Sherburne County/Tribe Minnesota Child and Family Service Review

Program Improvement Plan

I. General Information

County/Tribal Agency:	Address: 13880 Business Drive, Elk River, MN 55330
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To be completed by DHS:			
Date of Agency/DHS PIP Meeting: 11/14/2014	Date PIP Approved:		
Due Dates for PIP Updates:	Date PIP Progress Reviews Received/Occurred:		
 Update 1: October 30, 2015 Update 2: January 29, 2016 Update 3: April 29, 2016 Update 4: July 29, 2016 	• • • • • •		
PIP Completion Date:			

II. MnCFSR PIP Recommendations (as identified in the Exit Conference)

PIP RECOMMENDATIONS

SAFETY:

- 1. Improve rate of timely response in investigations alleging substantial child endangerment.
- 2. Improve consistency of practices related to assessing and addressing risk and safety in in-home child protective services cases.

PERMANENCY:

- 3. Reduce the rate of re-entry into foster care and support permanent reunification for children.
- 4. Improve permanency outcomes for older youth in care for extended periods.

WELL BEING:

5. Improve efforts to visit, engage, assess and address parent needs.

SYSTEMIC:

Goal #1: Improve rate of timely response in investigations and assessments of child maltreatment reports.

Barriers identified in the review: Inability to locate children/families, Law enforcement requests to delay contact.

Agency identified barriers: The on-going barriers seem to be consistent; not able to locate the child or law enforcement has requested that contact not be made until the following business day.

Baseline (Performance at the time of the review):

Item 1: 5 out of 6 applicable cases were rated as a strength for 83.33%.

Timeliness of Contact in Maltreatment Assessments & Investigations (Source: CW Data Dashboard)

	Baseline			PIP Updates			
	Q4, `14	Q1,′15	Q2, `15	Q3, `15	Q4, `15	Q1, `16	
SCE	84.6% 11/13	50% 5/10					
NSCE- Inv	93.3% 28/30	82.1% 23/28					
NSCE-FA	87.5% 35/40	74.2% 49/66					

Performance Goal/Method of Measurement:

90% of children will have face-to-face contact within statutory timelines, using the MN <u>CW Data Dashboard</u> as the method of measurement.

Action Steps (include persons responsible)	Date Completed	Updates
a. Continue the current practice of running the "Time to Initial Contact with Victim" report each month and review with staff monthly to determine reasons for delay and/or data entry issues. Anytime it appears that the face to face contact cannot occur within the expected timeframe, staff will consult with the Intake Supervisor or Lead Social Worker to brainstorm	Ongoing	1: 2: 3: 4:

possible solutions. Results of these consultations will be documented in SSIS. Charting and Analysis reports will also be explored to determine if other reporting mechanisms may be beneficial.	
b. Discussions will occur at the quarterly County Attorney & LE meetings to address this goal and systems issues. Brainstorming will occur to determine if changes in practice can be made to better meet this goal. (Identified changes may be added to action steps)	1: 2: 3: 4:
c. At quarterly follow up meetings throughout the year with the County Attorney's Office and LE, updates will be provided regarding progress and specific cases where timelines were not met will be discussed.	1: 2: 3: 4:
d.	1: 2: 3: 4:

Goal #2: Improve consistency of practices related to services cases.	Goal #2: Improve consistency of practices related to assessing and addressing risk and safety in in-home child protective services cases.				
Barriers identified in the review: Gaps in worker comprehensive monitoring; Case volume and workload	-	ssing underlying issues; Creating robust safety plans with ent.			
Agency identified barriers: There may be resistant current time and the need to re-prioritize resource ut	•	em's partners when discussing our resource limitations at the			
Baseline (Performance at the time of the review	v):				
☑2014 Case Review Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP development) ☐ Annual/Quarterly Performance Data (if applicable to PIP developm					
Item 4: 73.33% (11/15) Cases were rated a stre	ength	development)			
Performance Goal/Method of Measurement:					
Children involved with in-home cases will be seen a minimum of once per month to conduct risk and safety assessments. This will occur 98% of the time. This will be measured by the monthly use of the Contact Aging Report and the new internal case review document.					
Action Steps	Date	Updates			
(include persons responsible)	Completed	l Opuates			
a. The agency will create a new document for		1:			
internal case reviews that will target case		2.			

Action Steps (include persons responsible)	Date Completed	Updates
a. The agency will create a new document for internal case reviews that will target case worker contacts with clients, safety assessments and plans to ensure that risk and safety are being adequately addressed, and other parts of this PIP.		1: 2: 3: 4:
 Hold a training for staff and supervisors specific to creating robust safety plans and ways to comprehensively monitor safety plans that will assist in improved practice and supervision in this area. 		1: 2: 3: 4:
c. Each supervisor will run the Contact Aging Report, by worker or unit, on all in home cases to ensure that a minimum of monthly contacts is occuring with children to ensure risk and safety. This report will also help ensure that		1: 2: 3: 4:

parents are being seen at a frequency that promotes case goals.	
d. Continue to work with our system partners to understand the staffing and resource needs of the Department so that a prioritization of needs and resouces can occur to ensure that we are meeting the needs of the highest risk children on the CP/CW/CMH caseloads.	1: 2: 3: 4:

Goal #3: Reduce the rate of re-entry into foster care and supp	port permanent reunifica	tion for childre	en.	
Barriers identified in the review: No barriers were identifie Agency identified barriers: Staffing limitations to prevent re		acements are	entered into S	SIS correctly
Baseline (Performance at the time of the review):				
□ 2014 Case Review Data (if applicable to PIP development)	14 Case Review Data (if applicable to PIP development) Manual/Quarterly Performance Data (if applicable to development)		ble to PIP	
	County Performance	e on Federal	Data Indicat	or:
		Nat'l Standard	2014 (Baseline)	2015 (Update)
	Measure C1.4	<9.9%	32.1% (9/28)	

Performance Goal/Method of Measurement:

Less than 15% of placement cases will experience a re-entry in less than 12 months from their discharge from care.

	Action Steps (include persons responsible)	Date Completed	Updates
a.	In Charting & Analysis, run data from 2013 and 2014 to examine the reasons behind all reentries and identify any trends that exist so that preventative steps can be identified and taken.		1: 2: 3: 4:
b.	Educate staff, working with truants and runaways, on the purpose and benefits of THV's and begin implementing THV's on these cases when appropriate. Continue to work with court partners on the placement of truancy/runaways.		1: 2: 3: 4:
C.	Conduct an agency review of the coding of placement changes in SSIS to ensure that placements are being adequately coded.		1: 2: 3:

	4:

Goal #4: Improve permanency outcomes for older youth in care for extended periods.

Barriers identified in the review: The needs of some children do not always allow for legal permanency to occur. Agency identified barriers:

Baseline (Performance at the time of the review):

☐ 2014 Case Review Data (if applicable to PIP development)

County Performance on Federal Data Indicator

	Nat'l Standard	2014 (Baseline)	2015 (Update)
C2.3	>22.7%	9.1% (1/11)	
C2.4	>10.9%	0% (0/8)	
C3.1	>29.1%	16.7% (1/6)	
С3.3	<37.5%	50% (3/6)	

Performance Goal/Method of Measurement:

Agency will complete action steps and monitor Performance on Federal Indicators for changes. Agency has already examined the children represented by the above measures and are aware of the individual circumstances of this small number of children.

Performance on each of the above Federal Data Indicators shows improvement over the first 8 months of 2015 and are currently on track to meet the National Standard in three of the four measures.

C2.3 27.3% (3/11)

C2.4 20% (1/6)

C3.1 14.3% (1/7) C3.3 33.3% (1/3)

Action Steps (include persons responsible)	Date Completed	Updates
a. Continue the agencies participation in the Permanency Roundtable process to assist with finding permanency for all children in care.		1: 2: 3: 4:
b. The Child Welfare Unit will be managing all children in care from the Developmental Disability Unit to ensure		1:

that all statuatory requirements with OHP cases occur. Consistent practices involving relative search, FGDM, and PRT's will occur with all kids in care.	2: 3: 4:
c. Agency will continue to review the status of children in care for extended periods of time both internally and in the courts. Circumstances will be reassessed to determine if continued placement is still in the child's best interest or if there are other permanency options that may be available.	1: 2: 3: 4:

Goal #5: Improve efforts to visit, engage, assess and address parent needs.			
Barriers identified in the review: Gaps in worker visits, focusing on one parent and not assessing all parents either in the home or non resident parents, not addressing underlying issues			
Agency identified barriers: Staffing and Supervisor	or/Worker rati	os	
Baseline (Performance at the time of the review	w):		
	opment) [nual/Quarterly Performance Data (if applicable to PIP
Item 17B: 78.6% (11/14) Cases rated as a stre	ngth.	deve	elopment)
Item 18:78.6% (11/14) Cases rated as a strengt	th.		
Item 20: 69% (9/13) Cases rated as a strength			
Performance Goal/Method of Measurement: There will be diligent efforts in each case to locate, engage, assess and address parent needs. This will occur in 90% of internal case reviews.		Perf	ormance Goal/Method of Measurement:
Action Steps (include persons responsible)	Date Completed		Updates
a. Supervisors will review the Non-Resident Policy		1:	
with staff and ensure that this is being followed in all cases. In addition, supervisors will ensure		2:	
that both parents needs are properly being		3:	
assessed. Monitoring for this will occur during		4:	

	case consultations and the review of maltreatment assessment reports and case plans.	
b.	Each supervisor will run the Contact Aging Report monthly on all in home cases to ensure that adequate contacts are occuring with parents that are reasonable to promote case goals.	1: 2: 3: 4:
C.	Strength & Needs Assessments will be completed in all Child Protection Cases and case plans will be developed around each need for parents. This will be looked at in greater detail in our new internal case review document.	1: 2: 3: 4:

SYSTEMIC FACTOR

Goal #_6_: Develop, enhance, and/or maintain an internal process for the ongoing evaluation of child welfare practices and systems, leading to program improvements.

Current process/practice(s): Monthly random internal case reviews are occuring. Supervisors are running various reports in SSIS and Charting and Analysis to monitor outcomes and best practice standards.

Barriers: Limited time to review more cases on a monthly basis.

	Action Steps (include persons responsible)	Date Completed	Updates
Es	stablish and maintain a process that yields va	lid data:	
a.	Supervisors will continue to review cases on a monthly basis. This process now includes an interview with the case manager. A new case review document will be created to target PIP goals.	Ongoing	1: 2: 3: 4:
b.			1: 2: 3: 4:
D	Develop/implement a process for analyzing and learning from the data:		
C.	Quarterly results will continue to be shared with Supervisors so that best practice standards can be reviewed with staff. Case reviews will focus on the practice items noted in the PIP. Supervisors will then discuss at their Unit Meetings with staff areas of strengths and areas needing improvement.		1: 2: 3: 4:
d.	Supervisors will continue to utilize the following reports in Charting and Analysis (reports that are referenced throughout this PIP) and in General Reports: Time to Initial Contact with Victim, CMH Screening Exemption Report, Child Maltreatment Screening Timeliness, Face to Face Contact with Children in Placement, and		1: 2: 3: 4:

other outcome areas needing improvement as noted above. In addition, Contact Aging Report will be generated montly to better monitor contacts involving in-home cases. Follow up conversations with staff as needed. Areas for not meeting standards will be analyzed to determine next steps for resolving.			
Use the data to effectively implement practice a	Use the data to effectively implement practice and system change:		
e. If system issues are identified, this information will be shared at CJI, County Attorney and LE meetings, or meetings specifically scheduled to address the findings in order to find solutions and next steps for practice changes.	1: 2: 3: 4:		
f. If staff training issues are identified among staff, supervisors will ensure that these trainings needs are met internally.	1: 2: 3: 4:		
Other:			
g. Yearly outcomes will continue to be shared with our County Board along with explanations as to why outcome areas are not being met. Direction will be sought from the County Board regarding any resource issues.	1: 2: 3: 4:		
h.	1: 2: 3: 4:		

FEDERAL DATA INDICATORS

- C1.1 Of all children discharged from foster care to reunification in the year shown, and who had been in foster care for eight days or longer, what percent were reunified in less than 12 months from the time of the latest removal from home?
- C1.2 Median length of stay in foster care to reunification (months)
- C1.3 Of all children entering foster care for the first time in the six-month period just prior to the year shown, and who remained in foster care for eight days or longer, what percentage were reunified in less than 12 months?
- C1.4 Of all children discharged from care to reunification in the 12-month period prior to the year shown, what percentage re-entered foster care in less than 12 months from the date of discharge?
- C2.1 Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent were discharged in less than 24 months from the date of latest removal from home?
- C2.2 Of all children who were discharged from foster care to a finalized adoption in the year shown, what was the median length of stay in foster care (in months) from the date of latest removed from home to the date of adoption?
- C2.3 Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from foster care with a discharge reason of live with relative, reunify or guardianship), what percent were discharged from foster care to a finalized adoption by the last day of the year shown?
- C2.4 Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent become legally free for adoption during the first 6 months of the year shown?
- C2.5 Of all children who became legally free for adoption in the 12-month period prior to the year shown, what percent were discharged from foster care to a finalized adoption in less than 12 months of becoming legally free?
- C3.1 Of all children in foster care for 24 months or longer on the first day of the year shown, what percent were discharged to a permanency home prior to their 18th birthday and by the end of the year (including adoption, guardianship, reunification or transfer of custody to a relative)?
- C3.2 Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge, what percent was discharged to a permanent home prior to their 18th birthday (including adoption, guardianship, reunification or transfer of custody to a relative)?
- C3.3 Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for three years or longer?
- C4.1 Of all children served in foster care during the year shown who were in foster care for at least eight days but less than 12 months, what percent had two or fewer placement settings?
- C4.2 Of all children served in foster care during the year shown who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?
- C4.3 Of all children served in foster care during the year shown who were in foster care for at least 24 months, what percent had two or fewer placement settings?