfer of physical and legal custody to a relative
- The remainder were discharged for other reasons, e.g., runaway, aging out of care, etc.

Over the past three years, there was a reduction in the number of children entering foster care, but an increase in the time to achieve permanency. One of the primary reasons children enter foster care continues to be caretaker substance use. These cases are often more complex, taking additional time to resolve all safety concerns, resulting in other means of achieving permanency – which often takes longer than reunification. The COVID-19 pandemic affected the number of children entering and exiting foster care, as well as the overall time children spent in care. While it is difficult to identify a clear link between COVID-19 and changes observed with children in foster care, many children and families faced challenges associated with navigating the pandemic and accessing necessary services to move toward permanency. Information gathered during case reviews did not indicate that courts were contributing to delays in achieving permanency during the pandemic. Juvenile protection matters statewide continued to be heard remotely or via paper reviews, consistent with orders issued by Minnesota's Chief Justice.

2022 update: Minnesota continues to meet national standards for all permanency federal data indicators. Over the past four years, there was a reduction in the number of children entering foster care, but an increase in the time to achieve permanency. One of the primary reasons children enter foster care continues to be caretaker substance use. These cases are often more complex, taking additional time to resolve all safety concerns, resulting in other means of achieving permanency – which often takes longer than reunification. The COVID-19 pandemic affected the number of children entering and exiting foster care, as well as the overall time children spent in care. While it is difficult to identify a clear link between COVID-19 and changes observed with children in foster care, many children and families faced challenges associated with navigating the pandemic and accessing necessary services to move toward permanency.

[Permanency Outcome 2](#)

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

Minnesota made strides in the past few years in relative placement. Statewide performance

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

Table 6. State measure

	Standard	2016	2017	2018	2019	2020	2021
Relative care (percent of family foster care days)	35.7%	53.1%	57.0%	59.1%	60.2%	62.7%	62.3%

Table 7. CFSR outcomes and items by PIP Measurement Period (PMP)

	2016 CFSR	Baseline	PMP 1	PMP 2	PMP 3	PMP 4	PMP 5	PMP 6	PMP 7	PMP 8	PMP 9	PMP 10
Permanency Outcome 2	63%	87%	82%	86%	95%	93%	85%	88%	94%	94%	98%	96%
Item 7: Placement with siblings	88%	97%	94%	97%	97%	84%	83%	90%	91%	87%	93%	91%
Item 8: Visiting with parents and siblings in foster care	67%	80%	72%	84%	93%	89%	79%	81%	85%	89%	95%	93%
Item 9: Preserving connections	84%	96%	93%	95%	96%	95%	97%	100%	100%	100%	98%	98%
Item 10: Relative placement	69%	96%	87%	91%	98%	98%	98%	100%	98%	96%	96%	98%
Item 11: Relationship of child in care with parents	54%	83%	71%	73%	81%	88%	81%	86%	95%	93%	90%	95%

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

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

2021 Update: Performance on the state measure of the percentage of total days children spent in relative care in a foster care episode continues to increase. The 2020 data indicates that almost 63% of days children spent in foster care was spent in relative foster care.

Case review performance on Permanency Outcome 2 items indicates continued or sustained improvement in many areas. The pandemic and stay-at-home and shelter-in-place orders presented challenges to visitation between parents and children in out-of-home placement. In an

effort to better understand these challenges, the department worked with a contractor to convene and facilitate three separate Systems Learning Review (SLR) mapping sessions with multi-disciplinary teams from all levels of the child welfare system. The sessions resulted in identification of systemic barriers to visitation, successful strategies agencies used to address barriers, recommendations for statewide strategies, and development of a guide for county and tribal child welfare agency staff, specific to facilitating parent-child visitation during the pandemic.

2022 Update: Performance on the state measure of the percentage of total days children spent in relative care in a foster care episode increased from 2016 through 2020 and remained about the same in 2021, with 63% of days spent in foster care is with relatives. When children are placed with relatives there is a natural connection to their extended family and often times their community. Children who enter out of home placement in Minnesota are likely to maintain connections as it relates to education as well, with around 83% remaining in the same school upon entry into foster care. Additionally children are most likely to be placed with at least one siblings when entering out of home placement, this occurred 82% of the time in 2021.

[Child Well-being Outcomes 1, 2 and 3](#)

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

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

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

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

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

This work will continue in the CFSP. Continuation of the Innovation Zone work is in Goal 1 of the CFSP, and as implementation continues and important lessons are learned, information will be incorporated in future strategies in the CFSP to ensure that progress is made in improving engagement with children, families and resource families. The strategy in CFSP Goal 1 involving development and implementation of Safety Model Practice Profiles supports efforts in improving

engagement.

Table 8. State measure

	Standard	2016	2017	2018	2019	2020	2021
Caseworker visits	95.0%	79.8%	81.1%	82.3%	82.8%	83.8%	83.3%

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

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

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

Table 9. CFSR outcomes and items by PIP Measurement Period (PMP)

	2016 CFSR	Baseline	PMP 1	PMP 2	PMP 3	PMP 4	PMP 5	PMP 6	PMP 7	PMP 8	PMP 9	PMP 10
Child Well-being Outcome 1	38%	61%	57%	74%	77%	76%	72%	83%	80%	75%	85%	88%
Item 12: Needs and services of child, parents and foster parents	38%	69%	63%	76%	78%	82%	79%	85%	84%	78%	88%	91%
Sub Item 12A: Needs assessment and services to children	62%	93%	94%	94%	97%	94%	96%	98%	96%	96%	98%	98%
Sub Item 12B: Needs assessment and services to parents	43%	74%	63%	79%	79%	83%	82%	89%	89%	84%	91%	94%
Sub Item 12C: Needs assessment and services to foster parents	72%	86%	79%	90%	91%	94%	89%	90%	93%	90%	92%	94%

Item 13: Child and family involvement in case planning	40%	79%	76%	89%	87%	84%	87%	94%	91%	87%	89%	92%
Item 14: Caseworker visits with child	55%	64%	73%	78%	86%	86%	89%	92%	89%	90%	93%	90%
Item 15: Caseworker visits with parents	36%	71%	66%	75%	74%	73%	73%	84%	85%	78%	78%	72%
Well-being 2	70%	98%	98%	97%	99%	100%	100%	100%	100%	100%	98%	97%
Item 16: Educational needs of child	70%	98%	98%	97%	99%	100%	100%	100%	100%	100%	98%	97%
Well-being 3	41%	84%	84%	91%	94%	93%	92%	93%	90%	92%	95%	96%
Item 17: Physical health of child	48%	93%	87%	98%	98%	95%	95%	95%	91%	95%	98%	100%
Item 18: Mental/behavioral health of child	56%	86%	93%	91%	95%	96%	95%	95%	92%	93%	96%	96%

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

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

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

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

The department developed and distributed a best practice guide for caseworker visits with children in January 2020. Various activities were completed to support and reinforce guidance on caseworker visits including embedding the guidance into trainings offered through the Minnesota Child Welfare Training Academy and, again, Minnesota met the performance goal for the CFSR item related to caseworker visits with children (Item14). However, Minnesota’s performance on caseworker visits with children in out-of-home placement continues to be below the federal expectation of 95 percent. Additional activities, including providing reports to local agencies for monitoring completion of visits during the month was implemented.

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

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

2021 Update: In this update period, Minnesota met the last remaining PIP performance goal associated with Well-being Outcome 1 - Item 15, Caseworker visits with parents. Since meeting the PIP performance goal for other Items, performance has:

- Remained above the PIP performance goal in all reporting periods since meeting goals for items 12 and 14
- Dropped below the PIP performance goal in three reporting periods, but remained at or above the performance goal in four reporting periods since meeting the goal for item 13
- Dropped below the PIP performance goal in two of three reporting periods.

Waivers to requirements for caseworker visits with children made because of the COVID-19 pandemic, referenced in the 2020 Update, remain in place to date. The department continues to reinforce guidance provided earlier regarding caseworker visits with children through:

- Providing a best practice guide and technical assistance to caseworkers with cases selected for a CFSR review
- Referencing the guide during case consultations that occur with local agency staff via the Rapid Child Welfare Consultation and Support System
- Reflecting guidance in training offered through the Minnesota Child Welfare Training Academy.

2022 Update: The items evaluated within Well-being Outcome 1 are foundational to a well-functioning child welfare system and achieving positive safety, permanency and well-being outcomes for children and families. Minnesota maintained high performance for this outcome during the last few PIP measurement periods. Caseworker visits remain below the national standard but have continue to slowly improve since 2016, with statewide performance in 2021 at 83.3%

CFSR Systemic Factors

For the majority of systemic factors rated as not in substantial conformity in the 2016 CFSR, the department had insufficient evidence to demonstrate an effective system, resulting in ratings of area needing improvement. As a state supervised, county administered system, the information requested for demonstrating effectiveness of systemic factors are often maintained at the county level, e.g., training records of staff and foster parents. The following provides updates to activities undertaken to make improvements on Minnesota's performance in the six systemic factors rated as not in substantial conformity with standards in the 2016 federal CFSR, as part of the PIP and any new strategies included in the CFSP:

- **Statewide Information System.** The not in substantial conformity rating in the 2016 CFSR for the Statewide Information System was based on an inability to demonstrate data quality and accuracy. To address this issue, department staff conducting CFSR case reviews implemented a process for reviewing the accuracy of placement data (e.g., address, date of

birth, gender, race, and permanency goals) for cases reviewed. Results of data accuracy reviews clearly demonstrated inconsistencies in how address information is entered in the Social Service Information System (SSIS); other placement data is consistently entered and accurate. Department staff considered options to ensure timely and consistent entry of physical location of children in foster care and determined connecting a child's physical location address to their foster home placement would provide timely and consistent entry, as well as reduce data entry for caseworkers. Beginning with the release of SSIS version 20.3 statewide on Aug. 26, 2020, all child foster home providers entered in SSIS will be required to have a current physical location address with a valid county selected. Each time a child's placement setting/location is entered or changed in SSIS their physical location address is connected to that placement setting. Data Integrity Report and Data Cleanup messages were implemented, designed to increase an agency's ability to ensure child foster homes have a physical location address and valid county identified, as well as identify children's current physical location address. The Data Cleanup messages will identify both newly and previously entered foster homes, ensuring the most accurate physical location addresses are available.

- **Case Review System.** Two items in particular caused the rating of not in substantial conformity in the 2016 CFSR: Written case plans and notice of hearing and reviews to caregivers. For written case plans, it was indicated the rating of needs improvement was based on lack of engagement with parents and children in case planning. Engagement is the focus of Goal 1 of the CFSP and updates are included in that section of this document. Minnesota met the PIP performance goal for Item 13: Child and family engagement in case planning.

Department staff, in collaboration with the State Court Administrator's Office staff created a notice of hearing specifically for resource families as a strategy for improving notice of hearings to caregivers. The revised notice of hearing has been in use statewide since Oct. 4, 2019. Department staff also developed a plain language, comprehensive guide to court proceedings for resource families; statewide distribution of the guide occurred in January 2020. A survey of resource families indicated that since statewide implementation of the revised notice of hearing, 90% of respondents reported receiving the notice.

- **Quality Assurance System.** Department staff has engaged with the Capacity Building Center for States for the past four years on redesigning the states quality assurance/continuous quality improvement system. More updates on activities completed regarding this system factor are included later in this document. (See updates to Goal 5 in sections 3 and 4.)
- **Staff and Provider Training.** The department continues to implement the new Child Welfare Training Academy in partnership with the University of Minnesota, Center for Advanced Studies in Child Welfare. Per agreement with the Children's Bureau, two strategies included in Minnesota's CFSR PIP related to improving safety, permanency, and well-being for children and families through investment in the child welfare workforce was moved to the APSR for ongoing reporting. The strategies are:

- Implementing components of the recommended Child Welfare Training Academy to train caseworkers and supervisors on core competencies developed from Minnesota’s Child Welfare Practice Model
- Create and distribute a survey to local agencies to report on whether training requirements for caseworkers are being met. The survey will be distributed to each local agency every other year. When training requirements are not met, local agencies will be asked to develop a plan for ensuring staff receive the required number of training hours.

The Minnesota Coaching Academy for Child Welfare Supervisors began its first training cohort in July 2021, due to circumstances out of the department’s control the first training cohort was not completed. The Child Welfare Training Academy has submitted requests for proposals to identify a partner in building a coaching curriculum that embraces equity as a central component to coaching.

It is anticipated the academy will complete a rewrite of the new worker training curriculum, including enhanced integration of the competencies from the Minnesota Child Welfare Practice Framework.

- **Service Array and Resource Development.** The department continues to ensure a service array in accordance with federal requirements under 45 CFR 1355.34(c)(5), that child and family services must provide for the safety and protection of children, as well as preserve and support families, according to defined service principles. This requirement is achieved through the department’s supervisory role/support to county agencies, and implementation of protocols and best practice at the county level. It is critical that efforts focus on supporting communities where children live and include efforts to coordinate services at both the local and state levels, completed with attention and efforts toward ensuring equity. The entirety of Goal 4 in the following section focuses on improving access to and utilization of services that meet the needs of children and families; see that section for specific updates on activities.
- **Agency Responsiveness to the Community.** In the 2016 federal CFSR, the department was found to be in substantial conformity for this systemic factor. Coordination of CFSP services with other federal programs was found to be a strength; state engagement and consultation with stakeholders pursuant to CFSP and APSR was an area in need of improvement. Refer to the updated collaboration section of the CFSP for information about collaboration and engagement with the community, including areas of strength and opportunities for growth. Strategies for increased collaboration are also included in Section 3, Goal 5.
- **Foster and Adoptive Licensing, Recruitment and Retention.** Department staff focused strategies related to this systemic factor in the PIP, primarily on increasing foster family recruitment, increasing support for foster families, and supporting relative providers through the licensing process. More updates on activities and progress related to this systemic factor are in the next section, see Goals 1 and 4.

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

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

Revisions to Goals, Objectives, and Interventions, Including Progress

As referenced previously, through agreement with the Children’s Bureau, continued reporting on some CFSR PIP activities continues via the APSR. Updates on those areas are included in either this or the above section.

Following consultation with court partners, two strategies were discontinued (2.3.2 and 3.3.2); strategy 3.3.2 will be replaced with a new strategy regarding a joint project between the department and Court Improvement Project staff. Additional details are below.

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

Measures of progress

To address the CFSP goal regarding engagement and collaboration, progress will be assessed using CFSR Permanency Outcome 2, Well-being Outcome 1, and the state performance measure on caseworker visits. The measurement targets for this goal are in Table 10.

Table 10. Goal 1: Measurement targets

Measure type	Measures	Target	Baseline year	Baseline	Year 1 (2017/2018)	Year 2 (2018/2019)	Year 3 (2019/2020)
CFSR	Permanency Outcome 2	88.0%	2017/2018	83.0%	83.8%	90.7%	91.2%
CFSR	Well-being Outcome 1	70.0%	2017/2018	61.0%	65.7%	79.4%	79.2%
Measure type	Measure	Target	Baseline year	Baseline	Year 1 (2019)	Year (2020)	Year (2020)
State	Caseworker visits	87.0%	2018	82.3%	82.8%	83.8%	83.3%

Objectives

Objective 1.1. Improve knowledge and practice related to developing, engaging, and supporting social support networks (including relatives) for children to remain safely in their home – and when placement is necessary, maintain connections, improve placement options, and support permanency outcomes. This objective will be achieved through the following strategies.

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

Table 11. Measurement benchmarks for goal 1, objective 1

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Item 11 baseline (2017/18): 83%	Target: 85% Observed: 72%	87% 87.2%	89% 89%	91% --	93% --
Item 12C baseline (2017/18): 86%	Target: 87% Observed: 84%	88% 92.2%	89% 90%	90% --	91% --
Resource family satisfaction with engagement survey	Survey developed, implemented, and baseline and target established	On hold due to pandemic	On hold		

- Strategy 1.1.1:** Develop and implement Safety Practice Profiles that include a core component of involving safety networks. Utilizing social support networks, including relatives and kin, is one of the five core components included in the department’s Safety Practice Profiles under development in the PIP. This core component will define and outline key behaviors in development and implementation of social support networks to enhance safety in a child’s home environment whenever possible.

2020 Update: Child Safety and Permanency Division staff, in collaboration with the Capacity Building Center for States, and Safety Framework Advisory Committee, developed Safety Practice Profiles. The profiles are a tool for defining safety-related interventions; describing how it works in everyday practice across the life of a case. The goal of the Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and to help guide appropriate goal setting, working to enhance practice skills. One of the four key components is involving safety networks, which promote keeping families together whenever possible, involving kin to support families, and supporting timely reunification with supports.

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

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

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

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

2021 Update: For the safety of children involved in the child welfare system, it is imperative that child welfare staff make safety decisions across the life of a case with fidelity to a model (consistent with guidelines and standards of the state). The Safety Practice Profile tool supports that fidelity by establishing a model for practice. In 2020, the Safety Profiles project moved to pilot phase. The first pilot took place between April 2020 and September 2020. The purpose of this pilot was to measure utility of the tool and its implementation to make informed decisions about its improvements.

The initial pilot group included 46 participants consisting of six supervisors and 40 workers from three agencies serving six counties. Each participating agency involved in the initial pilot provides social services to predominantly rural areas, including:

- Minnesota Prairie County Alliance (MNPrairie) is a multi-county agency partnership among Dodge, Steele and Waseca counties located in southern Minnesota
- Pope, Grant, and Traverse county social services agencies, located in west central Minnesota, work in partnership and share a social services supervisor
- Rice County Social Services is in southern Minnesota, approximately 50 miles south of the Minneapolis-St. Paul metro area.

Workforce participants included a variety of professional roles across the child welfare continuum, including screening, assessment/investigation, ongoing case management, and adoption/permanency.

During the first pilot, workers and supervisors were able to use the tool in a variety of ways and situations. Supervisors most often found the Safety Practice Profile (SPP) helpful as a supervisory tool. Workers most often found it helpful as a way to reflect on their own practice, and use one-on-one with their supervisor. Both supervisors and workers found the tool somewhat useful for team discussion of cases and practice. Participation in the pilot and using the SPP tool allowed supervisors and workers to assess current skill levels in different practice areas, and to see where they could identify areas for growth.

The data collected in the first pilot indicated a desire by supervisors and workers in the selected sample to utilize a tool-supported approach to improving safety practice behaviors. Workers and supervisors were positive about the tool's utility as a supervision and self-reflection tool. In evaluating the tool itself, respondents were most concerned with its length and format.

To move toward a vision of improved safety for children involved in child protection in Minnesota, the department will continue to pilot, evaluate, and revise the tool throughout 2021. To begin the work of integrating Safety Practice Profiles holistically into work at local

agencies, relationships and feedback loops will need to be established within department entities.

The second pilot started in April and will continue through August 2021; it includes child protection staff from Olmsted, Clay, Stevens, and Kandiyohi counties. This pilot will evaluate effectiveness of revisions, and gather additional feedback on the tool itself. Pilot three will include a pilot integration with the Supervisor Core curriculum (TBA 2022). During Pilot three efforts will be directed toward evaluating practice change in relationship with the tool.

2022 Update: The goal of Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and guiding appropriate goal setting as they work to enhance practice skills. The second phase of the pilot process took place between April 2021 and October 2021.

In the second pilot, supervisors were similarly asked to implement the Safety Practice Profiles tool to support reflective practice in responding to safety needs of children and families. Implementation included additional training and discussion activities facilitated via web conferencing. Supervisors received monthly implementation support (Learning Circles) and group coaching sessions to assist them with developing supervisory coaching skills to support caseworker integration of new and/or deeper *reflective* practices in daily activities. The second pilot group included 39 participants consisting of 14 supervisors and 25 workers from four agencies serving four counties. In both the first and second pilots, a variety of quantitative and qualitative methods were used to collect data from participants. Evaluation methods included surveying participants with Likert scale and open-ended questions documenting facilitator and participant observations and statements, and reflections from written documents and learning materials. Data collected in the second pilot indicates a continued desire by supervisors and caseworkers in the selected sample to utilize Safety Practice Profiles as a reflection and coaching tool, and an approach to improve safety practice behaviors.

Similar themes were identified in both pilots, including implementation process, practical application of Safety Practice Profiles, skill development, and tool feedback.

Discussion and further analysis is underway as to whether to conduct a third pilot, or begin statewide phased rollouts in 2022. During this period, efforts will be directed toward evaluating practice change in relationship to implementing Safety Practice Profiles in supervisor and workforce practice. It will also outline opportunities for deeper partnerships among the department's Safety unit, Minnesota Child Welfare Training Academy (MNCWTA), Continuous Quality Improvement unit (CQI), and county and tribal agencies.

- **Strategy 1.1.2:** Provide guidance and technical assistance to support notification to relatives and kin prior to a child's placement, at placement, prior to a permanency hearing, and at the time of a child's placement in a permanency home (adoptive, or relative for transfer of permanent legal and physical custody (TPLPC).

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

- Revised the brochure, Paths to Permanency, information provided to relatives regarding various permanency programs

- Developed a permanency notice to be provided to relatives at the time of removal and at permanency
- Increased funding to grantee MNADOPT to provide a post-adoption/post-kinship navigator program
- Began tracking adoption dissolutions to help identify causes, which will help to identify preventative strategies to better support post-adoptive families
- Held quarterly Permanency Roundtables with three counties to discuss relative search practices along the child welfare continuum
- Updated Child foster care notice to relatives ([DHS-3799-ENG](#)) in March 2020 to assist in improving relative search, providing more options for relatives to respond with interest in participating in care and planning for children beyond consideration as potential placement options.

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

2021 Update: Throughout the past year, division staff provided guidance and technical assistance to support notification to relatives and kin, including:

- Developed the Child Foster Care Notice to Relatives: Permanency ([DHS-3799B-ENG](#)) to be provided to relatives when children in foster care are not likely to return to their parents' care
- Formed an adoption dissolution work group to review adoption dissolutions, identify themes, and develop strategies to better support post-adoptive families
- Held Permanency Roundtables with three county agencies to discuss relative search practices along the child welfare continuum
- Updated Adoption Placement Agreement to strengthen relative search
- Provided relative search training to county and tribal agency staff, and other stakeholders
- Developed a pilot program with a metro county for the federal Adoption Call to Action federal initiative that reviewed children in pre-adoptive placements with relatives and identified barriers to finalizing permanency
- Provided technical assistance and case consultation on relative search practices to county agency staff.

2022 Update:

- Adoption dissolution work group continued to meet, developing a survey for sending to workers, adoptive families, and youth over age 18 who had dissolved adoptions.
- Continued to track monthly data for the Federal Adoption Call to Action pilot agency. Since the start of this project, the number of children under guardianship 24+ months in a pre-adoptive placement dropped from 69 to 23. Due to its success, department staff wants to expand this work beyond the pilot agency.
- Provided relative search training to county and tribal agency staff, and other stakeholders.

- Held Permanency Roundtables with three county agencies to discuss relative search practices along the child welfare continuum. Department staff hopes to expand the number of counties in 2022.
 - Provided technical assistance and case consultation on relative search practices to county agency staff.
 - Updated the Adoption Placement Agreement and Adoption Placement Decision Summary, which are in the Social Service Information System (SSIS). Both cover relative search/notification.
 - Worked with the largest county to strengthen Indian Child Welfare Act (ICWA) practice regarding inquiry and notice.
 - Updated eligibility determinations to be more specific regarding relative search and ICWA placement preferences.
- **Strategy 1.1.3:** Provide guidance and technical assistance to support quality relative search practices along the child welfare continuum from safety to post-permanency, in particular for paternal kin.

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

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

2021 Update: Throughout the past year, division staff provided guidance and technical assistance to support quality relative search practices along the child welfare continuum, from safety to post-permanency, in particular for paternal kin, including:

- Issued monthly Permanency Unit Update newsletter, providing information on upcoming trainings and policy and practice related to a number of permanency topics, including relative search. This monthly newsletter is distributed to county and tribal agencies, private agencies, courts, and other stakeholders.
- Audited adoption files in Minnesota's largest county to determine compliance with federal and state laws, and best practices on a number of requirements, including relative search. Provided technical assistance to county agency to improve practice on notifying and engaging relatives.
- Provided daily technical assistance through the Permanency Quality Assurance team, adoption and kinship policy specialist, and supervisor to local agencies and stakeholders through Permanency unit CRM.

- Provided technical assistance to county agencies regarding compliance with the Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA).

2022 Update:

CSP Division staff:

- Continued to provide relative search guidance in the monthly Permanency unit *Update* electronic newsletter.
- Continued to audit a sample of adoption files in the largest county to determine compliance with federal and state laws, and best practices on a number of requirements, including relative search.
- Continues to provide daily technical assistance through the Permanency Quality Assurance team, adoption/ kinship policy specialist, and supervisor to local agency staff and stakeholders through the Permanency unit's Customer Relationship Management (CRM).
- Provided relative search training to a county's CJI team with plans to collaborate with CJI to provide more relative search training throughout the state.
- Attended bimonthly Relative Search Collaboration meetings providing information and resources; an example is Limited English resources. The meetings started with three county agencies and now quadrupled in size.
- Is creating a formal relative search training with plans to record it by the end of 2022 so a recorded training is publicly available.
- Developed a policy bill that was passed (May 2022) by the legislature, that included changes regarding how searches are conducted for, identify, notify, and engage relatives, as well as how staff look at placing children with relatives and kin at the time of initial removal, while in foster care, and for permanency. Notification requirements were updated so relatives are aware of adoption/permanency requirements before it gets to that point; deleted ability to waive the permanency notification to relatives when a foster parent is planning to adopt. Court oversight was significantly strengthened regarding relative search/notification; eliminated the (unspoken) ability for courts to waive relative search; removed the ability to forego Adoption Placement Agreement notification for relatives who were ruled out as foster care options; a part of this also included discussion with legislators and advocacy groups regarding relatives with kin in foster care, as well as county partners, where staff was able to tease out some practice-level issues/concerns and work through them.
- Provided technical assistance to Mitchell-Hamline School of Law regarding its permanency preference bill so it would be implementable and not violate Title IV-E requirements. Once accepting this assistance, department staff was able to support it. This replaces adoption as the preferred permanency option with permanency with a relative, so the focus is no longer on adoption, but rather relative placement, regardless of permanency disposition.
- Provided technical assistance and feedback on the Kinship Navigation tool that the Kinship work group published in April 2022. This tool includes information about relative search/notification.
- Advocated on behalf of a maternal aunt who appealed a district court permanency placement decision that placed her niece in a non-relative home. This case went to the court of appeals twice and both times the Appellate Court overturned the district court's decision.

- Maintained regular collaboration with the Licensing Division on licensing of various relative placement issues. For example, reviewed a case involving criminal vehicular homicide due to substance use, where it was NOT a barrier crime for foster care, but was inadvertently one for adoption. Staff was able to determine it was ok to proceed since background study changes were not going into effect until July. There are other instances of staff working collaboratively to improve relative search/engagement practices by being able to look at various disqualifiers and unique situations in ways that allow county agencies to be able to place children with relatives whenever possible and safe to do so.
- **Strategy 1.1.4:** Implement Family First kinship support services/Kinship Navigator program.

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

The department has formed community partnerships through awarded mini-grants to county, tribal and community agencies targeting kinship program development. Each partner has incorporated their own evaluations to assess how their services are meeting objectives of increased child and/or adult well-being, increased child safety and permanency, and improved access to community services.

In the upcoming year, the department plans to continue to assess kinship family needs and to collaborate with county, tribal and community agencies to develop programing. Collaboration with theses partners will need to focus on enhancing services that will meet Clearinghouse evaluation standards. The department has created an FFPSA subgroup, including external stakeholders to facilitate these discussions regularly.

2021 Update: The department used funding appropriated in FFYs 2018-2020 to collaborate with community agencies, county and tribal agencies through distribution of mini grants. Activities funded focused on increasing engagement with kinship families, providing education and linkage to services, and supporting kin caregivers’ immediate needs, to provide for children in their care.

These partnerships throughout 2018-2020 allowed department staff to identify the agencies most equipped to serve the kin community in ways that most closely align with the Kinship Navigator program, as outlined by the Social Security Administration. Department staff is committed to meeting these Kinship Navigator service requirements and is currently finalizing contracts with a longstanding nonprofit agency providing these defined services. In addition, funding will be used to contract with an evaluation partner in preparation for a rigorous assessment of services. Upon completion of this evaluation, department staff hopes to submit findings to the Title IV-E Clearinghouse for review in late 2022/early 2023. The department will utilize FFY 2021 and 2022 Title IV-B grant funding for this project.

Should a rating be received at the level of promising or higher, department staff hopes to replicate services, as needed, in other regions to meet the needs of kinship families statewide. In addition, department staff is tasked with securing the required 50% match, upon receiving Title IV-E approval of the submitted Kinship Navigator program.

2022 Update: Minnesota used the funds appropriated in fiscal FYs 2018-2020 to partner with community agencies, counties, and tribes through mini grants. The activities funded through these mini grants focused on increasing engagement with Kinship families, providing education and linkage to services, and supporting Kin caregivers immediate needs to best provide for the children in their care. These partnerships throughout 2018-2020 allowed the State to best identify the agencies most equipped to serve the Kin community in ways that most closely align with the Kinship Navigator program as outlined by the SSA.

In FFY 2021, the department entered into a targeted contract with a nonprofit agency, Lutheran Social Services of Minnesota, to provide services most closely aligning with Kinship Navigator required service components. This program partner has used this funding to take necessary steps to prepare its existing program for evaluation of services. The department plans to extend this contract in FFY22. The primary objectives of the contract with this program partner include:

- Provide access for kinship caregivers to kinship family support services
- Answer calls and provide referrals through the Kinship Warmline [Kinship Caregiver Warmline | Lutheran Social Service of MN \(lssmn.org\)](https://www.lssmn.org/kinship-caregiver-warmline)
- Provide case management services for kinship caregivers
- Website development: [Kinship Family Support Services | Lutheran Social Service of MN \(lssmn.org\)](https://www.lssmn.org/kinship-family-support-services)
- Provide kinship support groups and training for kinship caregivers
- Complete program manual for kinship family support services
- Develop and implement a kinship action coalition
- Increase capacity to support kinship families through the Training Kinship Partner Network

The qualifying definition for this agency's' kinship services is kin caregivers regardless of their involvement with child welfare or other systems, such as child protective services. This includes fictive kin. In the past year, LSS served 287 unduplicated kinship families through support groups, case management, and education groups. Of families served, the majority fall into the category of informal Kin families, with little or no involvement with the child welfare system. It also served 111 professionals.

- **Strategy 1.1.5:** Supporting engagement and communication between resource families and caseworkers, assessing the needs of these families and children in care, including monitoring effectiveness and use of the Resource Family and Caseworker Visit Discussion tool, developed and disseminated statewide in April 2019.

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

In developing the tool, department staff elicited feedback from local social service agencies (child protection and licensing program staff), resource families, and the metro supervisors and licensors group. The feedback was incorporated into the tool. The tool was discussed

and highlighted in a caseworker visits with children webinar in March 2019. The tool was published along with an instruction [bulletin #19-68-10](#) in April 2019. In June 2019, the tool was converted to a fillable form, [DHS-7889-ENG](#). The tool was shared by department Foundation training staff with new child protection trainees. It was also highlighted in the [Caseworker and child visits best practice guide, DHS-7987](#), published in January 2020. A survey was issued to a random sample of 50% of local agencies (N = 41), with 29 agencies responding. Of the responders, 14 use the department-provided curriculum, Foster Parent College. The rest use a mix of curricula. Of those that did not use Foster Parent College, 10 reported providing information on the number of training requirements in their own pre-service training. This information was shared with the Minnesota Child Welfare Training System and the department's Foster Care Unit to inform future planning and efforts. The department issued one survey in the second year of the two-year PIP window, and planned to do a second survey in March 2020. Because of the pandemic, staff determined that a survey was not a priority for local agencies at this time. Staff will continue to monitor agencies to ensure training is being offered on an annual basis.

2021 Update: The department provided technical assistance on engagement and communication between resource families and caseworkers through the following:

- Developed and provided “Difficult Conversations” training to county agency workers and other stakeholders to improve communication between agency workers and resource families
- Provided Social Medical History training to agency workers to ensure full disclosure is provided to resource families.

2022 Update: There are no updates to this strategy at this time.

- **Strategy 1.1.6:** Collaborate with Aspire Minnesota to develop and implement the Quality Parenting Initiative to support greater utilization of foster parents as a support for children and their birth families.

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

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

Department staff created [new stand-alone document](#) for relatives who may not have received a written notice to inform them of the foster care placement and licensing process,

opportunities to participate in care and planning, court reviews, permanency planning, services and supports for relative caregivers.

2021 Update: The department continued collaboration with the Quality Parenting Initiative-Minnesota (QPI-MN), primarily regarding “comfort calls.” Legislation was passed in 2020 encouraging local agency staff to coordinate an initial foster care phone call between foster parents or facility staff and child’s parent/s to establish a connection. This encourages ongoing information-sharing between child’s parent/s or legal guardian and foster parent/s or facility staff, providing opportunities to share information regarding a child, their needs, or care that facilitates child’s adjustment to a foster home, promote stability, reduce the risk of trauma, or otherwise improve the quality of child’s care. [[Minn. Stat. 260C.219, subd. 6](#)] Department staff worked with QPI partners to create complementary practice guides for [social service agencies](#) and for [parents, foster parents and facility staff](#) who would participate in calls. Department staff worked closely with QPI to design and implement trainings in October and November 2020, available to the public on the [QPI website](#).

In December 2020, the [Agreement Between Foster Parents and Placement Agency](#) was updated to support ongoing engagement between parents and foster parents. This includes adding agreement to “regularly engage with child’s parents/guardians to facilitate a co-parenting relationship when the goal is reunification, unless such a relationship poses a danger to the mental or physical health of child or foster parent/s.” All foster parents must sign this agreement during the licensing process, which for non-relative homes is prior to accepting placements, setting clear expectations of genuine collaboration from the earliest possible point of time.

In preparation for implementation of the Family First Prevention Services Act, new legislation was passed in 2020 regarding requirements for placement in Qualified Residential Treatment Programs (QRTPs). One requirement is engagement of a family and permanency team [[Minn. Stat. 260C.706](#)], including all appropriate biological family members, child’s parents, legal guardians or custodians, foster care providers, relatives, and professionals who are a resource to a child’s family, such as teachers, medical or mental health providers, or clergy. New screens will be required in the Social Service Information System to document and monitor implementation, including enhanced ability to document relative search and engagement efforts.

2022 Update: In April of 2022, DHS collaborated with the courts as part of the Children’s Justice Initiative to provide a webinar on Relative Search based on the request of a county CJI team. This has been requested by another CJI team and will be presented in July 2022.

A policy bill was introduced and passed in the 2022 legislative session which strengthens relative engagement requirements from the point of initial removal from the home through permanency proceedings; it goes into effect on August 1, 2022.

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

Progress on the second objective is assessed through use of CFSR Well-being Outcome 1, Items 14 and 15, which focus on the frequency and quality of caseworker visits with children and parents, respectively. The measurement benchmarks for this objective are in Table 12.

Table 12. Measurement benchmarks for goal 1, objective 2

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Item 14 baseline (2017): 68%	Target: 71.2% Observed: 75.7%	74.5% 89.1%	77.7% 91.1%	81.0% --	84.2% --
Item 15 baseline (2017): 68%	Target: 71.3% Observed: 70.3%	74.6% 78.5%	77.9% 80.9%	81.2% --	84.5% --

- **Strategy 1.2.1:** Coordinate with other relevant department divisions and state agencies to establish clear policy and practice expectations in cases where a particular child is identified as the service recipient and there are other children in the home, e.g., children’s mental health and juvenile justice cases; disseminate information statewide.

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

The following topics are covered in the eLearning module:

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

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

2021 Update: The eLearning module designed for children’s mental health and juvenile justice workers posted in 2020 was accessed 54 times, with 120 participants attending between July 1, 2020, and May 24, 2021.

2022 Update: The eLearning module continues to be offered as a training opportunity, this strategy is complete.

- **Strategy 1.2.2:** Develop a partnership between the CSP Division’s Training and Foster Care units to incorporate guidance into Foundations, and develop a combined case planning and caseworker visits training.

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

2021 Update: As previously reported, guidance was incorporated into Foundation training. Case plan training also has incorporated guidance; guidance will be elaborated with development of a case management specialization for workers in 2021.

2022 Update: This strategy is complete.

- **Strategy 1.2.3.** Continue Innovation Zone work with nine participating agencies to support improvement around engagement strategies, including assessment of risk and safety. This work entails identification of key challenges for each agency, development and implementation of strategies to address challenges, and assessment of whether strategies are working as expected.

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

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

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

2021 Update: Work with the 10 agencies involved in the original Innovation Zone is complete. Information regarding the Innovation Zone was shared by CQI staff when providing technical assistance, and planning CFSTRs. Department staff prepared a statewide communication to share work that agencies participating in the Innovation Zone completed,

including information regarding dashboards created to support work of the Innovation Zone agencies. [Click here for a copy of the statewide communication following completion of the Innovation Zone work.](#)

Following the statewide update regarding the Innovation Zone, Yellow Medicine County reached out to the department, requesting support in addressing disparities in its child welfare system for American Indian children. Representatives from Yellow Medicine County, Upper Sioux Community, and the department have been working together to better understand systemic influences impacting the rate American Indian children are entering the child welfare system. The team has explored multiple data points and completed a quantitative review of that data, reviewed 80 child protection intakes, and completed qualitative coding of that data, and completed analysis of all data collected. Next steps are to determine if data collected provides areas to explore for potential interventions, or if additional learning is necessary.

2022 Update: The Yellow Medicine County/Upper Sioux Community project was paused for several months due to turnover at both agencies and ultimately it was determined neither agency was in a position to move forward with the project. This strategy is complete.

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

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

2021 Update: Agencies across the state continue to utilize the process following publishing of a statewide bulletin. Since April 2020, 290 requests were received regarding licensing when a child was already placed across county lines, and when an agency is considering placement with a relative outside of its jurisdictional boundaries.

2022 Update: Agencies statewide continue to utilize the process following publishing of a department bulletin. Since July 1, 2019, 2,110 requests were received regarding licensing when a child was already placed across county lines, and when an agency is considering placement with a relative outside of its jurisdictional boundaries.

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

2020 Update: Access to real-time data was delayed because of delays in the MN.IT centralization process. Centralization was completed in November 2019. Department staff met with MN.IT about getting access to near real-time data in early November 2019. MN.IT indicated that the need to update Oracle-based servers used with SSIS is a security risk that requires attention before it can provide the department with daily updates to the data system. Alternative methods were discussed for access to data for the 15 local agencies with the lowest performance. The department was on target to complete this activity in March

2020, however, due to changes required in practice specific to caseworker visits with children and families because of the COVID-19 pandemic and peacetime emergency, child-specific lists were not provided. Work is underway to ensure queries for pulling data on caseworker visits is consistent with current guidance, e.g., inclusive of video-conferencing contacts with children in out-of-home placement. Distribution of child-specific lists to local agencies began in May 2020, and will continue monthly thereafter

2021 Update: Monthly child-specific lists continue to be provided to local agencies. Department staff is able to track utilization of the Tableau dashboards by agencies; dashboards were viewed 530 times since inception in May 2020. Seventy-seven county agencies have interacted with the data since May 2020. During the upcoming year, the department will work to identify barriers for agencies not accessing data, addressing identified barriers and/or provide technical assistance, as needed.

2022 Update: Monthly child-specific lists continue to be provided to local agencies. Department staff is able to track utilization of the Tableau dashboards by agencies; since publishing, reports have been viewed almost 900 times by all available agencies. The department has worked to onboard agencies and familiarize them with Tableau Server. Technical assistance has been provided directly to counties, as well as through the SSIS Help Desk staff members, who often receive initial inquiries about accessing data.

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

Progress on the third objective will be assessed through development of partnerships and the level of engagement in joint work. This is determined by the number of community-based agencies participating in partnerships, development of joint goals, engagement strategy, and outcomes related to attendance at meetings; and whether organizations participating in this work report feeling they were heard, priorities are addressed, and trust being built. The measurement benchmarks for this objective are in Table 13.

Table 13. Measurement benchmarks for goal 1, objective 3

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Number of partnerships with community-based agencies established	Baseline: 11 Goal: 20% increase each year	Target: 13 Observed: 21	Target:15 Observed: 21	Target:18 Observed: xx	Target:21 Observed: xx
Assessing level of engagement	Draft engagement strategy: Partially completed, delayed as a result of the pandemic	Develop engagement analysis tool	Establish baselines for engagement	Statistically significant increase in engagement	
	Maintain an 85% attendance rate in partnership meetings, including the Inter-agency leadership team and Cultural and Ethnic Communities Leadership Council meetings				
	100% attendance	62.5% attendance	70%		

- **Strategy 1.3.1:** Participate with an inter-agency leadership team consisting of division directors in multiple family serving systems across the Minnesota Departments of Human

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

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

2021 Update: The Interagency Leadership Team (ILT) continued to meet monthly and participated virtually in two BUILD initiative cross-state collaborative meetings. The pandemic caused some delays in the feedback loop back to communities that had been engaged by the leadership team. However, a final engagement and feedback protocol was developed across multiple agencies that will support agencies' response to community input. Briefly, the protocol is to:

1. Present the data
2. Identify actions to address opportunities and challenges
3. Identify which agencies or departments can take action
4. Confirm or share with cross-systems team
5. Return to community: Check the analysis.

The ILT is now at step three of piloting the protocol in response to feedback received from multiple communities across the state. Much of that feedback included themes relevant to child welfare, and the need to address housing and transportation barriers to service access, particularly for families at risk of deeper-end child welfare involvement. Closing the feedback loop and returning to community are critical next steps. The ILT will discuss how to incorporate the protocol across child- and family-serving systems.

2022 Update: The Interagency Leadership Team (ILT) continued to meet monthly and participated virtually in two BUILD initiative cross-state collaborative meetings. A final engagement and feedback protocol was developed across multiple agencies that will support agencies' response to community input. The ILT continues at step three of piloting the protocol in response to feedback received from multiple communities across the state.

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

2020 Update: No activity to report for this year.

2021 Update: Department staff attended two of monthly Cultural and Ethnic Communities Leadership Council. Additionally department staff attend subcommittee meetings on a regular basis.

2022 Update: Department staff continue to attend the Cultural and Ethnic Communities Leadership Council on a monthly basis. This provides an opportunity for the department to collaborate on equity work within systems outside of child welfare, such as housing, education, and employment that directly impact children and families in the child welfare system. The council is charged with reviewing DHS policies for racial, ethnic, cultural, linguistic and tribal disparities and has three functioning workgroups including: Topics and Issues, Internal Policies and Operations, and Legislative and External.

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

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

2021 Update: The independent living coordinator, along with seven community agencies, continue to work to increase youth engagement in the Youth Leadership Council and actively promote youth members' involvement in child welfare policy and decision-making activities at the local, state and national levels. These agencies will continue in this capacity for another year while issuing another RFP in an attempt to add more councils across the state.

2022 update: Two county agencies elected to implement Youth Leadership Councils (YLC). While one is up and running with two supportive adults and three youth members, the other is just starting and identified the supportive adult. The independent living coordinator, along with the nine local Youth Leadership Councils, continue to work on increasing youth engagement in Youth Leadership Councils and actively promote youth members' involvement in child welfare policy and decision-making activities at the local, state, and national levels. A request for proposals (RFP) for community agencies to support local Youth Leadership Councils was executed at the beginning of calendar year 2022. This effort identified an additional nine agencies to implement YLCs across the state. This will ensure there are youth voices statewide, and all youth will have an opportunity to join a YLC, if desired.

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

Measures of progress

To address the CFSP goal regarding reducing disparities, progress will be assessed using federal performance measures on permanency timelines, as well as an internal CSP measure, relative rate index, comparing children by race who are alleged victims in a child protection investigation or assessment and in out-of-home care. Targets were set to reduce the disproportionate involvement of American Indian children as alleged victims in screened in child protection reports and in out-of-home care by half; and reduce the difference in performance on the permanency measures between American Indian and white children by half. The measurement targets for this goal are in Table 14.

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

	Target	Baseline 2018	2019	2020	2021	2022	2023
Child protection involvement	2.5x more likely	5.0	4.9	5.3	5.5		
Out-of-home placement	9.1x more likely	17.8	16.7	18.7	15.6		
Permanency 0 -12	Difference <= 7.0%	15.7%	13.2%	10.6%	13.8%		
Permanency 12-23	Difference <= 7.0%	15.7%	19.0%	19.8%	9.9%		
Permanency 24 +	Difference <= 5.9%	11.7%	6.1%	1.3%	7.2%		

Objectives

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

- **Strategy 2.1.1:** Create and publish a disparities index at the different decision-making points throughout the child welfare system to understand where racism/bias is present. This will be shared for internal department use as well as externally with local child welfare agencies through Tableau Server.

2020 Update: Over the past year, research staff from the Child Safety and Permanency Division had conversations with Ramsey County and Oregon child protection staff; both doing similar work to create a disparities index. Research staff developed a draft dashboard and consulting with the division’s Leadership team to complete and publish the dashboard.

2021 Update: CSP research staff shared the draft disparities index dashboard with CQI leadership and staff within the CQI section of the division. Revisions were made, and the dashboard will likely merge with ongoing CQI redesign work. Research staff also met with representatives from the ICWA unit and African American Child Well-being Unit to discuss specific data related to American Indian and African American populations, respectively. Research staff plans to have continuing data conversations with the two units throughout the year. The disparity index dashboard is available on Tableau Server for access by division staff.

2022 Update: The disparities index dashboard has been added to and updated regularly in conjunction with other work. The dashboard now contains over 33 unique data points along the child welfare continuum which can be viewed through the lens of racial disparities. Our section has continued to work most directly with the African American Child Well-being Unit in using the data to drive program planning and stakeholder engagement. The dashboard is currently available on the internal Tableau Server site for use by division staff.

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

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

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

2021 Update: As a part of the CQI redesign, additional CQI staff are being trained in utilizing processes grounded in safety science and designed to lead to identification of systemic factors that influence decision-making. Identifying ways in which these processes may be used to identify factors that specifically lead to disparities continues to be explored.

Additional training has not been provided to tribal agency staff. Budget constraints, staffing resources, and the COVID-19 pandemic are factors that contributed to delays.

2022 Update: CQI staff continue to develop and utilize processes grounded in safety science, designed to lead to identify systemic factors that influence decision-making. Additionally CQI staff have created a qualitative coding team that will further analyze systemic factors including factors that lead to disparities, including racial bias.

The fatality/near fatality review process and additional trainings to tribal agencies continue to be challenging to complete due to budget constraints and staffing resources.

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

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

Table 15. Measurement benchmarks for goal 2, objective 2

Benchmarks	2019	2020	2021	2022	2023
Compliance rate for Indian Child Welfare Act, baseline (2018): 62%	Target: 66% Observed: 79%	70% 84.1%	74% 85.3%	78% --	82% --
Relative rate index of alleged victims, American Indian to white children, baseline (2018): 5.2 x more likely	Target: 4.7 Observed: 4.9	4.1 5.3	3.6 5.5	3.0 --	2.5 --
Relative rate index of children in out-of-home care, American Indian to white children, baseline (2018): 18.2 x	Target: 16.4 Observed: 16.7	14.6 18.7	12.7 15.6	10.9 --	9.1 --

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

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

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

2021 Update: Providing additional training to tribal agency staff on the fatality and near fatality review process, obtaining feedback from them on ways to make the training more culturally responsive is a key component to this strategy. Additional training has not been provided to tribal agency staff. Budget constraints, staffing resources, and the COVID-19 pandemic are factors contributing to delays.

2022 Update: Additional training has not been provided to tribal agency staff. Budget constraints, staffing resources, and the COVID-19 pandemic are factors contributing to delays.

- **Strategy 2.2.2:** Expansion of the American Indian Child Welfare Initiative (AICWI). In early 2021, Red Lake Nation will assume child protection responsibilities from local county systems, offering a culturally relevant model of practice. The Mille Lacs Band of Ojibwe will continue its planning efforts to move toward joining the AICWI.

2020 Update: Red Lake Nation made progress in its work toward assuming child protection responsibilities from local county systems. The department's AICWI team worked to bring the systems and funds previously hosted by neighboring counties to Red Lake Nation. In December 2019, department staff began hosting monthly, and now bi-monthly AICWI Leadership meetings. In partnership with Red Lake Nation and Beltrami County, the Leadership team is joining in discussions in preparation for the Initiative transfer. The process has moved forward to MOU (Memorandum of Understanding) negotiations.

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

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

status; its work will not look like what has been done by other county agencies and tribes within Minnesota, but the work will meet or exceed expectations. The Red Lake Nation will be amending its planning contract to extend for an additional six months on July 1, 2020, and will begin the implementation contract on Jan. 1, 2021.

Planning continues with Mille Lacs Band of Ojibwe to move toward joining the AICIWI. There is no confirmed date as to when this may occur.

2021 Update: On Jan. 1, 2021, the Red Lake Nation assumed child protection responsibility from the local county systems. The Red Lake Nation is offering a culturally relevant model of practice to its community and the children and families residing within its tribal boundaries. Throughout 2021, the department's AICWI team continued to provide support and assistance to Red Lake Nation as it gained knowledge of critical system use and processes involved with this work. The department's AICWI team continued to host discussions with Red Lake Nation and internal department units to finalize the finer points of the MOU and Title IV-E Agreement.

The mutually agreed on existing child welfare cases eligible for the AICWI were transferred to the Red Lake Nation on Dec. 31, 2020. The corresponding MAXIS cases for these children were transferred to the Red Lake Nation in January 2021. The corresponding PRISM (child support) cases for these children are maintained by the local county agency until the PRISM system is coded to automatically send the case referrals to Red Lake Nation.

The department's AICWI team continues to meet with Red Lake Nation on a weekly basis to hear directly about work taking place, and to learn of concerns that need to be addressed expeditiously. In conversations with Red Lake Nation, department staff has learned how its work has exceeded expectations of its family preservation model by reducing out-of-home placements and open child welfare cases overall. It is anticipated that these weekly conversations will be held on an ongoing basis as a means to stay connected, and to encourage interpersonal relationships with the Nation.

The Mille Lacs Band of Ojibwe continues its AICWI planning with the goal of expanding to assume child protection responsibilities from local county systems on July 1, 2024. The Mille Lacs Band has staffed an AICWI team and in January 2021, the department's AICWI team began meeting with staff on a weekly basis to assist and support their work to build capacity and infrastructure to support AICWI programming.

The plan is to begin discussions with local county partners to develop a transition plan for the AICWI. A legislative proposal is being developed to continue planning for an additional two years to meet the July 1, 2024 implementation goal.

2022 Update: There is no update at this time.

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

2020 Update: Upon Completion of the 2019 Indian Child Welfare Act – Minnesota Indian Family Preservation Act (MIFPA) compliance review, the department's ICWA unit staff scheduled onsite technical assistance with each county reviewed. A total of 48 onsite visits

occurred between August 2019 and January 2020. In some instances, onsite assistance included several counties represented when discussion occurred. These discussions involved implementation of ICWA/MIFPA provisions, as well as case consultations using the ICWA/MIFPA Desk Aid tool, given to each worker. ICWA unit staff was also asked for onsite technical assistance with Tribal Nations/communities discussing components of ICWA/MIFPA implementation and policy expectations of county agencies.

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

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

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

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

2021 Update: Upon completion of the 2020 Indian Child Welfare Act – Minnesota Indian Family Preservation Act (MIFPA) compliance reviews, the department's ICWA unit staff provided technical assistance with each county reviewed. Due to the pandemic, all technical assistance meetings occurred virtually in 2020. A total of 44 technical assistance sessions occurred between January and December 2020. In some instances, assistance included multiple counties represented when discussion occurred. These discussions involved implementation of ICWA/MIFPA provisions, as well as case consultations using the ICWA/MIFPA Desk Aid tool, as well as other resource documents provided to each worker. ICWA unit staff was also asked for technical assistance with tribal nations/communities discussing components of ICWA/MIFPA implementation and policy expectations of county agencies.

The department's Training and ICWA units collaborated in developing and implementing six webinars focusing on major components of ICWA and MIFPA. These 45-60 minute webinars, known as "ICWA Coffee Talks," focused on ICWA/MIFPA data entry in the SSIS with correlated policy requirements. ICWA team members received and responded to

questions posed by participants, and incorporated cultural/tribal language whenever possible to educate and expose participants to differences with tribal communities and nations.

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

Measures used to determine effectiveness of federal and state requirements are based on outcomes with the ICWA/MIFPA compliance reviews. All reviews are completed for the prior year starting February 1 and wrap up around the end of May. In 2017, the baseline review year, statewide compliance was rated at 49%. Since that time, there has been a steady increase in compliance to 62% in 2018, 79% in 2019, and 84% in 2020.

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

2022 Update: The Tribal/State Agreement provides a process for the department to respond to complaints of ICWA non-compliance. Department staff review complaints and if found non-compliant, the county agency is required to complete a corrective action plan.

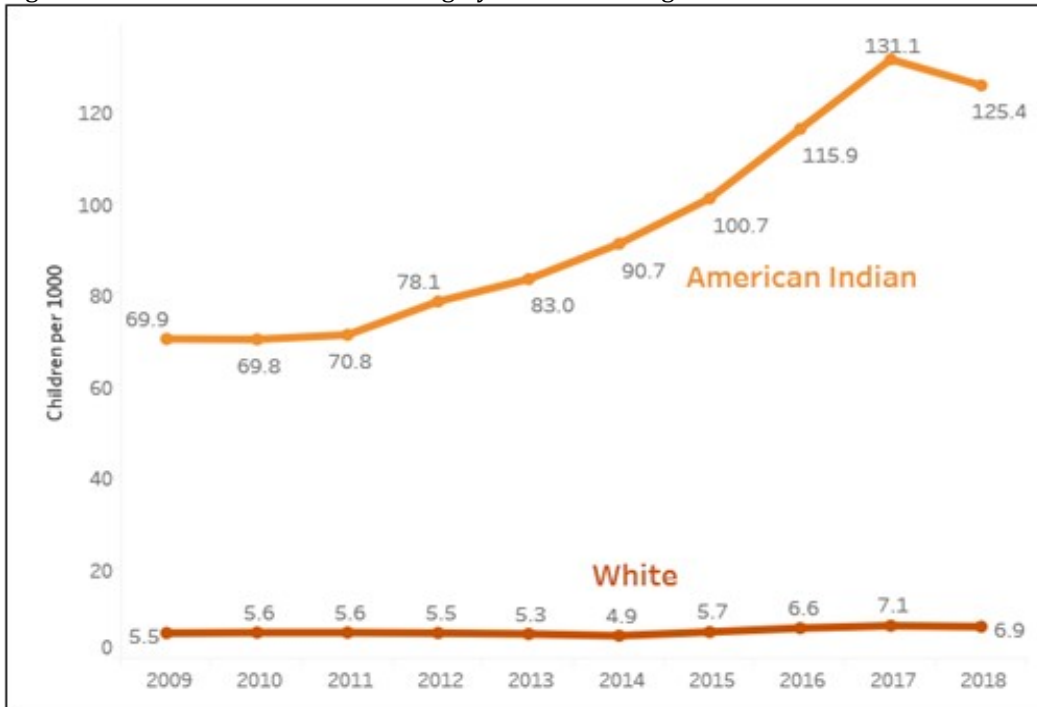
In response to the results of the 2021 Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA) compliance case review, ICWA unit team members met with over 40 county agencies and tribal social services agencies for virtual technical assistance (TA) meetings. Team members shared ICWA/MIFPA tools, resources and discussed federal and state practice requirements and expectations with data entry. In addition, team members collaborated with the Minnesota Child Welfare Training Academy by hosting six WebEx sessions called "ICWA Coffee Talks." Sessions were 45 to 60 minutes, with 100 to 200 participants, covering topics from data entry within the SSIS-ICWA tabs, policy and practice, and questions and answers related to ICWA and MIFPA. For a one year period (January 2021 to January 2022), team members responded to more than 315 ICWA/MIFPA questions received by email in the Customer Relations Management (CRM) system.

- **Strategy 2.2.4:** Leverage Family First Prevention Services Act and Pre-school Development grant work to build capacity among departments and local levels to co-create and support systemic child and family well-being/prevention strategies, particularly for American Indian children, families and communities (using a Targeted Universalism approach).

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

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

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



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

While staff intends to work within values of the department (above), they also adopted

Inclusive and Responsive Practices, Programs and Policies

Guiding Principles: Racial Equity • Trauma-informed • Geographic Responsiveness • Everything is Connected • Whole Family • Agencies Working Together • Belonging

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

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

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

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

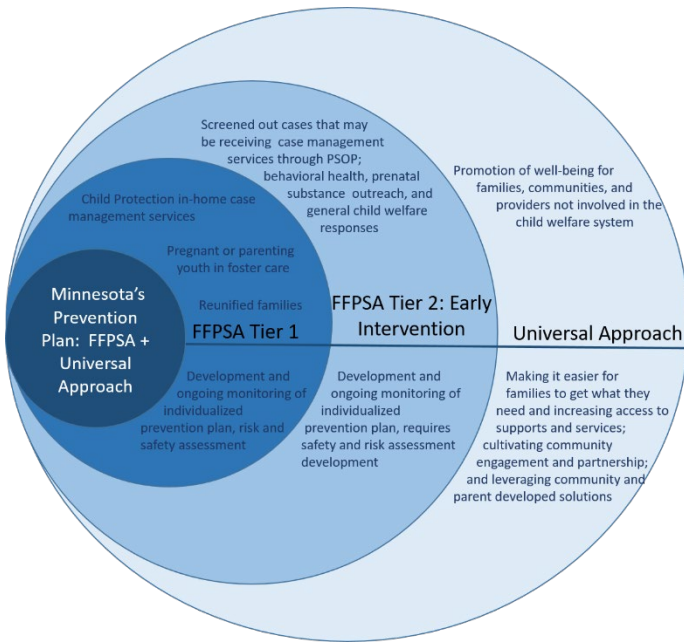
The department and its partners are moving toward a system of promotion and prevention that supports families before they enter the child welfare system. This will be done through:

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

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

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

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



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

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

2021 Update: Minnesota tribes that have an agreement with the department to provide child protection, foster care, and adoption services, department staff submitted a request for a waiver to the Children’s Bureau allowing these tribes to have the same allowances regarding evidence-based requirements through the FFPSA, as tribes with a direct Title IV-E relationship with the federal government. The department is providing \$1.5 million of Family First Transition Act funding for a request by the Indian Child Welfare Act Advisory Council to support a research institute of their choosing to collect data and evaluate services identified by tribes as supportive of American Indian families, communities for submission to the FFPSA Clearinghouse.

Additionally, through the Preschool Development Grant (PDG), a collaboration between the Minnesota Departments of Health, Education, and Human Services, there are multiple collaborations with Tribes and organizations serving the American Indian community, including:

- Investing in community solutions. The Minnesota Department of Health Community Solutions Fund is working with multiple communities to identify challenges, prioritizing people of color and American Indians. This is in partnership with the Department of Health and Center for Health Equity. American Indian and Tribal grantees include:
 - Division of Indian Work: Ninde. Doula support for American Indian mothers in the Twin Cities metro.
 - Fond du Lac Band of Lake Superior Chippewa. Development of a community doula program to improve maternal and child health of community members.
 - Fond du Lac Tribal College: Ojibwemotaadidaa Omaa Gidakiiminaang/ Grandma’s House. Support Ojibwe language immersion for children prenatal to age three led by elder-first speakers.
 - Indigenous Visioning: Creation of the Native American Parent Leadership Training Institute where parents learn core cultural teachings to foster cultural connections and relationships to improve outcomes for children.

- Leech Lake Band of Ojibwe: Manidoo Ningadoodem/Family Spirit Program. Train community members to deliver health and cultural education through flexible home visits.
 - Montessori American Indian Childcare Center. Develop a home-visiting program by hosting community Talking Circles to identify needs and future services to improve the health and well-being of Indian children and parents.
 - Northwest Indian Community Development Center: Ojibwe Immersion Academy. Adopt a holistic, multi-generational Anishinaabe Care Coordination model to improve health incomes for parenting and pregnant Anishinaabe youth.
 - Red Lake Comprehensive Health Services: Culturally Healthy Early Childhood Indicators of Progress Training Academy. Train Early Headstart, child care and public school teachers on the language, culture and history of the Red Lake Nation while also working on their own professional development.
 - Wicoie Nandagikendan: Our Sacred Foods and Language. Expansion of language immersion programs, including more and new activities that promote health, wellness and interconnectedness within families and the community.
- Community Resource Hubs. As part of the PDG, the Minnesota Department of Human Services, Child Safety and Permanency Division is collaborating and coordinating with multiple partners to accomplish the following goals:
 - Make it easier for families to get what they need. Develop universal access for families, paired with culturally appropriate, relationship-based navigation of programs and systems.
 - Increase access to services. Collaborate with state agencies to test and evaluate [Help Me Connect](#) and [Bridge to Benefits](#) paired with culturally appropriate, relationship-based navigation.
 - Grow community engagement and support community developed solutions. A community-based, whole family approach so families have what they need to thrive. This will look and feel different in every community.

Minnesota has 12 grantees including one tribal nation; three of the grantees have sub-contracted partnerships with tribal nations:

- Red Lake Nation. Red Lake Nation is working to provide mobile Community Resource Hub services to urban tribal populations in the Twin Cities and Duluth areas to support the well-being of families.
- Northwest Minnesota Foundation. Partnering through sub-contract with child care centers within Red Lake Nation and the White Earth Nation to offer culturally appropriate service navigation and relevant services.
- Northland Foundation. Partnering through sub-contract with Bois Fort Band of Chippewa, Fond du Lac Band of Lake Superior Chippewa, Grand Portage Band of Lake Superior Chippewa, Leech Lake Band of Ojibwe, and Mille Lacs Band of Ojibwe to help pregnant and parenting families connect with local resources.
- Sawtooth Mountain Clinic. Partnering through sub-contract with Grand Portage Band of Lake Superior Chippewa to increase access to health services, provide transportation and access to community based services.

Department staff, in conjunction with the BUILD Initiative, are offering Communities of Practice to support Community Resource Hubs. Planning is underway to offer an ongoing Community of Practice around equity practice to develop a shared understanding, language, and practice to support the strengths of families most impacted by structural inequities due to race/ethnicity, economic instability, and geography. Changing the practice of state agency personnel, community organization personnel, county personnel to be anti-racist, inclusive, strength-based, and trauma informed will benefit all families in the future.

The Preschool Development Grant has hired an Indigenous Evaluator to evaluate grant activities as they relate to Minnesota’s American Indian communities and Community Resource Hubs and Community Solutions grantees. An Indigenous Evaluation recognizes Tribal Nations are sovereign nations, creates value for the community, respects traditional knowledge systems, and is created in collaboration with communities.

Finally, the PDG supports the Help Me Connect platform on which a dedicated resource page for [Tribal and American Indian Families](#).

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

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

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

Benchmarks	2019	2020	2021	2022	2023
Permanency in less than 12 months: 37.7%	Target: 41.2% Observed: 40.3%	44.6% 39.5%	48.1% 38.1%	51.5% --	55.0% --
Permanency in 12-23 months: 49.6%	Target: 52.7% Observed: 44.9%	55.8% 45.1%	58.8% 49.0%	61.9% --	65.0% --
Permanency in 24 months or more: 28.1%	Target: 30.5% Observed: 30.7%	32.9% 31.8%	35.2% 36.3%	37.6% --	40.0% --

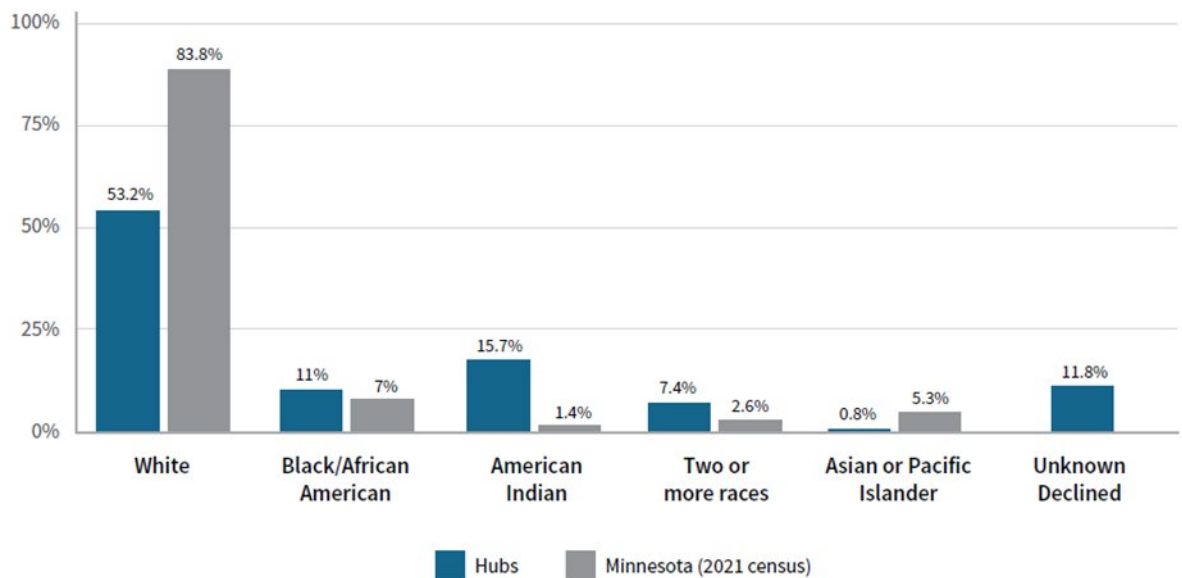
- **Strategy 2.3.1:** Continue to expand the experiential training on the court process through the Children’s Justice Initiative (CJI) partnership.

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

2021 Update: The experiential training on the EPC process was put on hold during the pandemic. Prior to the pandemic, all trainings were in-person, which was not possible during the pandemic and peacetime emergency. The State Court Administrator’s Office (SCAO) has been in dialogue with Mitchell Hamline School of Law regarding a virtual option for this training; the training is currently offered in two different formats, in-person and virtual. Recent targeted recruitment efforts for county participants were unsuccessful due to heavy workloads. Recently, recruitment efforts were expanded statewide. There is great interest in the training; it is anticipated that as workloads lessen and court backlogs decrease, trainings will resume.

2022 Update: Work of the Preschool Development Grant (PDG) Community Resource Hubs continues to support previously mentioned grantee and partner tribes. An initial considerations [report](#) was developed and released in 2022. Findings in this report reveal that community resource hubs are successfully improving service navigation and delivery to families with young children, and well positioned to expand into additional communities. The report outlined key concerns for state leaders who can implement the following considerations. Preliminary data shows that hubs are serving American Indian families at higher rates than their respective state population.

In Q2/3 2021, Community Resource Hubs served a greater percentage of Black/African American families and Indigenous families than their respective populations in the state.



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

2020 Update: No activity to report.

2021 Update: Minnesota’s Court Improvement Project staff and department CQI staff began meeting on a regular basis during this reporting year for monitoring performance and planning for upcoming CFSRs and the CIP plan. Upon further review, it was determined

this strategy would not be completed. A separate joint project is being planned, reflected in Strategy 3.3.2. This strategy is discontinued.

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

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

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

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

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

2021 Update: Department staff continue to review and assess FGDM practices across 15 grantees, which includes 50 county and three tribal agencies. Department staff also continues to host annual meetings and webinars to monitor FGDM practice statewide. In partnership with the Research unit and FGDM grantee agencies, the Safety and Prevention unit developed a FGDM data dashboard.

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

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

The COVID-19 pandemic continues to impact FGDM practice across the state. In the past year, delivery of FGDM services rapidly changed from in-person conferencing to virtual to protect staff, clients, the communities they serve, and comply with guidance from the Minnesota Department of Health and Centers for Disease Control and Prevention to mitigate the spread of COVID-19. Many grantees were able to adapt and began providing FGDM services virtually via online meeting platforms like Zoom, WebEx, and Microsoft Teams. Pivoting to virtual conferences enabled agencies to provide families and youth with meaning involvement and a voice in their case during this time. In some cases, agencies were able to involve people who may not have been able to participate in person.

2022 Update: Department staff continue to review statewide Family Group Decision Making (FGDM) practices. The department released a new grant application in March 2022 seeking qualified responders for implementing Family Group Decision Making approaches and services models to enhance family engagement and promote safety, permanency, and well-being of children and families involved in Minnesota's child protection/welfare system. The new grant cycle is intended to support FGDM approaches and services, prioritizing outcomes related to:

- Reducing racial disparities and disproportionality in child protection programs
- Preventing out-of-home care for children at risk of placement
- Reducing the length of stay for children currently in out-of-home care.

The department received 17 grant applications and is in the process of finalizing grant awards for seven of the applicants.

- **Strategy 2.3.4:** Continue the Permanency Technical Assistance Workshop (PTAW), which ensures that achieving timely child safety, permanency, and well-being are the foundational principles underlying procedures and decisions in all child protection proceedings. PTAW will educate all stakeholders on the permanency timeline, and provide strategies on how to keep cases from going beyond timelines. The project will focus on county-specific data compiled from the court and the department to understand practice patterns, as well as areas of strength, and those needing improvement. A detailed county action plan will be developed from this work.

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

There was no formal evaluation done of this project as a whole, rather each county was responsible to identify, collaborate, and implement approaches that would improve overall

length of time to permanency. The project identified and followed a specified grouping of children and tracked their path to permanency.

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

2021 Update: Permanency has now been established for all individual children identified through the Permanency Technical Assistance Workgroups as not having achieved permanency within timelines. This strategy is complete.

Objective 2.4 Preventing children and families from entering the child welfare system through collaboration with community-based agencies and community members. This includes urban Indian organizations, with a focus on equity.

Progress on the fourth objective will be assessed through development of partnerships, co-creation of strategies to address disparities, and engagement outcomes to be determined through targeted work around serving American Indian children and families in the Whole Family System grant. The American Indian Early Intervention Program will be established in the first two years, and progress demonstrated in years three – five by increasing the number of American Indian children served. Progress will be assessed using the number of American Indian infants removed because of parental drug use. The benchmarks for this objective are in Table 17.

Table 17. Measurement benchmarks for goal 2, objective 4

Benchmarks	2019	2020	2021	2022	2023
American Indian children under age 1 placed in out-of-home care for parental drug use, baseline (2018): 236	Target: 220 Observed: 195	205 192	189 221	174 --	158 --
Number of American Indian children served in newly opened PSOP workgroups, baseline (2018): 349	Complete plan for implementation of early intervention program with tribes	Implement early intervention program	395 282	418 --	464 --

- **Strategy 2.4.1:** Using the human-centered design (HCD) process, co-create strategies to address disparities with communities experiencing inequities based on race, geography, and/or economics through the Whole Family Systems grant under the umbrella of 2Gen Network supported by the department’s Economic Assistance and Employment Supports and Child Care divisions.

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

Fond du Lac Tribal College: The college’s Ojibwe motaadidaa Omaa Gidakiiminaang language immersion program is partnering with the department, Child Care Aware, and Fond du Lac Social Services, to plan and implement “Grandma’s House,” a language nest

where infants and toddlers, with the help of their parents, elders, and language staff will grow up immersed in Ojibwe language and culture in a rich, home-like environment to convey a sense of identity, responsibility, and spiritual relationship to all creation.

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

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

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

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

2021 Update: The COVID-19 pandemic and resulting strategies to manage it, created significant barriers to the work of grantees with children and families, as the social distancing requirements and move to virtual work impacted engagement with families. Many communities being served by grantees were disproportionately impacted by the health and economic impacts of the pandemic; many grantees shifted work to meet the emerging and urgent needs of families in their communities.

The following grantees identified and begun work on described prototypes:

Fond du Lac Tribal College (FDLC): FDLC has prototyped and implemented the first Ojibwe language and culture immersion program for age's birth to 3 in Minnesota, focusing on the Ojibwe community in the east central and northeastern parts of the state. The program provides a homelike environment for infants and toddlers with their child care Ojibwe-speaking parents and elder first speakers experienced in teaching and. The setting is modeled after "Grandma's House," where children are safe and comfortable, participate in day-to-day activities with adults, learn the language, hear stories, and sing, dance and make art in their cultural tradition. The model includes financial support for parents to engage during the day with their children in the program to support racial and cultural healing in families. This program will help young Ojibwe children to form clearer self-identities, and stand resilient against the pitfalls they face growing up.

Minneapolis American Indian Center (MAIC): Implemented Bright Beginnings program with modifications to enhance and promote recovery, and partner with mothers to identify and address systemic barriers to recovery. Goals of the Bright Beginnings Recovery Support Program help American Indian women who are pregnant or parenting an infant, with a

history of substance abuse, and have a history of involvement with the child welfare system or at risk of involvement. The goal is to have healthy babies; achieve stable long-term recovery from substance abuse; avoid involvement/re-involvement with the child protection system; and create a healthy, stable, nurturing family/home environment for their families where their children can grow and thrive. During the pandemic, MAIC worked with mothers to create video presentations of Native women's voices affected by disparities in the child welfare system, housing system, early childhood system, and SUDS system. These videos are intended to educate community stakeholders, and workers in hospital settings, about impacts of implicit bias on women giving birth in their facilities.

Northwest Indian Community Development Center (NWICDC): Based on research demonstrating the role of concrete supports in supporting families at risk of child welfare involvement and placement, NWICDC is exploring a prototype to provide a cash stipend to families at risk of placement. The work is to explore barriers that may be experienced by families on Minnesota's Temporary Assistance for Needy Families (TANF) program, or Minnesota Family Investment Program (MFIP), to receiving a cash stipend.

People Serving People (PSP): PSP has developed and implemented a prototype to create fellowship aimed at actively involving families experiencing homelessness as part of a team of core partners working to systemically identify and address structural racism, including practices, programs, and policies that result in higher rates of homelessness in American Indian populations. A stipend was offered; the fellowship requires an average of 10 hours per month for two years. People Serving People is developing and piloting an ethnic/multi-cultural curriculum in an early learning center that helps children and families celebrate their culture and identify.

2022 Update: There is no update at this time.

- **Strategy 2.4.2:** Establish the American Indian Early Intervention Program modeled after the Parent Support Outreach Program (PSOP) so tribal and urban American Indian programs can access culturally appropriate intervention services and resources to assist them in addressing issues that place families at risk of entering the child protection system.

2020 Update: The Indian Child Welfare unit, Child Safety and Permanency Division, received legislative funding for Early Intervention grants, as well as funding for one FTE. This FTE will oversee both Early Intervention grantee management and coordination/engagement with the Minnesota ICWA Advisory Council (11 tribal representatives and six urban Indian representatives) to collaborate and provide input in planning and development of the Family First Act Minnesota state plan.

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

Programming is aligned with the Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA) in efforts to support the intent to protect the best interests of Indian children, and promote stability and security of Indian tribes and families. The focus is on culturally appropriate services for families at risk of entering the child protection/welfare system. An outcome is to impact strengthening relationships with tribal,

urban and county social services so families are supported and accessing assistance from both tribes and county agencies.

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

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

2021 Update: The Early Intervention with American Indian Families (EI-AIF) grants were awarded to six candidates, including Fond du Lac Band of Lake Superior Chippewa, Leech Lake Band of Ojibwe, Red Lake Nation, Ain Day Yung Center, Northwest Indian Community Development Center, and the Minneapolis American Indian Center. The EI-AIF grants began on July 1, 2020, (FY21) and conclude June 30, 2023, (FY23). The Early Intervention grant provides direct support to families by providing financial help with rent, utilities, transportation, medical, behavioral and chemical health care, basic needs items, and cultural activities, to reduce the risk of child protection involvement. In fiscal year 2021, up to 50% of the grant may be used for staffing and infrastructure, and 25% in subsequent years.

On a quarterly basis, grantees provide a report that includes summary data and narrative of grant activities. The data requested includes numbers of children and families who receive direct financial assistance, and number of families who avoid out-of-home placement after receiving assistance. As of Fiscal Year 2021, quarter 3, the Early Intervention funds were administered to 149 American Indian families, including 424 children. Because of receiving EI-AIF funds, 148 families avoided out-of-home placement. The quarterly report includes a narrative of changes to staffing, efforts to build infrastructure to administer funds, and challenges grantees experience.

The COVID-19 pandemic caused significant challenges for Early Intervention grantees. Several reported they may not spend their budget for the fiscal year. As a result, the ICWA Prevention and Early Intervention consultant requested an extension on encumbrances for the Early Intervention with American Indian Families grants. In one case, the grantee was unable to hire a staff member to provide case management and administer financial support to clients. Another grantee was unable to host in-person cultural activities because of the pandemic. Each grantee had a unique challenge to implementing the grant, but they have seen great results with work they were able to do. One grantee stated this year marked the lowest number of court-involved families because they were able to provide support using early intervention funds prior to child protection involvement.

To better understand implementation of the grant, the ICWA manager and ICWA Prevention and Early Intervention consultant hosted a meet-and-greet for Early Intervention with American Indian Families grantees. Five grantees invited staff to attend the virtual meeting to share their experiences of implementing the grant, innovative ideas, and information about how the department can better support them. One of the primary challenges faced by grantees included reduction in staffing due to furloughs, hiring freezes, or lack of interested applicants due to the Covid-19 pandemic. Additional challenges observed by grantees

included families experiencing historical intergenerational trauma, increased fatal overdoses in the community, hesitation of families to work with child welfare services, and not being able to host in-person services. Grantees shared stories of success with clients using the Early Intervention funds, and advice to help others who face similar challenges. For the upcoming year, grantees requested another meet-and-greet event, as well as technical assistance, when necessary.

2022 Update: There is no update at this time.

- **Strategy 2.4.3:** Engage in planning with tribes/public health/Medicaid/behavioral health/health care to reach pregnant women and families, specifically African American and American Indian parents and families, and create a continuum of culturally appropriate services to address addiction and support parenting using technical assistance from the Center for Healthcare Strategies.

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

2021 Update: The department continues to work with Minnesota's Hospital Association to explore and improve relationships between hospital and clinic settings and county/tribal child welfare agencies regarding supporting pregnant women and their infants affected by substance abuse. In 2020-2021, the Hospital Association began working with several hospitals across the state, piloting efforts related to improving Plan of Safe Care, development of pre-birth and care coordination among hospital and child welfare agencies. Planning for a potential statewide convening is also underway to build understanding and improve coordination efforts across agencies and service providers.

2022 Update: The department continues to contract with four agencies across the state to improve Plan of Safe Care (POSC) coordination and development within their communities. These grants will continue through June 2023. These grantees are demonstrating promising practices with almost all infants remaining at home and safe with their families.

Partnership continues between the department and the Minnesota Hospital Association. Department staff participated in the summer 2021 Minnesota Hospital Association statewide convening, providing information on mandated reporting, and supporting pregnant women struggling with substance use. The Minnesota Hospital Association completed a pilot with several hospital/health systems and local child welfare agencies to improve work regarding plans of safe care. Goals included:

- Pilot and refine a statewide Plan of Safe Care template for use pre-natally or at birth for mothers and infants with prenatal substance exposure, in coordination with child welfare services
- Help community partners to understand Minnesota's POSC information sharing protocols and implementation of CARA legislation

- Improve collaboration and communication with service providers working with families caring for infants with prenatal substance exposure and their mothers.

As part of this pilot, Plan of Safe Care documents were created to support coordination and improve services to pregnant women and their families. These documents were launched statewide.

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

Measures of progress

To address the CFSP goal regarding reducing disparities for African American children, progress will be assessed using federal performance measures on permanency timelines, as well as internal CSP measures on the relative rate index comparing children by race who are alleged victims in a child protection investigation or assessment and in out-of-home care. Targets were set to reduce the disproportionate involvement of African Americans as alleged victims in screened in child protection reports in out-of-home care by half; and reduce the difference in performance on permanency measures between African American and white children by half. The measurement targets for this goal are in Table 18.

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

	Target	2018	2019	2020	2021	2022	2023
Child protection involvement	2.4x more likely	2.8	2.7	2.6	2.4		
Out-of-home placement	1.5x more likely	2.9	2.7	2.5	2.3		
Permanency 0 -12	Difference <= 2.0%	3.7%	7.9%	6.3%	3.0%		
Permanency 12-23	Difference <= 4.8%	9.6%	12.5%	25.1%	1.8%		
Permanency 24 +	Difference <= 3.5%	7.0%	1.6%	0.1%	0.2%		

Objectives

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

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

- **Strategy 3.1.1:** Create and publish a disparities index at the different decision-making points throughout the child welfare system to understand where racism/bias is present. This will be shared for internal department use, as well as externally with local child welfare agencies through Tableau Server.

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

2021 Update: CSP research staff shared the draft disparities index dashboard with CQI leadership and staff within the division’s CQI section. Revisions were made, and the

dashboard will likely merge with ongoing CQI redesign work. Research staff also met with representatives from the ICWA and African American Child Well-being units to discuss specific data regarding American Indian and African American populations, respectively. Research staff plans to have continuing data conversations with the two units throughout the year. The disparity index dashboard is on Tableau server for division staff to access.

2022 Update: The disparities index dashboard has been added to and updated regularly in conjunction with other work. The dashboard now contains over 33 unique data points along the child welfare continuum which can be viewed through the lens of racial disparities. Our section has continued to work most directly with the African American Child Well-being Unit in using the data to drive program planning and stakeholder engagement. The dashboard is currently available on the internal Tableau Server site for use by division staff.

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

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

2021 Update: As part of the CQI redesign, additional CQI staff are being trained in utilizing processes grounded in Safety Science designed to lead to identification of systemic factors that influence decision-making. Identifying ways in which these processes may be used to identify factors that specifically lead to disparities continues to be explored.

2022 Update: CQI staff have partnered with the African American Child Well-Being (AACWB) team to explore intersections of each team’s work and how to integrate and share learnings from CQI learning processes, as well as learnings from the AACWB team’s case review process. Additionally, the CQI section has created an Equity workgroup to further explore how to capture systemic factors that lead to disparities.

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

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

Table 19. Measurement benchmarks for goal 3, objective 2

Benchmarks	2019	2020	2021	2022	2023
Relative rate index of alleged victims, African American to white children, baseline (2018): 2.8 x more likely	Target: 2.5 Observed: 2.7	2.2 2.6	2.0 2.4	1.7 --	1.4 --
Relative rate index of children in out-of-home care, African American to white children, baseline (2018): 2.9 x	Target: 2.6 Observed: 2.7	2.3 2.5	2.1 2.3	1.8 --	1.5 --

- **Strategy 3.2.1:** Develop culturally specific guidance, and provide technical assistance to local child welfare agencies to meet the needs of African American children and families,

such as community-based agencies working with these families as key partners in developing guidance.

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

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

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

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

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

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

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

Collaboration regarding Family First Prevention Services Act implementation is taking place internally across various department divisions, and specific CSP units as needed. This also included formation of targeted work groups consisting of department staff, county and

tribal partners, community advocates, service providers, and individuals from communities with personal child welfare experience.

2021 Update: In 2020, the Child Safety and Permanency Division formed an African American Child Well-Being (AACWB) unit to specifically target and address the needs of African American children to ensure equity in child welfare, culturally appropriate practices and policy, and eliminate disparities and disproportionality. In 2021 the African American Child Well-being unit continued to work with county partners, state agency leaders and staff, community organizations and advocates, and other child welfare representatives to collaborate and explore opportunities for strategic partnership and alignment.

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

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

In 2020 staff drafted and submitted a legislative proposal to address the needs of the African American community using data collected from community forums, individuals who experienced child welfare, and qualitative/quantitative data collected from internal and external child welfare professionals. While the initial proposal did not progress in the legislative process, it was reviewed, revised through internal and external partnership, and reintroduced in spring 2021 but did not move forward beyond the introduction stage.

In drafting the above legislative proposal, on-going collaboration occurred between the African American Child Well-Being Unit, Foster Care and Permanency units, with external collaboration from the community and county partners, as well as department and other state agency leadership, to support development of this proposal.

In 2021, members of the African American Child Well-Being Unit and other division staff participated in multiple legislative work groups to provide ongoing technical assistance to external community stakeholders and legislative authors drafting a two proposals to support policy to address the needs of the African American community. Despite ongoing collaborative assistance from the department, neither one of these proposal moved forward in legislation.

Since the department initiated legislative proposal and the community driven proposals did not move forward legislatively, the department did take steps to identify other resources and strategies that could be utilized and put into place to address the needs of African American communities and address ongoing disparity and disproportionality in child

welfare. Through this process the Child Safety and Permanency Division staff developed a pilot program that would implement similar elements of the division initiated proposal and one of the community driven legislative proposal to create targeted actions to address key child welfare needs. This pilot would support the creation of an African American Advisory Council to which would assist with developing and shaping the work of the AACWB and Child Safety Division through active engagement and partnership. The pilot supports developing more comprehensive continuous quality improvement strategies to use data to address disparity and disproportionality as well as develop a more efficient system to review cases involving African American children and families. The pilot creates support efforts to ensure current and future policy are culturally affirming and responsive and any implementation efforts are done so with community involvement. Through the pilot, resources will be allocated to community based prevention services to support reducing child welfare involvement as well as out-of-home placement. Lastly, the pilot creates resources and supports to partner with schools and districts to develop proactive and prevention services to reduce the likelihood a child, parent, or family becomes involved in the child welfare system, has a child maltreatment finding, or experiences a child in out-of-home placement.

At the time of this report, members of the African American Child Well-Being Unit, in collaboration with Child Safety and Permanency leadership, Child and Family Services Administration leadership, and external partners from the University of Minnesota are exploring applying for a grant from the Administration of Children and Families to establish and develop a national research center focused specifically on African American communities. On the Administration for Children and Families (ACF) website, this research center would lead and support research on the needs of African American populations served by ACF and promising approaches to promoting social and economic well-being among low-income African American populations. This Center would ideally bring together a diverse, inclusive, culturally sensitive, and interdisciplinary team of academic and organizational partners to provide leadership on culturally competent research that can inform policies concerning low-income African American populations and to foster significant scholarship regarding the needs and experiences of the diverse African American population throughout the nation.

2022 Update:

The AACWB unit oversees culturally affirming prevention and family preservation strategies and the department's child welfare systems response, focused on understanding and addressing (ideally eliminating) disparities and the disproportionate over-representation in Minnesota's child welfare and foster care systems for these children and families. African American and other disproportionately represented children and families face inequitable outcomes at each decision point in Minnesota's child welfare system. The AACWB unit assists with leading statewide child welfare practice and efforts to ensure broader agency approaches aimed at improving equity for disproportionately represented children and families and supporting prevention and family preservation include micro-, mezzo-, and macro system changes, including, but not limited to:

- Improving practice across the child welfare continuum including safety and prevention, placement, and permanency

- Improved access to community-based, in-home, and individualized services for children and families
- Ensuring families are given opportunities to ensure the safety of their children prior to removing them from their homes, in instances not including egregious harm
- A greater emphasis on keeping children within their family/kin network, rather than placing with non-relative providers
- Resource provision for communities to deliver needed services for children and families
- Increased community engagement and shared decision making processes
- Targeted data informed practice and policy development
- Collaborative systemic partnership and strategic planning
- Targeted systemic and practice interventions based on case reviews conducted with a cultural and equity lens
- Legislative changes for policy and resource improvements through a cultural, community, and equity lens.

The AACWB unit has continued to partner with other DHS Child Safety and Permanency Division units to support broader division and agency activities related to child welfare practice and policy. The unit has continued to be involved in the agency efforts to implement changes in child welfare policy and practice related to the statewide implementation of the federal 2018 Families First Preservation Services Act requirements. As part of these efforts, AACWB Unit staff continue to be involved in the administration of the state's Qualified Individual program. AACWB unit staff participated in internal follow-up workgroup meetings to make additional changes and edits to the redesigned out-of-home case plan templates housed in the Social Services Information System (SSIS), which is the state's Statewide Automated Child Welfare System (SACWIS). AACWB unit staff have also been involved in assisting with the development of both a state Parent Leadership Program as well as a state Parent Mentorship Program.

AACWB unit staff have also been actively involved in additional child welfare efforts such as improving practice related to supporting and engaging noncustodial parents, strengthening Family Group Decision Making and working with data and research staff to better track child welfare outcomes, identify inequity, disparities, and disproportionality, share information with state, county, and community partners, and use data to develop targeted, effective, and culturally responsive solutions to support prevention and family preservation.

AACWB unit staff continue to provide assistance to developing systemic solutions to support prevention and family preservation by working with agency leadership and legislative staff to develop and support existing legislative priorities and activities as well as identify opportunities for further legislative action. AACWB unit staff also work with partners from the state court system through the state's Children's Justice Initiative (CJI). This has included attending CJI meetings and making presentations about the work of the unit and participating in the development of trainings and training materials for court staff including judges, lawyers, and guardian ad items. AACWB unit staff have also continued to participate in workgroups with CJI staff to support efforts to address disparity in the rate of foster care reentry for African American children.

A significant focus and priority of the AACWB unit is the development of a targeted pilot to address the needs of African American and African Heritage children and families and address the continued disparities and the overrepresentation of these populations in child welfare. This pilot is planned to run from 2021-2023 and will serve as a primary strategy to

better understand the root systemic causes of disparities and overrepresentation, the impact of these causes on child welfare practice, better identify the needs of the communities most impacted, and develop effective and sustainable culturally-affirming child welfare solutions. The pilot is developed to address specific child welfare outcomes identified throughout data research and diverse stakeholder engagement. Through this engagement the aim is to create community-driven responsive solutions to the needs of children and families that focus on family preservation and prevention and are built on partnership, equity, collaboration, innovation, and targeted universal strategy. Key elements of the pilot include:

- Establish, implement an Advisory Council for Communities of African Heritage who will assist the department with developing strategies to improve child welfare and practice and eliminate disparity and disproportionality
- Review & advise on child welfare continuum/out-of-home care policy & practice throughout CSP to deconstruct arbitrary criteria, timelines, and practices driving overrepresentation/outcome disparities, develop best practice guidance for child welfare and communities of African Heritage
- Engage and partner with external public child welfare and related city, county and state agency stakeholders and other organizations to develop systemic strategies to address the disproportionality and related disparities
- Engage individuals, families, and community organizations to strengthen policy and practice strategies to address the disproportionality and related disparities through partnership and collaboration
- Develop and administer grants to community based agencies, organizations, and providers to address identified community needs and provide culturally affirming and responsive services to eliminate disparate child welfare outcomes for children and families of African heritage
- Develop culturally focused Continuous Quality Improvement strategies (coordinated w/ existing Division processes) to include rapid consultation, screening reviews, permanency reviews, and county child welfare agency reviews to address disparity and disproportionality
- Develop a responsive case review process to review specific child welfare cases involving children and families of African Heritage when there are expressed or identified practice or policy concerns
- Exploring partnership between state and county social service agency and entities and educational partners including the state Department of Education, and school districts and exploring the possible development of a child welfare consultation pilot for school personnel

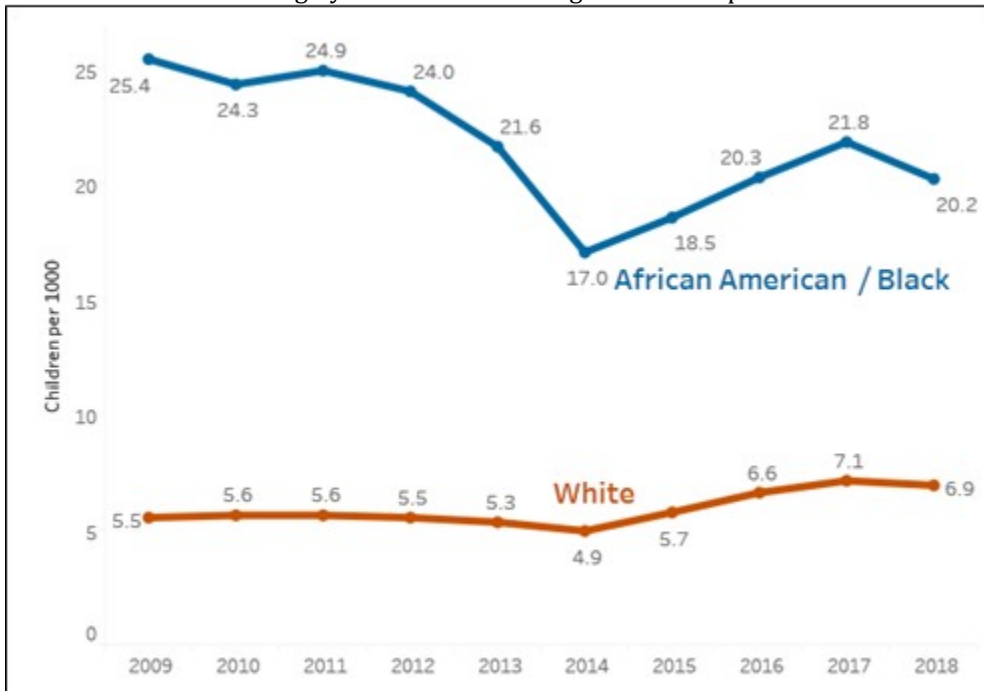
At the time of this report, the department has hired and on-boarded three out of the four full-time staff that will be responsible for overseeing the work outlined in the above listed key elements, with the fourth staff beginning in the middle of July 2022.

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

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

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

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



It is understood that while caseworkers have engaged families in their work, that engagement has not been the primary driver of work. CTF programs will be based on what was learned from collaborating in two large-scale community engagement efforts: The Pre-school Development grant community-based needs assessment,⁴ and the Minnesota Maternal and Child Health Needs Assessment Discovery Survey.⁵

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

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

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



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

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

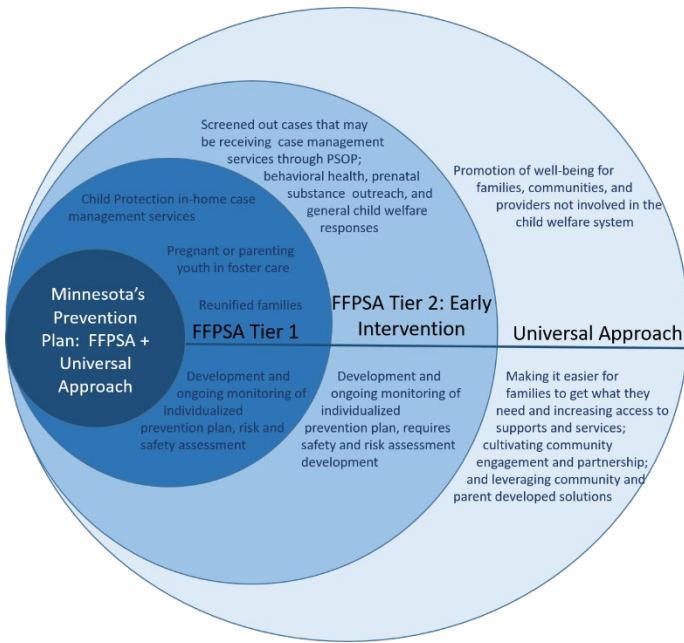
The department and its partners are moving toward a system of promotion and prevention that supports families before they enter the child welfare system. This will be done through:

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

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

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

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



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

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

2021 Update: Through the Family First Transition Act funding, Minnesota has earmarked \$3 million to develop culturally specific services to meet the needs of Black, Brown and Indigenous families. Through work groups focused on supporting Minnesota’s development of the Title IV-E prevention services five-year plan, several community groups representing the African American community have recommended use of parent mentor programs to support families with children at risk of placement into foster care. Department staff is exploring which models in Minnesota may meet the FFPSA Clearinghouse standards, and how to incorporate a program into the five-year prevention plan.

Additionally, through the Preschool Development Grant (PDG), a collaboration between the Minnesota Departments of Health, Education, and Human Services, there are multiple collaborations with Tribes and organizations serving American Indian communities:

- Investing in community solutions. The Community Solutions Fund is prioritizing communities of color and American Indian communities to identify challenges in supporting pregnant and parenting families with young children and support community-based solutions. This is in partnership with the Department of Health and Center for Health Equity. Grantees supporting pregnant and parenting African American families include:
 - African Community Services. This project is focused on developing and implementing strategies to overcome a particular cultural stigma that inhibits early screening for autism for children.
 - Hallie Q. Brown Community Center. The project focuses on adding a transitional classroom in the Early Learning Center for older infants to bridge the transition from infant to toddler, a critical age period in child development. Support services will be expanded through a community resource navigator to help families.
 - Minnesota Care Partner. The project provides support services to improve the changes of healthy child development over the long-term by focusing on

diverting families from the child welfare system by providing culturally responsive, trauma informed services within the community by people from the community.

- Roots Community Birth Center. The focus of the project will be on the perinatal episode and first three years of the child's life. Roots will lead its partner organizations in a multi-pronged approach to amplify the impact of its model of care.
- Community Resource Hubs. As part of the PDG, the Minnesota Department of Human Services, Child Safety and Permanency division is collaborating and coordinating with multiple partners to accomplish the following goals:
 - Make it easier for families to get what they need. Develop universal access for families, paired with culturally appropriate, relationship-based navigation of programs and systems.
 - Increase access to services. Collaborate with state agencies to test and evaluate [Help Me Connect](#) and [Bridge to Benefits](#) paired with culturally appropriate, relationship-based navigation.
 - Grow community engagement and support community developed solutions. A community-based, whole family approach so families have what they need to thrive. This will look and feel different in every community.

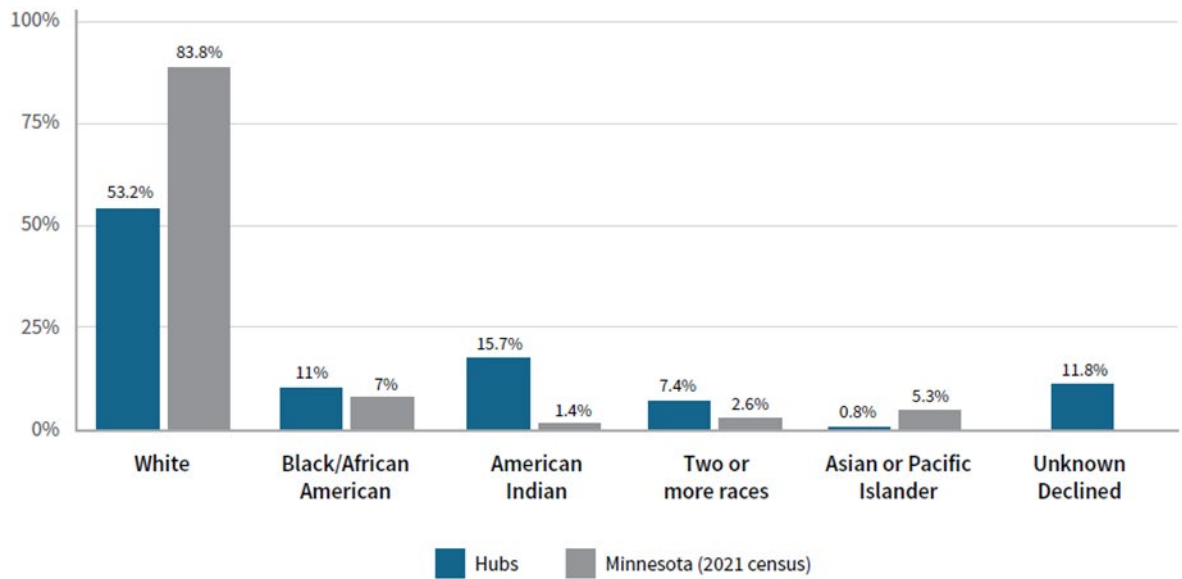
As part of the PDG, the department in partnership with the Minnesota Departments of Health, Education, and Management and Budget, supports 12 grantees – including three working explicitly with African American families.

- Guiding Star Wakota. The grant supports efforts to build partnerships through community engagement and provide pregnant and parenting families with mental health services, system navigation and reduced service inequities for families.
- NorthPoint Health and Wellness Center, Inc. NorthPoint is a nonprofit organization and a Federally Qualified Health Center operating in partnership with Hennepin County. North Point provides culturally responsive, holistic primary health care, social care, education and economic support to over 40,000 individuals per year in North Minneapolis. The project focuses on planning activities that leverage resources across the county through outreach and engagement of families with infants and toddlers and those who are pregnant.
- Ramsey County. The project will implement a community-based navigation model for families of young children with a network of family coaches.

Department staff, in conjunction with the BUILD Initiative, is offering Communities of Practice to support Community Resource Hubs. Planning is underway to offer an ongoing Community of Practice around equity practice to develop a shared understanding, language, and practice to support the strengths of families most impacted by structural inequities due to race/ethnicity, economic instability, and geography. Changing the practice of state agency personnel, community organization personnel, county personnel to be anti-racist, inclusive, strength-based, and trauma informed will benefit all families in the future.

2022 Update: Work of the PDG Community Resource Hubs continues to support previously mentioned grantee and partner tribes. An initial considerations [report](#) was developed and released in 2022. The findings in this report demonstrate that the community resource hubs are successfully improving service navigation and delivery to families with young children and well positioned to expand into additional communities. The report outlined key concerns for state leaders who can implement the following considerations. Preliminary data shows that hubs are serving American Indian families at higher rates than their respective state population.

In Q2/3 2021, Community Resource Hubs served a greater percentage of Black/African American families and Indigenous families than their respective populations in the state.



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

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

Table 20. Measurement benchmarks for goal 3, objective 3

Benchmarks	2019	2020	2021	2022	2023
Permanency in less than 12 months, African American: 49.3%	Target: 50.4% Observed: 45.6%	51.6% 43.8%	52.7% 48.7%	53.9% --	55.0% --
Permanency in 12-23 months, African American: 56.0%	Target: 57.8% Observed: 51.4%	59.6% 39.8%	61.4% 57.5%	63.2% --	65.0% --
Permanency in 24 months or more, African American: 32.8%	Target: 34.2% Observed: 35.2%	35.7% 33.0%	37.1% 43.4%	38.6% --	40.0% --

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

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

2021 Update: The experiential training on the EPC process was put on hold during the pandemic. Prior to the pandemic, all trainings were in-person, which was not possible during the pandemic and peacetime emergency. The State Court Administrator’s Office has been in dialogue with Mitchell Hamline School of Law regarding a virtual option for this training; the training is currently being offered in two different formats, in-person and virtual. Recent targeted recruitment efforts for county participants were unsuccessful due to heavy workloads. Recently, recruitment efforts were expanded statewide. There is great interest in the training and anticipated that as workloads lessen and court backlogs decrease, trainings will resume.

2022 Update: Taking the information learned during our previous in-person training events, this new effort is a continuation of our previous one that aims to create more accessibility by offering it in a virtual format. The virtual format allows us to continue training when we otherwise would not be able to because of ongoing public health concerns associated with gathering in-person during the COVID-19 pandemic. It also offers us flexibility in terms of being able to offer the training in a blend of different formats moving forward (even after the pandemic) so that we can reach some of the most remote parts of our state and include areas that may not otherwise be able to participate because of staffing or other resource issues. In March of 2022, Itasca and Beltrami Counties participated in a pilot virtual version of this training. Forty one people attended including Guardian ad Litem, state court administrators, court administration, judges, parent attorneys, social workers, child attorneys, law clerks, assistant county attorneys, court reporters, and tribal representatives. Ongoing communication with three additional counties in expansion of the initial pilot effort is currently occurring.

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

2020 Update: No activity to report.

2021 Update: Minnesota’s Court Improvement Project and department CQI staff began meeting on a regular basis during this reporting year for monitoring performance and planning for upcoming CFSRs and the CIP plan.

In planning for a joint project for inclusion in the CIP plan, department and CIP staff reviewed various data reports related to children in out-of-home placement. Based on

review of data, a decision was made to discontinue this strategy and replace it with a strategy focused on reducing foster care re-entry for African American children. Additional work is being done to define the strategy and activities; the change in strategy will be reflected in the 2023 APSR.

2022 Update: The Children’s Justice Initiative (CJI) and Minnesota Department of Human Services (DHS) are collaborating on a project to address the disparate re-entry of African American children into the foster care system. Beginning in August 2021 staff from CJI and the department have been meeting monthly to develop a plan to address the above identified disparity. The first step identified was to join with stakeholders from a variety of government, private, and community groups who could contribute to addressing this disparity. Committee members were identified, invited and have convened with the following goals:

- Identify root causes
 - Define an intervention to address those root causes
 - Implement an intervention to reach our goal
 - Evaluate the effectiveness of the intervention
 - Research if there are existing initiatives to tap into or learn from
- **Strategy 3.3.3:** Target Family Group Decision-Making resources to children and families most at risk for poor permanency outcomes, supporting consistency in implementation through modifications to the RFP process.

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

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

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

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

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The COVID-19 pandemic continues to impact FGDM practice across the state. In the past year, delivery of FGDM services rapidly changed from in-person conferencing to virtual to protect staff, clients, and the communities they serve, and comply with guidance from the Minnesota Department of Health and Centers for Disease Control and Prevention to mitigate the spread of COVID-19. Many grantees were able to adapt and began providing FGDM services virtually via online meeting platforms like Zoom, WebEx, and Microsoft Teams. Pivoting to virtual conferences enabled agencies to provide families and youth with meaningful involvement and a voice in their case during this time. In some cases, agencies were able to involve people who may not have been able to participate in person.

2022 Update: Department staff continues to review statewide FGDM practices. The department released a new grant application in March 2022 seeking qualified responders for implementing Family Group Decision Making approaches and services models that enhance family engagement and promote safety, permanency, and well-being of children and families involved in Minnesota’s child protection/welfare system. The new grant cycle is intended to support FGDM approaches and services prioritizing outcomes related to:

- Reducing racial disparities and disproportionality in child protection programs
- Preventing out-of-home care for children at risk of placement
- Reducing the length of stay for children currently living in out-of-home care.

The department received 17 grant applications and is in the process of finalizing grant awards for seven of the applicants.

- **Strategy 3.3.4:** Continue the Permanency Technical Assistance Workshop, which ensures that achieving timely child safety, permanency, and well-being are the foundational principles underlying procedures and decisions in all child protection proceedings. PTAW will educate all stakeholders on the permanency timeline, and provide strategies on how to keep cases from going beyond the timeline. The project will focus on county-specific data compiled from the court and the department to understand practice patterns, as well as

areas of strength and those needing improvement. A detailed county action plan will be developed from this work.

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

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

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

2021 Update: Permanency has now been established for all individual children identified through the Permanency Technical Assistance Workgroups as not having achieved permanency. This strategy is complete and discontinued.

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

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

Table 21. Measurement benchmarks for goal 3, objective 4

Benchmarks	2019	2020	2021	2022	2023
African American children under 1 placed in out-of-home care for parental drug use, baseline (2018): 145	Target: 135 Observed: 131	125 96	115 103	106 --	97 --

- **Strategy 3.4.1:** Using the human-centered design (HCD) process, co-create strategies to address disparities with communities experiencing inequities based on race, geography, and/or economics through the Whole Family Systems grant under the umbrella of 2Gen Network, supported by the department’s Economic Assistance and Employment Supports and Child Care divisions.

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

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

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

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

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

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

2021 Update: The COVID-19 pandemic and resulting strategies to manage it created significant barriers to the work of grantees with children and families, as the social distancing requirements and the move to virtual work impacted engagement with families. Many of the communities served by the grantees were disproportionately impacted by the health and economic impacts of the pandemic; many grantees shifted to meeting the emerging and urgent needs of families in their communities.

The following grantees identified and began work on described prototypes:

City of St. Paul: Through partnerships with financial institutions, community-based agencies, and early childhood providers, St. Paul is expanding and building off its college savings account initiative to improve economic stability, as well as early childhood health and well-being outcomes for children and families experiencing disparities. St. Paul is piloting a universal income program targeted to Black, Brown and Indigenous children and families. It began providing an additional \$500 per month for 24 months to families and evaluating the impact of these funds on the financial stability of these families, and developmental outcomes of children, including child welfare involvement.

NorthPoint Health and Wellness Center: NorthPoint is working with hospital systems and health care providers to better understand barriers to accessing prenatal care for mothers of African descent, and coordination of services for these women when there are concerns

regarding misuse of illicit or controlled substances. They are identifying possible pilots to address these barriers.

People Serving People (PSP): PSP developed and implemented a prototype to create a fellowship focused on actively involving families experiencing homelessness as part of a team of core partners working to systemically identify and address structural racism, including practices, programs and policies that result in higher rates of homelessness in African American populations. A stipend was offered; the fellowship requires an average of 10 hours per month for two years. People Serving People is developing and piloting an ethnic/multi-cultural curriculum in its early learning center that helps children and families celebrate their culture and identify.

Intercultural Mutual Assistance Association (IMAA): Because of the pandemic IMAA identified digital equity as a key barrier to education success for immigrant and refugee families who receive public benefits and have young children. It is prototyping strategies to increase access to both computers and the internet for these families, identification of systemic barriers to digital equity, and the impact on the educational readiness of children.

2022 Update: An update for this strategy is not available at this time.

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

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

2021 Update: Department staff continues to work with Minnesota's Hospital Association to explore relationships and improve relationships among hospital and clinic settings and county/tribal child welfare agencies related to supporting pregnant women and their infants affected by substance abuse. In 2020-2021, the Hospital Association began working with several hospitals across the state, piloting efforts related to improving the Plan of Safe Care, development of pre-birth, and care coordination among hospitals and child welfare agencies. Planning for a potential statewide convening is also underway to build understanding and improve coordination efforts across agencies and service providers.

2022 Update: The department continues to contract with four agencies across the state to improve Plan of Safe Care coordination and development within their communities. These grants will continue through June 2023. These grantees are demonstrating promising practices with almost all infants remaining at home safe with their families.

Partnership continues between the department and the Minnesota Hospital Association. Department staff participated in the summer 2021 Minnesota Hospital Association

statewide convening, providing information on mandated reporting, and supporting pregnant women struggling with substance use. The Minnesota Hospital Association completed a pilot with several hospital/health systems and local child welfare agencies to improve work regarding plans of safe care. Goals included:

- Pilot and refine a statewide Plan of Safe Care template for use pre-natally or at birth for mothers and infants with prenatal substance exposure in coordination with child welfare services
- Help community partners to understand Minnesota’s POSC information sharing protocols and implementation of CARA legislation
- Improve collaboration and communication with service providers working with families caring for infants with prenatal substance exposure and their mothers.

As part of this pilot, Plan of Safe Care documents were created to support coordination and improve services to pregnant women and their families. These documents were launched statewide.

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

Measures of progress

To address the CFSP goal related to improving access to and utilization of services, progress will be assessed using federal performance measures on re-entry, internal CSP measures on the median time to permanency for adoptions and TPLPC, as well as a family preservation measure. The measurement targets and rationale for this goal are in Table 22.

Table 22. Goal 4 measurement targets

Measure type	Measures	Baseline year	Baseline	Target	2019	2020	2021
Internal CSP	Median time to permanency, adoption (months)	2018	25.6	20.6	24.1	26.6	29.7
	Median time to permanency, TPLPC (months)	2018	19.9	14.9	19.1	21.2	22.1
	Family preservation, percent of children placed in out-of-home care during case management when determined to be conditionally safe using a standardized assessment.	2018	6.7%	5.7%	7.5%	7.2%	6.8%
Federal	Re-entry	2018	15.9%	10.9%	15.6%	15.8%	12.7%

Objectives

Objective 4.1. Identify service needs across Minnesota.

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

Table 23. Measurement benchmarks for goal 4, objective 1

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Safety Outcome 2, Item 3, baseline (2017): 64%	Target: 67.5%	71%	74.5%	78%	81.5%
	Observed: 76.9%	84.6%	85.1%	--	--

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

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

2021 Update: The needs assessment was completed in 2019. This activity is complete.

2022 Update: The Minnesota PDG state team is working with PDG evaluators to conduct a strategic refresh of the 2019 PDG Needs Assessment and Strategic Plan. This refresh begins in earnest in August 2022, based on preliminary evaluation findings, quantitative data, and a sustainability study, engagement with grantees, families, community-based organizations, and state staff. The scope of work describes a process by which evaluators would leverage resources and efforts initially slated for the required follow-up needs assessment and strategic plan. These will be combined for a streamlined final deliverable. The combined document will link the most current needs and opportunities with an ambitious yet manageable plan for implementation in the coming years. The final document will be captured via an addendum/companion guide to current reports, essentially applying a *2022 and beyond* lens to the early childhood system's most pressing needs and the commitment of Minnesota's leaders to address those needs. Critical opportunities include:

1. Building on existing themes and challenges with applied impacts of current work
2. Creating stronger alignment between the needs assessment and strategic plan, and
3. Elevating family and community voice

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

2020 Update: The department in partnership with the Minnesota Departments of Education and Health, have been working with early childhood partners across the state to address how families can learn about and choose essential services. They identified the solution of expanding and building on Minnesota's Help Me Grow to provide a one-stop option (Help Me Connect) to help families and referring providers more easily find and connect to a wide range of prenatal and early childhood (birth through 8 years) services that support healthy child development and family well-being, including basic needs. Minnesota's Help Me Connect provides a centralized access "no wrong door" approach to access local services that support healthy child development – including multi-generational

supports for parents and families, taking advantage of the database previously completed and published here: <https://www.minnesotahelp.info/public/>.

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

2021 Update: Through the PDG, Minnesota has recently launched [Minnesota Help Me Connect](#). This platform is a digital navigator connecting pregnant individuals and families with young children (birth-8) with services in their local communities that empower families to be healthy and safe. Help Me Connect is being tested by the navigators housed in Community Resource Hubs as well as others in health systems and local public health. Help Me Connect will have a celebrated launch in August 2021 and be universally available for use. Next steps for Minnesota Help Me Connect include building a digital referral loop mechanism to support families in getting to the services they have been referred to.

2022 Update: [Help Me Connect](#) is fully operational. Next steps for Help Me Connect include building a referral mechanism to be used between navigators and referral agencies.

Building on the systems connections demonstrated through Help Me Connect as well as the relationship-based, culturally responsive navigation of Community Resource Hubs, adding the work of Thriving Families Safer Children; the Minnesota Departments of Human Services, Education, and Health are supporting data gathering utilizing opportunity and social vulnerability indices overlaid with Minnesota-specific data (child welfare included). This data mapping will eventually allow for targeting of resources to communities experiencing compounded risk factors. This will allow for more access to critical supports for communities and families that need them most.

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

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

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

- Describe and differentiate between ineffective, foundational, and advanced safety practice behaviors

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

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

2021 Update: For the safety of children involved in the child welfare system, it is imperative that child welfare staff make safety decisions across the life of a case with fidelity to a model (consistent with guidelines and standards of the department). The Safety Practice Profile tool focuses on supporting that fidelity by establishing a model for practice. In 2020, the Safety Profiles project moved into a pilot phase. The first pilot took place between April and September of 2020. This pilot was to measure the utility of the tool and its implementation to make informed decisions about its improvements.

The initial pilot group included 46 participants consisting of six supervisors and 40 workers from three agencies serving six counties. Each participant agency involved in the initial pilot provides social services to predominantly rural areas of the state including:

- Minnesota Prairie County Alliance (MNPrairie) is a multi-county agency partnership among Dodge, Steele and Waseca counties in southern Minnesota
- Pope, Grant, and Traverse county social services agencies, in west central Minnesota, work in partnership and share a social services supervisor
- Rice County Social Services is in southern Minnesota approximately 50 miles south of the Minneapolis-St. Paul metro area.

Workforce participants included a variety of professional roles across the child welfare continuum, including screening, assessment/investigation, ongoing case management and adoption/permanency.

During the first pilot, workers and supervisors were able to use the tool in a variety of ways and situations. Supervisors found the Safety Practice Profile (SPP) helpful as a supervisory tool. Workers found it helpful as a way to reflect on their own practice and to use one-on-one with their supervisor. Both supervisors and workers found the tool somewhat useful for team discussion of cases and practice. Participation in the pilot and using the SPP tool allowed supervisors and workers to assess current skill levels in the different practice areas, and to see where they could identify areas for growth.

The data collected in the first pilot indicated a desire from supervisors and workers in the selected sample to utilize a tool-supported approach to improving safety practice behaviors. Workers and supervisors were positive about the tool's utility as a supervision and self-reflection tool. In evaluating the tool itself, respondents were most concerned with its length and format.

To move toward a vision of improved safety for children involved in child protection in Minnesota, the department will continue to pilot, evaluate and revise the tool throughout 2021. To begin the work of integrating the Safety Practice Profiles holistically into work at local agencies, relationships and feedback loops will need to be established within department entities.

The second pilot started in April and will continue through August 2021; it includes child protection staff from Olmsted, Clay, Stevens, and Kandiyohi counties. This pilot will evaluate the effectiveness of revisions made and gather additional feedback on the tool itself. Pilot three will include a pilot integration with the Supervisor Core curriculum (TBA 2022). During Pilot three, efforts will be directed toward evaluating practice change in relationship with the tool.

2022 Update: The goal of Safety Practice Profiles is to assist caseworkers and supervisors in assessing current skills, and guide appropriate goal setting as they work on enhancing practice skills. The pilot's second phase process took place between April and October 2021.

In the second pilot, supervisors were similarly asked to implement the Safety Practice Profiles tool to support reflective practice in responding to children and families safety needs. Implementation included additional training and discussion activities facilitated via web conferencing. Supervisors received monthly implementation support (Learning Circles) and group coaching sessions to assist them with developing supervisory coaching skills that support caseworker integration of new and/or deeper *reflective* practices in daily activities. The second pilot group included 39 participants consisting of 14 supervisors and 25 workers from four agencies serving four counties. For both the first and second pilots, a variety of quantitative and qualitative methods was used to collect data from participants. Evaluation methods included surveying participants with Likert scale and open-ended questions documenting facilitator/participant observations and statements, with reflections from written documents and learning materials. Data collected in the second pilot indicates a continued desire by supervisors and caseworkers in the selected sample to utilize Safety Practice Profiles as a reflection and coaching tool, and an approach to improve safety practice behaviors.

Similar themes were identified in both pilots, including:

- Implementation process
- Practical application of Safety Practice Profiles
- Skill development, and
- Tool feedback.

Discussion and further analysis is underway as to whether to conduct a third pilot, or begin a statewide phased rollout in 2022. During this period, efforts will be directed toward evaluating practice change in relationship to implementing Safety Practice Profiles in supervisor and workforce practice. It will also outline opportunities for deeper partnerships among the department's Safety unit, Minnesota Child Welfare Training Academy (MNCWTA), Continuous Quality Improvement unit, and county and tribal agencies.

- **Strategy 4.1.4:** Request addition of data elements in the Social Service Information System to collect sexual orientation and gender identity expression (SOGIE) information for children and families, as a first step to support the CSP Division in improving outcomes,

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

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

2021 Update: Delays continue due to other project-level enhancements for SSIS.

2022 Update: Delays continue due to other project-level enhancements for SSIS.

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

Progress on the second objective will be measured using an internally developed state performance measure of physical health exams for children in out-of-home care, as well as piloting the HMG electronic screening system in four communities. The implementation plan for the HMG pilot will be developed in collaboration with communities. Using the service-mapping tool created under objective 1, a measure of service availability will be created, used in future years to measure access by county and tribal agencies. The benchmarks for this objective are in Table 24.

Table 24. Measurement benchmarks for goal 4, objective 2

Benchmarks	2019	2020	2021	2022	2023
Piloting HMG electronic screening system	Complete the service inventory	Identify 12 pilot communities	Plan and finalize implementation strategy	Implement pilot	
Physical health exam state measure: 60.2%	Targeted: 63.2% Observed: 59.5%	66.1% 55.7%	69.1% 59.1%	72.0% --	75.0% --

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

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

2021 Update: As part of the PDG, the Minnesota Department of Human Services, Child Safety and Permanency division is collaborating and coordinating with multiple partners to accomplish the following goals:

1. Make it easier for families to get what they need. Develop universal access for families, paired with culturally appropriate, relationship-based navigation of programs and systems.

2. Increase access to services. Collaborate with state agencies to test and evaluate [Help Me Connect](#) and [Bridge to Benefits](#) paired with culturally appropriate, relationship-based navigation.
3. Grow community engagement and support community developed solutions. A community-based whole family approach so families have what they need to thrive. This will look and feel different in every community.

At the time of this report, 12 grantees have been selected and have started work:

- **Baby's Space: A Place to Grow:** Is a child development center that works to create a cycle of academic success and prosperity for families dealing with the systemic impacts of poverty, racism and exclusion. Through the Strong Families, Strong Bonds project, they will collaborate with Hennepin County, Washburn Center for Children, and Minneapolis Public Schools to deepen and more effectively coordinate support for children and families in the Little Earth Housing Development. Through this work, they aim to better meet families' intersecting needs and help families achieve or maintain stability to create home environments in which they and their children can thrive.
- **Fraser:** Its mission is to make a meaningful and lasting difference in the lives of children, teens, adults and families with special needs by providing education, health care and housing services. Families facing disparities in access to care often encounter barriers to necessary resources starting at the time of referral. Building partnerships with primary care providers will help guide families in their next steps and reduce barriers.
- **Guiding Star Wakota:** Its mission is to serve any woman, any mother and any family with compassionate care and support. This grant will support efforts to build partnerships through community engagement and provide pregnant and parenting families with mental health services, system navigation and reduced service inequities for families.
- **Lutheran Social Service of Minnesota:** Is creating a statewide community hub with youth and family, housing, and refugee services to create a systematic approach to intake, needs assessment, access, and parent and community engagement. This includes physical locations in Brainerd, Duluth, Minneapolis, St. Paul and Willmar, as well as a virtual network in Crow Wing, Hennepin, Kandiyohi, Ramsey and St. Louis counties.
- **Minneapolis Youth Coordinating Board:** This project focuses on developing a robust system of support for Minneapolis families through the planning and implementation process of building a culturally reflective, equitable place for families and providers to access support needed for their families to thrive.
- **Northland Foundation:** Is a public supported foundation serving Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, and St. Louis counties. It also includes all or parts of five tribal nations within the same geographic boundaries: Bois Forte Band of Chippewa, Fond du Lac Band of Lake Superior Chippewa, Grand Portage Band of Lake Superior Chippewa, Leech Lake Band of Ojibwe, and Mille Lacs Band of Ojibwe. Northland Foundation's programs have three intersecting focus areas: children and youth, individual and community well-being, and economy and jobs. This grant will

support navigators in seven locations to help pregnant and parenting families connect with local resources. Navigators will focus primarily on parenting families facing racial, geographical and economic inequities with intentional outreach in these communities.

- NorthPoint Health and Wellness Center, Inc: Is a nonprofit organization and a federally Qualified Health Center operating in partnership with Hennepin County. NorthPoint provides culturally responsive, holistic primary health care, social care, education, and economic support to more than 40,000 individuals per year in North Minneapolis, regardless of ability to pay. The Hennepin County Early Childhood Collaborative will focus on planning activities that leverage resources across the county through outreach and engagement of families with infants and toddlers, and those who are pregnant.
- Northwest Minnesota Foundation: Its mission is to invest resources, facilitate collaboration and promote philanthropy to make the region a better place to live and work. The foundation works with the five Community Action Program agencies and two Tribal nations in the region to reach all families throughout the northwest portion of the state and help them navigate local resources.
- Ramsey County: Works to strengthen individual, family and community health, safety and well-being through effective safety net services, innovative programming, prevention and early intervention and environmental stewardship. Through this grant, they will implement a community-based navigation model for families of young children (prenatal to age 5) with a network of family coaches. Family coaches will have a deeper, culturally responsive understanding of the needs of the families, and will provide dedicated coaching and support. This is part of the county agency's vision of advancing a holistic approach to strengthening families by aligning and coordinating multiple systems and non-traditional resources to assist families with a focus on those who experience racial, geographic and economic inequities.
- Red Lake Nation: Is working to provide mobile Community Resource Hub services to urban tribal populations in the Twin Cities and Duluth areas to support the well-being of families.
- Sawtooth Mountain Clinic: Is a federally Qualified Health Care Center whose mission is to provide high quality preventative and primary care to the residents of Cook County and the Grand Portage Tribe of Lake Superior Chippewa. The grant will build capacity for expansion of programming, provide liaisons between facilities and programs, and provide community education about available resources in the community. Many families in the region have no access to transportation and often travel over four hours to receive services, and the community hub's goal is to help families find resources closer to home.
- Tri-City Connections: Works to increase kindergarten readiness and close disparities in the early childhood space. Five bilingual early childhood navigators will support 500 southeastern Minnesota families annually in a culturally and trauma-responsive manner to access early learning resources. Each community will establish a centralized physical hub, a virtual hub with online resources in English, Spanish, Somali and Karen, and a mobile hub to move from neighborhood to neighborhood for community events. More than 40 community groups are involved in the initiative.

Department staff is also supporting grantees and their sub-contacted partners through a series of Communities of Practice, quarterly grantee meetings, and individual site visits. Robust evaluations are currently being implemented that include focus groups, individual interviews, and data collection with families, grantees, and department and other state agency staff. Department staff are including Scott County Social Services Agency as a non-funded partner at the request of the county child welfare director. Scott County is utilizing the national Family Resource Center model to support three communities within the county. This learning partnership is helping to expand the knowledge base about what works best to support families and narrow the door to the child welfare and child protections systems.

2022 Update: PDG Community Resource Hubs' work continues to support previously mentioned grantee and partner tribes. An initial considerations [report](#) was developed and released in 2022. Findings in this report reveal that Community Resource Hubs are successfully improving service navigation and delivery to families with young children and well positioned to expand into additional communities. The report outlined key concerns for state leaders to implement the following considerations. Preliminary data shows that American Indian families are being served by hubs at higher rates than their respective state population.

- **Strategy 4.2.2:** Expand and improve recruitment of resource families to include:
 - Data sharing between CSP and the Licensing Division to better understand how well the current array of resource families meets the needs of children in care – both in terms of cultural appropriateness and level of need.
 - Expansion of the contract with MN Adopt to expand access to family finding services for children in foster care, in addition to children with adoption as their permanency goal.

2020 Update: CSP and Licensing Division staff met multiple times to discuss data available for sharing, and opportunities for coordination. CSP staff has utilized data from the state's licensing lookup website for compiling and providing data to the CJI Advisory Committee and Foster Care Advisory Work Group. This work is ongoing.

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

2021 Update: The department contracts with MN ADOPT to provide foster care recruitment services. The department's current contract with MN ADOPT includes the following services:

- Recruit foster and adoptive families
- Provide outreach to media
- Organize general recruitment events
- Implement a social media campaign

- Create an information and referral service
- Establish a matching site that connects families interested in foster care with licensed child-placing agencies, and
- Develop a pilot with three Minnesota counties and private agencies to utilize a web-based licensing software that includes software capable of supporting licensed families through the licensing process; the software has the capability of matching families to youth in need of foster care placements, also providing case management services.

In December 2019 and January 2020, the department held stakeholder meetings with county and tribal agencies, private agencies, adoptive families, kinship families, foster families, and professionals that support these families, to evaluate effectiveness of current services, determine if expansion of existing services are required, and determine if additional services are needed. Division staff is in the process of exploring program evaluations with Minnesota Management and Budget, Management Analysis and Development Division, which would evaluate both quantitative and qualitative data. The goal is for the evaluation development to start in fall 2021.

In the coming year, the MN ADOPT pilot will continue to expand to additional counties.

2022 Update: The department contracts with MN ADOPT to provide foster care recruitment services. Its current contract with MN ADOPT includes the following services:

- Recruit foster and adoptive families
- Provide outreach to media
- Organize general recruitment events
- Implement a social media campaign
- Create an information and referral service
- Establish a matching site that connects families interested in foster care with licensed child-placing agencies, and
- Develop a pilot with three Minnesota county and private agencies to utilize a web-based licensing software that includes software capable of supporting licensed families through the licensing process; the software has the capability of matching families to youth in need of placement, also providing case management services.

MN ADOPT launched a foster care social media campaign from June – September 2021. The webpage created to track this campaign saw 42,837 page views during the campaign. The Fostering Network web inquiries saw a 40% increase in submissions. The campaign focused on the following demographics:

- Empty nesters
- Parents of middle and high school ages
- Parents of transition-age youth, those attending trade schools, community colleges or universities
- Families who are reflective of Minnesota children in care, with special emphasis on Black/African American, American Indian/Native American, and those who speak languages such as Spanish, Somali and Hmong
- Individuals who are part of parenting groups, especially groups like attachment parenting and special needs

- Teachers in general, but an emphasis on specialty teachers such as EBD and special education
- Those who work in mental health fields
- Probation officers
- LGBTQ community
- Friends of existing foster parents
- Recruitment of foster parents for additional specific populations identified as needed by a Minnesota county or tribal child-placing agency.

Messaging themes included:

- Normalize parenting; all kids are a little hard to parent
- Individuals will be supported through the process
- Clear verbiage about foster care, supporting kids until they can return home
- Children are typically in care for under one year
- Highlight specific statistics and needs from a geographic area.

MN ADOPTS Fostering Network service includes information, referral service, and a web-based inquiry form. The Fostering Network web-based inquiry form was submitted by 936 individuals in 2022. The form allows individuals to select whether they want MN ADOPT to contact them to provide information about foster care, or they select up to three foster care agencies operating in the region they live in. If requester selects follow-up call, they will receive contact within 24 hours from MN ADOPT, or they may select up to three child-placing agencies in Minnesota from which to receive information. MN ADOPT contacts all inquirers at two weeks and six months to discuss current status in the application process, providing guidance and assistance if necessary.

MN ADOPT continues to pilot [BINTI](#) with Ramsey County. Its staff completed training and began using the system in November 2021. The agency has 222 families in BINTI; 145 are approved, 42 are in the application process, 12 are recruiting, and 23 withdrew. Of the 42 in the application process, 27 are kinship families, and 14 are community families. Over the next year, MN ADOPT will expand the pilot to include additional county and two private agencies.

The department hosted 12 stakeholder meetings in March and April 2022 in preparation for the next Permanency Support Services (PSS) program Request for Proposal (RFP). One area of discussion was improvements to the department's activities and soliciting input on current grantee services.

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

2020 Update: In 2017, the Minnesota Legislature enacted Minn. Stat., section 256N.261, creating the Minnesota Permanency Support Services (PSS) program. The goal is reducing the need for placement changes or out-of-home placements of youth in foster care, pre-adoptive placements, adoptive families, and permanent physical and legal custody kinship (kinship) families. It also improves functioning and stability of these families. Services are also provided to professionals who serve the families. Services include:

- Parent-to-parent support network
- Family activities
- Crisis services
- Mental health services

- Peer support for youth
- Respite care
- Educational support
- Training offered statewide in Minnesota for foster, adoptive, and kinship families, and the professionals who serve the families, on the effects of trauma, common disabilities of adopted children and children in foster care and kinship placements, and challenges in adoption, foster care, and kinship placements
- Training offered statewide in Minnesota for foster, adoptive, and kinship families, and the professionals who serve the families, on the effects of trauma, common disabilities of adopted children and children in foster care and kinship placements, and challenges in adoption, foster care, and kinship placements.

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

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

In 2020, the department issued a Request for Proposal with a focus on services in greater Minnesota. The focus was to create a coordinated and comprehensive program intended to strengthen and expand existing post-adoption support services in greater Minnesota. Three new agencies will join the PSS program and two agencies are expanding existing services with a focus on greater Minnesota. These additional support services will begin in 2021.

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

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

2021 Update: As referenced in the 2020 update, Minnesota issued a Request for Proposal with a focus on services in greater Minnesota. The focus was to create a coordinated and comprehensive program intended to strengthen and expand existing post-adoption support services in greater Minnesota. In fall 2020, three new agencies joined the PSS program, and two agencies expanded existing services with a focus on greater Minnesota. These additional support services began in 2021.

In 2021 and 2022, the department is initiating two pilots. The first is a pilot of BINTI, licensing software, and the second is a pilot of 30 Days to Family, a kinship-focused recruitment and engagement program. The department will continue to meet with community stakeholders to evaluate existing services, whether they are meeting the needs of the community, if expansion or modification is needed while focusing on providing services, and where providers are that offer community-based and culturally centric while foster care and adoption competent.

Division staff is in the process of exploring program evaluations with Minnesota Management and Budget, Management Analysis and Development Division. The evaluation looks at both quantitative and qualitative data. The goal is for evaluation development to start in fall 2021.

The PSS program is funded by a combination of post-adoption expansion funding, including:

- From Title IV-E of the Social Security Act, as amended by Public Law 113-183
- The Preventing Sex Trafficking and Strengthening Families Act, enacted Sept. 29, 2014.

The above de-links Title IV-E Adoption Assistance from the Aid to Families with Dependent Children (AFDC) requirements; Adoption and Legal Guardianship Incentive funds, and state funding.

2022 Update: As referenced in the 2021 update, the department initiated two pilots as part of the Permanency Support Services (PSS) program.

MN ADOPT continues to pilot BINTI with Ramsey County. It completed staff training and began using the system in November 2021. The agency has 222 families that started the home study process; 145 are approved, 42 are in the application process, 12 are recruiting, and 23 withdrew. Of the 42 in the application process, 27 are kinship families, and 14 are community families. Over the next year, MN ADOPT will expand the pilot to include additional county and two private agencies.

The 30 Days to Family pilot is a Kinship-focused recruitment and engagement program that launched in August 2021. Ampersand Families and Ramsey County are the pilot partners. Initial feedback on the pilot is positive. Ramsey County made 14 referrals. Services concluded on four cases, with positive outcomes of finding 80+ family members in each of the cases, with a support plan created comprised of many family members eager to support children while in care. Whether a case ended in relative placement or non-relative foster placement, the county and provider received a Roadmap to Family document outlining all supportive family members and what types of support they are willing to provide, such as virtual visits, child care, and transportation. As part of one of these support plans, the 30 Days to Family® specialist helped facilitate important sibling connections and visitation plans for children in care.

The department hosted 11 community stakeholder meetings in March and April 2022, with 143 participants. The purpose of these meetings was to evaluate existing services, whether they are meeting the needs of the community, if expansion or modification is needed, while focusing on providing services that are community-based and culturally centric, while foster care and adoption competent. Meetings were held in preparation for the next Permanency Support Services Request for Proposals in December 2022. Feedback about the programs was positive. Families and professionals identified needing expansion of existing Permanency Support Services to include respite care and crisis services.

The PSS program is funded with a combination of post-adoption expansion funding, including:

- From Title IV-E of the Social Security Act, as amended by Public Law 113-183
- The Preventing Sex Trafficking and Strengthening Families Act, enacted Sept. 29, 2014

- The above de-links Title IV-E Adoption Assistance from the Aid to Families with Dependent Children (AFDC) requirements, Adoption and Legal Guardianship Incentive funds, and state funding.
- **Strategy 4.2.4:** Determine policies and reporting procedures regarding local child welfare distribution and use of funds allocated from the Minnesota Legislature to serve families impacted by substance abuse.

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

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

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

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

- **Conventional services:** Programs, expenses related to treatment and recovery services, supportive services, culturally specific services, etc.
- **Flexible spending:** Tangible services for families including transportation, housing support, child care, food support, expenses related to traditional healing activities or cultural services, and expenses related to use of safety support networks, etc.
- **Additional staff:** New or expanded staff positions to support families affected by addiction. Family-based workers, county or tribal caseworker positions, outreach workers, etc.
- **Training:** Provide new or expanded training opportunity for staff, including training related to working with families affected by addiction. This includes tribal providers in cultural healing and traditional ceremonies.

County and tribal social service agencies receiving funds from the Opiate Epidemic Response account must submit a plan approved by the department stating how they plan to

use funds, proving funds were not used to supplant services. Plans may be modified during the year, if needed. At the end of each year agencies must submit an annual report to the department's commissioner stating how funds were used to provide child protection services, including measurable outcomes.

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

2021 Update: As referenced in the 2020 Update, the 2019 Minnesota Legislature passed a bill on opiates, which established an Opiate Epidemic Response account. The allocation formula, outlined in statute, is based on the number of out-of-home placements in each county or tribal jurisdiction from the previous calendar year due to the primary removal condition of parental drug abuse. Available funding for the allocation is based on actual fees collected by the Opiate Epidemic Response account.

In 2020, the opioid allocation funds were distributed to 86 county and two tribal agencies. One county agency did not receive an allocation, as the county had no out-of-home placements due to drug abuse in the previous year.

In 2021, funding is being distributed to 86 county and three tribal agencies, as Red Lake Nation became an American Indian child welfare Initiative tribe. The agencies received an 18-month allocation for July 1, 2020 through Dec. 31, 2021. The first distribution of the opioid allocation was issued in July 2020; 20% of the total allocation is sent to each agency quarterly. This 20% distribution was issued in July and October 2020, and in January, April, July and October 2021. Uses of funds are to promote optimal health, safety and well-being for families and their children.

County and tribal social service agencies receiving funds from the Opiate Epidemic Response account submitted a plan approved by the department prior to July 2020, indicating how they plan to use funds, and demonstrating funds were not used to supplant current services. Plans could be modified during the year, if needed. Agency plans identifying services and expenditures for the 2022 allocation is due at the department Nov. 16, 2021.

Agencies must submit an annual report to the department's commissioner on how funds were used to provide child protection services, including measurable outcomes. Child protective services are defined as any service or intervention that protects a child from maltreatment or risk of maltreatment. The annual reports regarding agency services and expenditures for 2020 were submitted on Jan. 31, 2021. The annual report for 2021 services and expenditures is due Jan. 31, 2022.

Two data indicators are used to monitor success of the child protection opioid allotment; both will be disaggregated by race and age to ensure positive results are experienced equitably. The first indicator is the rate of removal for children because of parental drug use; the second is the median time to permanency for children who were removed because of parent drug use. In 2020, the overall rate of removal of children being placed in out-of-home care due to parental drug use in Minnesota decreased slightly. The median time to

permanency for children who were removed is not determined at this time, as the time limit for permanency has not been reached yet.

Based on annual reports submitted to the department in January 2021 for services and expenditures made in 2020, agencies varied on how they used funding. Agencies can target preventive interventions and work with at-risk families in child protection, child welfare, Parent Support Outreach Program, prenatal exposure cases, minor parents, truancy, children's mental health and juvenile justice. Agencies have different needs regarding specific populations; it was important to recognize families experiencing racial, cultural, geographic and economic inequities in gaining access to services, and to consider the challenges they encounter.

Services, program availability, and staffing vary across the state, because of input from county and tribal agencies, funding was meant to be flexible. Funding was used in the following approved areas:

- Recovery programs
- Treatment court
- Peer support specialist
- Recovery coaches
- Culturally specific services
- FGDM
- Psychological education services
- Restorative Justice Circles
- Support with transitional housing
- Family expenses related to treatment
- Parent support groups
- Payments for children placed in a SUD facility with a parent and other services
- Transportation, e.g., gas cards, bus fare, auto repairs for families to access substance use testing, treatment visits, and other related appointments
- Expansion of supervised visitation contracts to increase visitation length and frequency
- Housing support, such as deposits, back rent, utilities, furniture
- Expenses for reunification or to maintain a child in their home
- Food support
- Daycare expenses
- Drug education classes
- Phone cards
- Expenses related to traditional healing activities or cultural services
- Sober family activities
- Expenses related to driver's license reinstatement
- Paying relatives or kin emergency funds to take care of a child
- Expenses related to use of safety support networks
- New or expanded staff positions to support families affected by addiction
- Family-based workers
- Contracts with community-based providers to respond to prenatal exposure reports
- County or tribal caseworker positions

- Caseworker or chemical dependency workers doing outreach and referral for services
- Casework specialist to meet and support parents and children impacted by addiction
- In-home therapy positions to supervise visits
- Provide new or expanded training opportunities for staff, including training for provider staff in evidence-based practice, county and tribal staff on motivational interviewing, or other training related to working with families affected by addiction, and tribal providers in cultural healing and traditional ceremonies.

There will be a review of all agencies' plans and annual reports indicating how funds were used to determine if goals of reducing the rate of removal and median time to permanency for children who were removed because of parent drug use was achieved. Based on these measurements, some modifications may be made in 2022 to allocations with input from county and tribal agencies and cultural groups.

2022 Update: Beginning in 2022, funding is being distributed on a calendar year basis to county agencies statewide, and the three Initiative tribal agencies. Funding can be used to promote optimal health, safety and well-being for families and children, as outlined in a previous update. Agency plans were submitted in late 2021 outlining how each agency planned to use funding in 2022. A variety of activities and programs are being funded. A few of note include: Motivational Interviewing and Safety Practice Framework training, peer support specialists, recovery coaches, peer mentors; funding for an early intervention social worker position to respond to reports of prenatal exposure, parent support groups, and Restorative Justice Circles.

County and tribal social service agencies also submitted their 18-month report outlining how funding was used and number of families served. Department staff continues to analyze this information, along with child protection data related to substance involvement. Modifications will be made, if needed, after further analysis and consultation with external partners.

- **Strategy 4.2.5:** Partner with Mitchell Hamline School of Law and CJI to increase access to quality parent representation through training and capacity-building activities, e.g., CHIPS Parent Attorney Core Skills training.

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

2021 Update: The CJI CHIPS Parent Attorney Representation subcommittee continued to work on expanding resources for quality parent representation. Per Minnesota statute, establishing requirements for parent attorneys is the responsibility of the state's Judicial Branch; a Judicial Policy Committee maps out the qualifications and other requirements for

parent attorneys. In the past, participation in an annual three-day in-person conference was required for an attorney to be placed on the parent attorney roster. That requirement changed; Mitchell Hamline School of Law developed a virtual training approved by the Judicial Branch and available on demand. This change satisfies two primary goals: 1) It removes a perceived conflict of interest with courts as trainers for parent attorneys, and 2) It expands opportunities for attorneys, particularly those outside of the metro area, to complete the required training and serve as a parent attorney.

2022 Update: The CJI Parent Attorney Representation subcommittee accomplished so much in this area that they sunset. During this year, the group developed a uniform eligibility application for clients requesting appointment of counsel, recommended a consistent IFP process for clients eligible for court-appointed attorney, partnered in the support of Title IV-E reimbursement with Hennepin County, and led policy changes to remove the court's role in monitoring the qualification requirements of parent attorneys. Although the courts are now removed from the training and qualifications of parent attorneys with the policy change, Mitchell Hamline continues to provide training for parent attorneys in an on-demand platform. Additionally, legislation will become effective January 1, 2023 mandating legal representation for parents at each stage of the court process, starting with the Emergency Protective Care hearing. As this work continues to move forward, we're working to ensure our partnership in this important support to families.

- **Strategy 4.2.6:** Partner with Medicaid on an 18-month project funded through the Center for Healthcare Strategies to understand and improve access to Medicaid services for children involved with child welfare.

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

2021 Update: This was an 18-month project that ended in June 2020. This strategy is complete.

- **Strategy 4.2.7:** Expand Rapid Consultation services for county and tribal agencies beyond consultation on safety-related issues to include issues throughout the continuum of child welfare services, including foster care, relative and kinship support and ICWA.

2020 Update: Staff who coordinate Rapid Consultation services, generally Safety unit staff, include staff from other areas of the division, as needed, including staff from the Foster Care, Permanency, Indian Child Welfare and/or Continuous Quality Improvement units. Capacity for consulting with county and tribal agencies was expanded in these areas of the division. The work to formalize Rapid Consultation services beyond consultations on safety-related issues is ongoing.

2021 Update: In addition to staff coordinating with other areas of the division, as needed, the division contracts with a grantee to provide a warm line to foster, adoptive, and kinship families and the professionals that serve these families. The grantee may provide the following assistance to professionals:

- Training for professionals on the common needs of foster, adoptive kinship and foster families youth and how they can meet the needs of those families;
- Recruitment tools for child specific and general recruitment;
- Connection to resources including crisis resources, access to consultants and therapists, other advocacy and community resources to help the professional stabilize the family.

2022 Update: Division staff continue to provide Rapid Consultation Services to county and tribal agencies, there are no further updates to this strategy at this time.

Goal 5: Improve safety, permanency and well-being outcomes for children and families through utilization of a statewide continuous quality improvement system

Measures of progress

To address the CFSP goal related to improving safety, permanency and well-being through continuous quality improvement, progress will be assessed using CFSR Safety Outcome 2, Well-being Outcome 1, and Permanency Outcome 1, as well as the state performance measure on timeliness to face-to-face contact when an alleged victim is the subject of a child protection report. The measurement targets and rationale for this goal is in Table 25.

Table 25. Goal 5 measurement targets

Measure type	Measures	Baseline year	Baseline	Target	Year 1	Year 2	Year 3
State	Timeliness to face-to-face contact	2018	88.4%	90.2%	88.1%	85.0%	84.1%
CFSR	Safety 2, Item 2	2017	89.0%	97.0%	90.2%	100%	97.0%
	Safety 2, Item 3	2017	64.0%	81.0%	76.9%	84.6%	85.1%
	Well-being 1, Item 12	2017	66.0%	81.8%	69.2%	84.4%	81.6%
	Well-being 1, Item 13	2017	78.0%	92.0%	82.5%	89.2%	90.5%
	Well-being 1, Item 14	2017	68.0%	84.3%	75.7%	89.1%	91.0%
	Well-being 1, Item 15	2017	68.0%	84.5%	70.3%	78.5%	80.9%
	Permanency 1, Item 4	2017	83.0%	97.8%	78.4%	85.6%	83.3%
	Permanency 1, Item 5	2017	79.0%	94.8%	77.3%	87.9%	89.3%
	Permanency 1, Item 6	2017	70.0%	92.4%	68.5%	78.7%	77.2%

Objectives

Objective 5.1. Improve CSP staff understanding of decision-making and systemic influences to case work to support development and implementation of targeted strategies for improving outcomes at the state and local levels.

Progress on the first objective will be assessed through use of training and technical assistance participation data, Tableau Server usage statistics, and survey data on the level of agreement and usefulness of CQI advisory team recommendations. Benchmarks for this objective are in Table 26.

Table 26. Measurement benchmarks for goal 5, objective 1

Benchmarks	Year 1	Year 2	Year 3	Year 4	Year 5
Proportion of CSP staff trained in Safety Science baseline (2019): 30%	50%	65%	75%	85%	95%
Proportion of agencies using CQI, technical assistance, baseline: 0%	25%	30%	50%	Maintain 50%	
Proportion of agencies using regional supervisor-specific dashboards, baseline: -72.5% of agencies have at least one supervisor who logged into Tableau Server	Target: 80% Observed: 94%	90%	Maintain 90% rate		

- Strategy 5.1.1:** Implement the redesigned CQI model that occurred in Minnesota’s PIP, which includes utilization of Safety Science (human factors and systems safety) to understand decision-making and systemic influences to decision making to implement improvements to the child welfare system.

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

2021 Update: Refer to section 4, Quality Assurance System for this update.

2022 Update: Refer to section 4, Quality Assurance System for this update.

- Strategy 5.1.2:** Enhance tracking tools to increase use of data-informed decision making throughout the CQI process, including dashboards on Tableau Server for both internal and external child welfare partners.

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

- Developed dashboards that enhance the ability of county and tribal agencies to monitor performance on various child welfare indicators
- Provided technical assistance to most of the regional supervisor groups statewide, educating supervisors on available dashboards and how to access and utilize them
- Continued work on finalizing indicators for the redesigned CQI system
- Developed row-level lists for specific child welfare indicators (e.g., caseworker visits with children) that are regularly updated, provided to county and tribal agencies.

2021 Update: The department continued to maintain many of the previously completed activities, as well as, developed additional dashboards and provided technical assistance to both internal and external child welfare partners. These efforts continue to support the use of data-informed decision making throughout the CQI process. Additional activities included:

- Developed dashboards that aided county and tribal agencies in understanding and responding to the impacts of the COVID-19 pandemic on delivering child welfare services.
- Provided technical assistance to the remaining regional supervisor groups statewide.
- Finalized CQI indicators for the redesigned CQI system.

- Began meeting with individual program areas through the Child Safety and Permanency division to better understand what information, tools, and services would aid them in monitoring their work.

2022 Update: The department continues to maintain many of the previously completed activities, as well as, developed additional dashboards and provided technical assistance to both internal and external child welfare partners. These efforts continue to support the use of data-informed decision making throughout the CQI process.

- **Strategy 5.1.3:** Improve communication strategies and collaboration internally across units in CSP to ensure the CQI process is being implemented as intended.

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

- **2021 Update:** CQI staff facilitated a division-wide meeting to update all division staff on redesign of the CQI system. They led individual discussions with seven other units within the division, which included 73 participants engaged in conversations related to CQI redesign components. The meeting also covered hopes and worries related to the redesign, how the redesign will benefit families and communities served by the child welfare system, how it fits with current work, how to collaborate and be engaged and informed of future work. A survey was sent out following each meeting to obtain information needed for evaluating effectiveness of information shared, and gather recommendations for additional engagement and communication strategies.
- **2022 Update:** CQI staff identified CQI champions from each unit in the division. CQI champions and staff meet monthly to discuss CQI redesign processes, connections among CQI and division projects, and maintain feedback loops. Division staff is participating in five work groups convened to advance specific areas of the CQI redesign, including technology, equity, communication, stakeholder input and prioritization, and CFSR round 4.
- **Strategy 5.1.4:** Provide technical assistance regarding CQI internally and to county and tribal agency supervisors at regional supervisor meetings and through biannual onsite visits with tribes.

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

Initial conversations regarding CQI with tribes occurred through the American Indian Child Welfare Advisory Council. To date, those conversations primarily focused on the child fatality and near fatality review process, and the pilot for PIP development subsequent to the ICWA compliance review. Both of these processes include the foundational elements of the overall CQI redesign, and provide a foundation for broader CQI conversations.

2021 Update: Meetings with the two regional supervisor groups that did not occur prior to the 2020 update were completed virtually due to continuation of the governor's emergency

peacetime order. Department staff provided information on Tableau and the dashboards developed to assist agency leadership and staff in monitoring performance. Dashboards specifically developed to assist in monitoring COVID-19-impacted measures were highlighted.

2022 Update: Department staff continue to offer technical assistance to county and tribal partners as requested.

Objective 5.2. Establish ongoing, authentic engagement with county and tribal child welfare agencies to ensure input on department plans, and establish feedback loops for continuous quality improvement activities to support equity.

Progress on the second objective will be assessed through use of items in a bi-annual workforce survey, meeting attendance with the ICWA Advisory Council, and onsite with all 11 tribes, as well as progress on implementation of the CQI advisory team, which will occur in year one. The benchmarks for this objective are in Table 27.

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

Benchmarks	Year 1 (2019)	Year 2 (2020)	Year 3 (2021)	Year 4 (2022)	Year 5 (2023)
Worker reported awareness of specific elements of child protection reforms and their impact on practice, baseline (2016): 74%	Target: 78% Observed: NA*	--	Target: 82% Observed: xx	Move from column on the left	Target: 85% Observed: xx
Worker reported having sufficient input in decision making at their agency, baseline (2016): 64%	Target: 68% Observed: 69%	--	Target: 72% Observed: xx		Target: 75% Observed: xx
Worker satisfaction with the department's communications and leadership, baseline (2016): 35%	Target: 50% Observed: 39%	--	Target: 65% Observed: xx		Target: 75% Observed: xx
Attendance at ICWA Advisory Council meetings	Attend all four of the quarterly meetings				
Meet with tribes biannually	Meet with 100% of tribes biannually				

*Survey item discontinued

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

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

2021 Update: CSP Division staff continue to provide updates to local agencies through monthly newsletters. Throughout the pandemic, division staff met virtually with the

Minnesota Association of County Social Services Administrators (MACSSA) Children's Services Committee at least twice per month to discuss pandemic-related practice and policy guidance and discuss challenges observed by agencies in service delivery.

2022 Update: CSP division staff continue to provide updates to local agencies through monthly newsletters. Additionally staff continue to meet virtually with the Minnesota Association of County Social Services Administrators (MACSSA) Children's Services Committee at least twice per month

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

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

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

2021 Update: Department staff continued to attend each quarterly meeting of the American Indian Child Welfare Advisory Council. All council meetings during this update period were virtually. Virtual meetings were convened with tribal social service agency leaders to consult regarding challenges to service delivery during the COVID-19 pandemic, waivers issued by the department, and other pandemic-related issues.

2022 Update: Department staff continued to attend each quarterly meeting of the American Indian Child Welfare Advisory Council. All council meetings during this update period were virtually.

- **Strategy 5.2.3:** Implement biannual onsite meetings with all 11 tribes to learn about child welfare programming and how the CQI process can best support their work.

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

2021 Update: No progress was made on this strategy in this reporting period. Due to the COVID-19 pandemic and executive orders issued by the governor, Minnesota has been

under a continuous peacetime emergency since Mar. 13, 2020. Significant resources and efforts have been put toward ensuring safe, continued service delivery to Minnesota residents during this time, but resources were not available to address this specific strategy. Travel and in-person/onsite meetings have also not been occurring during this time.

- **Strategy 5.2.4:** Implement recommendations from the CQI Design team to develop a CQI Advisory team consisting of representation from local child welfare and tribal agencies, and other key stakeholders. The purpose of the CQI Advisory team is to prioritize areas that require a deeper understanding of decision making and systemic influences, make recommendations for removing barriers, and promoting improved outcomes.

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

2021 Update: A teaming structure for the CQI Advisory Council was developed and a draft charter was completed. An initial convening of the council occurred in October 2020 via meetings with individual communities, agencies and/or groups participating on the council during which an initial orientation to the process was provided. Following consultation and planning with Capacity Building Center consultants; they worked to develop CQI training that includes an overview of CQI, as well as information specific to Minnesota's processes. Two modules were drafted and a plan for reviewing the modules was developed. These modules will be used as training materials for the council.

Division-wide conversations regarding how the division utilizes advisory councils are beginning. There are a number of advisory groups or councils facilitated by division staff; planned discussions will focus on opportunities to coordinate efforts and possible collaboration across councils.

2022 Update: Convening of the CQI advisory council was delayed due to ongoing division-wide conversations regarding how the division utilizes advisory councils. The CQI section has identified workgroup members to create a plan to ensure the voices of people with lived experiences and other stakeholders are central to the CQI process and will continue this work into the next year.

4. Quality Assurance System

Current

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

- Child mortality reviews. Department staff conducts Systemic Critical Incident Reviews (SCIRs) of all fatalities and near fatalities due to maltreatment, in addition to those occurring in licensed facilities, e.g., foster care. The review process utilizes Safety Science

practices and principles, focusing on human factors, system influences, and accountability. A team comprised of department and local agency supervisory staff completes case reviews. A regionally based mapping team that includes local agency representatives from across the region, and other system stakeholder’s map learning points identified in a review.

- Screening reviews. Since 2015, the department has had a process through which local agency screening decisions on reports of child maltreatment are reviewed. Decisions to screen in or screen out reports of maltreatment are reviewed by department staff. When decisions do not appear to meet statutory criteria, department staff consults with local agencies regarding a decision. Approximately 6% of each agencies screened in and screened out maltreatment reports are reviewed annually.

Information collected through these review processes is used to identify problem areas and provide technical assistance to agencies, monitor progress of program improvement efforts, and identify themes and systemic influences affecting achieving goals.

CQI redesign

The department began collaborating with the Capacity Building Center for States to redesign the QA/CQI system in 2018. Department staff continues to be engaged in execution of the child welfare CQI Redesign Implementation plan. Teams of CQI staff are engaged in defining and implementing processes for each component of the redesigned system. (See the draft visual of process below.)



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

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

2021 Update: The department continues to partner with the Center for States on the CQI redesign. Staff continues to identify, develop, and pilot processes for each component of the redesigned system. Noted activities for the overall process included:

- Completed a division-wide information session regarding the CQI redesign
- Facilitated discussions with seven individual units within the division that included 73 participants
- Completed five information/orientation sessions for people interested in participating on a CQI Advisory Council in October 2020
- Finalized a set of indicators that will be used initially to monitor statewide performance
- Developed a data dashboard for the finalized set of indicators
- Developed a ranking tool to be used by the Advisory Council when prioritizing indicators and piloted that process with CQI staff
- Piloted using the SCIR process to identify influences and barriers to achieving permanency for children in care for more than 24 months
- Completed training on Systemic Learning Reviews (SLR) and Systemic Learning Mappings (SLM) and piloted use of both of those learning processes with established regional mapping teams
- Engaged in training for each step of Implementation and Action.

2022 Update: The department continues to partner with the Center for States on the CQI redesign. Staff continues to identify, develop, and pilot processes for each component of the redesigned system. Activities completed since the submission of the 2022 APSR included:

- Completed readiness assessments to explore motivation and capacity to implement the redesigned CQI system, including CQI unit staff and division leadership. Analysis of readiness assessments identified areas in need of further development. These areas include

identification and use of technology to enhance and advance CQI work; how to store and share information within the CQI unit; further exploration of how race, equity, and inclusion should be integrated into each stage of the CQI process, feedback loops, and communication, both internally and externally; stakeholder engagement and round 4 CFSR planning.

- In response to the above-identified needs, five work groups were developed, including technology, equity, communication, stakeholder input and prioritization, and round 4 CFSR. Work groups include staff from the CQI unit as well as across the division.
- Teams within the CQI unit continue to enhance their skills through training, technical assistance and consultation. Support is provided through the Center for States, Collaborative Safety, and the Office for Continuous Improvement.
- CQI champions were identified across the division and meet monthly to learn about the CQI redesigned process and how it intersects with work throughout the division.
- The case review team piloted Systemic Learning Reviews (SLR) and Systemic Learning Mappings (SLM) for CFSR Items 4 and 6.
- Identified four staff to complete qualitative coding following learning processes. This team has completed training on coding and piloted coding on fatality/near fatality cases from the years 2019-2021. Additionally the software Nvivo was purchased to support collection of themes identified through the coding process.
- CQI staff continue explore the systemic analysis step of the CQI process to move from identification of systemic themes to considerations to move into the change process.
- CQI staff continue to collaborate with other units within the division to support implementation and evaluation of Safety Practice Profiles, development of the African American Child Well-Being team's theory of change and implementation plan, and the State Court Administrator's Office on a project to reduce re-entry of African American children into the foster care system.
- The screening team is exploring how to integrate the Screening Threshold Analysis Tool into their ongoing review of county and tribal screening decision.
- CQI staff continue to identify steps to their process and each team has documented these in manuals/guides.
- CQI staff attended training on fidelity measurement and are exploring how to ensure fidelity to the CQI process as well as how to integrate fidelity measures into other projects.

5. Update on Service Description

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

Services for Children Adopted From Other Countries

Families of children adopted from other countries are able to access most services offered through the Permanency Support Services program. [Minn. Stat., section 256N.261] The PSS program was created with a goal of reducing the need for placement changes or out-of-home placements of youth in foster care, pre-adoptive placements, adoptive families, and permanent physical and legal custody kinship (kinship) families, and to improve functioning and stability of these families.

Through this program, the department contracts with a private nonprofit agency to coordinate a warm help line for adoptive families. Clinical specialists trained in adoption provide individualized support and referrals to adoption-competent mental health professionals, training, and other supportive services. Families who adopted internationally continue to be the highest type of family receiving intake services each quarter. In cases where adoptive families are experiencing financial

barriers to obtaining clinical services, the grantee makes financial assistance available. This can include in-home counseling. The agency also provides in-person and online training and education to professionals and adoptive families. Training and education services are available to all adoptive families. These services are available to any foster, adoptive, or kinship family residing in Minnesota.

The department also contracts with four nonprofit agencies to manage 87 regional support groups for adoptive parents. The groups meet monthly throughout the state. Grantees also manage online support groups and peer-to-peer support services. Each year, grantees host a wide range of activities, including hosting retreats, camps and family activities. During the COVID-19 pandemic, grantees modified activities to provide virtual formats such as Zoom. They hosted virtual camps, activities such as bingo, and virtual support groups. These services are available to all adoptive families.

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

Offered throughout the state, a 16-hour pre-adoption training is intended to prepare families who are interested in providing kinship services, becoming a foster parent or adopting.

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

Services for Children under Age 5

Reducing length of time in care

Efforts to reduce time in care occurring in the past year included:

- Attempting to equalize Northstar benefits by submitting budget proposals to eliminate the pre-school entry rate for children finalizing permanency under age 6.
- Adoption Call to Action: Focus on children with fully executed Adoption Placement Agreements who have not finalized their adoptions. Increased efforts targeting children under guardianship for 24+ months in an identified pre-adoptive placement to identify what needs to happen to finalize adoptions.
- Using child-specific recruitment services via PPAI contracted agencies and other grant funding.
- Providing training and technical assistance to county and tribal agencies on relative placement, timely licensing of relatives, and concurrent permanency planning.

Help Me Grow/Follow Along

Per CAPTA, every child, birth to age 3 in the child welfare system, must be referred to IDEA Part C services. In late 2021, the department engaged in a CQI process to better understand these referrals and improve access to screening and early intervention services for young children and their families involved with the child welfare system. This is an ongoing effort and partnership with the Minnesota Department of Education allowing for parent voice and engagement to be included in results of this CQI initiative.

Minnesota [Help Me Grow](#) and the Minnesota [Follow Along](#) programs are services offered through the Minnesota Departments of Education and Health helping families identify developmental delays through screening and referral to appropriate services.

Department staff is now dedicating time to participate on the [Minnesota Interagency Developmental Screening Task Force](#), as well as an appointed representative on the [Governor's Interagency Coordinating Council on Early Childhood Intervention](#).

Infant Early Childhood Mental Health (IECMH) Initiative

The department provides support in continuing education of child welfare professionals, including those working in the early intervention programs, such as the Parent Support Outreach Program. In collaboration with the Center for Advanced Studies in Child Welfare (CASCW), University of Minnesota, Center for Early Education and Development (CEED), provides a training and certificate program in *Understanding Infant and Early Childhood Mental Health* for child welfare professionals. This training provides education on infant and early social and emotional development, including:

- The role of caregivers in supporting child development
- The potential impacts of trauma and adversity on development, including consideration of caregivers with mental illness, chemical dependency, adolescent parents, and those who experienced trauma themselves
- Ways to support development of resiliency
- Ways to reflect on and consider culture when thinking about young children, families and development.

The department has historically provided additional trainings and consultations specifically targeted to graduates of this certificate program to promote transfer of training and education into direct work with families. In an effort to engage additional child welfare staff and increase cross-systems collaboration, multi-discipline reflective consultation groups are offered to child welfare staff statewide through the department's Behavioral Health Division.

The 2021 legislature mandated a report of the use of early education opportunities for children 0-5 in foster care. A contract is in place and a preliminary report will be available December 2022, with the full report complete in May of 2023.

Efforts to track and prevent child maltreatment deaths

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

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

As a state-supervised, county-administered child welfare system, the responsibility for investigating child maltreatment deaths lies with local county and AICWI tribal social service agencies. The department has processes in place to review cases in which maltreatment-related fatalities and near fatalities occur. It has incorporated safety science into the child fatality/near fatality review process through use of the Collaborative Safety Model. This model allows department staff to get first-hand accounts from frontline staff, as well as relevant public and private partners, such as law enforcement, public health, physicians/child abuse prevention

specialists, and local attorney's offices. These partners are invited to attend and participate in safety systems mappings, where systemic influences and barriers are identified that inhibit ability to provide idealized services to children and families. These voices are invaluable as all partners are intricately woven in service procurement and delivery to families. Because of these mappings, themes are identified and recommendations made annually to improve services to families statewide. An outline of the fatality/near fatality review process is as follows.

- Once a case is determined eligible for department review (i.e., the fatality or near fatality was determined to be the result of maltreatment and/or occurred in a licensed foster care setting), the fatality/near fatality team begins a review.
- A member of the review team completes an examination of all information in the Social Service Information System. A trained peer reviewer also independently reviews cases; per statute, all peer reviewers are local agency social service supervisors, managers or directors. Each reviewer independently identifies practices or issues that stand out to them during a case review, e.g., practice outside of that prescribed by statute, rule or guidance. Following their independent review, department staff and peer reviewer discuss their findings and identify learning points.
- Reviewers conduct voluntary debriefings with local agency staff involved in decision making regarding learning points. The debriefing provides opportunities to understand decisions made in a case by accessing local rationality, knowledge factors (sources of information), and strategic factors (competing goals), from those directly involved.
- Case and debriefing information is presented for safety systems mapping. Each state region has an established mapping team that includes core members, generally social services staff (front-line, supervisory and director levels), law enforcement, county attorneys, public and mental health. Ad hoc members are invited to participate in mappings, depending on learning points discussed. At the mapping, members identify influences to the learning point at all levels of the system, e.g., local, regional, state, external and federal.
- Department staff creates a contextual narrative describing influences identified during mapping, and provide narrative to the mapping team for review and approval.
- Learning points are scored using the Systems Analysis tool. The tool allows for tracking and quantifying influencing factors, and the frequency at which individual factors are identified in cases reviewed.
- Using information from the Systems Analysis tool and scoring, the fatality/near fatality review team compiles themes and considerations for recommendations. Information is presented annually to division leadership for consideration of action to improve services to children and families served through the child welfare system.

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

Supplemental funding to prevent, prepare for, or respond to, Coronavirus 2019 (COVID-19)

The department received \$720,287 in supplemental Title IV-B, subp. 1, funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). To date, more than 70% of the allocation was distributed to local agencies to prevent, prepare for, or respond to COVID-19.

Approximately 22% of expended funds were distributed to county child welfare agencies to offset costs for technology to facilitate caseworker visits, family team meetings, and court hearings. Local agencies utilized funding to purchase IT equipment (e.g., laptops, printers, tablets); cell phones or cell phone plans for agency staff, youth in out-of-home placement, and families, to ensure caseworkers have resources to stay connected to youth and families during the pandemic; and families stay connected when face-to-face visits are not possible.

The remaining 78% of expended funding was allocated to county and American Indian Child Welfare Initiative tribal child welfare agencies for use in Family Assessment Response (FAR). Eligibility for funding was modified to enable agencies to serve a broader array of families directly impacted by COVID-19. Examples of how funds were utilized by agencies to support children and families include:

- Purchasing needed technology (e.g., laptops, internet plans) to assist children and youth with distance learning during the pandemic.
- Paying for rent and utility costs for families who had loss of income due to job loss and/or required quarantine.
- Purchasing a bed for a new placement in a relative foster home; relative providers were laid off due to COVID-19 and did not have a bed for child.
- Funding vehicle repairs for a father working toward reunification, who did not have reliable transportation, losing his job due to COVID-19.

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

Promoting safe and stable families

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

Service decision-making process for family support services

Services for families and children include information and referral, community education and prevention, health-related, housing, social and recreational, home-based support, homemaking, individual counseling, respite care, group counseling, Family Group Decision Making, adolescent life skills training, and specialized case management.

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

The department allocates Title IV-B, subp. 2, funding to four primary service areas. Distribution of allocated federal funding for FFY 2022 includes family support services, 20%; family preservation, 20%; family reunification, 20%; and adoption promotion and support services, 20%. The focus of these funds is preventive services through family preservation and support, and stability through reunification, adoption promotion, and support services.

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

Distribution of funding is consistent with the needs and priorities identified as part of the plan development process. No more than 10% of Title IV-B, subp. 2, funding is spent for administrative costs. Refer to Minnesota FY 2022 CFS-101, parts I and II, for details.

Populations at greatest risk of maltreatment

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

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

Minnesota saw an increase in the number of reports received statewide from 2014 through 2016, which correlates with publicity following a high profile child maltreatment case and subsequent work through the Governor's Task Force on the Protection of Children. These numbers remained at that level until 2018 and since that time have dropped slightly. The number of reports was lower from mandated reporters in March, April, and May 2020 due to the COVID-19 pandemic, with those reporters not having contact with children during this time, and remained low throughout the summer. Beginning in June 2020 it was noted non-metro agencies returned to pre-pandemic numbers, but metro counties remained low due to continued precautions related to COVID-19. Starting in 2021, numbers statewide have been more consistent with pre-pandemic data.

Services to address at-risk populations

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

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

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

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

Families experiencing poverty or significant substance abuse concerns are at greatest risk of maltreatment issues. Families who receive services for these issues have lower rates of subsequent child maltreatment reports than families not engaged in services.

Family Group Decision Making conferences are conducted for many children as a means to avoid placement, those seeking reunification with their families, or alternative permanency options.

Conferences also assist in reducing the length of time children and youth spend in out-of-home care, and assist youth's transition to independence.

Kinship Navigator funding (Title IV-B, subpart 2)

Program rational/background

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

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

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

FY2018 Kinship Navigator activities:

Development of kinship navigator positions: Two temporary kinship navigator positions were filled, using \$76,000 of the award, as follows:

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

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

Department staff is still considering whether it is beneficial to include kinship information and resources on a state managed website, such as MinnesotaHelp.info. Under consideration is a kinship page included on the FFPSA County Link page, and use of a toll free service for kinship navigation.

Community outreach includes:

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

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

FY2019 kinship navigator activities

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

Mini grants: With FY2019 funding, department staff plans to work in partnership with county and tribal agencies, and other statewide agencies, to continue developing and evaluating how best to serve kinship caregivers and children in their care. The department posted a request for proposals, awarding agencies with mini-grants of up to \$25,000 per grantee. These grants were awarded to six agencies and six counties; \$160,000 will be used.

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

Non-grant funded activities include:

- Ongoing collaboration with grantees on programming, Clearinghouse standards, and possibility of meeting Title IV-E standards for reimbursement for kinship services.
- Development of a kinship handbook which includes information on community services and resources available to kinship families. A legal manual was developed and finalized by August 2020.
- Ongoing discussions on where the kinship manual, services and program information will be posted (MinnesotaHelp.info, CountyLink, MN ADOPT, etc.) are taking place so information is centralized and accessible.
- The Family First Prevention Services Act (FFPSA) kinship subgroup was developed. External stakeholders will be identified and included in discussions regarding kinship programming and development.

Minnesota Kinship Navigator program goals for 2020-2021

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

The Kinship Navigator program will achieve program goals by implementing the following:

- Ongoing community and professional kinship navigator education

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

FY2020 kinship navigator activities

The department used funding appropriated in FYs 2018-2020 to collaborate with community agencies, county, and tribal agencies through mini grants. Activities funded through these grants focused on increasing engagement with kinship families, providing education and linkages to services, and supporting kin caregivers' immediate needs to provide for children in their care.

These partnerships throughout 2018-2020 allowed department staff to identify agencies most equipped to serve the kin community in ways that closely align with the Kinship Navigator program, as outlined by the Social Security Administration. Staff is committed to meeting these service requirements, finalizing contracts with a longstanding nonprofit agency providing defined services. Funding will be used to contract with an evaluation partner in preparation for a rigorous assessment of services. Upon completion of this evaluation department staff hopes to submit findings to the Title IV-E Clearinghouse for review in late 2022/early 2023. This will utilize FFY21-22 Title IV-B grant funding.

If a rating is received at a level of promising or higher, department staff hopes to replicate services, as needed, in other regions to meet the needs of kinship families statewide. Staff is tasked with securing the required 50% match upon receiving Title IV-E approval of the submitted Kinship Navigator program.

FY2021 kinship navigator activities

The department entered into a targeted contract with a nonprofit agency in FFY 2021, Lutheran Social Service (LSS) of Minnesota, to provide services most closely aligning with kinship navigator required service components. This program partner used this funding to take necessary steps to prepare its existing program for evaluation of services. The department plans to extend this contract in FFY22. The primary objectives of the contract with this partner include:

- Provide access for kinship caregivers to family support services
- Answer calls and provide referrals through the Kinship Warmline, [Kinship Caregiver Warmline | Lutheran Social Service of MN \(lssmn.org\)](#)
- Provide case management services for kinship caregivers
- Website development: [Kinship Family Support Services | Lutheran Social Service of MN \(lssmn.org\)](#)
- Provide kinship support groups and training for kinship caregivers
- Complete program manual for kinship family support services
- Develop and implement a kinship action coalition
- Increase capacity to support kinship families through the Training Kinship Partner Network.

The qualifying definition for this agency's' kinship services is kin caregivers regardless of their involvement with child welfare or other systems, such as child protective services. This includes fictive kin. In the past year, LSS served 287 unduplicated kinship families through support groups,

case management, and education groups. Of families served, the majority fall into the category of informal kin families, with little or no involvement with the child welfare system. It also served 111 professionals.

Monthly caseworker visits formula grants and standards for caseworker visits

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

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

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

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

Monthly caseworker visit funding (grants) is used to supplement the Minnesota Child Welfare Training Academy for caseworker and supervisor training. Grant funding also supports CQI staff efforts to evaluate county and tribal agency performance on frequency and quality of caseworker visits through CFSR reviews, and assist agencies in developing plans to improve performance. Specific interventions in goal 4 of the CFSP/APSR target this area.

Minnesota has not met performance standards for monthly caseworker visits with children in out-of-home placement, but consistently meets the performance standard regarding the majority of visits occurring in children's residences. Minnesota's performance on monthly caseworker visits with children in placement was 83% in FFY20. It did not meet this PIP performance goal in the first measurement period, but successfully completed all strategies and key activities related to improving frequency of caseworker visits with children in out-of-home placement. Ongoing efforts to ensure performance standards are met include:

- Provision of child-level lists to local social service agencies of performance via a Tableau dashboard
- Reinforcing use of a practice guide developed by department staff by distributing it to caseworkers interviewed as part of a MnCFSR case review, referencing the guide during case consultations that occur with local agency staff via the division's Rapid Consultation line, and guidance reflected in trainings offered through the Minnesota Child Welfare Training Academy.

In response to amendments to the Child Welfare Policy Manual, permitting agencies to:

- Utilizing the governor’s peacetime emergency, permitting the commissioner to modify temporarily state statute
- Approving a waiver to modify statute, permitting use of video conferencing to meet caseworker visit requirements.

The requirement for monthly caseworker visits remained in place; however, the ability to utilize video conferencing in lieu of in-person face-to-face visits provided a safe alternative for caseworkers, children/youth, and foster care parents during the pandemic. Department staff facilitated four webinars for caseworkers statewide to support quality virtual caseworker visits when in-person visits could not be safely conducted. Webinars included information regarding assessing safety and well-being via a virtual visit, including assessing for and responding to imminent safety issues.

Additional services information

Adoption and legal guardianship incentive payments [section 473A of the Act]

The department provides services to foster, adoptive, and kinship families through the Permanency Support Services program. It consists of grants for 12 agencies to provide 43 services. Adoption incentive funding provides a continuum of services, from a family’s first interest in becoming a foster, adoptive, or kinship parent through post-permanency support, including:

- A consulting group is working with CSP Division staff to increase permanency for teens. The consulting group is reviewing Minnesota’s policies, holding stakeholder meetings, and making recommendations on policy and procedure modification. It will provide training on recruitment strategies and provide consultation to division staff, county agencies, and private placing agencies. The consulting group completed a survey and focus group interviews with professionals, adoptive families and youth. The 220 Experience gave a presentation summarizing its findings and recommendations to increase permanency for teens. The 220 Experience also completed 11 child-specific recruitment consults with recommendations.
- Funding for the Center for Advanced Study in Child Welfare’s Permanency and Adoption Competency Certificate (PACC). The program includes web-based and in-person training. Attendees are mental health professionals and child welfare workers in public and private agencies. One cohort is trained in the Twin Cities metro area and one in greater Minnesota each academic year. Due to COVID-19, in-person sessions were web-based in 2020 and 2021. Sessions were Hybrid for 2022.
- The Center for Advanced Study in Child Welfare’s Phoenix Learning Xchange (PLX) Adolescent Certificate program pilot was completed. It includes three core sessions and three elective; it is a web-based and in-person training. Attendees are mental health professionals, members of multi-disciplinary teams, adoption resource, tribal agency workers, and child welfare workers in public and private agencies. One cohort is trained in the Twin Cities metro and one in greater Minnesota each academic year. Note that due to COVID-19, in-person sessions were web-based in 2020/2021; hybrid in 2022.
- Comprehensive Child Well-being assessments for 500 youth (adoptive, foster and kinship), which include medical, developmental, cognitive, and mental health needs through assessment of children’s family, medical and developmental history, medical exam, including labs, screening for toxic exposure/Fetal Alcohol Spectrum Disorders, and an assessment of developmental skills.

- Contract with a private child-placing agency to provide peer support and retreats to adoptive, foster, and kinship families; peer support for youth; and piloting a relative recruitment and engagement program.
- Contract with one agency to provide 16 hours of pre-adoption education to comprehensively prepare families intending to parent children under guardianship.
- Funding for an agency to provide Neurosequential model of therapeutic assessments for youth, and inform and connect parents/caregivers with mind-body practitioners. These professionals help parents integrate strategies proven to help restore neglected neural pathways, and assists families to purchase equipment such as mini-trampolines, pogo sticks, drums, relaxation applications, rocking chairs, etc., needed for therapy, when items are not covered by Medical Assistance.
- One agency was contracted to offer camp services to transracial adoptive, foster, and kinship families.
- A contract with a private nonprofit agency to manage 50 regional support groups for adoptive parents who meet monthly throughout the state. The grantee also manages online support groups for adoptive parents and peer-to-peer support services. The peer-to-peer support services include information, resources and emotional support. The grantee holds one retreat per year, three training workshops, support group meetings for adoptive parents, and activities for parents and children together. It also provides six monthly adoptee support groups. Peer-to-peer support allows foster, adoptive, and kinship families to build connections.
- A contract with a private nonprofit agency to coordinate training for adoptive parents and adoption professionals. Training topics include attachment, parenting adopted teens, parenting children with sexualized behaviors, trauma and more. Training is offered both in-person and in webinar formats. Some trainings are offered as a series, including a support group component.
- A help line for adoptive families statewide. Clinical specialists trained in adoption provide individualized referrals to adoption-competent mental health professionals in their area. In cases where adoptive families are experiencing financial barriers in obtaining services, the grantee provides financial assistance, which can include in-home counseling.
- Funding for private child-placing agencies to provide child-specific recruitment and placement services. These services include relative search and intensive child-specific services. Placement support services include intensive efforts to support and stabilize families.
- Cultural agency to host two ICWA foster family and kinship placement education and training community events. These will be culturally meaningful and serve as an information and recruitment activity with a focus on recruiting families for qualifying ICWA children.
- A contract with a private agency in greater Minnesota to provide one-to-one family support, monthly support groups, and family activities.
- Grant contract with a private agency to provide web-based support groups, trainings, family activities, and activities that consist of honoring foster, adoptive, and kinship families.
- A contracted agency in greater Minnesota provides training, support groups, and family activities.

Department staff decided to amend the existing contracts for one year with an end date of June 30, 2023. A new Permanency Support Services Request for Proposals will be issued in December 2022 with services to begin July 1, 2023.

Adoption savings [section 473(a) (8) of the Act]

Adoption savings is spent to support Minn. Stat., section 256N.261, the Minnesota Permanency Support Services program. It was created with a goal of reducing the need for placement changes; or out-of-home placements of youth in foster care, pre-adoptive placements, adoptive families; and permanent physical and legal custody kinship (kinship) families; and improve functioning and stability of these families. PSS is a coordinated and comprehensive program intended to strengthen and expand existing post-adoption support services in Minnesota. Permanency Support Services for pre-adoptive, adoptive, foster care, and kinship families must be on a continuum to be effective. These services include:

- Funding for private child-placing agencies to provide child-specific recruitment and placement services. These include relative search services and intensive child-specific services. Placement support services include intensive efforts to support and stabilize families.
- Contract with an agency to recruit and support a pool of professional photographers to take photos of Minnesota waiting children.
- Contract with an agency to provide videography recruitment services to Minnesota waiting children.
- Comprehensive Child Well-being assessments for 500 youth (adoptive, foster and kinship) which include medical, developmental, cognitive, and mental health needs through assessment of children's family, medical, and developmental history; medical exam, including labs, screening for toxic exposure/Fetal Alcohol Spectrum Disorders; and assessment of developmental skills.
- Ambassador recruiters of adoptive, foster, and kinship families, with a focus on diverse families. Each partnership will result in informational events, lunch and learns resource tables at faith community events, resource fairs, and display of materials at corporations. Due to the COVID-19 pandemic, the agency completed no recruitment activities in 2022.
- Contract with one agency to provide 16 hours of pre-adoption education to prepare families intending to parent children under guardianship.
- Contract with MN ADOPT to provide centralized information and resources for adoptive, foster, and kinship families.
- Education for professionals who serve youth connected with the child welfare system on the effects of trauma, common disabilities of adopted children and those in foster care and kinship placements, and challenges for children in these placements.
- Contract for an agency to host cultural field trips for adoptive, foster, and kinship families.
- A help line for adoptive, foster, and kinship families throughout Minnesota. Clinical specialists trained in adoption provide individualized referrals to adoption-competent mental health professionals in their area. In cases where adoptive, foster, and kinship families are experiencing financial barriers to obtaining services, grantee makes financial assistance available, which can include in-home counseling and training.
- Navigator position to conduct outreach to parents who recently adopted, connecting them with needed resources.

- A contract with an agency to manage 50 regional support groups for adoptive, foster and kinship parents who meet monthly throughout the state. The grantee also manages online support groups for adoptive, foster, and kinship parents, and peer-to-peer support services. Peer-to-peer support services include information, resources and emotional support. Grantee holds one retreat per year; support group meetings for adoptive, foster, and kinship families; and activities for parents and children together. It will also provide monthly adoptee support groups and host 700+ family activities where adopted children can meet other adoptees and build connections.
- One agency was contracted to offer camp services to transracial adoptive, foster, and kinship families.
- Contract with an agency to provide post adoption referral services to assist adoptees connect with their adoption-placing agency.

Department staff decided to amend existing contracts for one year with an end date of June 30, 2023. A new Permanency Support Services Request for Proposals will be issued in December 2022 with services to begin July 1, 2023.

Department staff created a plan to spend current year adoption savings and unused adoption savings from previous years in April 2018. In December 2019, adoption saving was estimated to be \$2,045,092, and unencumbered funds to be expended were estimated to be \$954,980, for a total of \$3 million. This amount was encumbered into July 1, 2019, through June 30, 2023, contracts. In July 2021, department staff became aware that adoption savings were not calculated correctly. The formulas the department was using were corrected and adoption savings calculations were resubmitted to the Children's Bureau. The corrected report has the 2022 estimate to be \$17,821,148, and the unused adoption savings to be \$41,132,639. For 2023, the program will be allocated adoption savings of \$6 million in current year funding and will receive no unused adoption savings funds. The estimate for the 2023-funding budget is \$19,614,262 with an estimated unused adoption saving balance of \$57,397,346. Currently, there is not a plan to increase funding to meet the estimated amount of savings or spend down the existing unused savings. The sudden increase in funding that should be allocated to adoption savings has created barriers. While discussions have occurred regarding increased program funding, the most recent allocated funding projection from department leadership for adoption savings for Permanency Support Services programs for 2024 and 2025 has been \$6 million annually. In projecting the next four-year budget for the Permanency Support Services Request for Proposal, it appears the program will actually begin to have less funding in 2024 and 2025 due to the substantial decrease of the Adoption and Guardianship Incentive Awards, and proposed allotment of adoption savings. The program is having difficulty getting the estimated annual amount of funding allocated to its budget. At this time, the department does not have a plan to spend the substantial amount of unused adoption saving in grant contracts.

Family First Prevention Services Act Transition Grants

Minnesota received an allocation of \$7,890,161 in December 2019 as its Family First Prevention Services Act Transition Grant (FFTG). The following FFTG budget was approved in February 2021.

Priority title	Project cost:	Total:	Stakeholders supporting priority
Investment in community-based prevention services for national EBP Clearinghouse	\$3,045,161		DHS, MACSSA, counties, tribal partners and Aspire
QRTP National Accreditation: To support facilities' one-time accreditation cost	\$300,000		Department, MACSSA, counties and Aspire
Development and support of qualified individuals	\$200,000		Department, MACSSA, counties
Development of a Minnesota CANS assessment tool (contract with PRAED foundation) one-time cost (SSIS MNIT costs to add CANS decision memo for assistant commissioner (not approved yet)	\$75,000		Department, MACSSA, counties
Kinship Navigator program <i>final approval pending</i>	\$70,000		Department, MACSSA, counties
ICWA Council/tribal child welfare phased projects	\$1,500,000		Department, MACSSA, county, and tribal partners
Department staffing infrastructure – seven FTEs for two years, details to be included in the 2021 legislative request: <ul style="list-style-type: none"> • Three FTEs for CSP Division • Two FTEs for Licensing Division • Two FTEs for CQI 	\$1,500,000		CSP and Licensing divisions
Child Safety and Permanency administrative account	\$50,000		
		\$6,740,161	

The remainder of the allocation, \$1,150,000 is being held pending outcome of the 2023 Minnesota legislative session.

No funds expended to date.

Family First Transition Act Funding Certainty Grants

Minnesota did not receive a Family First Transition Act Funding Certainty grant.

Section E. John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

Service description

The department disbursed federal funds to county and tribal agencies in an application process. During FFY 2022, all of the state's 87 county agencies were funded. Four tribal agencies requested funding and negotiated contracts to provide services. Non-government, community-based agencies apply for Chafee funds via a Request for Proposals (RFP) process. During FFY 2019, department staff negotiated two-year contracts with 12 agencies statewide (18 contracts) regarding independent living skills services and Youth Leadership Councils. These contracts were extended

for an additional year. A new RFP was published in February 2022 for independent living and youth leadership services. It is anticipated that 14 agencies will provide these services statewide.

Department staff monitors disbursement of funds and services provided through quarterly narrative progress reports and annual final reports filed by county, tribal, and community-based agencies. County and Initiative tribal agencies are monitored through SSIS.

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

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

The court is required to review independent living plans and provision of services related to youth's well-being as they prepare to leave foster care at age 18 or older, additionally youth are welcomed and encouraged to attend court hearings. Reviews shall include the actual goals related to each item in the plan necessary for future safety and well-being when no longer in foster care. The court shall also review progress toward or accomplishment of the following goals:

1. Obtained a high school diploma or its equivalent
2. Completed a driver's education course, or demonstrated ability to use public transportation in the community
3. Is employed or enrolled in post-secondary education
4. Applied for and obtained post-secondary education financial aid for which they are eligible
5. Has health care coverage and health care providers to meet physical and mental health needs
6. Applied for and obtained disability income assistance, if eligible
7. Obtained affordable housing with necessary supports, which does not include a homeless shelter
8. Saved sufficient funds to pay for the first month's rent and damage deposit
9. Has an alternative housing plan, which does not include a homeless shelter, if the original housing plan is unworkable
10. Registered for Selective Service, if male
11. Has a permanent connection to a caring adult.

The court shall ensure that the responsible agency, in conjunction with placement provider, assists in obtaining the following documents prior to leaving foster care at age 18 or older:

- Social Security card
- Birth certificate
- State identification card or driver's license
- Tribal enrollment identification card, if applicable
- Green card or school visa, if applicable
- School, medical, and dental records
- Contact list of medical, dental, and mental health providers
- Contact information for siblings, if they are in foster care.

For youth discharged from foster care at age 18 or older, the responsible social services agency is required to develop a personalized transition plan as directed by youth. Transition plans must be developed during the 180-day period immediately prior to expected date of discharge. The plan must provide the option to execute a health care directive. The Minnesota Legislature passed legislation during the 2021 session increasing the transition-planning period from 90 to 180 days.

Agencies shall ensure that youth receives, at no cost, a copy of their consumer credit report, and assistance in interpreting and resolving inaccuracies in reports. The department has agreements with the three credit reporting agencies to run the credit reports of all youth in care between the ages of 14-17. At 18 and older, agency workers are required to help youth request their own credit report and review it with them.

A portion of Chafee funds was combined with state funds for the Healthy Transitions to Adulthood (HTA) program. This program grants funds to community agencies to operate community-based programs designed to optimize transition outcomes for youth in out-of-home placement, and prevent homelessness for youth who experienced out-of-home placement. In 2019, 24 community-based agencies applied for funding through RFPs. The combined Chafee and state funds are being awarded to 11 grantees. These agencies provide services statewide for youth ages 14 and older in out-of-home placement and referred by county or tribal caseworkers, or youth ages 14-22 who left placement and no longer receiving county or tribal social services. Agency staff teaches youth life skills they need to make a healthy transition to adulthood by working with them one-to-one or in groups. They will collaborate with county and/or tribal agency, foster parents, and other community providers and resources to ensure that goals listed above are met for each youth served.

Minnesota has nine independent Youth Leadership Councils, seven through community-based agencies and two through county agencies. One of the community-based councils is specific to Native American youth. A Youth Leadership Council (YLC) gives youth a voice for improving the foster care system – locally, statewide, and nationally – by strengthening services for youth aging out of care, providing leadership opportunities, and representing the interests of youth in policy-making and training. Representatives of these councils meet twice per month with the Chafee coordinator to form the statewide council where they receive training and provide the department with input on policies affecting older adolescents in foster care and service delivery.

STAY (Successful Transition to Adulthood for Youth) is Minnesota's Chafee independent living program. Minnesota is vast in geographic area as well as urban, suburban, and rural regions. In CY2020, in addition to the purchase and provision of services to achieve independent living goals, STAY added the *Big Idea* Program (BIP). This new optional feature is intended to support county

and tribal agencies to pursue creative ways that may better serve youth in their area while increasing positive connections to adults, ultimately creating a more successful transition to adulthood. The Big Idea Program entered its second round of programming in CY2022. Two tribal social service agencies also opted into this program. Data on Minnesota youth from the National Youth in Transition Database (NYTD) suggests youth having a relationship with an adult in their lives that they trust had positive outcomes related to:

- Fewer experiences of homelessness
- Decreased rates of incarceration
- Decreased rates of birthing or fathering children
- Increased use of treatment services for substance use

A *Big Idea* is likely to include:

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

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

A Chafee Advisory Committee is comprised of county and tribal workers, community-based agency staff and youth. This committee meets quarterly to discuss the STAY and ETV programs and address concerns. NYTD and other pertinent data are shared during these meetings. This information is also shared with stakeholders, tribes, and courts through bulletins and a quarterly adolescent services newsletter, *Empowering Youth Update*. Data was also shared during trainings and meetings regarding adolescent services, specifically that data shows better outcomes for youth who remained in foster care through the extended foster care program.

The NYTD review is not yet scheduled. Stakeholders and others were informed that a review is coming, and informed in the same ways once it is scheduled.

Collaboration

Foster youth provide personal testimony on their experiences in the foster care system through focus groups, presentations and panels. Youth presented at foster parent appreciation events, conferences, and department meetings. Youth have also been requested to be members of committees and subcommittees in the department.

Adolescent Services staff presented at conferences, trainings, and meetings regarding transition planning for foster care youth. These were held with county, tribal, and community-based agencies.

Staff discussed services available for youth in or aging out of foster care, transitioning from foster care to adulthood, extended foster care, and requirements of the Preventing Sex Trafficking and Strengthening Families Act, and the Family First Prevention Services Act.

April is Financial Capability Month. In an effort to promote fiscal literacy statewide, resources were sent to county and tribal social service agencies, as well as community youth-serving agencies.

The Safe Harbor Act [Minn. Stats. 260C.007, subd. 31; 145.4716; 145.4717; and 145.4718] offers protection and comprehensive services to youth who were sexually exploited. This is a collaboration between the Minnesota Department of Health and the department (Office of Economic Opportunity, Licensing, and Child Safety and Permanency divisions). Because of the Safe Harbor Act, youth under age 18 are treated as victims of sex trafficking rather than delinquent. Under Minn. Stat. 260E.02, subd. 3, county social service agencies shall develop a multi-disciplinary child protection team to assist in developing outreach services for sexually exploited youth, including homeless, runaway, and truant youth at risk of sexual exploitation. This team may provide case consultation, and a case review process in which recommendations are made concerning services provided to identified children and families. Teams must include a representative of a youth intervention program, or one representative of a nonprofit agency serving youth in crisis. Agency staff should collaborate with Safe Harbor regional navigators to identify and provide comprehensive services.

Department assisted in coordinating discussions between public housing authorities, child welfare agencies, supportive service providers in the nonprofit sector, and the continuum of care coordinators in efforts to provide Foster Youth to Independence (FYI) vouchers to as many communities as possible. A letter was sent to all county agencies supporting them in applying for vouchers. Staff participated in webinars to support use of vouchers, and assisted in education, collaboration, and creation of partnerships. There are currently 13 public housing authorities with signed agreements to provide vouchers. Some barriers to this work include finding service providers that can commit to five years, as youth normally age out of the age range they work with. Another barrier has been finding available housing once youth receives a voucher.

Child Safety and Permanency Division staff began conversations with the Health Care Division to work on implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after Jan. 1, 2023. Staff is developing a work group in the near future for implementation. Resources will be provided on the department's website, and other materials received by county and tribal agencies. Training will be provided to ensure young adults leaving foster care are aware of this resource through the transition plan.

Division staff began collaboration efforts with the Behavioral Health and Disability Services divisions to coordinate efforts across the department's administrations to ensure all eligible youth have access to services for which they are entitled. Some meetings are quarterly and others are monthly. These meetings develop relationships so collaboration can occur between meetings.

The department published the document [Working with lesbian, gay, bisexual, transgender and questioning/queer youth](#). This document is in the redevelopment stage and re-released in late 2022. Department staff also worked with the Human Rights Campaign and successfully reached the training platform for the Child Safety and Permanency Division for the All Families work. The following resources were issued to county and tribal agencies statewide: [All Children -- All Families: LGBTQ+ Resources for Child Welfare Professionals](#) and [LGBTQ Youth in Foster Care](#).

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

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

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

Department staff participated in increased collaboration at a national level, including regional and nationwide IL/ETV peer-to-peer calls, and calls specific to Division X of the Consolidated Appropriations Act.

Accomplishments FY 2022

[Bulletin #21-68-23](#) was published in September 2021, highlighting program changes and providing an application for adolescent independent living skills funding.

County and tribal agency staff and foster parents identify Chafee-eligible youth ages 14 and older, and with youth input develop an independent living plan. Caseworkers are responsible for ensuring that each youth accomplishes goals in their independent living plan. Youth can be referred to a Chafee-funded community-based agency, work with a foster parent, use web-based training materials, tap into community resources, or combine these and other strategies.

Youth who remain in out-of-home placement after age 18 continue to work on an independent living plan with their caseworker while working or attending school. Youth who leave placement remain eligible for Chafee-funded services up to age 23.

Minnesota Chafee eligibility is defined by department policy as:

Minimum age	Age 14
Maximum age	23rd birthday

Eligibility for youth in foster care	Youth ages 14 -- 20 on a county or tribal social services caseload and experienced an out-of-home placement for at least 30 consecutive days after age 14. This means any youth in foster care, including extended foster care, may be served starting at age 14 up to their 21st birthday. This includes all child welfare/protection, children's mental health, and developmental disabilities workgroups.
Eligibility for youth who aged out of foster care at age 18 or older	Youth who aged out of foster care at age 18, 19, or 20 may be served up to their 23rd birthday.
Eligibility for youth who exited foster care to adoption or transfer of permanent legal and physical custody to a relative	Youth who exited foster care to either adoption or transfer of permanent legal and physical custody to a relative after age 16 may be served until their 23rd birthday.
Eligibility for youth who exited foster care for reasons other than adoption, transfer of permanent legal and physical custody to a relative, or aging out of foster care (e.g., reunification)	Youth who exited foster care for reasons other than adoption, transfer of permanent legal and physical custody to a relative, or aging out of foster care (e.g., youth who were reunified) may be served if they were on a county or tribal social services caseload and experienced an out-of-home placement for at least 30 consecutive days after age 14. These youth may be served until their 23rd birthday.

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

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

The following tables show demographics of Chafee eligible youth in Minnesota.

Stay Eligibility

There are 9,235 youth / adults eligible for STAY as of 05/13/2022

Data shown by age today and Race

Breakdown	14 through 17 yrs	18 through 20 yrs	21 through 22 yrs	Grand Total
African-American / Black	385	681	571	1,637
American Indian	424	525	353	1,302
Asian / Pacific Islander	47	61	79	187
Two or more races	554	612	381	1,547
Unknown / declined	35	20	13	68
White	1,363	1,929	1,379	4,671
Total	2,753	3,755	2,727	9,235

The figure above shows the number of eligible youth by age and race.

Stay Eligibility

There are 9,235 youth / adults eligible for STAY as of 05/13/2022

Data shown by age today and Ethnicity

Breakdown	14 through 17 yrs	18 through 20 yrs	21 through 22 yrs	Grand Total
Hispanic (any race)	331	441	276	1,048
Not Hispanic	2,441	3,335	2,469	8,245
Total	2,753	3,755	2,727	9,235

The figure above shows the number of eligible youth by age and ethnicity.

Stay Eligibility

There are 9,235 youth / adults eligible for STAY as of 05/13/2022

Data shown by age today and ICWA status

Breakdown	14 through 17 yrs	18 through 20 yrs	21 through 22 yrs	Grand Total
ICWA indicated	508	611	407	1,526
Not ICWA indicated	2,276	3,186	2,355	7,817
Total	2,753	3,755	2,727	9,235

The figure above shows the number of eligible youth by age and ICWA status.

County, tribal, and community-based agencies funded with Chafee and state dollars served 2,890 youth in FY22 (approximately 31% of eligible youth). In an effort to serve more youth additional community agencies have been added, funding continues to be a barrier to serve more youth. Services received by youth and demographics are reported through the NYTD system. There are slightly more females (52%) served than male youth. Approximately 76% are white, 23% Black/African American, 15% American Indian, and 2% other races. Approximately 12% of served youth identify as Hispanic. Youth may select more than one race or ethnicity category. Therefore, percentages add up to over 100%. Approximately 32% were still in care while being served.

Academic support (over 70% of youth) and other financial assistance (about 40%) are the top services received.

Chafee Advisory Committee virtual meetings were held quarterly with county, tribal, and community-based agencies funded with Chafee dollars. Being virtual allowed more agencies to attend and give feedback. This committee discussed issues related to youth needs and service provision in the pandemic, among general policy and procedure discussions.

The Adolescent Services unit offered technical assistance meetings to all county, tribal, and community-based agency staff who receive the quarterly *Empowering Youth Update* email to facilitate discussion on successfully transitioning youth to adulthood and utilizing available services. NYTD data was shared at these meetings, showing the positive outcomes of youth who remained in care past age 18 versus those who left care.

All agencies that applied with a *big idea* were funded to provide that program. This is the third year of the Big Idea Program. More than 70% of Minnesota county agencies and one tribe are involved with this programming. One criteria for programming is that all agencies agree to participate in evaluative activities throughout the project. The agency contracted to complete the NYTD follow-up surveys is working with these agencies to collect data similar to NYTD to evaluate outcomes and service provision of Big Idea Programs. Another criterion for the Big Idea Program is participation in a monthly positive youth development consultation facilitated by a trauma therapist. Each month, two agencies present about cases of youth who they are working with, or a program implementation issue with their big idea, and receive feedback and suggestions from not only the trauma therapist, but also other agencies and adolescent services staff.

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

The statewide Minnesota Youth Leadership Council met virtually twice per month over the past year. Youth engaged in education and training, policy review, as well as planning for future events. Meetings were added to discuss and process racial injustice and civil unrest that has overwhelmed Minnesota the past year; and provide an affinity space for youth to gather. During monthly business meetings, feedback is requested from youth on various topics, but specific to their service needs. That feedback is brought back to the department when planning to implement new programs, or make changes to existing programs. The feedback loop is closed in the same way, with responses and outcomes being delivered back to youth during subsequent meetings. Youth were instrumental in designing brochures and notices that go to youth and/or workers. Youth are compensated for their time, typically through a meal and gift card.

The YLC youth reviewed the APSR and offered feedback. They stated that the Independent Living Program has good resources and is educational. It has great staff and is an efficient way to network with other youth. They would like to see less staff turnover, a smaller youth to staff ratio, and more time available per youth. They feel that staff burn out quickly and there are too many time constraints on them. There is not enough help for the number of youth in need.

The local councils met at least monthly to discuss their local activities and agendas. There were opportunities to meet with Foster Youth in Action, the national partner, and other youth boards across the nation for education and support. The annual YLC retreat is being held in June for the first time in three years due to the pandemic. Youth and supportive adults are excited to be back in person for this event. Many of the current members have never seen each other outside of virtual platforms.

Due to the pandemic, many face-to-face activities were canceled, postponed, or switched to a virtual experience. Agencies were allowed flexibility in their budgets to ensure that youth's basic needs are provided. The pandemic encouraged more data collection and evaluation to help determine more effective and efficient ways for providing services.

The Tomorrow's Leaders Today (TLT) Youth Leadership Conference was canceled for the third year due to the pandemic. The planning committee has already started planning for 2023, a delayed 25th anniversary (the conference first began in 1995). The conference is for current or former foster youth ages 16 to 20. About 200 attend each year.

The purpose of the conference is threefold, to:

- Celebrate and enhance the leadership capacity of youth
- Teach leadership skills that can be used now and in the future to affect personal and community change
- Strengthen the network of adults who value youth leadership.

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

The Minnesota Youth Leadership Council's annual day on the hill to advocate for foster child/youth rights was also canceled for the second year due to the pandemic. This event is designed by youth, for youth, to have a voice on pressing issues they experience in the foster care system. Training is provided to prepare for the rally and meetings with legislators. The rally consists of youth speakers and opportunity for attendees to address the crowd. Adults assist youth in finding their voice.

Two RFPs were issued in fall 2021 for services to begin in July 2022. One is for NYTD data collection provisions with STAY and BIP program evaluations, and the other for independent living services (ILS) with Youth Leadership Councils. A contractor was selected to continue the NYTD work with follow-up surveys and to evaluate all Chafee programming components in Minnesota. For ILS services with YLCs, 14 agencies were selected to provide group ILS, individual ILS for eligible youth no longer working with county or tribal agencies, and local YLCs. For the first time, the entire state will have access to a community-based service provider in their area.

Division X funding from the Supporting Foster Youth and Families through the Pandemic Act [Bulletin #21-68-15](#) was published in May 2021 allocating a portion of the supplemental Chafee funds from the Consolidated Appropriations Act to county and tribal agencies to provide for the needs of eligible youth in their area.

Supports provided by county and tribal agencies include:

- Direct cash assistance/incentives (gift cards). During the flexibilities, Minnesota served youth up to age 27. Minnesota also increased its usage to help youth purchase cars, as this was rarely done in the past.
- Transportation, such as vehicle payments, insurance, repairs, gas cards, driver education
- Education, such as school supplies (high school and college); computers; trade school equipment/tools; senior pictures; tutoring
- Employment, such as work clothing, winter needs, hygiene products, cell phone/phone cards
- Permanent connections, such as hotel, sibling gifts. Eligible youth were able to have visits in hotel rooms during COVID, when foster parents did not want visits happening in their homes, etc. Also, eligible youth were able to provide gifts/mementos to their younger siblings (such as a stuffed animal, etc.,
- Age-appropriate activities/normalcy, such as mental health/self-care; hobby materials (sports, art, photography); fitness/activity memberships; medical needs not covered by insurance
- Housing/room and board, such as apartment security deposits, rent, household items, utilities, safes for vital documents, groceries.

The following tables show demographics of supplemental Chafee spending in Minnesota.

Quarterly Report for BRASS 146 (Adolescent Life Skills Training)



Payments for services during All

	NUM_YOUTH	TOTAL_PAID_AMT (COVID)	Agency
Total	1,723	\$1,290,072	All
14 - 17	667	\$221,984	Choose Breakdown
18 - 21	588	\$504,412	Age (group)
21+	536	\$563,676	COVID payment?
			All

The figure above shows the number of youth and the amount of supplemental funding paid, broken down by age.

Quarterly Report for BRASS 146 (Adolescent Life Skills Training)



Payments for services during All

	NUM_YOUTH	TOTAL_PAID_AMT (COVID)	Agency
Total	1,741	\$1,468,135	All
African-American / Black	316	\$229,582	Choose Breakdown
American Indian	169	\$147,751	Race (alone)
Asian / Pacific Islander	22	\$20,705	COVID payment?
Two or more races	328	\$231,806	All
Unknown / declined	15	\$180,901	
White	901	\$657,389	

The figure above shows the number of youth and the amount of supplemental funding paid, broken down by race.

Quarterly Report for BRASS 146 (Adolescent Life Skills Training)



Payments for services during All

	NUM_YOUTH	TOTAL_PAID_AMT (COVID)	Agency
Total	1,741	\$1,468,135	All
Hispanic (any race)	205	\$147,517	Choose Breakdown
Not Hispanic	1,526	\$1,142,215	Ethnicity
Unknown / declined	10	\$178,403	COVID payment?
			All

The figure above shows the number of youth and amount of supplemental funding paid, broken down by ethnicity.

The supplemental funding came with temporary extended foster care (EFC) requirements and flexibility through Sept. 30, 2021, allowing youth over age 18 (including 21+) to remain in or re-enter foster care. Media outreach was conducted to inform eligible youth of the option to return to foster care; 282 youth remained in or re-entered extended foster care.

Direct cash assistance was provided to eligible current and former youth up to age 27 via online sign up from July to September 2021. Fifteen thousand youth chose whether to receive a \$200 payment via PayPal, virtual gift card, or a mailed gift card; 952 youth received funds from this program.

Four YLC former foster youth were hired from June through September 2021 for outreach work to engage 23-26-year-old youth (approximately 5000) who were no longer connected to a county or tribal agency. The hired youth were given contact information (phone, email, and mailing address) to reach out to these eligible youth and inform them of the direct cash assistance and how to apply, as well as the opportunity to re-engage with the county or tribe for financial assistance or services. The hired youth first targeted youth who were turning 27 before Sept. 30, 2021. They then focused

on all youth 23-26, as well as the 22-year-olds who would turn 23 before the end of the year, to encourage them to take advantage of this opportunity, as well as re-engagement with the county or tribe before flexibility ends.

A webinar was held on Nov. 18, 2022, to provide county and tribal social service agencies with information about the expectation to utilize any remaining supplemental funding to assist transition-age youth, especially those who left foster care at the end of flexibilities on Sept. 30, 2021. County and tribal agencies were also instructed to refer eligible youth to a contracted agency for a needs assessment and additional financial support. This contracted agency has primarily made vendor payments on youth's behalf to assist with housing, transportation, education and employment. Youth who left care because of the end of flexibilities on Sept. 30, 2021, were able to access step-down housing subsidy payments (first month \$800, second month \$600, third month \$400, fourth month \$200 = \$2000 over four months); plus a one-time payment for any other transportation, employment, or education needs. Other eligible youth 18 and older no longer in care could also access a one-time payment for any housing, transportation, employment, or education needs. To date, approximately 200 youth were assisted with this additional financial support.

Any remaining supplemental Chafee funds from the Consolidated Appropriations Act will be disbursed to community agencies to provide for independent livings skills programming and individual needs of youth through Sept. 30, 2022.

There were many barriers to using the funding. First, there was the wait on guidance from the federal government after the law was signed. Many stakeholders were reaching out about timelines to implement and use new funding. Second, there were delays due to needing state legislative approval to accept and utilize the funding. Third, there were internal fiscal procedures that needed to be set up to utilize funding. Fourth, because Minnesota is a state-supervised, county-administered system, county and tribal agencies needed time to implement new systems to utilize the new funding. It was difficult to anticipate what barriers there would be under such a short time-frame with flexibilities ending by Sept. 30, 2021. This was not something that had been done before. Due to some state fiscal procedures, it has been challenging to determine how much funding has been spent, how much is remaining, and how to move the unspent funding to other independent living programs to ensure full utilization.

Planned activities for FY 2023

Due to the ongoing and ever changing pandemic, some face-to-face activities will continue to be canceled, postponed, or switched to a virtual experience. Agencies will continue to be allowed flexibility in budgets to ensure that youth's basic needs are provided. Activities will be held in person based on the guidance of the department and other health organizations.

Related to the Family First Prevention Services Act, Minnesota will continue implementing the change to serve youth up to age 23. Currently, many services will remain the same for 21-23-year-olds as well as for 14-21-year-olds, with an emphasis on housing and transition. Revisions will continue, as needed, in all policy and programming materials. This will be completed with bulletins and trainings.

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

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

- Being engaged in either one-to-one or groups to learn life skills and work on independent living plans
- Successful completion of high school
- Transition to post-secondary education
- Success at finding and keeping employment
- Transition from out-of-home placement to stable, affordable housing
- Permanent connections to at least one caring adult
- An overall population reduction in homelessness and incarceration, delay in parenting, and decrease in substance abuse, but an increase in utilization of treatment, if warranted.

Department staff will monitor and offer technical assistance to caseworkers at community-based and tribal agencies with grant contracts, as well as county agencies. Statewide technical assistance will be provided via online and in-person presentations, telephone and email. New bulletins will be published to encourage collaboration and cooperation among county, tribal, and community agencies to reduce duplication of services.

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

Department staff continues to encourage youth leadership with an annual state Youth Leadership Conference, providing support, training, and resources for councils. An annual Youth Leadership Council retreat is also planned to facilitate networking and work on agenda goals. A National Leaders for Change conference is planned for up to seven YLC members and two staff. The July 2022 Youth Leadership conference was canceled due to the pandemic, with the plan of bringing it back in the summer of 2023. The fall national conference is tentatively scheduled for October 2022.

Efforts to expand, strengthen and improve the program

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

Minnesota's *Helping Youth Transition from Out-of-home Care to Adulthood*, *Working with Lesbian, Gay, Bisexual, Transgender and Questioning/Queer Youth*, and *Best Practice for Responding to youth who run away from foster care*, best practice guides are on the department's website, as well as Minnesota's *Reasonable Prudent Parent Standard* guidance.

- [Helping Youth Transition from Out-of-home Care to Adulthood Best Practice Guide](#)
- [Working With Lesbian, Gay, Bisexual, Transgender and Questioning/Queer Youth](#)
- [Best practice for responding to youth who run away from foster care](#)
- [Minnesota's Reasonable Prudent Parent Standard Guidance.](#)

The department continues looking to expand its statewide Youth Leadership Council by adding more councils statewide. An exciting outcome of the most recent RFP is that YLC will grow from nine local councils to 18! These groups meet together twice monthly, either in person or online, to discuss the Chafee program and other topics. The Improve Group, the vendor for NYTD follow-up surveys, met with the YLC to discuss survey administration as well as communication issues. The YLC is part of focus groups regarding the foster care system and extended foster care. Each council also consults by phone or email, as needed. The statewide YLC continues to collaborate with a national group, Foster Youth in Action, to broaden the scope of involvement in foster care issues. YLC members take part in national events such as Foster Youth in Action's Leaders 4 Change conference, Shadow Day with Senators and members of congress as opportunities arise.

The Youth Leadership Council coordinates an annual Foster Child and Youth Day on the Hill. This is a youth-led event that includes a morning training on key issues in foster care, as well as how to meet with legislators, and how to hold a rally. The afternoon consists of a rally and meeting with legislators.

The Chafee Advisory Committee meets quarterly to discuss the Chafee program, ETV and NYTD, as well as other adolescent services. This group consists of county and tribal caseworkers, community agency staff and youth.

NYTD data collection improved with increased communication with county and tribal agencies to provide information on locating youth for follow-up surveys. Increased communication throughout the baseline survey year looks to improve timeliness concerns. Information is shared on the [MNYTD](#) webpage and the [department's](#) website.

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

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

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

The department's Office of Economic Opportunity (OEO) receives Homeless Youth Act funds, providing grants to community-based agencies for homeless shelters and transitional housing statewide. Some grantees also receive Chafee funding. The department collaborated with OEO, which funds grantees through Family and Youth Services Bureau (FYSB), regarding runaways from foster care and sexually exploited youth.

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

Service coordination

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

Chafee staff collaborates with a statewide group of:

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

Training conducted during CYs 2021-2022:

- Monthly virtual technical assistance consultations were provided to community-based agencies
- Monthly virtual technical assistance meetings with Youth Leadership Council supportive adults to discuss recruitment, retention, and other membership issues, as well as a preview of upcoming education sessions with youth leaders
- Monthly virtual case- or program-specific consultations were provided to county and tribal agencies implementing Big Idea Programs
- Virtual meetings were held on adolescent services/programs, transition planning, and normalcy/reasonable and prudent parenting standard for tribal and county agencies
- Quarterly Chafee Advisory Committee meetings with county, tribal, and community agencies to discuss Chafee and ETV programs, as well as other adolescent services
- A webinar about continued financial assistance provided to eligible former foster youth utilizing Division X funding for housing, transportation, education, or employment needs
- A two-day, four-hour webinar for caseworkers and foster parents on Adolescent Sexual and Reproductive Health.

Planned training:

- The department will offer its curriculum for foster parents on youth transitioning from out-of-home care to adulthood
- The department will offer its curriculum for foster parents and caseworkers on Adolescent Sexual and Reproductive Health

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

Youth involvement

Current and former foster care youth are members of Youth Leadership Councils across Minnesota. The councils have become an important part of the annual Tomorrow's Leaders Today conference, assisting behind the scenes, administering evaluation forms, and helping youth select workshops. Youth give keynote presentations, facilitate workshops, and host a variety of workshops. They also present on the Youth Leadership Council to encourage other youth to join and participate. The youth, as a group, give the final performance during the closing session.

Youth participated in virtual youth panels to educate others in different aspects of foster care from the lives and perspectives of youth. The Youth Leadership Councils host an annual Foster Child and Youth Day on the Hill at the State Capitol to rally for legislation and policies supporting youth. The Youth Leadership Councils engage in local fundraising activities for homeless youth, and raise awareness about youth aging out of foster care.

Department staff consulted with Youth Leadership Councils on several issues, including the pandemic and youth needs, supplemental Chafee funding and distribution, ETVs, Tomorrow's Leaders Today conference, the foster care system, foster parent training, extended foster care, NYTD, youth awareness of Medical Assistance benefits to age 26, APSR report, discharge planning, and other programming ideas. YLC youth were hired to help with outreach for Division X implementation.

Consultation with tribes

Due to the ongoing pandemic, department staff consulted with Minnesota's Indian Child Welfare Advisory Council virtually at its quarterly meeting on Apr. 14, 2022, regarding Chafee and ETV programming. All 11 tribes in Minnesota and several large urban agencies are represented on the advisory council. Staff from the Child Safety and Permanency Division attends each meeting. The 11 tribes receive the same information, training, and technical assistance as county agency staff. An annual bulletin is published for tribes with instructions on how to apply for Chafee funds. Four tribes submitted proposals in 2020 and receiving Chafee funds through contracts until June 2024. When tribes request funding, they describe their programs and how they will utilize funding. No tribe has requested to administer its own Chafee program. Chafee funds also support an urban community-based agency that facilitates a Youth Leadership Council for Chafee-eligible Native American youth.

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

Education and Training Voucher program

Program Description

The [Education and Training Voucher \(ETV\) program](#) is administered by the department, which contracts with a nonprofit agency, Lutheran Social Service of Minnesota to implement the program.

Eligibility for the school year is that students applying to the program:

- Not reached their 26th birthday
- Not applied for the ETV program for five years
- Are accepted in an accredited, federal Pell Grant-eligible institution of higher education
- Graduated from high school or received a General Equivalency diploma
- Must be awarded financial aid and one of the following:
 - In foster care for 30 consecutive days between their 17th and 18th birthdays
 - Left foster care after age 16 for adoption or transfer of physical/legal custody to a relative
 - Under state or tribal guardianship at age 18.

Five years is defined as follows, students:

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

The ETV program ensures the total amount of educational assistance to a youth does not exceed the total cost of attendance, and avoids duplication of benefits by awarding ETV funds based on each student's need. Need is determined by subtracting financial aid, income, and family contribution from each student's ETV allowable expenses. Basic monthly foster care maintenance amounts are included when determining ETV awards for students in extended foster care supervised independent living settings. ETV recipients are tracked by name, annually, to ensure unduplicated count of awards between July 1 and June 30.

Disparities and inequities in the ETV program

The ETV Advisory Committee examined disparities and inequities in the ETV program in 2022. The committee is comprised of five ETV staff and five youth with lived experience. Figure 1 identifies the race of each youth who submitted an ETV application for the 2021-2022 school year. Figure 2 identifies the race of youth ages 18-25 who meet foster care eligibility criteria for the ETV program, the potential pool of youth who could have submitted an ETV application for the 2021-2022 school year based on foster care experience.

Figure 1. Number of Applications by Race

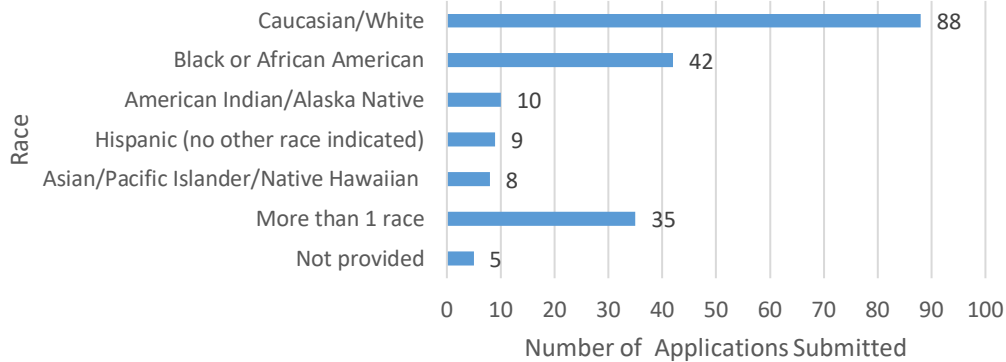
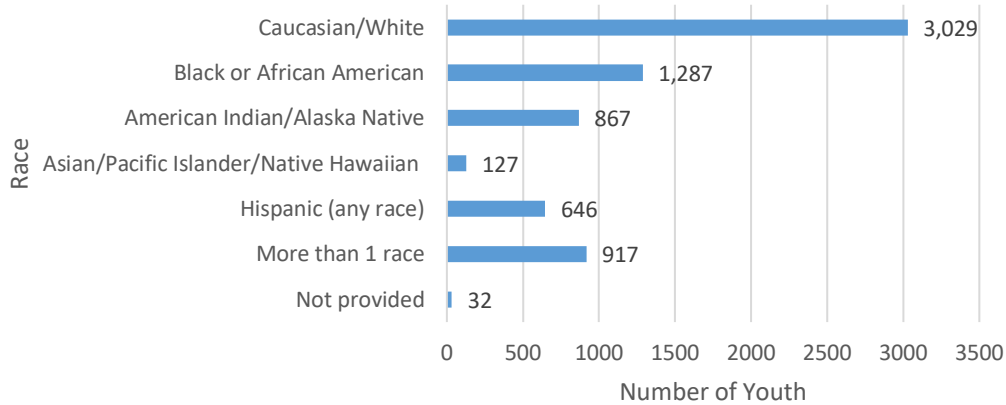


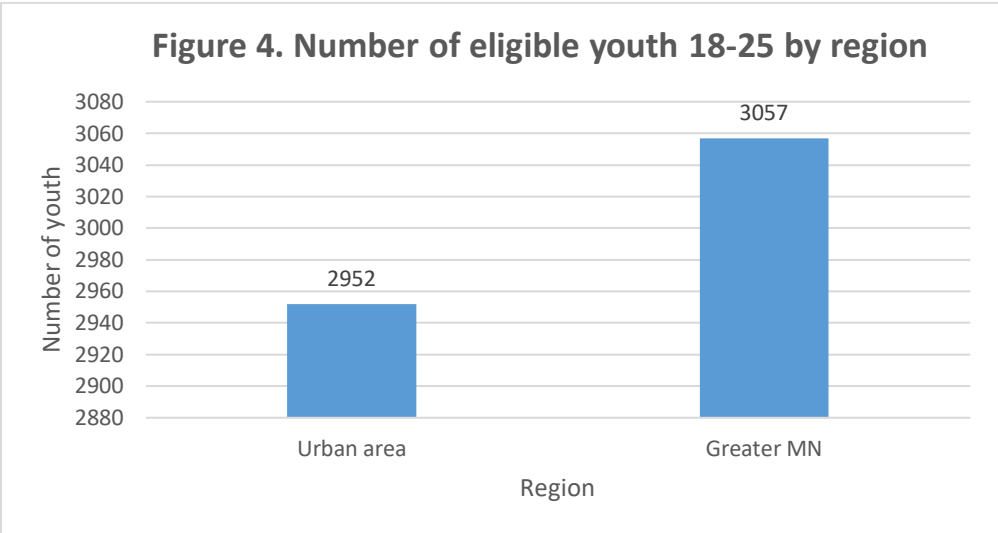
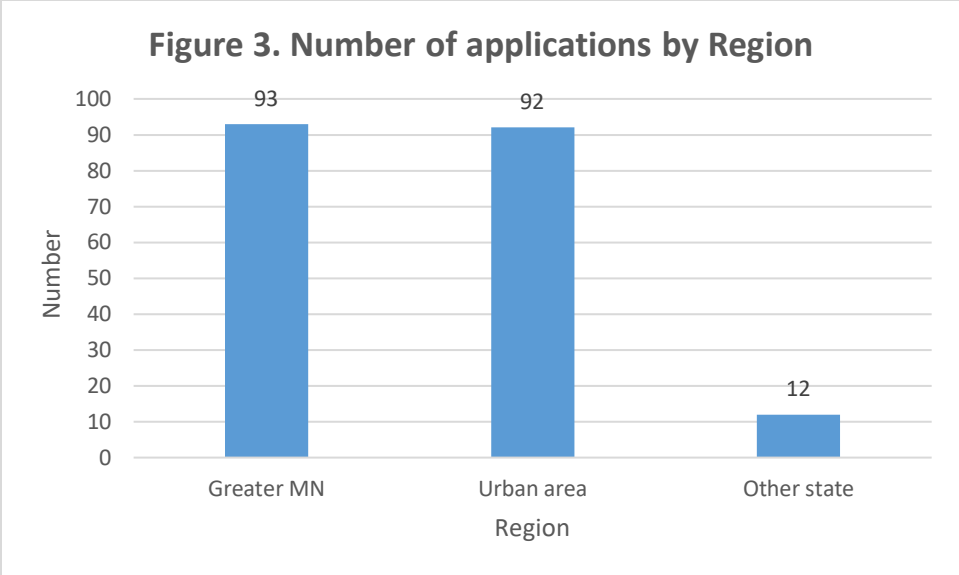
Figure 2. Foster care eligible youth age 18-25 by race



When comparing figures 1 and 2, the Advisory Committee made the following three findings:

- There were fewer applications submitted by American Indian/Alaskan Native youth than expected given the number of these youth who experienced foster care
- There were more applications submitted by Asian/Pacific Islander/Native Hawaiian youth than expected, given the number of these youth who experienced foster care
- Only 3% of youth whose foster care experience made them eligible submitted ETV applications.

The committee also looked at potential disparate impacts based on geographic location. Figure 3 shows the number of ETV applications submitted based on whether youth's address was in an urban area, greater Minnesota, or in another state. Figure 4 shows geographic location based on county of foster care experience for youth ages 18-25 who meet ETV foster care eligibility criteria.



When comparing figures 3 and 4, the ETV Advisory Committee found an equal number of applications from youth in urban and greater Minnesota. Note in figure 4 there is a difference of 105 eligible youth between urban and greater Minnesota. The ETV program is being effectively marketed equally in urban and greater Minnesota. However, only 3% of eligible youth statewide submitted ETV applications.

In response, the committee went through the ETV application line by line, with the goal of making it more understandable, and easier to apply. Lutheran Social Service of Minnesota staff gathered feedback from ETV youth on the application process, which the committee incorporated in the application review. For each field in the application, committee members asked if this information is needed, and whether providing this information is burdensome on youth. Questions were eliminated when information could be obtained by other means, and combined the two ETV

applications – initial and renewal -- into one application to eliminate confusion about which application to use.

Minnesota's ETV program entered into a data sharing agreement with the Minnesota Office of Higher Education in 2022. Beginning with the 2022-23 school year, the ETV program will receive youth's financial aid awards made by schools and the cost of attendance, as determined by school, from the Office of Higher Education for students attending post-secondary education. Because of this data sharing agreement, the program has information needed to award ETVs to students attending Minnesota schools without requiring an ETV application. Students attending schools in other states will submit an online application between July 1 and April 1.

Advisory Committee members wanted to understand more about why there are ETV eligible youth who never apply. It started with the statement: There will always be youth eligible for ETVs who never apply, generating 42 questions about the statement. It prioritized questions, with the top six as follows:

1. Do specific racial groups have less awareness and access to this program?
2. Are students aware they can receive ETVs?
3. Why are some students not aware of the program?
4. If aware, why are students not applying?
5. Would it be helpful to get more information out to high schools and foster parents about the ETV program?
6. Do schools know of the ETV program, and how to make eligible students aware of it?

In 2023, these questions will guide marketing efforts of the program.

The ETV program had an information table at an event sponsored by an organization that supports foster and adoptive parents. About 250 attended the event. The ETV program also exchanged information with two high schools in greater Minnesota.

Services provided since submission of the 2021 APSR

Promoting the ETV program and preparing youth for post-secondary educational success:

- Lutheran Social Service of Minnesota provided orientations for ETV students over Zoom. These sessions were held with six groups and three individual students, depending on program needs. New students were required to attend; attendance at an orientation session was optional for returning students. Each student attending orientation had an individual phone call with Lutheran Social Service of Minnesota staff after their session to complete their orientation. Staff helped students understand the ETV program, answered questions, talked about student's budget, and how they planned to use their ETV award.
- Shared ETV information at quarterly Chafee Advisory Committee meetings attended by county, tribal, and community social service staff.
- ETV staff presented on the program to Wadena County Human Services.
- ETV staff had an information table at an event sponsored by an organization that supports foster and adoptive parents. About 250 people attended the event.
- ETV staff connected with five colleges and two high schools.
- Updated brochures about the ETV program were distributed when Lutheran Social Service of Minnesota staff visited schools or other agencies. Updated brochures were sent to subcontractors, as needed.

Supporting students to continue in their post-secondary programs:

- All renewal students were sent an email welcoming them back to the program and a reminder to get their paperwork submitted so they can start using funds. Lutheran Social Service staff called students throughout the fall semester to remind them to submit their paperwork. An email was also sent when staff was unable to reach students.
- In December letters were sent to all students with reminders of amount of funds left in their ETV fund, and asking them to provide fall semester grades and spring schedule by Jan. 31, 2022. Personal messages were added to student's letters who were hard to reach.
- Lutheran Social Service staff believes care packages sent out during finals week is an important part of supporting them, and ensuring they have an equitable college experience. As the contract did not have funds to cover the cost of care packages in 2022, Lutheran Social Service staff solicited donations. Its staff did an amazing job obtaining funds and tangible items for care packages. The entire youth services staff at Lutheran Social Service of Minnesota helped get packages prepared and sent. Packages were mailed on Dec. 9, 2021, containing similar items as in past years, as well as encouraging notes.
- Academic plans were done over the phone when students' cumulative GPA was below 2.0. Students were required to read and return academic plans before accessing their ETV funds.
- Check-in calls to students were made in spring semester. There were still a lot of students with online classes. Most mentioned they are looking forward to being back in classrooms once classes they need are available. Cards were sent to students with a 3.75 or higher GPA; 19 cards were mailed. One congratulation on a job well done was emailed to a study abroad student.

Engaging youth in program planning and program evaluation

In addition to extensive use of youth voice described in the Disparities and Inequities in the ETV program section above, the ETV Advisory Committee designed the process for distributing additional Division X funding received by the ETV program.

Efforts to engage or re-engage students whose post-secondary education was disrupted by COVID-19:

- The ETV Advisory Committee participated in a focus group on how youth are doing with the Omicron COVID surge. Comments provided by committee members were combined with those from other stakeholders and provided to the commissioner's office. Mental health continues to be a major concern.
- Lutheran Social Service of Minnesota staff continues to ask ETV students about COVID during check-in calls. For some students, it does not seem to be as big of a concern as when the pandemic first started. Many schools now have a plan in place if there should be another outbreak. Others had to drop out due to health issues related to COVID.

Collaborative efforts with college campus support programs

ETV program staff met with a university professor starting a mentoring program on his campus for students who experienced foster care. ETV program staff provided information on the number of ETV students at each school to Fostering Advocates, a nonprofit that started the College Ambassadors program. College Ambassadors is a leadership program for students who experienced foster care. The ETV program will continue to support these and other programs benefiting ETV youth.

Division X additional funding

The ETV program received \$983,759 for allocation to students participating in the program. It distributed \$748,408 in stimulus funds to 185 students participating in the program during the 2020-21 school year, and \$235,351 to 53 students during the 2021-22 school year. One student, age 26, applied for the ETV program for the 2021-22 school year and awarded ETV and stimulus funds. The amount of stimulus funds received by each student ranged from \$2,000 to \$7,000, depending on student's circumstances, which included not being in extended foster care, having children, withdrawal from school due to COVID affecting their education as documented by the ETV program, high cost of attendance, or graduation.

Collaborations ensuring eligible youth are accessing ETV funds

Minnesota's ETV program entered into a data sharing agreement with the Minnesota Office of Higher Education in 2022. Beginning in the 2022-23 school year, the ETV program will receive youth's financial aid award, and the cost of attendance as determined by schools, from the Office of Higher Education for students attending post-secondary education. Because of this data sharing agreement, the ETV program has information needed to award ETVs to students attending Minnesota schools without requiring the ETV application.

Challenges or barriers the state experienced

For the 2021-22 school year, 141 applicants were awarded ETV funds. There were 58 additional applications submitted that did not receive ETV awards because all available funds were awarded.

Tribal consultation

Chafee and ETV program staff consulted with social service directors of the 11 tribes in Minnesota, presenting at the Indian Child Welfare Advisory Council meeting on Apr. 14, 2022. Information was provided on the 25 applications submitted by youth who identified as American Indian. Advisory council members wondered about having a tribal mentor to call/connect with their youth and support them on spending their funding. The ETV program referred them to the Capacity Building Center for Tribes and the Children's Bureau Regional Office.

6. Consultation and coordination among states and tribes

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

In Minnesota, county and tribal agencies share responsibility for meeting Title IV-E services and protections for American Indian children.

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

Tribal children served by the American Indian Child Welfare Initiative receive Title IV-E services and protections from the Leech Lake Band of Ojibwe, White Earth Nation, and effective Jan. 1, 2021, Red Lake Nation.

For children covered under the Tribal State Title IV-E agreements with Mille Lacs and Leech Lake Bands of Ojibwe, Red Lake and White Earth Nations, the case review system is the responsibility of these tribes. County and tribal agencies work collaboratively to meet service and protection needs of American Indian children. Most of these cases are in tribal court so tribes make placement decisions, determine reunification services, and make permanency decisions.

Consultation

Department staff meets quarterly with the Indian Child Welfare Advisory Council (council) to discuss policies, programs, and current issues regarding Indian child welfare. State and tribal representatives develop agendas.

The council is represented by all 11 tribes in Minnesota, and 6 urban representatives from the Duluth, St. Paul, and Minneapolis areas. Names of tribes and their representatives on the council include:

Tribal:

Bois Forte:	Angela Wright
Fond du Lac:	Tawny Savage
Grand Portage:	Tina Deschampe
Leech Lake:	Gina Munnell
Lower Sioux:	Holly Schmitt
Mille Lacs:	Rachel Shaugoboy
Prairie Island:	Jenipa Nfor
Red Lake:	Cheri Goodwin
Shakopee:	Lisa Tittle
White Earth:	Laurie York
Upper Sioux:	Laurie Blue-Pooler

Urban:

Duluth:	Donna Newgren-Isaacson
Minneapolis:	Lynn Braveheart
Minneapolis:	Andrea Sanders
Minneapolis:	Vacant
St. Paul:	Vacant
St. Paul:	Vacant

The Tribal/State Agreement (TSA) requires parties to meet annually to discuss how the department and tribes can work together to improve outcomes and provide services for Indian children and families. Minnesota's Tribal/State Agreement was amended in 2007. The 2022 Tribal/State Agreement meeting occurred on June 24.

According to the department's 2020 Child Maltreatment Report, American Indian children had the highest rate of contact with the child protection system, over 5.2 times more likely to be reported as abused or neglected than white children. American Indian children represent 1.9% of the general child population; in comparison to children of all races in Minnesota, these children represent 14.7% of those in out-of-home placement.

Compliance measures

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

- [Minnesota's Out-of-home Care and Permanency Report, 2020](#)
- [Minnesota's Child Maltreatment Report, 2020](#)
- Data from the Social Service Information System (SSIS)
- Consultation with the ICWA Advisory Council
- Consultation with the Minnesota Association of County Social Service Administrators
- [Report from ICWA court monitoring program in Ramsey County and Hennepin County](#)
- Reports from the ICWA court monitoring program in Hennepin County
- ICWA non-compliance complaint process
- ICWA/MIFPA compliance review, established through county aid funding. [Minn. Stat. 477A.126]

Department staff monitors statewide aggregate and qualitative data on the child welfare dashboard: [Child Welfare Data Dashboard](#).

Department staff responds to requests for technical assistance and consultation from county staff on case practice issues with Indian children and families. The consultation process is a forum for sharing best practices, explaining federal and state requirements, enhancing worker knowledge, and encouraging county agency staff to work with tribal staff. In 2018, the ICWA unit instituted use of Customer Relationship Management (CRM), a database where questions and inquiries are submitted electronically and rotating ICWA staff responds in a timely manner.

The Tribal/State Agreement provides a process for the department to respond to complaints of ICWA non-compliance. Department staff review complaints and if found non-compliant, county agencies are required to complete a corrective action plan.

In response to the results of the 2021 Indian Child Welfare Act (ICWA) and Minnesota Indian Family Preservation Act (MIFPA) compliance case review, ICWA unit team members met with over 40 county agencies and tribal social services agencies for virtual technical assistance (TA) meetings. Team members shared ICWA/MIFPA tools, resources and discussed federal and state practice requirements and expectations with data entry. In addition, team members collaborated with the Minnesota Child Welfare Training Academy by hosting six WebEx sessions called "ICWA Coffee Talks." Sessions were 45 to 60 minutes, with 100 to 200 participants, covering topics from data entry within the SSIS-ICWA tabs, policy and practice, and questions and answers related to ICWA and MIFPA. For a one year period (January 2021 to January 2022), team members responded to more than 315 ICWA/MIFPA questions received by email in the Customer Relations Management (CRM) system.

Common areas of non-compliance are inquiry, timely notice to child's tribe, active efforts to, involve a child's tribe(s) throughout the case continuum, and following placement preferences.

ICWA components

- 1. Inquiry of child's Indian affiliation/lineage:** The Minnesota Indian Family Preservation Act (MIFPA) requires all cases at the time an agency begins working with any family (i.e., child welfare, child protection, children's mental health, development disabilities, educational neglect and truancy) to inquire of tribal affiliations and/or possible lineage. Inquiry applies to cases regardless of whether the case is in court or not. Immediate inquiry of parents (including fathers), custodians, immediate and extended family, as well as other appropriate persons (i.e., tribal representatives, child's teachers, service providers, etc.) is required. In 2019 efforts to improve practice around inquiry have lead department staff in piloting a continuous quality improvement process utilizing the Collaborative Safety model to work with tribal, county and department staff in identify barriers to inquiry.
- 2. Notification of Indian parents and tribes of state proceedings involving Indian children and their right to intervene:** MIFPA expands and strengthens the federal Indian Child Welfare Act by requiring notification of, and providing intervention by, tribal social services when an Indian child is at risk of placement, including those cases where Indian children are voluntarily in placement. Specific policies and procedures to comply with these requirements are outlined in the department's Indian Child Welfare Case Worker Checklist, Manual, and Desk Aid available on the department's website. Compliance is supported by SSIS features that include a caseworker checklist and built-in documentation features to guide county workers in meeting ICWA and MIFPA requirements. The Minnesota Tribal Training Certification Partnership (TTCP) provides basic, advanced and specialized training curricula on ICWA, MIFPA, the Tribal/State Agreement.
- 3. Placement preferences for Indian children:** Requirements to follow special placement preferences for Indian children are defined in numerous citations in Minnesota Statutes and Rules, included in SSIS ICWA/MIFPA tab to ensure compliance with ICWA and MIFPA. Efforts to maintain compliance with this requirement are through the ICWA noncompliance complaint and review response system with procedures outlined in the TSA and Indian Child Welfare Case Worker checklist, Manual, SSIS ICWA/MIFPA tabs, AFCARS, and information provided to county and tribal staff through department technical assistance and case consultation.
- 4. Active efforts to involve a child's tribe(s) throughout the case continuum:** Requirements to provide active efforts to prevent breakup of an Indian family are clearly defined in numerous citations in Minnesota statutes, and included in SSIS ICWA/MIFPA tabs to ensure compliance with ICWA and MIFPA. Active efforts findings are required in any Child in Need of Protection or Services (CHIPS) court actions involving an Indian child/family including the efforts to involve a child's tribe(s). Qualified expert witnesses, persons designated by each child's tribe(s), are used in Indian child custody/placement court proceedings. Additional efforts to maintain compliance with this requirement are through the ICWA noncompliance complaint and review response systems, procedures outlined in the Indian Child Welfare Manual, Case Worker Checklist, SSIS ICWA AFCARS and information provided to county staff through department technical assistance and case consultation.

Activities undertaken to improve compliance with ICWA

In January 2020, the Minnesota Child Welfare Training Academy began a collaboration with Aabinoojiiyag-Wakhanheza Un Thantanhampi -- “For All the Children” Sacred Being: Tribal Training and Certification Partnership (TTCP). It is a training and technical assistance center in partnership with the Center for Regional and Tribal Child Welfare Studies, University of Minnesota, Duluth. This collaboration works on development and delivery of Indian child welfare training. A two-day training on ICWA and MIFPA is now a regular component of New Worker (Foundations) training required of all new county and tribal workers. Minn. Stat. 256B.094, section 2, appropriated funds in fiscal year 2022 from the general fund for development of the Tribal Child Welfare Partnership, to support delivery of Indian child welfare worker training, as follows:

- ICWA Foundation Training -- Understanding and Implementing the Indian Child Welfare Act and Minnesota Indian Family Preservation Act: Best Practice for Working with American Indian Families and Tribes:
 - This two-day foundational training for child welfare workers covers entry-level topics child welfare professionals need in order to understand federal and state laws governing working with American Indian families. Along with providing information about laws, this training focuses on the why of the ICWA and MIFPA, and how caseworkers can have a real impact in improving the lives of families affected by these laws. Topics include historical and cultural factors, the impact of historical trauma, resilience, and specific requirements of the ICWA and MIFPA.
- Bridging Our Understanding (three- day training hosted by a tribe).
 - In conjunction with the 11 tribes in Minnesota, Bridging Our Understanding: American Indian Family Preservation was developed as an advanced level training for child welfare workers and supervisors who work with American Indian families. Child welfare workers learn about the relational worldview and cultural practices of American Indian tribes in Minnesota, and given opportunities to reconcile county practice methods with those of tribes.
- Tribal Nation child welfare training:
 - In partnership with the Center for Regional and Tribal Child Welfare Studies, University of Minnesota, Duluth, the TTCP offers training to tribal workers through the worldview and best practices of tribal child welfare, family and community wellness. The TTCP recognizes that tribal systems are unique and require indigenous expertise in understanding tribal cultures, beliefs, values, practices, protocols, codes, and court systems. TTCP Tribal Nation training is tailored for tribal systems.
 - The TTCP worked with tribes to develop and implement training that is culturally relevant, and fits the training needs of tribes. Most of the training developed applies universally across tribal systems, although specific training content was tailored for individual tribal nations, nations within a specific geographic region, or state. Understanding and enforcing ICWA, Indigenous child welfare practice, and QEW training are examples of universal training. State codified versions of ICWA are an example of a modified training. Decolonizing practice to apply a tribal practice model is an individualized training tailored to a specific tribal nation.

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

Section D. Child Abuse Prevention and Treatment Act (CAPTA) State Plan requirements and update

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

Minnesota's CAPTA coordinator is:

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

CAPTA funded activities

Citizen Review Panels

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

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

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

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

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

CAPTA funded staff activities

Staff activities include:

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

Substance exposed newborns

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

The additional CAPTA funding has been directed to communities to develop a multi-sector coordinated response to prenatal substance exposure and to develop plans of safe care. The department released a request for proposals in winter 2019, receiving four responses; entering into contracts with all four sites in fall 2019. These sites are located across Minnesota and include metro and non-metro sites. Work regarding these contracts continues.

The department continues to work with Minnesota's Hospital Association to explore and improve relationships between hospital and clinic settings and county/tribal child welfare agencies regarding supporting pregnant women and their infants affected by substance abuse. In 2020-21, the Hospital Association began working with several hospitals across the state, piloting efforts related to improving Plan of Safe Care development, pre-birth and care coordination, among hospital and child welfare agencies. Planning for a potential statewide convening is also underway to build understanding and improve coordination efforts across agencies and service providers. Department staff participated in the summer 2021 Minnesota Hospital Association statewide convening, providing information on mandated reporting and supporting pregnant women who are struggling with substance use. The Minnesota Hospital Association completed a pilot in late summer 2021 with several hospital/health systems and local child welfare agencies to improve work regarding plans of safe care. Goals included:

- Pilot and refine a statewide Plan of Safe Care (POSC) template for use prenatally or at birth for mothers and infants with prenatal substance exposure, in coordination with child welfare services
- Help community partners to understand Minnesota's POSC information sharing protocols and implementation of Comprehensive Addiction and Recovery Act (CARA) legislation
- Improve collaboration and communication with service providers who work with families caring for infants with prenatal substance exposure and their mothers.

As part of this pilot, Plan of Safe Care documents were created to support this coordination and improve services to pregnant women and their families. These documents were published statewide.

The department is monitoring agencies' compliance of completing a Plan of Safe Care through data entered in the Social Service Information System. This information is available when requested from the Research unit. Department staff developed a process to monitor agency compliance in current time regarding completion of the Plan of Safe Care on an ongoing basis. Staff will provide targeted technical assistance to agencies not completing Plans of Safe Care on prenatal exposure cases, and will provide broad technical assistance to all agencies. The department will include information and requirements regarding the Plan of Safe Care in monthly updates sent to county and tribal agencies. The Minnesota Best Practice Guide for Responding to Prenatal Exposure to Substance Use, which includes the Plan of Safe Care, was updated and published, available to county and tribal agencies October 2020.

Supplemental CAPTA funding (American Rescue Plan)

Department staff plans to use CAPTA/Community-based Child Abuse Prevention (CBCAP) American Rescue Plan funds to provide the following:

- Establish, implement, and facilitate reporting for the Advisory Committee for Communities of African Heritage, including per diems for advisory committee members
- Develop culturally focused CQI pilot project (coordinated with existing division processes) to include Rapid Consultation, screening and permanency reviews, and complaint review/responses
- Review and advise on the child welfare continuum/out-of-home care policies and practice to deconstruct arbitrary criteria, timelines, and practices driving over-representation and outcome disparities
- Develop best practice guidance for child welfare and communities of African heritage
- Develop and issue a request for proposal that will result in executing contracts for building an infrastructure for community and culturally based in-home services
- Incorporate safety practices into ongoing case management/dispositional continuum
- Contract for a pilot of mental health consultation for school personnel.

Section E. Updates to targeted plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

A private nonprofit agency was contracted to launch a three-month social media recruitment effort, May 2021 through August 2021 to expand the pool of potential foster parents who best meet the needs of thousands of foster children. The campaign will highlight the need for foster homes for teens and sibling groups, as well as foster parents who reflect the ethnic, racial, and language diversity of children in need of foster homes. The campaign efforts will include conception and tagline creation; digital marketing; video creation; social media and email marketing, direct mail and reverse IP retargeting marketing.

The 220 Experience, an independent contractor, will be reviewing Minnesota's general and child-specific recruitment efforts for older youth, and the state's current recruitment efforts. Through this process, they will complete statute and policy reviews, stakeholder engagement, and conduct a file review. They will provide a written summary of findings; recommendations for improvement; complete trainings for county, tribal and private agency workers; and provide consultation to department staff on specific cases. During SFY 2022, The 220 Experience completed a survey and focus group interviews with professionals, adoptive families and youth. It gave a Families First presentation summarizing findings and recommendations to increase permanency for teens. The 220 Experience completed 11 child-specific recruitment consults with recommendations.

Department staff continued to provide recruitment activities in partnership with county and tribal agencies, communities, foster care providers, Public Private Adoption Initiative (PPAI), Purchase of Service programs, Tribal Customary Adoption Grant (TCA), private adoption and nonprofit agencies. Diligent recruitment of foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed is an effort that supports the Minnesota Child and Family Services Plan. Minnesota does not have policies in place that would limit its ability to recruit foster or adoptive families who reflect children currently in care. During SFY 2023, the PPAI program is including innovative-targeted child-specific recruitment efforts, as well as innovative relative engagement services.

Minnesota's Adoption Call to Action Initiative continued in 2022 and included the following:

- Initiated a pilot project with a metro county. The project focused on children under guardianship 24 months or longer who were in an adoptive placement. Staff continues to work with county leadership, district courts, and a private agency to identify barriers to finalization, and improve timelines to permanency. This pilot has successfully reduced the number of children on the waiting list by one third.
- Started process to use BINTI for the pilot agency. Licensing of families, especially relatives, was identified as a barrier to permanency timelines. Staff worked with a private agency partner, MN ADOPT, to assist with the BINTI process.
- Identified children with MN ADOPT, who were not registered on the State Adoption Exchange in a timely manner, addressing this with the pilot agency.

Based on the success of the pilot project, staff wants to expand the pilot to local social service agencies with the largest delays in meeting permanency timelines.

Specific strategies to reach out to communities

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

The advisory council reviewed available data, identified gaps in data, and planned for how to use it to improve recruitment and retention. These recommendations contributed to:

- Addition of ZIP code as a required field, which will help review distance from removal home to placement location
- Work with the Licensing Division to enhance its data entry of information available on foster care applications, which will allow for new data review at a statewide level
- Exploration of existing data, including implications of increased placement with relatives.

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

The Recruitment and Retention Advisory Council was convened for a two-year commitment. Advisory council members believe continuing the council is valuable, recommending more frequent meetings for shorter times, as well as outreach to engage new partners on the council.

Staff will work with community partners and constituents in 2023 to modify current grant contracts for recruitment activities through surveys and stakeholder meetings. The purpose of this engagement will be to review current recruitment efforts in existing grant contracts to meet the needs of children, families, and child-placing agencies. The 220 Experience will be engaging community partners in stakeholder meetings to determine where Minnesota's perceived gaps are and make recommendations for change.

Diverse methods of disseminating information

- Partnerships with state, county, and contracted tribal and adoption agencies to provide child-specific recruitment services to find permanent homes. County agencies may refer any child age 6 or older for this service.
- Contracted agencies hold adoption trainings throughout the state.
- A contract with MN ADOPT manages the State Adoption Exchange, recruits foster and adoptive families, provides outreach to media, organizes general recruitment events, and manages an information website and referral service for individuals interested in adopting or fostering.
- A local television station airs a weekly segment called Kid Connection, featuring a Minnesota child waiting for adoptive parents. It is also available on the Twin Cities Live website with links to the MN ADOPT website.
- Newspaper and magazine coverage of waiting children in the following media: Minneapolis Star Tribune feature of a Minnesota Waiting Child; Duluth News Tribune feature of Waiting Children; Adams Publishing Company features of Waiting Children is in 27 greater Minnesota community newspapers and one monthly magazine; Press Publication features Minnesota Waiting Children is in six northern suburban newspapers and one monthly magazine feature.
- CCX Media featured family on the cable channel.
- An annual event, Circus of the Heart, sponsored by MN ADOPT, the department, and a collaboration of state, county and private agencies. The event promotes and celebrates matching children under state guardianship with families through adoption.
- Information about how to contact an agency and the steps to become a foster parent is on the department's website at: [Children and Family Services](#).
- The department contracted with a private agency to implement an Ambassador Model recruitment program in 2019; the grantee, in partnership with corporations, will recruit prospective foster and adoptive families, with a focus on recruiting diverse families. They will collaborate with corporations (12 in 2019, 16 in 2020, 18 in 2021, and 18 in 2022). Each partnership will result in informational events, lunch and learns resource tables at faith community events, resource fairs and display of materials at the corporation. The goal is that over four years, 228 families will be directly recruited (four per collaborating organization), and information about the need for foster and adoptive parents will be presented to thousand through outreach activities.
- Social media campaign launched a three-month social media recruitment effort, from May through August 2021, to expand the pool of potential foster parents to best meet the needs of thousands of foster children. The campaign will highlight the need for foster homes for teens and sibling groups, as well as foster parents who reflect the ethnic, racial, and language diversity of children in need of foster homes. Campaign efforts will include tagline

creation; digital marketing; video creation; social media, email, direct mail, and reverse IP retargeting marketing.

- The department will enter into a grant contract with an agency to raise awareness of the needs for Native American families. The grantee, in partnership with tribal and private placing agencies, will hold information sessions; panels; and trainings to raise awareness of the Indian Child Welfare Act, and Minnesota's need for Native American foster, adoptive, relative, and kinship families.

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

- MN ADOPT's website and telephone referral service provides information about agencies, locations, and training schedules for individuals interested in adoption
- In May 2018, Minnesota launched [Fostering Network](#) recruitment and support service through MN ADOPT in May 2018. The website includes a tool for prospective foster and adoptive parents to locate all county, tribal, and private agencies serving their area, facilitating direct contact with selected agencies.
- Contracted tribal and adoption agencies work throughout the state to provide child-specific recruitment services, and services to adoptive families statewide
- Interested families can contact a licensing agency from the department's website: [Children and Families-Licensing](#).
- The department is conducting a pilot of a web-based licensing software, BINTI, with one county social services agency to remove barriers to licensing families, especially relatives.

Strategies for training staff to work with diverse communities

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

The 2019 legislative session approved funding for a new state child welfare training academy delivered through regional hubs with training targeted to needs of a hub's particular region, taking into account varying demographics, resources, and practice outcomes. Statute requires that content must be structured to reflect the variety of communities served by the child welfare system.

Strategies for dealing with linguistic barriers

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

Non-discriminatory fee structures

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

Procedures for timely search for prospective parents

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

Procedures to address barriers regarding the licensing process

- American Indian Child Welfare Initiative (includes White Earth, Red Lake and Leech Lake)
- To support relative placements, non-safety licensing-related issues can be set aside and more supports are available to relatives seeking foster care licenses, especially focused on African American, American Indian, Hmong, Laotian, Somali, and Spanish speaking families.
- The department's commissioner convened a Child Foster Care Work Group in 2015 to advise its leadership on systemic and practice improvements in the child foster care system. The work group reviewed the child foster care system to assess practices, especially at critical decision points, to ensure children are safe, improve their well-being, and help them find permanent homes. To improve recruitment, application, and licensing processes for foster homes, the work group formulated recommendations for the application and home study processes, training and support, consultation, recruitment, licensing oversight, background studies and others. The Foster Parent Recruitment and Retention Advisory Council, convened in 2019, will continue to build on recommendations from the 2015 work group.
- The department implemented recommended revisions to the home study and application process and piloting a revised training program. Home study guidance was updated in 2019 to include resources for LGBTQ families.
- Department staff provides technical assistance for developing legislative proposals to address barriers and will continue to engage in the process to improve the system
- The department expanded contracted adoption services to provide outreach services for relative and kin families with the licensing application process.
- Department staff is conducting a pilot of a web-based licensing software, BINTI, with one county social services agency to remove barriers to licensing families, especially relatives.
- Department staff is conducting a 30 Days to Family pilot with two county social service agencies. The goal of the pilot is to increase the number of relative and kinship foster families and find stable homes with relatives within 30 days by identifying and engaging relatives earlier in the process. The 30 Days to Family pilot is funded through the Adoption and Guardianship Incentive program.

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

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

Health care oversight and coordination plan

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

Screening

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

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

Mental health screenings were integrated into child welfare practice in 2003. Children ages 3 months to 18 years of age receiving child protective services, or in out-of-home placement, are to be screened for mental health needs, unless a screening or diagnostic assessment had been performed within the previous 180 days, or a child is already under the care of a mental health professional.

These screenings may indicate a need for further assessment of children's mental health needs and provision of treatment services. [[Minn. Stat., section 245.4874, subd. 1\(12\)](#)] The department approved the following tools for mental health screening of children and youth in the child welfare system:

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

Child Safety and Permanency staff continue to work closely with staff both in the department's Behavioral Health Division and with the Minnesota Department of Health. A plan was outlined to include a trauma-screening question within current children's mental health screening tools. These tools are used widely across programs and professions, including in child protection case management. Work stalled when the pandemic started as efforts were redirected to the state's COVID response. Further planning will be conducted as capacity is recouped.

Medicaid Child and Teen Check-ups

Minnesota's Title IV-B health care oversight plan for children in foster care is coordinated and

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

All children entering foster care are eligible for Medical Assistance (Medicaid). The federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, known as Child and Teen Check-up, is a required Medicaid service. C&TC provides comprehensive health monitoring for children and teens, birth through age 21, enrolled in Medical Assistance. The goal of C&TC is to improve the health of eligible children and teens, reducing health problems. For children in foster care, it is the responsibility of county social service agencies to ensure that foster children are provided with preventative health care, early diagnosis and treatment of health conditions. County or tribal social service agencies engage birth parents of foster children, when possible, in routine care and treatment decisions for their child. County and tribal caseworkers, and foster parents, are active participants in decisions and activities regarding children's health care needs while in foster care.

Minnesota Statutes and Rules, and the C&TC program, include the following components:

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

Health and dental care practice standard

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

care.

Case planning

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

- The plan to schedule a child's initial health screens
- How a child's known medical problems and identified needs from screenings, including any known communicable diseases, will be monitored and treated while in foster care
- How a child's medical information will be updated and shared, including immunizations
- Who is responsible for coordinating and responding to a child's health care needs, including the roles of parent(s), agency staff and foster parent(s)
- Who is responsible for oversight of a child's prescription medications
- How physicians or other appropriate medical and non-medical professionals will be consulted and involved in assessing the health and well-being of a child, and determine appropriate medical treatments
- Responsibility to ensure that a child has access to medical care through either medical insurance or Medical Assistance
- The health records of a child, including information regarding the names and addresses of their health care and dental care providers
- Record of a child's immunizations
- A child's relevant health care information, such as eligibility for medical insurance or Medical Assistance.

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

[Minn. Stat., section 260C. 452\(d\)](#), requires that when a youth is going to be discharged from foster care at age 18 or older, during the 180-day period immediately prior, the responsible social service agency is required to assist them to develop a personalized transition plan. The transition plan must be as detailed as youth elect, and include specific options on housing, health insurance, education, local opportunities for mentors, continuing support services, work force supports and employment services. The county agency must also provide them with contact information in case they have a health care crisis prior to age 21.

The federal Patient Protection and Affordable Care Act [P.L. 111-148] requires that education and information provided to youth in the transition plan include an option to designate an individual to make health care treatment decisions on their behalf if they become unable to make these

decisions, and they do not have, or do not want, a relative to make decisions on their behalf. The procedure for designation of health care treatment decisions is called a Health Care Directive, governed by Minn. Stat., section 145C. If a child wants to pursue a Health Care Directive, see [Minn. Stat., section 145C.16](#).

Protocols for monitoring psychotropic medication

Introduction

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

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

Effective June 1, 2014, psychiatric consultations are no longer required for high-dose Attention Deficit Hyperactivity Disorder (ADHD) and Second Generation Anti-psychotic (SGA) drugs prescribed for children over age 3. Instead, pharmacies receive an informational message when they bill for prescriptions which exceed the dose or age threshold for recipients under age 18. Also, as of June 1, 2014, a child must be at least 3 years old for all ADHD and SGA prescriptions. Prior authorization (PA) overrides are not available for children younger than age 3. Pharmacies receive notice when the bill MHCP for prescriptions that exceed the dose or age threshold for recipients under age 18. See: [Antipsychotic and ADHD drugs for children](#).

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

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

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

- Informed and shared decision making (consent and assent) and methods for ongoing communication among the prescriber, child, caregivers, other health care providers, the child welfare worker, and other key stakeholders: The out-of-home placement plan, Minn. Stat. 260C.212, subd. 1, (9) (iv), requires the local agency to ensure oversight and continuity of health care services for foster children. Judges may authorize psychotropic medications for children in foster care when requested by a local agency for a court order.

Department staff consult with the Children’s Justice Initiative to develop appropriate consent and assent policies, procedures and forms for psychotropic medications. Effective medication monitoring at both the client and agency level: Minn. Stat. 260C.212, subd. 1 (9) (v), requires the local agency to identify who is responsible for oversight of a child’s prescription medications. The department’s Psychiatric Consultation Service is available to all health care professionals who prescribe psychotropic medications for children. Go to [Pharmacy Program Dosing Thresholds](#) for details regarding specific medications and dosage thresholds. The Psychotropic Medications Oversight and Monitoring Committee will establish an updated baseline for use of psychotropic medication for children in foster care. It will use data and corresponding reports to create a benchmark for improvements achieved through the new medication monitoring system.

- Availability of mental health expertise and consultation regarding both consent and monitoring issues by a board-certified or board-eligible child and adolescent psychiatrist. The department’s [Psychiatric Consultation Service](#) provides psychiatric expertise; local agency staff may use the service to inform and collaborate with experts to meet the mental health needs of children in foster care. [[Minn. Stat., section 245.4862](#)]

Psychiatric consultation service

Per Minn. Stat., section 245.4862, the department and the Psychiatric Consultation Service vendor provides training and consultation on appropriate use of psychotropic medications for treatment of mental health problems in children and youth by board-certified or board-eligible child and adolescent psychiatrists. The service is free and available to all health care professionals prescribing psychotropic medications for children, including pediatricians, primary care physicians, and other health care providers.

In July 2018, the curriculum for this training was expanded to include information focused on increasing knowledge of appropriate mental health assessment and treatment. This includes information regarding:

- Screening, assessment, referral, and treatment of traumatic stress, Attention Deficit Hyperactivity Disorder, anxiety, and depression in children and youth, and
- Psychotherapeutic modalities, with a particular focus on evidence-based practices as an alternative to pharmaceutical treatments.

Information regarding the prescriber training curriculum is at: Minnesota Psychiatric Assistance line website.

Drug Utilization Review (DUR) Board and activities

Minn. Stat., section 256B.0625, subd. 13j, authorizes the department, in consultation with the [Drug Utilization Review \(DUR\) Board](#), to review and recommend pediatric dose ranges, track prescriptive practices and use of psychotropic medications for children with a goal of reducing the use of medication, where appropriate. The DUR Board is composed of four licensed physicians, at least three licensed pharmacists, and one consumer representative, with the remaining members being licensed health care professionals with clinically appropriate knowledge in prescribing, dispensing, and monitoring outpatient drugs. The DUR Board holds meetings quarterly. The DUR Board approves criteria to identify potential drug prescribing issues.

Twice yearly, as part of the Retrospective Drug Utilization Review (RetroDUR), a mailing is done based on psychotropic drugs for children criteria approved by the DUR Board. The mailing is sent

to prescribers identified via psychotropic drug pharmacy claims where DUR criteria flagged, including prescriptions that exceed department dose thresholds for Attention Deficit Hyperactivity Disorder and Second Generation Anti-psychotic prescriptions, or the department's recommendations regarding polypharmacy. Information about the Psychiatric Assistance line (PAL) is included in RetroDUR mailings.

In addition to reaching out directly to prescribers, pharmacies receive an informational message when they bill for prescriptions that exceed the FDA approved age per drug. As of June 1, 2014, a child must not exceed the FDA approved age. Pharmacies receive a prospective drug utilization review (ProDUR) message when they bill Minnesota Health Care Programs for prescriptions that exceed FDA approved age. Thresholds are based on FDA approved age at pharmacy point of service.

On May 12, 2021, the DUR Board approved updated criteria for Retrospective Drug Utilization Reviews of psychotropic drugs for youth intervention. [https://mn.gov/dhs/assets/2021-05-12-dur-minutes_tcm1053-492801.pdf] Because all children in foster care are automatically eligible for Medicaid, their prescribing data is part of the DUR scope. Staff has been working with the Behavioral Health Division to obtain data to review historical trends of prescribing patterns for children in foster care. At this time the data has not been made available.

See the MHCP [Provider Manual](#) for information about prescription drug information and [prior authorization requirements](#), and search enrolled pharmacies through the [Provider Directory](#). Go to [Pharmacy Program Dosing Thresholds](#) for details regarding specific medications and dosage thresholds.

[Procedures and protocols to ensure children in foster care are not inappropriately diagnosed and placed in non-family foster homes](#)

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

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

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

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

The Intensive Treatment in Foster Care (ITFC) [Minn. Stat., section 256B.0946] is a bundled service for children in a family foster care setting with a mental illness diagnosis requiring intensive intervention without 24-hour medical monitoring. The service package includes psychotherapy, psychoeducation, clinical consultation, crisis assistance, and team treatment planning. ITFC providers must be certified in Trauma-Informed Child/Parent Psychotherapy (TI-CPP) or Trauma-

focused Cognitive Behavioral Therapy (TF-CBT). More information about the ITFC benefit is in the Minnesota Health Care Programs Provider Manual: [MN DHS Intensive Treatment in Foster Care](#). This service supports placement of children with mental health needs in family foster homes.

Efforts to strengthen health care coordination and oversight include:

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

Impact of protocols for appropriate use and monitoring of psychotropic

Due to staffing disruptions and reassignments, the Psychotropic Medications Oversight and Monitoring Committee has been on hiatus for several years. The initial purpose of the committee was to establish an updated baseline for use of psychotropic medication for children in foster care. It was to use data and corresponding reports to create benchmarks for improvements achieved through a medication monitoring system.

Over this past year, staff have been collaborating with the Behavioral Health Division to determine if resumption of the Psychotropic Medications Oversight and Monitoring Committee was the appropriate method for moving forward with enhancing psychotropic medication oversight. After wide review of department policy and the accomplishments of the committee when it was convening, department staff has determined this work is being done by the Drug Utilization Review (DUR) Board. On May 12, 2021, the DUR Board approved updated criteria for Retrospective Drug Utilization Reviews (RetroDUR) of Psychotropic Drugs in Youth Intervention.

https://mn.gov/dhs/assets/2021-05-12-dur-minutes_tcm1053-492801.pdf. Because all Minnesota children in foster care are automatically eligible for Medicaid, ([DHS Bulletin 21-21-01](#)) their prescribing data is part of the DUR scope. Staff has been working with the Behavioral Health Division to obtain data to review historical trends of prescribing patterns for children in foster care. At this point the data has not been made available. Please see below for an update of the DUR section of this plan.

In addition, the department continues to explore informed and shared decision-making (consent and assent) and methods for ongoing communication among the prescriber, child, caregivers, other health care providers, the child welfare worker, and other key stakeholders. Department staff will consult with the Children’s Justice Initiative to explore current consent and assent policies, and determine if procedures and forms for psychotropic medications need to be developed.

Update of COVID-19 pandemic impact

During the COVID-19 pandemic, waivers were in place to allow children to access health care and case management services via telemedicine. COVID-19 has severely exacerbated the chronic staffing shortage throughout the state for direct care staff to work with children requiring treatment in residential care settings. Because of the workforce shortage, the department created

[workforce grants](#) for home- and community-based service providers, who serve children in need of residential treatment. The department also created a [COVID-19 Emergency Staffing Pool](#) for providers who serve children in need of residential treatment.

Family First Prevention Services Act initiatives

Many areas of FFPSA policy development affected portions of the HCOCP, including case planning and protocols to prevent inappropriate placement of children in non-family homes. Below is a summary of work supporting Minnesota's HCOCP.

Case planning: In consultation with an internal stakeholders, the department revised the OHPP. The updated OHPP was released in August 2021 in Minnesota's Comprehensive Child Welfare Information System (CCWIS), and training was provided via WebEx to case workers and responsible social service agency staff. Some of the changes include providing more clarity of roles and responsibilities for parents, foster providers, and case managers in managing a child's medical, dental, and mental health care, including oversight of psychotropic medications.

Protocols to prevent inappropriate placement in non-family homes: Minn. Stat., section 260C.157, subd. 3 modifies the juvenile treatment screening team composition and screening processes for placement in a Qualified Residential Treatment Program (QRTP) to be more inclusive of the child's family and cultural needs. Including the family in decision-making processes helps ensure the child is not being inappropriately placed in a congregate care setting. Changes to the documentation requirements and screening team procedures has standardized the Juvenile Treatment Screening Team processes across the state. Documentation of the process was added to the Minnesota's CCWIS, and may improve the data available about the screening team outcomes.

Work to develop and implement FFPSA policy was completed in conjunction with the Behavioral Health and Disabilities Services divisions as internal collaborators. The Child Safety and Permanency Division also collaborated with external stakeholders including county and tribal case managers across child welfare, disabilities services and children's mental health disciplines, tribes, the community, and advocacy organizations. A series of systems changes in CCWIS, including the documentation of the QRTP assessment to enable better documentation and data collection of these new processes.

Disaster plan

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

The department, which oversees most public assistance and social services programs, including child protective services, adoptions, economic assistance, and mental health has developed a COOP to ensure the continuation of essential functions, and the orderly transfer of authority when operations are disrupted. The plan identifies an Emergency Command Team and its

responsibilities, and details work priorities. It includes notification procedures for managers and staff, and guidance on operations in alternate locations.

The COOP also addresses preserving essential program records in Minnesota's child welfare information system. Supplemental attachments to the COOP address the Do Not Resuscitate/Do Not Intubate (DNR/DNI) procedure details. A succession chart includes contact names and numbers for the administration, and the order of succession in case of a disaster or emergency. Department staff holds tabletop exercises in which teams test the COOPs by responding to emergency scenarios to evaluate what works and does not work. As part of the MEOP, HSEM developed the Minnesota Highly Pathogenic Avian Influenza and Pandemic Influenza MEOP supplement. The department activated its COOP due to the COVID-19 pandemic following the declaration of a peacetime emergency on Mar. 13, 2020.

On Mar. 20, 2020, the governor issued Executive Order 20-12, granting the department temporary authority to waive or modify requirements so Minnesotans could continue to access essential programs and services safely and without undue delay during the COVID-19 pandemic. [A list of waivers and modifications](#) by the department to help ensure service delivery are on the department's website. A state law effective June 24, 2020, specifies when waivers and modifications expire. Some are subject to federal authority; others remain in effect until certain dates, determined by state law. The department has flexibility to keep the remaining waivers in effect for no more than 60 days after the end of the peacetime emergency. Minnesota's peacetime emergency expired during the reporting period.

Department staff maintained regular contact with county and tribal agency staff during the peacetime emergency to assess whether and how services are impacted, developing plans for responding to needs regarding the pandemic. Child Safety and Permanency Division staff continues to participate in virtual meetings with the Minnesota Association of County Social Service Administrators (MACSSA), Children's Services Committee, at least twice per month. Other department administrations and senior leadership also maintain regular communication with county and tribal agencies regarding the pandemic and its impact on service delivery.

In July 2020, the department completed an agency-wide Business Impact Analysis (BIA). The data-gathering project happens every four years, starting June 1 through mid-July. It includes all administrations. Information collected identifies all activities performed by the department, allowing fulfillment of its mission. This work forms the foundation; allowing the department to manage its work as effectively as possible during the COVID-19 pandemic. Recovery directors, business continuity planners, and subject experts reviewed current functions in the BIA, and work within administrations, to collect new and improved data. This project was one of the largest efforts bringing staff together to help prioritize department activities. The data gathering focused on statewide key business drivers, identified site and resource needs, and recognized critical dependencies on people, places and things. This provided measurable information to develop Continuity of Operations Plans so in a major disruption or disaster, the department has effective plans in place to keep business running.

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

develop and launch the campaign. The department offers employees personal disaster preparedness online and classroom training.

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

Requirements for county and tribal agencies in the Initiative administering state programs funded under Titles IV-B, subs. 1 and 2, and IV-E, include planning how they will:

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

There were few occurrences in recent years of localized disastrous situations prompting the department to contact county agencies to ensure they meet these criteria.

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

Training plan

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

In collaboration with the Center for Advanced Studies in Child Welfare, the department launched the Minnesota Child Welfare Practice Framework, development of competencies for workers and supervisors in 2018. The Practice Framework informs curriculum development, serves as a resource for workers and supervisors to support professional development that aligns with defined competencies in the child welfare field. As part of implementation of the Practice Framework, competencies with curriculum objectives, a module is being developed to orient supervisors and workers to the Practice Framework and competencies. The Practice Framework is at [U of MN Practice Framework and Competencies](#).

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

consultation within the Child Safety and Permanency Division to support collaborative work to move forward projects including:

- Safety-focused practice -- assessing, defining, and developing Minnesota's approach, tools, guidance, and Practice Profiles to support best practices in guiding frontline practice that leads to competent safety-focused practice while utilizing evidence-based tools in decision-making and safety planning.
- Continuous Quality Improvement -- carrying out a six-month CQI training academy with staff across the Child Safety and Permanency Division, toward development of systematic change in defining and determining problems, indicators, and interventions within the child welfare system.
- Providers: MCWTA trainers are public and private agency professionals and foster, adoptive and kinship caregivers. Trainers hold content and practice expertise, have current knowledge in their subject area, and are required to complete courses on culture, diversity, and the Indian Child Welfare Act.

Training summary

New Worker training: The Minnesota Child Welfare Training Academy conducts Child Welfare Foundation Training (CWFT), providing skill-intensive foundation curricula, combining classroom and computer lab SSIS documentation training, as well as web-based training (WBT). Foundation training includes a focus on practice skills and application of relevant competencies related to cultural responsiveness, partnering, engagement, assessment, and case planning in child welfare, along with WBT module post-tests and supervisor transfer of learning manual. Foundation training meets the statutory requirement [Minn. Stat. 626.559, subd. 1a] for training new child protection workers. Foundation training is offered at a frequency to accommodate new child protection workers, whose training is required within the first six months of employment.

Foundation training is offered statewide throughout the year across regional sites to meet the proximity of new workers. Over the past 18 months, courses were created within a new learner management system (LMS) with the University of Minnesota called Canvas, which provides many benefits, including better tracking mechanisms and learning tools to support engagement. Over the past months, classrooms transitioned to in person while continuing to be facilitated from Canvas, allowing for increased opportunities for engagement in classrooms and across the Foundational training experience, which includes:

- New worker training includes eLearning modules serving as an introduction to foundational knowledge competencies and processes, completed at a self-paced format prior to in person classroom training.
- Four classrooms hosted online and transitioning to in person, are designed for real time discussions and exercises to build off online modules taken prior to classroom training. Each classroom training is three days, scheduled over three months, focusing on key concepts in child welfare, processes of the child welfare system, and application of child protection skills.
- MIFPA/ICWA two-day training takes place between classrooms one and two, in partnership with the Center for Regional and Tribal Child Welfare, University of Minnesota, Duluth, approved by the ICWA Advisory Council.
- SSIS Essentials modules and classroom labs serving as *day four* for classrooms two and three (three hours each).

- National adoption competency mental health training (NTI) – eight online permanency modules must be completed at completion of classroom four (about 40 hours).

Ongoing advanced training

Ongoing/advanced child welfare training covers a wide variety of subject matter specific to child welfare practice, as reflected in the Minnesota Framework for Competent Child Welfare Practice, designed to enhance knowledge and skills of child welfare caseworkers. Updated advanced training in support of the CFSP/APSR goals and objectives, including legal practice skills, Responsive Child Welfare Practice with LGBTQ+ Youth, Child Protection Practices with Families Experiencing or Exposed to Domestic Violence, are in the process of being trained in person, from virtually the past 15 months.

Courses were developed to support implementation of FFPSA training needs:

- Qualified Individual CANS
- Human Trafficking and Sexually Exploited Youth: Basic Training for child welfare
- Child Protection Basics SSIS.

The Child Protection Basics monthly courses were scheduled in 2021, offered from September 2021 through May 2022. Courses were offered in a virtual format.

Family First Prevention Services Act blended learning opportunities

The Family First Prevention Services Act webinar series was launched in August 2021; these included policy-related information as well as data entry components in SSIS. Topics included:

- Placement Process Changes
- Juvenile Treatment Screening Team
- QRTP Assessment Process and Qualified Individual Requirements
- Out-of-home Placement Plan
- AFCARS Facility Classification Documentation in SSIS
- Family and Permanency Team's Role in Assessment and Placement
- Court Review for Placement and Extended Placement in Qualified Residential Treatment Program (QRTP)
- Specialized Residential Settings for Youth Who Were or At Risk for Sex Trafficking
- FFPSA and Expectant and Parenting Youth Overview
- Specialized Residential Independent Living Facilities for Youth Age 18 and Older
- Title IV-E and FFPSA.

SSIS Mentor program

The department published an SSIS Mentor Manual in November 2021, created for all mentors and coordinators. The manual provides guidance on SSIS business and technical processes.

Supervision and leadership

Supervision Core courses are being revised to incorporate coaching skills for child welfare support and practice, along with updating content to meet identified goals related to supervisors' role in policy guidance, utilizing data to inform decision making, and integrating supervisor competencies. Development will also involve listening sessions on this topic.

Resource family/foster/adoptive/guardianship trainings

MN ADOPT contracted staff utilized expertise to formalize the contract with MN ADOPT, a statewide agency providing programs, services, and training to adoptive, kinship, and foster

families. Specialized and tailored trainings are developed to meet foster/kinship needs. Training serves as ongoing knowledge and skill-building for providers in accessible formats including online, blended, and in-person trainings statewide.

Foster Parent College -- the Minnesota Child Welfare Training Academy updated its Foster Parent College (FPC) Blended Pre-service Foster Parent training in FY22 to provide greater and more equitable access to training statewide. The MNCWTA converted its on-demand training delivery model for FPC to reflect the scheduled cohort model used in its other classrooms, and committed to providing 100% of its FPC training online to accommodate the unique needs and busy schedules of families. With the implementation of these two strategies, MNCWTA was able to expand the registration for each cohort beyond a select few counties and tribes, increase cost effectiveness, and ensure that anyone who wanted training had access. Online resources were developed to deliver information about training to county and tribal agencies interested in receiving Blended Pre-service Foster Parent training, and accessing the FPC training catalog for continued learning and license recertification. Information was promoted in MNCWTA's monthly newsletter, distributed via email to supervisors statewide, and through webinars and 1:1 meetings with foster care licensors. As a result, eight cohorts of FPC Blended Pre-service Foster Parent trainings were delivered to more than 50 households; 20 public agencies; and several private agencies engaged in conversations to learn more about services offered; and nine public agencies were newly enrolled and gained unlimited access to more than 70 eLearning modules on the FPC website.

FPC Blended Pre-service Foster Parent training curricula is currently under an internal review for updates to content and language that reflect current best practices, and improve understanding of diversity, equity and inclusion in foster care settings. The contract between the department and FosterParentCollege.com is being renewed in FY23, and not expected to undergo significant changes.

Capacity-building services

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

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

- **Safety-focused practice** -- assessing, defining, and developing the department's approach, tools, guidance, and practice profiles to support best practices in guiding frontline practice leading to competent safety-focused practice while utilizing evidence-based tools in decision making and safety planning.
- **Continuous Quality Improvement** -- carrying out a six-month CQI Training Academy with staff across the Child Safety and Permanency Division, toward development of systematic

change in defining and determining problems, indicators, and interventions in the child welfare system.

Implementing the Child Welfare Training Academy

The Minnesota Legislature passed a bill supporting creation of a new Child Welfare Training Academy in spring 2019. A state-university partnership was established in July 2019 to begin the four-year implementation of the new Training Academy. It includes expanded curricula offerings, enhanced training facilities and technology, a simulation-training center, establishment of regional learning centers statewide, and a robust new worker/supervisor certification program. Below are summaries of key implementation areas undertaken along with tasks in the first phases of the project.

The Academy is currently in the process of developing a simulation program allowing learners to apply knowledge and skills in a controlled, observable, authentic environment. The MNCWTA building incorporates four simulated environments, two home suites (consisting of a kitchen and living room), and two offices. To make these environments as realistic as possible, rooms were furnished with appliances, children's toys and books, and furniture (often purchased second-hand for a lived in look), allowing learners to be completely immersed in a scenario. Development began with a review of existing literature on use of simulation to train, evaluate, and credential learners in the field of social work.

The Academy is also researching relevant institutions and organizations that use simulation, observing those institutions, and sharing resources. Minnesota's child welfare demographics and statistics are utilized to ensure that simulations reflect the realities of child welfare work in Minnesota, and interviews are being conducted to incorporate stories and experiences of real families and workers. Research is being conducted into the burgeoning field of virtual reality simulation training, which can provide supplemental learning, and act as a valuable stepping-stone to live, in-person simulation. Simulation piloting begins late summer 2022, with rollout to learners beginning in fall 2022.

Regional learning centers

The Minnesota Child Welfare Training Academy established four regional learning centers to increase training accessibility for county and tribal agency staff. These learning centers have the capacity for 25 learners with state-of-the-art training and audiovisual equipment; in-person training began in April 2022. MNCWTA hired three of four trainers for each of the regional sites. Regional trainers have offices within their region; three of the locations have offices in the local county child welfare agency. This unique collaboration allows for a robust partnership for MNCWTA to understand child welfare practices in the region and unique regional training needs to support the workforce.

Two regional learning centers are in northern Minnesota. The Northwest Regional Learning Center is in Detroit Lakes at the Minnesota State Community and Technical College, with the regional trainer officed at Becker County Human Services. The Northeast Regional Learning Center is in Duluth at the Tribal Training and Certification Partnership (TTCP). It provides ICWA and MIFPA training for all new child welfare workers, and additional training to county and tribal agency staff to improve outcomes for American Indian families, and develop and support effective practice. The Northeast regional trainer provides training at the TTCP location. MNCWTA partnered with St. Louis County Social Services to provide an office for the regional trainer in Duluth.

The other two regional learning centers are in southern Minnesota. The Southwest Regional Learning Center is in Marshall at Southwest Minnesota State University. The regional county agencies supported this location and agreed the regional trainer would have an office at the university. The Southeast Regional Learning Center is in Owatonna at Riverland Community College. The regional trainer is expected to be hired in summer 2022, and will have an office at Minnesota Prairie County Alliance, a joint powers agreement with Dodge, Steele, and Waseca counties.

MNCWTA will continue to engage child welfare professionals, parents, caregivers, resource parents, community organizations and members, with expertise in racial disparities. The regional learning centers and regionalized trainers will support engagement across Minnesota to train, develop, and support skills, expertise, and well-being of the Minnesota child welfare workforce, and promote equitable child welfare practice activities for the second year.

Implementation phase two: July 2020 – June 2021:

- Completed statewide listening sessions on new worker training redesign, finalized model for new worker training, and hosted validation sessions with community on content outlines for training.
- Selected and established first Regional Learning Center in Northwest Minnesota.
- Hired several new staff, including:
 - Curriculum developer, research and evaluation supervisor, graphic designer, and the first diversity/equity/inclusion training specialist.
- Developed and tested new learner management system.

Implementation phase three: July 2021 -- June 2022:

- Established remaining three Regional Learning Centers (northeast, southwest, southeast)
- Began hiring regional training staff and additional curriculum developers
- Validated content outlines and began development of new version of new worker training
- Began development of simulation center and explored use of virtual reality in child welfare training
- Launched new learner management system and training portal
- Redesigned evaluation practices and tools.

Implementation phase four: July 2022 -- June 2023:

- Complete new worker curriculum development and begin pilot phase
- Begin development of new supervisor curriculum
- Develop and implement coaching skills development curriculum for child welfare supervisors
- Begin development of new worker/new supervisor credentialing process
- Continue to engage stakeholders in all aspects of implementation.

Title IV-E training for bachelor and Master of Social Work degree programs

The department provides Title IV-E eligible training activities through undergraduate and graduate programs at Metropolitan State University, Minnesota State University, Mankato, St. Cloud State University, and the Universities of Minnesota, Twin Cities and Duluth, as well as through an additional four state universities subcontracted through the University of Minnesota, Twin Cities.

The primary goal of these training activities is to build culturally competent professionals who represent the diverse populations served by social service agencies. A summary of activities of these Title IV-E programs are below:

Minnesota State University, Mankato, St. Cloud State University, and the University of Minnesota, Twin Cities, provide social work education at the graduate level. The purpose of these programs is to assist caseworkers in advancing their knowledge of child welfare policies and practices regarding children at risk of and in out-of-home placement, and provide services to meet the needs of these children and their families.

The University of Minnesota, Duluth, program offers a graduate social work program with a special focus on the American Indian population, and working with child welfare families and children at risk who live in rural areas.

Metropolitan State University; Minnesota State University, Mankato; and St. Cloud State University provide social work education at the undergraduate level. Students of these programs who become child welfare scholars maintain a high academic standing and required to apply skills and knowledge acquired from their education and experience through employment in a public or tribal child welfare setting.

The University of Minnesota contracts with four state universities to deliver a Title IV-E-funded Undergraduate of Social Work program to increase the number of culturally competent child welfare caseworkers. The four schools are Bemidji State University; Winona State University; Southwest Minnesota State University; and Minnesota State University, Moorhead.

Together, these universities form the Minnesota Title IV-E Consortium dedicated to improving the quality of public and tribal child welfare services for families and children through focused education and training of social work child welfare scholars. Through this collaboration, Bachelor of Social Work students receive classroom one of Foundation training (Introduction to Public Child Welfare), and an ICWA/MIFPA course delivered by the Tribal Training and Certification Partnership . Masters of Social Work students attend classroom two (Family Assessment and Investigation), classroom three (Case Planning and Post-placement/Permanency Planning), and the ICWA/MIFPA course from the Tribal Training and Certification Partnership.

Guardian ad litem partnership

The department and the Minnesota Guardian ad Litem Board joined in an interagency agreement for continued growth and development of guardian ad litem professionals. A goal of this partnership is to communicate and promote improved performance on national standards and outcomes related to child safety, permanency and well-being to guardians ad litem staff and volunteers through curriculum development and training.

Tribal Training and Certification Partnership

The Training Academy began a collaboration with Aabinoojiiyag-Wakhanheza Un Thantanhapi -- *For All the Children Sacred Being*, Tribal Training and Certification Partnership in January 2022. TTCP is a training and technical assistance center in partnership with the Center for Regional and Tribal Child Welfare Studies, University of Minnesota, Duluth. This collaboration works on development and delivery of Indian child welfare training. A two-day training on the Indian Child Welfare Act and MIFPA is a regular component of New Worker (Foundations) training required of all new county and tribal workers. Minn. Stat. 256B.094, section 2, appropriated funds in FY2022 from the general fund for development of the Tribal Child Welfare Partnership, and to support delivery of Indian child welfare worker training.

See cehsp.d.umn.edu/ttcp.

https://www.revisor.mn.gov/bills/text.php?number=SF2180&version=0&session=ls92&session_year=2021&session_number=0

Section F. Statistical and supporting information

1. CAPTA Annual State Data Report items

Information on child protective services workforce

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

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

- College/university with a major in social work, psychology, sociology, or closely related field, or
- Four-year college or university with a major in any field, and one year of experience as a caseworker in a public or private social services agency.

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

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

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

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

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

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

Age

20s	30s	40s	50s	60+
26.98%	35.09%	21.81%	11.99%	4.13%

Gender

- Male: 13.81%

- Female: 86.19%

Ethnicity

American Indian	7.50%
Asian	1.88%
African American/Black	6.46%
White/Caucasian	84.05%
Hispanic	2.10%
Other, including Hawaiian/Pacific Islander, Hmong, Ethiopian, Korean, Russian, Somali, Vietnamese	4.17%

Degrees

AA	BA/BS	BSW	MA	MSW	Ph.D	DSW	Other Mstr
1.51%	36.76%	36.03%	5.74%	17.55%	0.21%	0.00%	2.19%

Education

Social work	Psychology	Sociology	Human services	Other social services	Other non-social services
56.66%	18.16%	4.89%	4.89%	10.55%	4.84%

Juvenile justice transfers

Minnesota defines this population of children as those discharged from foster care with transfer to another agency as the reason for discharge (i.e., only discharges between ages 10 and 18 are included). Data is derived from AFCARS foster care element 58. In 2021, 56 discharges from foster care were transferred to another agency. This represents 2.1% of all discharges in 2020; this is lower than, but similar to recent years.

2. Education and Training Vouchers

See Attachment D.

3. Inter-country adoptions

Three children had adoption dissolutions who were adopted from another country in 2022. The children came into care due to a child protection report of abuse. Licensed private agencies worked with the families to facilitate the initial adoptions into the U.S.; Minnesota county child welfare staff worked with these families during the adoption dissolution and was responsible for permanency planning. The children have adoption as their permanency plan; one was re-adopted by a family who now receives adoption assistance benefits. Department staff has been conducting an internal review of dissolution cases to gain more insight into what supports to implement for families and children.

4. Monthly caseworker visits data

Data for FY 2022 will be reported separately by Dec. 15, 2022, as required.

Section G. Financial information

Payment limitations

Title IV-B, subpart 1

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

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

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

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

No more than 10% of Title IV-B, subp. 1, funds may be spent on administrative costs:

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

Title IV-B, subpart 2

Non-supplantation requirement.

State and local share of expenditures related to Title-IV-B, subpart 2

	1992	2020
Prevention and support services	\$16,088,680	\$46,343,121
Crisis interventions and family preservation	\$35,139,076	\$174,743,782
Reunification	\$27,980,457	\$6,828,968
Time-limited reunification	-	\$6,865,569
Independent living services	\$670,902	-
Total:	\$79,879,115	\$234,781,440

Attachments

CFS-101s:

- CFS-101, Part I for FY 2023
- CFS-101, Part II with planned expenditures for the use of FY 2023 funds
- CFS-101, Part III with estimated and actual expenditures of FY 2019 through September 30, 2021 grants for the Title IV-B, subparts 1 and 2, Chafee Foster Care Independence and Education and Training Vouchers

**Annual reporting of Education and Training Vouchers awarded
Minnesota Child Welfare Training Plan 2022**