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# **Minnesota Child and Family Services Review Round 3 – Program Improvement Plan**

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- Schedule: Minnesota will report progress on PIP activities to the Children's Bureau at 6-month intervals
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## Executive Summary

The 2016 Child and Family Services Review (CFSR) found Minnesota to be out of substantial conformity with all seven outcomes and six of the seven systemic factors. In response to the federal review, Minnesota is charged with creating a Program Improvement Plan (PIP) that addresses all areas rated as not in substantial conformity. There have been two major factors in recent years that guided the development of Minnesota's PIP:

- 1) Increases in workloads that are straining the child welfare system beyond capacity, and
- 2) A quality assurance process that has not systematically captured information sufficient to guide the identification of strategies and activities that will meaningfully target all areas in need of improvement.

Since 2014, Minnesota has experienced a dramatic and sustained influx of cases to the child welfare system which is straining resources and capacity to meet the demand. From 2014 to 2016, there was an almost 50 percent increase in the number of screened in maltreatment reports and alleged victims. The Minnesota Department of Human Services' (the department's) preliminary analysis of caseloads using newly developed methodology indicates a range of median caseloads (for child protection assessments and investigation workers) across the state of 10 to 45, with just under half of local agencies having median caseloads of 23 or higher. Without considerable investment into Minnesota's child welfare system, the department recognizes the limited capacity of the system to support significant improvements, and of caseworkers to continue to do more with less.

Minnesota has, for a number of years, identified gaps in its continuous quality improvement (CQI) process. To help inform PIP goals, strategies and key activities, state staff reviewed and analyzed the information from the completed Onsite Review Instruments (OSRIs) from both the 2016 federal CFSR and Minnesota Child and Family Services Reviews (MnCFSRs) conducted in 2015. Little information regarding the various influences that contributed to ratings of needing improvement was available in the completed OSRIs. Without a more robust CQI process that accounts for the complexity of the child welfare system and provides this type of information, it has been difficult to identify the strategies and activities that will have the greatest impact.

With both of these factors in mind, Minnesota has used any available information, even when limited, to target strategies and activities that will have the greatest impact without further taxing a workforce that is overwhelmed. When necessary, activities are included that will assist the state in gathering information and better position the state to make improvements in the future. The following summary encapsulates the information used by the state to guide the development of Minnesota's program improvement plan for each outcome area and systemic factor.

### Overarching goals and strategies

The best way to improve performance on all outcomes for children and families is to invest in the child welfare workforce. One of the primary mechanisms through which the state can support the workforce is through training and the creation of a well-functioning CQI system that provides meaningful information and support to local agencies in the process of evaluating and improving the system. Included in the PIP are two goals that revolve around improvements to both the Minnesota Child Welfare Training and CQI systems (Goals 4 and 5).

In 2015, funds were allocated by the Minnesota Legislature specifically for local agencies to add child protection staff and services. Due to the significant increase of cases to the child welfare system, local agencies utilized the majority of new funding to increase staffing. However, the increased resources have not been sufficient to meet the

continued increase of cases which has resulted in staff turnover, placing additional demands on caseworkers who remain in the system.

Statewide, staff increases and turnover are noticeable in the number of new workers receiving training through the Child Welfare Training System. In 2013, 78 caseworkers completed Foundation Training, the required training for new child protection workers. In 2017, over 500 caseworkers participated in Foundation Training. Current requests indicate that over 500 additional caseworkers will need Foundation Training in 2018. The influx of new child protection caseworkers and continued turnover has highlighted the need to focus on training in all practice areas.

Improvements to the Minnesota Child Welfare Training System start with revisions to Minnesota's Child Welfare Practice Model. Developed in 2009, the Child Welfare Practice Model has not been utilized to its fullest potential. Revising and utilizing the practice model as the framework for child welfare work in Minnesota will provide the structure for additional enhancements to the Child Welfare Training System, including:

- Finalizing caseworker and supervisor competencies
- Incorporating competencies into new and advanced worker and supervisor training
- Developing and implementing a competency-based training evaluation that can better measure transfer of knowledge and improvement in caseworker skills and knowledge
- Developing and implementing a coaching/mentor model to assist frontline supervisors in reinforcing those skills learned in training and in supporting the workforce.

There are a number of other strategies throughout the PIP that include the use of training to improve practice in specific areas. The department recognizes that training alone is often not enough to improve practice; however, given the large number of new caseworkers, training along with the use of standardized tools and checklists are appropriate and necessary activities. When feasible, activities such as coaching and mentoring to reinforce information learned in training, or activities and tools designed to engage supervisors in supporting training provided to caseworkers are also included.

The department acknowledges that it does not have clear data regarding the statewide child welfare workforce. In Minnesota's state-supervised, county-administered system, local agencies maintain responsibility for personnel activities, and there is not a system in place that fully supports the department's ability to track the workforce. The department, however, has newly developed methodology for conducting preliminary analysis of workforce issues, e.g. aseload sizes (for both caseworkers and supervisors), turnover rates, and other crucial indicators of a healthy workforce. Included in the PIP is a strategy (Goal 5, Strategy 2) to begin developing a system that will provide the department with the information needed to conduct more robust analysis of the statewide workforce. This is a necessary, though insufficient, first step; yet, all that can be completed in the next two years.

As Minnesota's largest jurisdiction, it is important to consider Hennepin County's experience and efforts to improve workforce stability and well-being. Hennepin County recognizes the importance of investing in the child welfare workforce to improve outcomes for children and families. In addition to providing financial investments for increased staffing beyond that of the statewide allocation, Hennepin County has a current initiative focused on improving well-being throughout all areas of their system. The initiative includes key strategies targeting improvements in its CQI process, increasing support provided to staff and improving retention. Based on data provided by Hennepin County, their efforts have been successful, resulting in a reduced turnover rate from 15.3 percent in 2016 to 8.6 percent in 2017.

Modifications to Minnesota's CQI system include increased engagement of child welfare stakeholders in the CQI process through creation of a statewide advisory group, examination of current case review processes to establish what is working well and what additional information needs to be gathered to better understand the human factors and systemic influences that contribute to undesirable decisions and outcomes, and the creation of a feedback mechanism for using that information to improve practice and performance across the state. Additionally, as Hennepin County is the largest jurisdiction in the state, and with both Hennepin County and the department working to improve CQI processes, activities are included in the PIP that demonstrate collaboration regarding these efforts. Activities include staff from both agencies participating in the CQI Training Academy and ensuring participation from Hennepin County on the statewide advisory group (Goal 4, Strategy 1). This work, being done in collaboration with the Capacity Building Center for States, is a significant undertaking; however, has the potential to have overarching impact on Minnesota's child welfare system.

## **Safety Outcome 1**

Two factors emerged as influencing Minnesota's performance on Safety Outcome 1 and drove the creation of strategies to improve performance. First, at the time of the review, the department had not provided sufficient guidance regarding both after-hours/weekend responses to maltreatment reports and the time from which local agencies were being measured with respect to timely face-to-face contact (i.e. from receipt of report versus from screening). Therefore, included in Goal, Strategy 1 are activities regarding the creation and release of guidance to local agencies regarding after-hours responses and clarification regarding the time from which timeliness to face-to-face contact with alleged victims is measured.

Second, Minnesota's largest urban county, in which approximately one quarter of all Minnesota children live, has had difficulty meeting the standards for timely face-to-face contact with alleged victims for a number of years. Using statewide performance data, Hennepin County's performance on the timeliness measure was approximately 56 percent in 2016. With Hennepin County's performance removed, the rest of Minnesota's performance on timeliness was nearly 90 percent; 80.1 percent with Hennepin County data included. For that reason, Goal 1, Strategy 2 is included and focused on supporting Hennepin County in making improvements. Hennepin County has taken the lead in analyzing available data and identifying strategies for improvement. One issue identified by Hennepin County was insufficient staffing; since then, Hennepin County has added several new units to their investigation area. Those strategies and continued plans for improvement are outlined in the applicable strategy.

## **Safety Outcome 2**

In relation to Safety Outcome 2, Minnesota has identified two key influences that may have played a role in performance below federal standards. First, information from MnCFSRs have indicated that there is poor fidelity to the Structured Decision Making (SDM) tools and a workforce belief that the tools are not useful for guiding practice, including matching services to identified safety and risk needs. Second, for several years, Minnesota has recognized a gap in its safety framework and a need to develop standards for assessing and addressing safety and risk across the life of a case.

Although MnCFSRs have provided information that the workforce does not find the SDM tools useful, there is less information about what influences those opinions. The tools are standardized and have validity; a recent validation study demonstrates this is true in Minnesota specifically. Despite this, the state recognizes that sufficient training regarding the SDM tools and how to use them in practice has not been consistently provided. In 2016, Minnesota contracted with the Children's Research Center to develop a training for the SDM tools that focuses on providing

strategies to caseworkers for using the information from the tools to guide decision-making and practice, including decisions regarding:

- Provision of post-assessment/investigation case management services
- Delivery of placement prevention or other safety-related services
- Development and monitoring of safety plans
- Case closing.

Goal 1, Strategy 3 includes specific activities related to improved and consistent use of SDM tools for assessing and addressing identified risk and safety issues and preventing removal/re-entry.

The needs identified by Minnesota regarding its safety framework, particularly the need to create standards for the ongoing assessment of risk and safety, likely influenced the functioning of Minnesota's child welfare system across a variety of areas. Certainly, this gap in the current safety framework impacted performance on Safety Outcome 2. In particular, it was noted in the federal review that the greatest challenge seemed to lie in the assessment of ongoing safety rather than initial assessments of safety. Additionally, a lack of standards for ongoing casework may influence decisions around permanency and factors related to re-entry, an area in which Minnesota has persistently struggled. Goal 1, Strategy 4 in the PIP relates to Minnesota's work with the Capacity Building Center for States to address the need to create a more comprehensive safety framework to guide safety decisions across the life of a case. One of the first steps being taken with the Capacity Building Center for States is analysis of safety-related data, including screening thresholds, and the use of information from the SDM safety and risk assessment tools in decisions related to the need for ongoing child protection services and removal. Based on this analysis, PIP strategies and key activities will be adjusted to ensure the best fit between the identification of possible problems and solutions.

## **Permanency Outcome 1**

With little information available on what factors were influencing performance in the federal review, Minnesota relied on examination of available statewide performance data for Permanency Outcome 1, including the following federal data indicators:

- Placement stability
- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in care for 12 to 23 months, and
- Permanency in 12 months for children in care 24 months or more.

Using methodology created by the Child Safety and Permanency Division's Research and Evaluation Unit to measure state performance on the federal data indicators, Minnesota is meeting national standards in all but one of the four indicators; namely, Permanency in 12 months for children in care 24 months or more.

Federal Data Indicator	National Standard	Minnesota's Performance (2017)
Placement stability	4.12 moves/1,000 days	3.8 moves/1,000 days
Permanency in 12 months for children entering foster care	40.5%	47.1%
Permanency in 12 months for children in care for 12 to 23 months	43.6%	51.0%
Permanency in 12 months for children in care 24 months or more	30.3%	28.3%

Placement stability is an area where Minnesota is meeting the national standard. Information from MnCFSR case reviews indicated that relative placement issues were commonly cited (nearly 40% of the time) as contributing to needing improvement ratings, as were issues related to the match between providers and children. In order to address these issues, Minnesota has included several strategies in the PIP focused on increasing and monitoring the provision of training to 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 (Goal 2, Strategies 3 and 4). Additional efforts, such as the creation of tools to improve communication between foster parents, caseworkers and the courts regarding foster parent needs and the needs of the children in their care, are included in Goal 3, Strategy 4.

Item 5 in Permanency Outcome 1 evaluates whether appropriate permanency goals were established in a timely manner. Review of data from the CFSR indicated that, while permanency goals were specified in the case file, the documented goals were either not appropriate to the circumstances of the case or not the goal that the agency was actively working to achieve. Review of data from MnCFSR case reviews revealed that the most consistent concern with permanency goals was a lack of accurate documentation of goals (in over 50 percent of cases); documentation of the permanency goal in SSIS, and subsequently the case plan, did not accurately reflect the goal that was being actively pursued. Consequently, Goal 4, Strategy 3 is included to further assess and increase the accurate documentation of current permanency goals. Additional information regarding the issues related to establishing appropriate permanency goals is needed and will continue to be gathered through MnCFSR case reviews being conducted throughout the PIP cycle and activities will be adjusted as needed.

In terms of the achievement of permanency, Minnesota has consistently had more difficulty achieving permanency for children in care for 24 months or more. Achieving permanency for children requires a joint effort between courts, social services and other stakeholders. For those reasons, as well as the availability of limited resources, PIP strategies focus primarily on those children with a trajectory towards longer placements in care. Goal 3, Strategies 1 and 2 highlight the collaborative work between the Minnesota Judicial Branch and the Minnesota Department of Human Services through Minnesota's Court Improvement Project, the Children's Justice Initiative (CJI), to improve permanency for children, particularly those in care for extended periods of time.

## Permanency Outcome 2

Permanency Outcome 2 is an area in which current resource challenges in Minnesota more significantly affected the degree to which strategies and activities in the PIP could be dedicated to all items. Although, no item was rated as a strength overall, several of the items had percentages that indicated relative strengths within this outcome area. In

particular, placement with siblings and preserving connections were rated as a strength in 88 percent and 84 percent of cases, respectively. Additionally, there is little information contained in either the completed case reviews instruments from the federal CFSR or MnCFSRs to direct where changes can be made to improve performance in this outcome area and Minnesota has a statewide performance indicator for only one of the items: relative placement.

Minnesota has made strides in the last few years in relative placement. Statewide performance has improved from having just over one-third of total days children spent in out-of-home placement in relative foster care in 2013, to just over half in 2016. However, according to information contained in the MnCFSRs, improvement is needed in the thoroughness of relative searches, particularly paternal relatives. Goal 2, Strategy 5 is targeted at providing local agencies with better tools to conduct relative searches and on supporting relative families through the licensing process.

Lastly, through the convening of child welfare stakeholders for the development of the PIP, local agencies indicated that tools and checklists for caseworkers to use when making visits would be helpful. With that in mind, Goal 3, Strategy 4 includes the development of a template to be used by foster families and caseworkers that will support improved communication regarding a number of the items evaluated in Permanency Outcome 2. The use of this template will be promoted through a Supervisor Forum focused on how to use the tool in supervision with case workers regarding their engagement of foster families.

### **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; however, it is also the area in which the least amount of information about underlying influences to practice is available. Further, there is anecdotal evidence in Minnesota (and more broadly from research) that one factor influencing caseworkers' ability to successfully engage clients is rising caseloads. However, as improving caseload size would require a significant financial investment that is beyond Minnesota's ability to provide at this time, other strategies aimed at improving engagement and other well-being items are included in the PIP.

The two primary strategies laid out in the PIP to address engagement are the:

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

In recognition of the critical nature of good engagement practices, these strategies are some of the most resource intensive of the PIP. Increased engagement with children, parents and foster parents will result in improved decision-making and practices 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.



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

Several patterns emerge when examining data regarding caseworker visits with children in out-of-home placement. First, performance is lowest in the geographically largest jurisdictions. Based on that, the state has created strategies for promoting ease of intra-state agreements and for helping local agencies partner with each other when children are placed across jurisdictional boundaries and courtesy supervision is deemed appropriate (Goal 3, Strategy 1). Information from the federal review and quantitative performance data indicate that caseworker visit performance is lower in cases involving children from program areas other than child protection, in particular cases managed by juvenile corrections agencies. Therefore, Minnesota has included in the PIP several strategies focused on providing practice guidance for caseworkers in all program areas (Goal 3, Strategy 1) and improving coordination at both the state and local levels with children's mental health and juvenile justice (Goal 5, Strategy 3).

Finally, in meetings held with local agencies on the development of the PIP and during CFSR and MnCFSR stakeholder interviews, several stakeholders indicated that there are challenges in locating and connecting children and families to needed services, affecting all three Child Well-being Outcomes. Goal 3, Strategy 3 outlines a process for mapping a variety of services across the state to assist caseworkers in identifying where services are available.

## **Systemic Factors**

For the majority of systemic factors that were rated as not in substantial conformity, Minnesota had insufficient evidence to demonstrate an effective system, resulting in ratings of area needing improvement. As a state-supervised, county-administered system, the information requested for demonstrating effectiveness of systemic factors is often maintained at the county level, e.g. training records of staff and foster parents are maintained at the local level and there is currently not a process for state monitoring of those records. Many of the strategies for addressing systemic factors involve the creation of processes for evaluating, monitoring and documenting the functioning of Minnesota's system at the state level. These strategies are included throughout the PIP as follows:

- **Statewide Information System.** Minnesota is instituting a quality assurance process focused on demonstrating the accuracy of data in the state's SACWIS (Goal 4, Strategy 3.)
- **Case Review System.** Two items in particular caused the rating of not in substantial conformity for the Case Review System: Written Case Plans and Notice of Hearing and Reviews to Caregivers. For written case plans, it was indicated the rating of needs improvement was made based on a lack of engagement. Engagement is the focus of Goal 3, Strategy 2. Additionally, Goal 2, Strategy 3 is dedicated to improving communication between local child welfare agencies and courts to ensure courts are receiving the information needed to provide notice of hearings to foster parents, and creating a process for measuring whether foster parents are receiving notice of hearings.
- **Quality Assurance System.** As previously stated, Minnesota has recognized the limitations of the state's case review system for some time and is currently working with the Capacity Building Center for States to create a more formalized structure and comprehensive CQI system in Minnesota (Goal 4).
- **Staff and Provider Training.** Goal 2, Strategy 4 is focused on training foster families and Goal 5, Strategy 2 is focused on the development of a system for tracking caseworkers' completion of required training hours, two key items identified as needing improvement.

- Service Array and Resource Development. Although there is much to be done to bring Minnesota into substantial conformity with this systemic factor, mapping the state's service array is a necessary first step and what can be accomplished in the two year PIP cycle (Goal 3, Strategy 3).
- Foster and Adoptive Licensing, Recruitment, and Retention. Minnesota has focused strategies related to this systemic factor primarily on increasing foster family recruitment, increasing support for foster families and supporting relative providers through the licensing process (Goal 2, Strategy 5).

## Part One: Goals, Strategies, and Key Activities

**Goal 1: Ensure safety for children through timely response to reports of child maltreatment and thoroughly assessing and addressing identified risk and safety issues to prevent recurrence and prevent placement/re-entry when possible.**

*Strategy 1: Strengthen safety by ensuring all alleged victims of maltreatment are seen within statutorily defined timelines. (Items 1 & 3)*

	Key Activity		Projected completion date:
1.1.1	Clarify statutory timelines for responding to reports of maltreatment, including the requirement for contact with all alleged victims. Clarify through: <ul style="list-style-type: none"> <li>• Distribution of statewide Bulletin, issuance of revised <i>Child Maltreatment Intake, Screening and Response Path Guidelines</i>,</li> <li>• Discussion at regional Communities of Practice meetings<sup>1</sup></li> <li>• VPC or WebEx presentation.</li> </ul>		Q1
1.1.2	(a)	Issue and implement revised guidance for complying with requirements for 24/7 access to child protection statewide. (Information distributed through bulletin and Virtual Presence Communication (VPC) presentation.)	5/4/17
	(b)	The state will use data from the Social Services Information System (SSIS) (Minnesota's SACWIS) to monitor timeliness of contact on a quarterly basis specifically for maltreatment reports received after normal business hours and determine effectiveness of guidance.	Q2
	(c)	Information from the review outlined in (b) will be used to inform if any changes to guidance should be considered, developed and/or implemented. Additionally, this information will be used to inform work with local agencies described in 1.1.4.	Q4
1.1.3	Submit a project request to MN.IT <sup>2</sup> /SSIS for the development of a report in SSIS that would provide local agency staff, supervisors, managers and/or directors with a means for daily monitoring of practice/performance. The report to include a continuously updating list of children who are the subjects of current maltreatment reports and an indicator as to whether contact has been made with the child(ren).		Completed; Request submitted Sept. 2017

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<sup>1</sup> Communities of Practice meetings are facilitated by Dept. of Human Services, Child Safety and Permanency division staff and held in each region of Minnesota quarterly. The meetings provide opportunities for knowledge and skill building on evidence-based practice elements of Family Assessment Response, Family Group Decision Making and Signs of Safety. Meetings also provide opportunities for general policy and practice discussion.

<sup>2</sup> Minnesota IT Services (MN.IT) is the Information Technology agency for Minnesota's executive branch, providing enterprise and local IT services to all state agencies.

	Key Activity		Projected completion date:
1.1.4	(a)	On an annual basis, staff from the Minnesota Department of Human Services' (DHS) Child Safety and Permanency (CSP) Division's Research and Evaluation Unit and Continuous Quality Improvement (CQI) Minnesota Child and Family Service Review (MnCFSR) Unit will attend regional supervisor meetings across the state (at least once per year in each region) to: <ul style="list-style-type: none"> <li>• Share information learned in the activities outlined in 4.2.2</li> <li>• Provide guidance and technical assistance on how local agencies can use the data available through key activity 1.1.3 and the <a href="#">Child Welfare Data Dashboard</a> to monitor performance and identify areas to target for improving performance.</li> </ul>	Q1-8
	(b)	The Research & Evaluation and CQI MnCFSR units will provide ongoing support and customized technical assistance as needed/requested to local agencies that develop a plan for improving rates of timely contact. The support provided will be dependent on the local agency's plan, and may include: <ul style="list-style-type: none"> <li>• Provision of additional data and/or assistance with data analysis</li> <li>• Incorporation of information learned from review of cases in the MnCFSR process defined in 4.2.2</li> <li>• Connecting local agencies with other agencies who have demonstrated improvement.</li> </ul>	Q1 – Q8

*Strategy 2: Partner with Hennepin County to create an innovation zone specific to timeliness of initial contact with alleged child victims in response to reports of child maltreatment. (Item 1)*

	Key Activity		Projected completion date:
1.2.1	Identify Hennepin County and DHS staff to participate on the project. <ul style="list-style-type: none"> <li>• Hennepin County convened an internal "CQI meeting" in July 2017, including Hennepin County Children and Family Services supervisors and managers, data unit staff, a representative from the county attorney's office, and other county staff. Timely contact with alleged victims in response to maltreatment reports has been a focus area for the group. Child Safety and Permanency Division staff will join this team quarterly to continue focused work on timely contact.</li> </ul>		Completed Jan. 2018
1.2.2	Compile and review performance data with Hennepin County staff at initial joint Hennepin County/DHS meeting. Identify success and challenges specific to timely contact with children in response to reports of child maltreatment. Findings from analysis already conducted individually by Hennepin County and DHS include: <ul style="list-style-type: none"> <li>• Hennepin County identified a lack of staff resources as a contributing factor to delays in timely contact.</li> <li>• DHS 'initial review of Hennepin County timeliness data indicated that higher caseloads related to delays in timely contact.</li> </ul>		Q1

	Key Activity		Projected completion date:
1.2.3	Review strategies already implemented by Hennepin County since convening of their CQI meeting. One strategy already implemented by Hennepin County is: <ul style="list-style-type: none"> <li>Addition of four new units (total of 4 additional supervisors and 30 staff) to respond to reports of maltreatment. Two of the units are Rapid Response Teams specifically for the purpose of responding after hours (evenings and weekends). (Completed end of 2017)</li> </ul>		Q1
1.2.4	(a)	Hennepin County CQI Team and DHS will meet quarterly to review successes, challenges and updated performance data from the report identified in 1.1.3, the <a href="#">Child Welfare Data Dashboard</a> , and MnCFSR reviews of Hennepin County cases.	Q1 – Q8
	(b)	Identify and implement additional strategies as needed.	Q1 – Q8

**Strategy 3:** *Promote consistency of safety practice throughout the life of a case across Minnesota. (Items 1, 2 and 3)*

	Key Activity		Projected completion date:
1.3.1	In collaboration with the Capacity Building Center for States, conduct one to three focus groups to explore strengths and challenges in Minnesota’s current safety model, including the use of Structured Decision Making (SDM) tools.		Q2
1.3.2	DHS, specifically the Child Welfare Training System, will roll-out revised Structured Decision Making (SDM) training to caseworkers and supervisors statewide. (Scheduling in each region of the state.) The revised training is an advanced practice training designed to: <ul style="list-style-type: none"> <li>Increase understanding of the purpose and value of the SDM Safety and Risk Assessment tools</li> <li>Provide supervisors and workers with strategies for using the information from the tools to enhance decision-making (including placement decisions) and identify appropriate services to address child safety</li> <li>Mitigate practice drift in completion and use of the tools</li> <li>Improve fidelity in the use of the tools.</li> </ul> Information gathered during focus groups referenced in 1.3.1 will be used to further enhance revisions to the training.		Q2 – Q3
1.3.3	Develop a SDM desk (and/or web-based) quick reference guide to reinforce training and assist workers in applying the information from the tool into safety and service planning. Information learned from focus groups referenced in 1.3.1 will be used in the development of the reference guide.		Q4

	Key Activity	Projected completion date:
1.3.4	Utilize Supervisor Forums <sup>3</sup> , Communities of Practice meetings and the Rapid Child Welfare Consultation and Support System <sup>4</sup> to assist supervisors in reinforcing practice and supporting the culture around the use of SDM tools, safety planning and discussion of other safety-related practices, including preventing removal when possible and appropriate.	Q1 - Q8

*Strategy 4: Revise and implement Minnesota’s safety framework model to include clear standards, expectations and enhance statewide consistency in safety decision-making across the life of a case. (Items 1, 2, 3)*

	Key Activity	Projected completion date:
1.4.1	(a) In collaboration with the Capacity Building Center for States, conduct a Webinar for local agency and state staff at all levels to examine evidence-based safety models used in other states.	Q1
	(b) Based on information and discussion resulting from the webinar referenced in (a), conduct a second webinar to identify strengths and gaps in in Minnesota’s safety framework.	Q2
1.4.2	In collaboration with the Capacity Building Center for States, analyze data on screening thresholds, and whether and how information from SDM safety and risk assessment tools is used in decisions to provide services to promote safety and prevent removal and re-entry.	Q2
1.4.3	In collaboration with the Capacity Building Center for States, conduct one to three focus groups to explore strengths and challenges in Minnesota’s current safety model.  Information learned in the webinar referenced in 1.4.1 (b) and available performance data will inform the development of questions for focus groups.	Q1 – Q2

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<sup>3</sup> Supervisor Forums are a venue for discussing child welfare policy and practice with county and tribal agency children’s services supervisors and leaders. The Forums are designed and facilitated by DHS Child Safety and Permanency Division staff and focus on providing tools and information on key child welfare issues and practices to supervisors via WebEx.

<sup>4</sup> The Rapid Child Welfare Consultation and Support System was implemented in 2014 to facilitate local agency access to experienced peer consultants regarding difficult child safety and maltreatment decisions with child welfare colleagues within 24 hours of the requesting agency initiating contact. More immediate consultation regarding screening decisions is also available. Consultation is available to county and tribal child welfare agency social workers and their supervisor and/or manager when making decisions regarding child safety.

	Key Activity	Projected completion date:
1.4.4	<p>Information gathered in 1.4.1, 1.4.2, and 1.4.3 will assist the department in defining the scope for stakeholder workgroups charged with further development of Minnesota's safety framework, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Establish safety standards for ongoing case management, including both formal and informal assessments of safety, placement decisions, and reunification/discharge planning to prevent re-entry</li> <li>• Develop implementation strategies</li> <li>• Define methods of evaluation</li> <li>• Establish mechanisms for reviewing and refining the model.</li> </ul>	Q3
1.4.5	Additional key activities related to revision and implementation of Minnesota's safety framework are yet to be defined. Additional activities will be defined in collaboration with the Capacity Building Center for States and reported on in PIP updates.	Q4 – Q8

**Goal 2: Improve timeliness to permanency through technical assistance to local agencies and improved engagement of and communication with resource families.**

*Strategy 1: Provide technical assistance to local agencies, courts and other relevant stakeholders on timely achievement of permanency through the Children's Justice Initiative (CJI) Permanency Technical Assistance Workshops project. (Item 6)*

	Key Activity	Projected completion date:
2.1.1	<p>Identify the five or more counties with largest number of cases beyond the permanency timelines as defined by the court (the child has been in care for 12 months and no permanency petition or permanency decision has been filed).</p> <p>2016-2017 Counties: Winona, Houston, Scott, Blue Earth, Ramsey, St. Louis, Bemidji, Clay Otter Tail, Becker and Stearns.</p> <p>2018 Counties: Hennepin, Anoka, Crow Wing and Carver.</p>	Completed Dec. 2017
2.1.2	<p>Conduct case file reviews on a sample of both court and social service files in the counties identified in 2.1.1 to identify patterns and trends at the local level.</p> <p>(Case file reviews completed for 2016 - 2017 counties in Sept. 2017.)</p>	2018 counties - Q4
2.1.3	<p>Schedule and conduct an on-site individualized permanency workshops with identified counties, with invites extended to local social service agency staff, judges, county attorneys, parent and child attorneys, guardians ad litem, tribal representatives and court administration staff. Workshops include:</p> <ul style="list-style-type: none"> <li>• Sharing of individual county data</li> <li>• Education regarding timelines and roles and responsibilities for each group participating</li> <li>• Discussion of patterns and trends identified in 2.1.2.</li> </ul> <p>(Workshops held with 2016 – 2017 counties from Aug. 2016 – Sept. 2017.)</p>	2018 counties - Q4

	Key Activity	Projected completion date:
2.1.4	Participants at local workshops, with assistance from DHS and State Court Administrator's Office staff, will develop plans to: <ul style="list-style-type: none"> <li>• Address identified barriers to permanency,</li> <li>• Achieve permanency for identified children/youth, and</li> <li>• Prevent future permanency delays for other children/youth.</li> </ul> (2016 – 2017 counties have developed plans.)	Q4
2.1.5	DHS and State Court Administrator's Office staff will monitor counties' progress towards achieving permanency for those children identified as having delayed permanency (by federal permanency data indicators and court standards) by reviewing data available through the SSIS and MNCIS.	Q8
2.1.6	Identify successful strategies from local agency plans; compile strategies and barriers and share information statewide via CJI communication.	Q4 & Q8
2.1.7	Conduct regional CJI team meetings to share information identified in 2.1.6.	Q4
2.1.8	Utilize information learned in 2.1.6 to implement necessary changes to state policy and guidance. One strategy already identified is: <ul style="list-style-type: none"> <li>• The State Court Administrator's Office will develop and distribute judge bench cards and model court order templates to provide information to judges, county attorneys and law clerks to ensure thorough review of efforts toward achieving permanency at the required 6-month Permanency Progress Review hearings.</li> </ul>	Q4

**Strategy 2:** *Create a Child in Need of Protection or Services (CHIPS) Judicial Specialization Project focused on improving timely permanency for children and youth in out-of-home placement. (Items 4 and 6)*

	Key Activity	Projected completion date:
2.2.1	Identify up to five counties in one judicial district willing to participate in a CHIPS Judicial Specialization project. The project will involve one judge (rather than multiple judges) specializing in CHIPS cases and serving as the sole CHIPS judge in the identified counties through at least Dec. 2019. Identified district and counties: <ul style="list-style-type: none"> <li>• Eighth Judicial District</li> <li>• Counties: Kandiyohi, Meeker, Renville, Swift and Yellow Medicine.</li> </ul>	Completed
2.2.2	State Court Administrator's Office and DHS staff will provide training to all stakeholders in the five counties regarding: <ul style="list-style-type: none"> <li>• CHIPS case processing</li> <li>• Permanency timelines</li> <li>• Reasonable/active efforts.</li> </ul>	Completed Nov. 2017



	Key Activity	Projected completion date:
2.2.3	State Court Administrator's Office staff will complete baseline reviews of court files in each of the five counties in the specialization project to determine existing practice for comparison against improved practice. Staff used the Judicial Branch's 2016 and 2017 Length of Time to Permanency report to identify and randomly select up to five cases from each of the five counties for review.	Completed Dec. 2017
2.2.4	State Court Administrator's Office and DHS staff will prepare a "court checklist" for agency caseworkers to assist them in knowing and completing court-related requirements.	Q2
2.2.5	State Court Administrator's Office staff will establish specialization project goals for time to permanency and practice requirements for the stakeholders based on case reviews completed in 2.2.3 and Judicial Branch timing objectives.	Q2
2.2.6	State Court Administrator's Office staff will monitor goals established in 2.2.5 by conducting court file reviews of up to five cases in each project county, as well as each county's performance on the court's Length of Time to Permanency, Length of Time to Adoption and Out-of-Home Placement reports. Results of review will be shared quarterly with the CHIPS judge and each county's CJI Team to assist counties in the identification of areas needing improvement.	Q3 – Q8
2.2.7	State Court Administration staff will use information gathered in 2.2.6 to evaluate outcomes of the Judicial Specialization Project (e.g., reduced time to permanency, timely hearings, etc.) and consider/explore expansion to other judicial districts.	Q4-Q8

**Strategy 3:** *Refine methods for providing notice of court hearings to resource families and informing them of their right to be heard in court hearings for children in their care. (Item 24)*

	Key Activity	Projected completion date:
2.3.1	MN Judicial Branch will update Court Administration Procedures, reminding court staff of the requirement to provide notice of hearings to resource families and informing them of their right to be heard.	Completed
2.3.2	State Court Administrator's Office will develop and distribute judge bench cards regarding relatives and foster parents' right to be heard in court.	Q2
2.3.3	(a) State Court Administrator's Office and DHS staff will create a notice of hearing specifically for resource families (foster parents). (The current notice of hearing is used for all parties in a case.) The resource family notice of hearing will include a template/format for resource families to provide written information to the court regarding children in their care in the event that they are unable to attend the court hearing in person.	Q2

	Key Activity	Projected completion date:
	(b) The resource family notice of hearing form will be widely distributed to ensure resource parents, licensing and placing workers are aware of the changes to the notice, and that licensing and placing workers encourage resource parents' attendance at hearings or the provision of written information to the court. Distribution will include, but not be limited to: <ul style="list-style-type: none"> <li>• DHS Bulletin</li> <li>• MN ADOPT<sup>5</sup> website</li> <li>• DHS Foster Care Resources website</li> <li>• Appropriate Child Welfare Training System trainings for caseworkers and resource families.</li> </ul>	Q2
2.3.4	To assist caseworkers in immediately notifying the court of a change of address for a child, request through MN.IT that an alert (or other function) be built in SSIS prompting a caseworker to complete a "Change in Placement" form and provide it to the local court administrator's office and county attorney when a change in placement/location is entered in SSIS.	Q1
2.3.5	Evaluate the effectiveness of above activities through the development of a foster parent survey. The survey will solicit information regarding whether foster parents: <ul style="list-style-type: none"> <li>• Received court notices</li> <li>• Were provided with an opportunity to attend and/or provide input at court hearings.</li> </ul> A baseline survey will be sent to all licensed foster parents initially; surveys will be conducted at least annually thereafter. Information gathered from the surveys will be used to further refine the process and/or identify additional action needed.	Q4 & Q8

**Strategy 4:** *Create coordination between state and local agencies to ensure training for all licensed foster care providers, especially relative resource families. (Item 28)*

	Key Activity	Projected completion date:
2.4.1	Implement Foster Parent College training statewide; specifically, pre-service training for resource families.	Q1

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<sup>5</sup> MN ADOPT is contracted by the Department of Human Services to promote and support successful adoptions for Minnesota children and families. MN ADOPT administers the duties of the State Adoption Exchange, and provides information, resources, education, public awareness and support to find stable and permanent homes for children.

	Key Activity	Projected completion date:
2.4.2	Local agencies will continue to provide information on the number of required training hours and training topics to resource families during pre-service and at the time of relicensing. Information regarding initial and ongoing training requirements (number of hours and topics) will also be built into classroom portions of Foster Parent College, provided through the Child Welfare Training System.	Q1 – Q8
2.4.3	Issue an annual survey to a random sample of 50 percent of local agencies each year, asking for a total number of pre-service sessions that were completed during the previous calendar year and verification that information regarding training requirements was provided to orientation participants.	Q3 and Q7
2.4.4	(a) DHS Licensing Division will continue to conduct audits of licensed foster parent files and child residential facility personnel files. (DHS completes audits of 20-22 county and private licensing agencies each year, reviewing 10 percent of cases in each agency audited; each CRF facility is reviewed every three years.) The Licensing Division issues correction orders requiring action if/when training requirements are not met.	Q1 – Q8
	(b) DHS Child Safety and Permanency and Licensing Divisions will develop a means for tracking the frequency of correction orders being issued due to training requirements not being met.	Q3
2.4.5	Results from both the survey (2.4.3) and audits (2.4.4) will be tracked to inform statewide needs for information, training, and/or technical assistance.	Q4 & Q8

**Strategy 5:** *Increase efforts to recruit, assess, license and support potential placement options for children. (Items 4, 6, 10, 12c, 35)*

	Key Activity	Projected completion date:
2.5.1	(a) Convene a statewide foster care recruitment advisory council to assess placement resource needs of children entering care, including whether: <ul style="list-style-type: none"> <li>The number of licensed foster homes is sufficient</li> <li>Licensed homes are able to meet the diverse needs of children.</li> </ul>	Q4
	(b) Foster care recruitment advisory council will identify gaps in foster care resources through the review of available demographic and geographic data on the population of children in care and licensed resource families.	Q4
	(c) The foster care recruitment advisory council, through the use of the data reviewed in (b), will address identified gaps through targeted recruitment efforts.	Q8
2.5.2	Enhance and distribute guidance for identifying, locating, assessing and considering relatives as a placement and permanency option for children in placement.	Q2

	Key Activity	Projected completion date:
2.5.3	Expand the existing contract for using the family finder tool to identify relatives for children in need of family foster care. (Current contract is limited to locating families for children in need of adoption.)	Q3
2.5.4	Expand existing contract with MN ADOPT as a resource to families interested in becoming licensed foster parents and/or in the process of being licensed. MN ADOPT will serve as a central point of contact and resource for families interested in and/or in the process of becoming licensed to: <ul style="list-style-type: none"> <li>• Provide information on and discuss the licensing process</li> <li>• Facilitate referrals to a licensing agency (county, tribe or private)</li> <li>• Provide assistance navigating the licensing process</li> <li>• Provide support to families as they are in the process of becoming licensed.</li> </ul>	Completed February 2018
2.5.5	Expand existing contract with MN ADOPT to create a statewide system for matching children in need of foster care to available foster homes. (Currently these child specific matching processes are available only for children in need of adoptive homes.)	Q8

**Goal 3: Strengthen engagement with parents, children/youth and resource (foster/adoptive) families in quality caseworker visits, completion of thorough assessments, provision of appropriate services and case planning.**

*Strategy 1: Improve frequency and quality of caseworker visits with children statewide. (Items 2 – 18, and 36)*

	Key Activity	Projected completion date:
3.1.1	Develop and publish statewide guidance on requirements for caseworker visits, addressing frequency and quality (via Bulletin and other communication methods as identified through 5.4.2).  This information will be closely linked to work described in Goal 1, Strategy 4 regarding revisions to Minnesota's safety framework, and will be incorporated into coaching and mentoring described in 5.1.6 and 5.1.7.	Q2
3.1.2	Develop a performance measure specific to frequency of caseworker visits with children in non-placement cases. Add measure to the Minnesota <a href="#">Child Welfare Data Dashboard</a> for local agency use in monitoring performance. (The current caseworker visit measure on the Dashboard considers only monthly caseworker visits with children in out-of-home placement.)	Q1
3.1.3	Reinforce guidance referenced in 3.1.1 above through: <ul style="list-style-type: none"> <li>• Inclusion of guidance in new worker and ongoing training</li> <li>• Consultation through Communities of Practice meetings</li> <li>• Supervisor Forum.</li> </ul>	Q3-Q8

	Key Activity		Projected completion date:
3.1.4	(a)	On an annual basis, staff from the DHS CSP Research and Evaluation unit and CQI MnCFSR Unit will attend regional supervisor meetings across the state (at least once per year in each region) to: <ul style="list-style-type: none"> <li>• Share information learned in the activities outlined in 4.2.2</li> <li>• Provide guidance and technical assistance on how local agencies can use the data available through key activity 3.1.2 and the Child Welfare Data Dashboard to monitor performance and identify areas to target for performance improvement.</li> </ul>	Q1 – Q8
	(b)	The Research & Evaluation and CQI MnCFSR unit will provide ongoing support and customized technical assistance as needed/requested to local agencies that develop a plan for improving frequent, quality caseworker visits with children. The support provided will be dependent on the local agency's plan, and may include: <ul style="list-style-type: none"> <li>• Provision of additional data and/or assistance with data analysis</li> <li>• Incorporation of information learned from review of cases in the MnCFSR process defined in 4.2.2</li> <li>• Connecting local agencies with other agencies who have demonstrated improvement.</li> </ul>	Q1 – Q8
3.1.5	Provide child-specific lists of children who have not had a caseworker visit by the 20 <sup>th</sup> of each month to local agencies on a monthly basis, along with guidance on how supervisors can use the list to coach and monitor monthly visits. Lists will include: <ul style="list-style-type: none"> <li>• Children in out-of-home placement (all program areas, e.g. CP, CMH, JJ, etc.)</li> <li>• Children residing in their homes and receiving child protection case management services.</li> </ul> Initially, monthly lists will be sent to the 15 local agencies with the lowest performance and those identified to participate in the innovation zone described in Goal 3, Strategy 2. As resources become available, monthly lists will be provided to all local agencies.		Q6
3.1.6	Develop (with local agency input), define, publish and implement an option for local agencies to enter into intrastate agreements when children are placed across county lines.  The agreement will formalize the provision of courtesy supervision (including completing monthly caseworker visits in a manner that meets state and federal requirements) for children from other counties/jurisdictions placed within their borders.		Q2
3.1.7	Implement a process for mapping/tracking when children are placed across county lines. This will assist in identifying situations in which an intrastate agreement (referenced in 3.1.6) would be appropriate.		Q6
3.1.8	(a)	Develop a state performance measure specifically for tracking progress on completion of ICPC home studies.	Q2

	<b>Key Activity</b>	<b>Projected completion date:</b>
	(b) Add the measure to the internal dashboard for the CSP adoptions unit and local agencies to monitor timely completion of ICPC home studies. (Internal dashboards are those that are developed specifically for state CSP staff and local agencies. Unlike public facing dashboards, the internal dashboards allow users to access child and/or case-specific detail.)	Q2
	(c) Provide guidance to local agency supervisors on using the information to monitor performance through the process outlined in 1.1.4 and 3.1.4.	Q3 – Q8

**Strategy 2:** *Partner with local social service agencies to create an innovation zone specific to improving performance on thorough assessments of need, service provision and engagement with children, parents and resource families. (Items 3, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20)*

	<b>Key Activity</b>	<b>Projected completion date:</b>
3.2.1	Identify 5 - 10 local agencies for participation in the innovation zone, targeting agencies from a region of the state that includes geographic and demographic diversity.	Q1
3.2.2	Request research from the Capacity Building Center for States regarding evidence-based practices that support thorough assessment of needs, provision of services and engagement.	Q1
3.2.3	Conduct focus groups with staff from the innovation zone agencies to gather information regarding systemic influences and barriers to completing thorough assessments, providing services and engagement.	Q1
3.2.4	Compile and review data from focus groups and MnCFSR case review results with participating agencies, including frontline staff, supervisor, managers and/or directors. Identify successes and challenges.	Q2
3.2.5	Based on information learned through 3.2.3 and 3.2.3, select evidence-based practices for implementation in the innovation zone.	Q2
3.2.6	Implement identified/selected practices in innovation zone.	Q3 – Q7
3.2.7	Convene quarterly meetings with agencies participating in the innovation zone to review successes, challenges and updated performance data including results of case reviews and make modifications as needed.	Q3 – Q8
3.2.8	Communicate results of the innovation zone statewide.	Q6
3.2.9	Deploy revised case planning curricula focused on engagement statewide. Agencies participating in the innovation zone described in this strategy will be targeted for early receipt of the training.	Q1-Q4

**Strategy 3:** *Complete a statewide service inventory and a system for mapping service array and availability. (Items 12, 17, 18, 29, 30)*

	<b>Key Activity</b>	<b>Projected completion date:</b>
3.3.1	Publish a statewide communication to relay updated pediatric dental health guidelines to ensure local agency staff are aware of revised guidelines specifically related to the age at which children should start receiving dental care (when the first tooth appears, or no later than his/her first birthday).	Q1
3.3.2	Gather and link current administrative data on service array in order to map where current safety-related and other services are (and are not) and identify gaps that can be used by local agencies and the state to advocate for additional funding and direct available resources to develop/fund needed services. Services that will be mapped and tracked will minimally include: <ul style="list-style-type: none"> <li>• Infant &amp; Early Childhood mental health</li> <li>• Trauma-informed mental health services</li> <li>• Other children’s mental health services</li> <li>• Dental providers who accept Medical Assistance</li> <li>• Drug treatment providers/services</li> <li>• Independent Living Services.</li> </ul>	Q4
3.3.3	Publish information on statewide service array so agencies and tribes are aware of services available in their area.	Q5
3.3.4	Convene a group to identify and implement strategies for addressing service gaps identified in 3.3.2, e.g. “sharing” of services across jurisdictional borders, seeking of additional resources to develop and/or expand needed services, etc. Group to minimally include DHS, local agencies, service providers and other stakeholders as appropriate.	Q6
3.3.5	Request enhancements to SSIS through MN.IT to revise how services are documented in SSIS. The enhancement request will include the ability to document and track: <ul style="list-style-type: none"> <li>• Recommended and provided services</li> <li>• Dates of referral for services</li> <li>• Dates of service initiation</li> <li>• Status of services</li> <li>• Barriers to service provision</li> </ul>	Q3

**Strategy 4:** *Increase and improve communication and engagement between resource families and agency caseworkers, and assist caseworkers in assessing the needs of resource families and children in care. (Items 3, 4, 8, 11, 12, 16, 17 and 18)*

	Key Activity		Projected completion date:
3.4.1	(a)	Develop a template for resource families to complete in preparation for a meeting 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 the family to care for the children, etc.	Q3
	(b)	Develop guidance for licensing and placing workers and supervisors to: <ul style="list-style-type: none"> <li>• Support resource families in using the form</li> <li>• Identify ways in which case workers can utilize the form to guide their visits with resources families and children in placement.</li> </ul>	Q3
	(c)	Elicit feedback on the form from local social service agencies and resource families and make needed revisions.	Q4
	(d)	Distribute and promote use of the form through a Supervisor Forum, Communities of Practice meetings, a Bulletin and/or other communication methods as identified through 5.4.2.	Q5

**Goal 4:** **Improve safety, permanency and well-being outcomes through utilization of a statewide quality assurance system, identifying strengths and needs of the child welfare system.**

**Strategy 1:** *Redesign Minnesota' CQI system to be more comprehensive, including developing processes to better understand systemic influences to case work and using that information to inform and improve practice at the state and local level and results in positive outcomes for children and families. (Item 25)*

	Key Activity		Projected completion date:
4.1.1	In consultation with the Capacity Building Center for States, redesign, formalize and implement a Continuous Quality Improvement (CQI) Plan for the Child Safety and Permanency Division that includes but is not limited to: <ul style="list-style-type: none"> <li>• Vision</li> <li>• Administrative structure, including the collection and analysis of quality data</li> <li>• Stakeholder engagement</li> <li>• Communication and feedback</li> <li>• Program and process improvement.</li> </ul>		Q4
4.1.2	In consultation with the Capacity Building Center for States, develop an evaluation plan to determine the effectiveness of the CQI plan.		Q4



	Key Activity	Projected completion date:
4.1.3	In consultation with the Capacity Building Center for States, convene a CQI Advisory Committee. Specific attention will be given to ensuring representation from Hennepin County on the committee.	
(a)	Review information provided by the Center for States related to other states' Child Welfare and/or CQI Advisory/Steering Committees.	Q1
(b)	Participate in at least one peer-to-peer call arranged by the Center for States to further explore the CQI Advisory Committee structure.	Q1
(c)	Develop a teaming structure for the CQI Advisory Committee.	Q1
(d)	Determine membership of the CQI Advisory Committee.	Q1
(e)	Develop charter/scope of the CQI Advisory Committee.	Q1
(f)	Convene CQI Advisory Committee.	Q2
4.1.4	In collaboration with the Capacity Building Center for States, arrange for the following groups to participate in and complete the CQI Training Academy: <ul style="list-style-type: none"> <li>State DHS Child Safety and Permanency Division CQI and other program staff</li> <li>Hennepin County CQI and other staff.</li> </ul>	Q4

*Strategy 2: Maintain a process for monitoring progress and improvement while undergoing the redesign of the CQI system. (Item 25)*

	Key Activity	Projected completion date:
4.2.1	While undergoing the redesign of the CQI system, continue to implement the MnCFSR case review process as outlined in the Measurement Plan.	Q1 – Q8
4.2.2	At the end of each MnCFSR quarter (as identified in the Measurement Plan), the DHS CQI MnCFSR Unit and Research and Evaluation Unit will convene to review and analyze findings from the cases reviewed and quantitative performance data. The team will: <ul style="list-style-type: none"> <li>Identify themes and patterns across the cases reviewed</li> <li>Based on the identified themes and patterns, select 1 or 2 areas for statewide focus</li> <li>Consult with CSP leadership and staff to identify statewide improvement strategies</li> <li>Share case review findings statewide through attendance at Regional Supervisor meetings as outlined in 1.1.4 and 3.1.4, and/or other communication methods identified through 5.4.2.</li> </ul>	Q1 – Q8

	Key Activity		Projected completion date:
4.2.3	(a)	Design and build data dashboards that provide local agencies and state CQI and policy staff with the ability to securely drill-down into aggregated quantitative data to examine case- and child-specific information and analyze how individual case factors may be related to agency performance on measures.	Q2
	(b)	On an annual basis, staff from the DHS CSP Research and Evaluation unit and CQI MnCFSR Unit will attend regional supervisor meetings in each region of the state to: <ul style="list-style-type: none"> <li>Provide guidance and technical assistance on how local agencies can use the data available through the Child Welfare Data Dashboard(s) to monitor performance and identify areas to target for performance improvement.</li> </ul>	Q1 – Q8

**Strategy 3:** *Ensure accuracy of placement data (e.g., status, demographic characteristics, local and goals) in SSIS for children in out-of-home placement. (Items 5 (appropriate permanency goal), 19 and 25)*

	Key Activity		Projected completion date:
4.3.1		Review and communicate data entry standards related to timely entry of placement-related data in SSIS to local social service agencies.	Q2
4.3.2	(a)	Institute a process for assessing the accuracy of placement data in SSIS. <ul style="list-style-type: none"> <li>The MnCFSR process will include verification of the information listed below for all placement cases reviewed (approximately 100 cases per year). <ul style="list-style-type: none"> <li>Address/location of placement</li> <li>Child demographic information (date of birth, gender and race)</li> <li>Current/most recent placement goal.</li> </ul> </li> </ul> <p>During the caseworker interview, reviewers will verify the accuracy of data entered in the SSIS as of the day of the review.</p> <p>Results will be tracked to inform statewide needs for information, training, and/or technical assistance.</p>	Q1 – Q8
	(b)	Address identified issue(s) and provide technical assistance to local social service agencies who have data inaccuracies. Depending on identified errors, technical assistance may include: <ul style="list-style-type: none"> <li>Review of existing SSIS training</li> <li>Specially designed training by SSIS trainers</li> <li>Consultation with a program/policy specialist to review policy and practice requirements.</li> </ul>	Q5 – Q8

**Goal 5: Improve safety, permanency and well-being outcomes for children and families through investment in the child welfare workforce.**

*Strategy 1: Implement components of the recommended Child Welfare Training Academy to train case workers and supervisors on the core competencies developed from Minnesota's Child Welfare Practice Model. (Items 1 – 18, 26 and 27)*

	Key Activity		Projected completion date:
5.1.1	Refine Minnesota's Child Welfare Practice Model to include updates and enhancements based on current best practice.		Q1
5.1.2	Complete development of the following training competencies (based on the CW Practice Model): <ul style="list-style-type: none"> <li>• Child welfare caseworkers</li> <li>• Child welfare supervisors</li> <li>• Working with Native American families.</li> </ul>		Q1
5.1.3	Communicate practice model and competencies to statewide audience through the development of marketing materials that will be distributed statewide.		Q2
5.1.4	(a)	Cross-walk the approved competencies listed in 5.1.2 to all existing training (both new worker and ongoing), identifying gaps.	Q4
	(b)	Make revisions and additions to trainings as needed.	Q6
5.1.5	Support the statewide use of the practice model and competencies.		Q3
	(a)	Conduct a statewide webinar for the initial roll out of the competencies and revised practice model referenced in 5.1.1 and 5.1.2.	
	(b)	Develop and release an online module on the practice model as a part of new worker Foundation training.	
	(c)	Develop and deploy a class on coaching to the practice model for supervisors, specifically to help support the workforce's use of the practice model.	
5.1.6	Identify and contract with practice mentors/leaders to provide mentoring and coaching on the practice model to supervisors and caseworkers, with an initial focus on core practices of formal and informal assessment of needs, providing services, family engagement and caseworker visits.  This activity will be initially targeted to local agencies participating in the innovation zone described in Goal 3, Strategy 2 and expanded statewide as possible with available resources.		Q4
5.1.7	Develop a train-the-trainer (TOT) model to train mentors/leaders on coaching to the practice model and provide ongoing support to mentors/leaders through the facilitation of quarterly Mentor Communities of Practice meetings/calls.		Q4
5.1.8	(a)	Revise training evaluations that solicit participant feedback, including development of a web-based survey.	Q3
	(b)	Implement web-based training evaluations of all initial and ongoing trainings.	Q4

	Key Activity		Projected completion date:
5.1.9	(a)	Develop competency-based training evaluation, including a pre- and post-assessment of knowledge and skills.	Q6
	(b)	Implement the competency-based evaluation.	Q7
	(c)	Develop and pilot a course for supervisors on using results of the competency-based evaluation to create/implement development plans with caseworkers.	Q8

**Strategy 2:** *Develop an improved system for tracking and ensuring training requirements are met (both new worker and ongoing training requirements). (Items 26, 27)*

	Key Activity		Projected completion date:
5.2.1	(a)	Request assistance from the Capacity Building Center for States in gathering information on how other state-supervised county-administered child welfare systems track hiring, training, workforce development, caseloads, and turnover rates.	Q1
	(b)	Utilize information learned in (a) to draft and submit a project proposal to MN.IT/SSIS to develop a worker profile for inclusion in SSIS that will enable CSP to track the child welfare workforce statewide.	Q3
5.2.2	Create and distribute a survey to local agencies to report on whether training requirements for caseworkers are being met. Survey will be distributed to each local agency every other year. When training requirements are not met, local agencies will be asked to develop a plan for ensuring staff receive the required number of training hours.		Q4 & Q8

**Strategy 3:** *Promote cross-agency coordination with a focus on creating consistency in practice related to safety, permanency and well-being outcomes in all case types (child protection, children's mental health and juvenile justice cases). (Items 1-18, 26, 27, 28)*

	Key Activity		Projected completion date:
5.3.1	(a)	Identify state leads from the DHS and Department of Corrections in Children's Mental Health (CMH) and Juvenile Justice (JJ)/Corrections.	Q2
	(b)	Facilitate quarterly meetings with state leads from Child Safety and Permanency (CSP), CMH and JJ for information sharing and coordination of efforts – to discuss practice and service expectations, distribute practice information statewide and create consistency across program areas/case types.	Q3 – Q8

	Key Activity	Projected completion date:
5.3.2	CQI MnCFSR Unit will conduct statewide quarterly webinars to provide information to caseworkers from all program areas (including CP, CMH, and JJ) regarding components of the On-site Review Instrument (OSRI) and practices that are evaluated through the MnCFSR and CFSR processes.	Q1 – Q8
5.3.3	Develop and deploy web-based training for CMH and JJ workers to provide baseline knowledge on basic requirements in child welfare, e.g. caseworker visits, case planning, engagement.	Q8

**Strategy 4:** *Improve communication regarding practice and policy guidance with local social service agencies at all levels of the workforce. (Items 1-36)*

	Key Activity	Projected completion date:
5.4.1	Conduct Supervisor Forums and Communities of Practice meetings to highlight: <ul style="list-style-type: none"> <li>Requirements and best practices related to key child welfare practices (including those addressed in this PIP)</li> <li>Supervisor methods for tracking and/or monitoring performance.</li> </ul>	Q1-Q8
5.4.2	(a) Convene focus groups with local social service agency frontline workers, supervisors, managers and directors to identify communication needs and methods.	Q4
	(b) Design and create methods of communication based on information learned in (a).	Q7
	(c) Implement methods of communication.	Q8

## Part Two: CFSR PIP Measurement Plan

### Statewide measurement

**Includes:** Item 1

**Instrument:** Minnesota SACWIS data

**Method:** Use of statewide SACWIS data (Method #3 in TB #9)

#### *Description of measure:*

Timeliness is calculated for all reports that were closed during the sample period. The percentage uses (a) the number of alleged victims having face-to-face contact with a caseworker within the time-limit specified by MN state statute (i.e., 24 hours for Investigations with substantial endangerment and 5 days for reports with no substantial endangerment alleged) divided by (b) the total number of alleged victims in those same reports. The time to contact is measured from the date and time the intake was received to the first completed face-to-face contact. (Attempted contacts are not included in determining timeliness of initial contacts.)

- Only child maltreatment reports that were closed during the specified time periods will be included in the measure.
- Only alleged victims identified in both (a) the initial intake workgroup and (b) the resulting assessment/investigation workgroup are included in the calculations for timeliness.
- Reports with initial intake end reason of 'Open for assessment' are included
- Reports with an intake end reason of 'Refer to current workgroup' are included if there are new alleged victims in that intake. If there is no new alleged victim in a 'Refer to current workgroup' intake, the intake is excluded; no exclusions for other end reasons are made.

#### *Baseline:*

Baseline for the statewide timeliness measurement will be established using a 1-year sample timeframe to account for seasonality of maltreatment reports and subsequent timeliness of face-to-face contacts. The timeframe for the one-year baseline calculation will be October 1, 2015 – September 30, 2016.

#### *Progress reports:*

Reporting on progress will be shown at the state-level and at the level of each county or tribal agency for every month in the reporting period. Progress reports will be made at 6-month intervals. Each progress report will include a rolling 12-month reporting period.

## Case reviews using statewide random sample

**Includes:** Items 2, 3, 4, 5, 6, 12, 13, 14 and 15

**Instrument:** Onsite Review Instrument (OSRI); Documented in Online Monitoring System (OMS)

**Method:** Prospective Method (#2 in TB #9)

### *Case sampling:*

Two statewide random samples will be compiled for the baseline and each subsequent reporting period: One for in-home cases and one for foster care placement cases using the parameters in the table below. The sample will be pulled from all eligible cases throughout the state. Specifically, all eligible cases will be assigned a 38-digit number between 0 and 1. (The random number generator is built into the sampling code using the SQL Oracle [DBMS\\_RANDOM](#) package.) Once all eligible cases have been assigned a random number, they will be sorted and the cases at the top of the list will be selected until the necessary number of cases have been reviewed.

The process for using a statewide sample case review will be replicated throughout the PIP cycle. Rolling time periods will be used to pull random samples on a quarterly-basis; case selection will come from the full sample. (See Attachment A for descriptions of Minnesota In-home cases.) Approximately 1/3 of the cases selected for review will be in-home cases; the remaining 2/3 placement cases. (See “Baseline” and “Progress reports” sections for specific numbers of each type of case.)

In-home cases	Placement cases
<ul style="list-style-type: none"><li>• Case management workgroup was open for at least 45 consecutive days during the sample period, or began a 45-day consecutive period during the sampling period</li><li>• Program was any of the following:<ul style="list-style-type: none"><li>○ Child welfare</li><li>○ Child protection</li><li>○ Children’s mental health</li><li>○ Early Intervention</li><li>○ Minor Parent</li><li>○ Parent support outreach program</li></ul></li><li>• Children were under 18 at the beginning of the sample period</li><li>• Remove any cases where there was an associated placement (&gt; 24 hours long) any time during the review period</li></ul>	<ul style="list-style-type: none"><li>• Child was in an AFCARS placement for at least 24 hours during the sampling period</li><li>• Children were under 18 at the beginning of the sample period</li><li>• Remove cases where the only applicable placement location is either:<ul style="list-style-type: none"><li>○ Trial home visit OR</li><li>○ Locked correctional facility</li></ul></li></ul>

If the random selection does not result in at least 15 percent of cases per quarter from Hennepin County (Minnesota’s largest jurisdiction) each quarter, the sample will be manually modified to ensure that at least 15 percent of the cases reviewed each quarter are from Hennepin County. This will be done by continuing down the random sample until the minimum number of Hennepin cases is included.

### *Baseline:*

The baseline will be established during a 6 month period, Dec. 1, 2017 – May 30, 2018. A minimum of 80 cases (26 in-home and 54 placement cases) will be reviewed to establish the baseline. All eligible cases will be identified, and 40 (13 in-home and 27 placement) randomly sampled cases will be reviewed each quarter of the baseline.

	Case reviews conducted	Quarter	Sample size	Sample period	Period under review
Baseline (6 months)	Dec. 2017 – Feb. 2018	Q1	40	Jan. 2017 – June 2017	Jan. 2017 – date of rev.
	Mar. 2018 – May 2018	Q2	40	Apr. 2017 – Sept. 2017	Apr. 2017 – date of rev.

### *Progress reports:*

After the baseline period, a minimum of 40 randomly selected cases from across the state will be reviewed each quarter (13 in-home and 27 placement cases). Case sampling will occur using the procedure described above.

Minnesota will review the random sample for the second quarter of the measurement period, and if a case is not applicable to a measurement item(s) (Items 2, 3, 4, 5, 6, 12, 13, 14 and/or 15), the case will be replaced using the next case down on the random sample list that is applicable to the item(s). When making adjustments, Minnesota will maintain a similar proportion of cases by types and at the metro site.

Progress reports will be submitted to the Children’s Bureau every 6 months. Progress reports will include case review findings from the two most recent quarters (n=80).

	Case reviews conducted	Quarter	Sample size	Sample period	Period under review
Year 1	June 2018 – Aug. 2018	Q1	40	July. 2017 – Dec. 2017	July. 2017 – date of rev.
	Sept. 2018 –Nov. 2018	Q2	40	Oct. 2017 – Mar. 2018	Oct. 2017 – date of rev.
	Dec. 2018 – Feb. 2019	Q3	40	Jan. 2018 – June 2018	Jan. 2018 – date of rev.
	Mar. 2019 – May 2019	Q4	40	Apr. 2018 – Sept. 2018	Apr. 2018 – date of rev.
This cycle will repeat throughout the PIP implementation and non-overlapping evaluation period.					

### *Case elimination criteria:*

The same case elimination criteria that was used for the Minnesota 2016 CFSR will be utilized for case selection throughout PIP reporting. Minor adjustments were made to account for differences in the use of a statewide sample during the PIP cycle (versus the three sites for the CFSR). (See Attachment B.) Case elimination will be tracked using the “Case Elimination Worksheet”. (See Attachment C.)



*Case review process:*

Cases will be reviewed by Minnesota Department of Human Services (DHS) Quality Assurance (QA) staff and/or teams of peer reviewers trained by DHS QA staff using the OSRI and documented in OMS.

Case reviews will include a review of the electronic (SACWIS) and paper case file, and interviews with key case participants. (See Attachment D for policies/procedures regarding case-related interviews.)

First and second level QA will be completed by DHS QA staff. (See Attachment E.)

## **Minnesota In-home Case Types**

### **Child Protection**

When a report of suspected abuse or neglect is “screened in” for a child protection response, reports are assigned to one of three tracks:

- Family investigation
- Family Assessment (Minnesota’s differential/alternative response system)
- Facility investigation

At the conclusion of an investigation, two determinations are made:

- Whether maltreatment occurred, and
- Whether ongoing child protective services are needed.

At the conclusion of a Family Assessment, no determination as to whether maltreatment occurred is made; however, a decision is made as to whether ongoing child protective services are needed.

Once a case is opened for ongoing child protection case management services, there is essentially no difference in whether that case started as a Family Investigation or a Family Assessment. The services available to families are not different, court petitions can be filed in both types of cases, etc.

To reiterate, Family Assessment (differential/alternative response) is a child protection response. Cases are only assigned for a Family Assessment if there has been a report of child abuse or neglect that meets statutory definition for a child protection response.

### **Children’s Mental Health**

Children’s mental health case management services are available to children who meet the statutory definition of having a “severe emotional disturbance” as diagnosed by a mental health professional, or other criteria identified in statute (e.g. the child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance; the child has significantly impaired home, school or community functioning, etc.).

### **Child Welfare**

Child welfare cases are those that do not “fit” into one of the more specific categories of child protection or children’s mental health. They may include cases involving parent/child conflict issues, etc. (As mentioned below, juvenile corrections cases are also identified as child welfare cases in Minnesota’s SACWIS.)

### **Early Intervention**

Cases opened to provide early intervention services to infants and toddlers with disabilities.

## **Juvenile Justice**

Juvenile justice cases are identified in SSIS as “child welfare” cases. Only certain types of agencies will have juvenile justice cases entered in Minnesota’s SACWIS system (SSIS):

- Those that are considered umbrella agencies, meaning their social services and corrections departments are under the same administration
- Agencies with Title IV-E agreements between social services and juvenile justice/corrections departments.

## **Minor Parents**

Cases opened to provide services to minor parents.

## **Parent Support Outreach Program (PSOP)**

The Parent Support Outreach Program provides voluntary support for at-risk families identified through screened out child maltreatment reports, community referrals, and parent self-referrals. The program is voluntary on the part of families, and intended to provide early intervention services to address the needs of families at risk of child maltreatment. Services to families are designed to reduce or remove barriers to child safety, family and child well-being. Service decisions are based on the needs assessment of a family, and a family’s interest in specific services. Service options include case management, counseling, parent education, and activities that enhance parent/child interaction. Also included is the provision of basic needs of food, clothing and shelter to address risks of future child maltreatment such as neglect.

### Case Elimination Criteria and Process

#### Case Elimination Criteria

Listed below are the specific case elimination criteria for in-home service and foster care cases being reviewed during the CFSR PIP cycle. The list includes Children’s Bureau and Minnesota specific criteria. Any case that meets one or more of the following criteria will be eliminated from the case sample.

#### *All Cases (whether an in-home or foster care case):*

- A case appearing multiple times in the sample. Only one case per family will be reviewed through the CFSR. Situations in which the same case may be included multiple times in the case sample are:
  - A case that involves siblings in foster care in separate cases.
  - An in-home services case that was opened more than one time during the sampling period. (E.g., the family had a child protection case that closed during the period under review. Two months after closing the case, the agency received another child protection report and opened another case. Only one of the child protection cases would be selected for review; however, all case information must be made available for the review.)
  - A family case that has separate case openings in multiple program areas (e.g. a child protection and children’s mental health case are open concurrently). In this situation, even though only one of the family’s “cases” would be selected for review, all case files and information from all program areas must be made available for the review.
- A case in which the target child (or only child in an in-home case) reached the age of 18 before the period under review.
- A case that is open for payment purposes only, and no case management or other services are being provided directly by the local social services agency.

#### *In-home Services Cases:*

- An in-home services case open for fewer than 45 consecutive days during the period under review.
- An in-home services case in which any child in the family was in foster care for more than 24 hours during the period under review.
- An in-home services cases that was opened only to “assessment” (not “case management”).

#### *Foster Care Cases:*

- A foster care case in which the child is in foster care for fewer than 24 hours during the period under review.
- A foster care case in which a child was on a trial home visit (placement at home) during the entire period under review.
- A foster care case in which the child was discharged or case was closed before the sample period start date.
- A case open for subsidized adoption payment only and not open to other services.

## Attachment B – Case Elimination Criteria and Process

- A case in which the target child reached the age of 18 before the period under review.
- A case in which the selected child is or was in the care and responsibility of another state, and Minnesota is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement.
- A foster care case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the state child welfare agency.
- A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the federal definition of foster care.

### Case Elimination Process

The following process will be followed for initial identification of cases to be eliminated from the final review sample.

- Minnesota DHS QA staff will provide each local social service agency with the list of case(s) from that agency that are included on the sample list. The list of cases will be provided to the agency director, manager and/or supervisor. It will be requested that they complete an initial review of the list using the above criteria.
- Minnesota DHS QA staff will discuss the list of cases individually with each local site, specifically cases that the local site has identified as meeting one of the above criteria for elimination.
- Cases that the local agency contact and DHS staff agree meet criteria for elimination will be documented on the "Case Elimination Worksheet" (including the reason for elimination from the sample).
- The completed "Case Elimination Worksheet" will be provided to the supervisor and manager of the DHS QA unit.
- The final decision on whether a case will be eliminated from the sample rests with the DHS. This decision will be made following consultation to discuss reasons for the proposed elimination. The consultation will include information gathered from:
  - Local agency contact
  - Other staff from the local site that can speak to the specifics of the case
  - Minnesota DHS QA staff working with the local agency
  - DHS QA Unit supervisor and manager.

If, during the process of preparing the case for review and scheduling case-related interviews, a local agency believes a case should be eliminated from the sample, they will notify their designated MN DHS QA staff to discuss. In no situation can a case be eliminated from the sample without the approval from the QA Unit supervisor and/or manager.

If a case is eliminated, the next case in the statewide sample will be prepared for review.

Attachment C – Case Elimination Worksheet

Minnesota Case Elimination Worksheet							
Quarter:							
Sampling Period:							
PIP Reporting Period:							
In-Home Services Cases							
Sample No.	Agency	Case WG_ID	Workgroup Name	Reason for Elimination	DHS Comments	Replaced with Sample #	QA Consultant
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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Attachment C – Case Elimination Worksheet

Minnesota Case Elimination Worksheet							
Quarter:							
Sampling Period:							
PIP Reporting Period:							
Foster Care Cases							
Sample No.	Agency	Case WG_ID	Child's Name	Reason for Elimination	DHS Comments	Replaced with Sample #	QAConsultant
1							
2							
3							
4							
5							
6							
7							
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9							
10							
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### MnCFSR Case-Related Interviews

#### Purpose of case-related interviews

Case related interviews are a critical component to the Child and Family Services Review process. The input of key persons involved in a case is necessary in order to make complete and well-documented findings on the performance items and outcomes covered by the case review process. The case related interviews provide an opportunity to learn what has occurred in the case, confirm case record documentation, collect information missing from the record, and obtain the input and perspective of children and families with regard to the services they have received.

#### Required interviews with key case participants

Interviews with the following individuals are required unless they are unavailable or unwilling to participate:

- The child (school-age)
- The child's parent(s) and/or caregivers
- The child's foster parent(s), pre-adoptive parent(s), or other caregiver(s), e.g., group home staff if the child is in a congregate care setting
- The family's caseworker. (If the caseworker has left the agency or is no longer available for interview, the caseworker's supervisor must be scheduled for an interview.)

As needed, on a case-by-case basis, other individuals with relevant information about the case may also be interviewed, e.g. the child's guardian ad litem, service providers, other family members, etc.

The DHS Quality Assurance consultant assigned to the review will consult with the agency regarding identifying key case participants. The following guidance should be considered when identifying key case participants who should be interviewed.

#### *Children*

Only school-age children will be interviewed unless other arrangements are made. Cases involving children younger than school age, children who are developmentally younger than school age, or children who are incapacitated due to physical or mental health issues or delays may be reviewed but do not require an interview with the child. The primary case worker, along with the child's parents and/or foster parents, should consider the emotional stability and other needs of the child when determining the appropriateness of scheduling children for interviews. While the interviews are not designed to provoke an emotional reaction, some children may have a less than positive response to discussing their situation with a stranger. The local agency should ensure that children who participate in an interview receive support from their case workers, as appropriate.

Child in in-home cases include:

- All children in the family home

Children in foster care cases include:

- The target child (the DHS QA consultant will provide information on who the target child is)



## Attachment D – MnCFSR Case-Related Interviews

- Other children in the family home are optional depending on case circumstances. There may be cases that warrant interviews with other children in the home because they are included in the assessment of safety outcomes; however, this will be considered on a case-by-case basis.

### *Parents/Caregivers*

When scheduling interviews, agencies should keep in mind that there are often multiple parents and/or caregivers who should be included in the review process.

Parents/caregivers in in-home cases include:

- Parents/caregivers with whom the children were living when the agency became involved with the family and with whom the children will remain (for example, biological parents, relatives, guardians, adoptive parents).
- If a biological parent does not fit the definition above, he or she may need to be included in interviews based on the circumstances of the case. Some things to consider in this determination are the reason for the agency's involvement, the identified perpetrators in the case, the status of the children's relationship with the parent, the nature of the case (court supervised or voluntary), and the length of case opening. If, during the period under review, a biological parent indicated a desire to be involved with the child and it is in the child's best interests to do so, the parent should be included in the case review and should be interviewed.

Parents/caregivers in foster care cases include:

- Parents/caregivers from whom the child was removed and with whom the agency is working toward reunification
- Biological parents who were not the parents from whom the child was removed
- Adoptive parents, if the adoption has been finalized during the period under review.

If it has been documented that it is not in a child's best interests to involve a parent in case planning, or if the parent did not want to be involved in the child's life during the entire period under review, that parent does not need to be interviewed.

### *Foster parents*

Foster parents include relative and non-relative foster parents who have been given responsibility for care of the child by the agency while the child is under the placement and care responsibility and supervision of the agency. This includes pre-adoptive parents if the adoption has not been finalized. If there are multiple foster parents during the period under review, all foster parents should be included for interviews.

### **Potential exceptions to conducting interviews**

- Preschool-age children
- Parents who cannot be located despite the agency's demonstrated efforts to locate them, or a parent who lives outside of the United States
- There is a safety or risk concern in contacting any party for an interview

## Attachment D – MnCFSR Case-Related Interviews

- Any individual who is unable to consent to an interview due to physical or mental health incapacity
- Any individual who refuses to participate in an interview and the agency can document attempts to engage him or her
- Any individual who is advised by an attorney not to participate due to a pending criminal or civil matter.

### Unacceptable exceptions to conducting interviews

- An age cut-off that does not take into account a child's developmental capacity; e.g., a policy of not interviewing children under age 12
- An individual who refuses to participate in an interview but the agency did not attempt to engage him or her beyond a letter
- An individual who has a pending criminal, civil, or procedural matter before the agency; e.g., appeal of termination of parental rights
- An individual who cannot be located but the agency has not made attempts to locate the individual
- An individual who speaks a language other than English.

### Scheduling interviews

Schedule interviews to begin no earlier than 9:00 a.m., when possible. This will provide reviewers with an opportunity to review case record documentation prior to interviews and properly prepare for interviews.

Face-to-face interviews are preferred but telephone interviews may be an appropriate way to eliminate barriers such as distance or scheduling constraints. Whenever possible, schedule interviews at the local agency's office. If family members are not comfortable being interviewed at the agency, interviews can be scheduled at the family's home or at another neutral location. To allow case reviewers sufficient time to complete the case review process, travel time from the office cannot exceed 30 minutes (one way).

The primary caseworker, or agency representative making the contacts for case related interviews should ensure that persons to be interviewed understand:

- The general purpose of the review
- That case related interviews are critical to the success of the review
- That participation in the review is their option and will not in any way affect the services they are receiving currently or might receive in the future.

Any issues with scheduling should be discussed with the DHS QA consultant assigned to the review. Please note that the QA consultant may ask for documentation of attempts to engage and/or contact a key case participant for an interview if the agency is indicating that the individual is refusing to participate after attempts to engage, and/or the individual cannot be located.

## Quality Assurance on Case Reviews and the OSRI

All cases reviewed for the MnCFSR will undergo a first level quality assurance process, and a secondary level QA will be completed on a sample of cases utilizing the Online Monitoring System.

### First level quality assurance process

The first level quality assurance process assists in ensuring reviewers are accurately rating cases and properly applying federal and state instructions.

#### *Cases reviewed by DHS QA staff:*

Cases that are reviewed by DHS QA staff will undergo an initial quality assurance process administered by another DHS QA staff.

#### *Cases reviewed by a peer review team:*

The DHS QA consultant(s) assigned to the review will conduct the initial quality assurance process on cases reviewed by a peer review team. The assigned QA consultant will engage and consult with the peer review team as they are reviewing and rating each case, ensuring that all sections of the OSRI have undergone a review prior to finalization of the tool.

### Second level quality assurance process

The focus of the second level quality assurance process is to ensure consistency across all cases reviewed.

The second level QA will be completed by the DHS Quality Assurance Unit supervisor or manager, either on-site or remotely.

Second level QA will be completed on a minimum of 10 cases per quarter; two from each of the DHS QA consultants (either that the QA consultant reviewed themselves or, in the event that a peer review team completed the case review, a case that the consultant completed the first level QA).

## Attachment F – PIP Goal Calculation Worksheet

Child and Family Services Review (CFSR) Round 3  
**Minnesota: PIP Measurement Plan Goal Calculation Worksheet**  
**Case Review Items Requiring Measurement in the PIP**

*Prospective Method Using Case Reviews Conducted (Dec. 1, 2017 - May 31, 2018) and Statewide Aggregate Data for Item 1 to Establish PIP Baselines and Goals*

CFSR Items Requiring Measurement	Item Description	Z value for 80% Confidence Level <sup>1</sup>	Number of applicable cases <sup>2</sup>	Number of cases rated a Strength	PIP Baseline <sup>3</sup>	Baseline Sampling Error <sup>4</sup>	PIP Goal <sup>5</sup>	Adjusted PIP Goal <sup>6</sup>	CFSR Performance <sup>7</sup>
<b>Item 1<sup>8</sup></b>	Timeliness of Initiating Investigations of Reports of Child Maltreatment (Statewide Aggregate Data)	1.96	41,674	28,821	69.2%	0.004434198	<b>69.6%</b>	NA	<b>55.2%</b>
<b>Item 2</b>	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>50.0%</b>
<b>Item 3</b>	Risk and Safety Assessment and Management	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>43.1%</b>
<b>Item 4</b>	Stability of Foster Care Placement	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>65.0%</b>
<b>Item 5</b>	Permanency Goal for Child	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>67.5%</b>
<b>Item 6</b>	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>50.0%</b>
<b>Item 12</b>	Needs and Services of Child, Parents, and Foster Parents	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>38.5%</b>
<b>Item 13</b>	Child and Family Involvement in Case Planning	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>40.3%</b>
<b>Item 14</b>	Caseworker Visits With Child	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>55.4%</b>
<b>Item 15</b>	Caseworker Visits With Parents	1.28				#DIV/0!	#DIV/0!	<b>#NAME?</b>	<b>36.1%</b>

### Explanatory Data Notes:

<sup>1</sup> Z-values: Represents the standard normal (Z) distribution of a data set and measures the number of standard errors to be added and subtracted in order to achieve our desired confidence level (the percentage of confidence we want in the results). In order to have 80% confidence in the results of the sample data, a Z-value of 1.28 is used to calculate the margin of error.

<sup>2</sup> Minimum Number of Applicable Cases: Identifies the minimum number of applicable cases used to establish the baseline. Measurement samples must be equal to or greater than the number of applicable cases used to establish the baseline for each item.

<sup>3</sup> PIP Baseline: Percentage of applicable cases reviewed rated a strength for the specified CFSR item.

<sup>4</sup> Baseline Sampling Error: Represents the margin of error that arises in a data collection process as a result of using a sample rather than the entire universe of cases.

<sup>5</sup> PIP Goal: Calculated by adding the sampling error to the baseline percentage. If the state has an improvement goal above 90% and is able to sustain performance above the baseline for three quarters, the Children's Bureau will consider the goal met even if the state does not meet the actual goal.

<sup>6</sup> Adjusted PIP Goal: Identifies the adjusted improvement goal that accounts for the period of overlap between the baseline period and the PIP implementation period. The adjustment is calculated using an adjustment factor that reduces the sampling error up to one half based on the number of months of overlap, up to 12 months.

<sup>7</sup> CFSR Performance: Identifies the percentage of applicable cases reviewed rated a strength based on the state's CFSR onsite review and final report. For reference information only.

<sup>8</sup> Item 1 Measurement: Minnesota is using state case management aggregate data as the measurement approach for Item 1. A 95% confidence level is applied (Z value = 1.960) as a lower confidence level would yield a very minimal improvement goal. The baseline period represents aggregate CPS report data for October 2015 - September 30, 2016. The description of the aggregate data measure is detailed on page 1 of the PIP Measurement Plan.