

WABASHA

**Minnesota Department of Human Services
Child and Family Service Review**

County Self Assessment Update

February, 2009

Minnesota Child and Family Service Review Instructions for Conducting the County Self Assessment Update

Purpose of the County Self Assessment Update

The county self assessment is the first phase of the Minnesota Child and Family Service Review (MnCFSR). The self assessment process provides the county an opportunity to evaluate strengths and areas needing improvement across eight systemic factors. These systemic factors provide a framework for the delivery of child welfare services and achievement of safety, permanency and well-being outcomes. The county also examines child welfare data to assess the effectiveness of the child welfare system and evaluates performance on seventeen federal data indicators.

During the first round of MnCFSRs, the self assessment process allowed counties to identify systemic strengths and areas needing improvement, and provided a method to examine data related to safety, permanency and well-being performance. Issues raised in the self assessment were further evaluated through the on-site case reviews or community stakeholder interviews. In addition, information from the county self assessment was shared with other program areas at DHS to inform plans for statewide training, technical assistance, practice guidance and policy development.

During the second round of MnCFSRs, counties will review their initial Self Assessment and, using that as a baseline, update their evaluation of core child welfare practices and systems. Counties are also asked to provide comment on strategies that contributed to improved practice and/or barriers encountered.

Process for Conducting the County Self Assessment Update

Department of Human Services (DHS) Quality Assurance regional consultants provide the county Self Assessment Update document at the first coordination meeting held with the county, and offer ongoing technical assistance as the county completes the document. The Self Assessment Update document includes county specific data on national standard performance along with safety and permanency data. The county Self Assessment Update is completed and submitted to the Quality Assurance regional consultant approximately two weeks prior to the onsite review. Completed Self Assessment Updates are classified as public information and are posted on the child welfare supervisor's website.

Counties are strongly encouraged to convene a team of representatives of county agency staff and community stakeholders to complete the Self Assessment Update. Children's Justice Initiative Teams, Child Protection Teams or Citizen Review Panels are examples of community stakeholders who play a role in the county child welfare delivery system. These community stakeholders bring a broad and meaningful perspective to the evaluation of systemic factors and performance related to safety, permanency and well-being. Staff members and community

stakeholders who participate in the county Self Assessment Update process also provide a valuable resource to the development of the county's Program Improvement Plan.

The agency may also consider options such as focus groups with community stakeholders or consumer groups, or consumer surveys as ways to gather information for the Self Assessment Update. Connecting the Self Assessment Update process to other county needs assessment or planning requirements, such as CCSA, maximizes the use of time and resources to conduct the Self Assessment Update.

PART I: GENERAL INFORMATION

DHS Quality Assurance staff will identify the period under review. The county is requested to designate a person who will be primarily responsible for completing the self assessment and provide contact information below.

Name of County Agency
WABASHA
Period Under Review
For Onsite Review Case Selection Sample Period for Part IV Data Tables: Period Under Review (PUR) for Onsite Case Review:
County Agency Contact Person for the County Self Assessment
Name: Marci Hitz Title: Social Services Supervisor Address: 411 Hiawatha Drive E. Wabasha, MN 55987 Phone: (651) 565-3027 Fax: (651) 565-3084 E-Mail: mhitz@co.wabasha.mn.us
Key Dates
Month/year of initial MnCFSR: 10/03
Date Self Assessment Update Submitted: 2/28/09

PART II: SYSTEMIC FACTORS

The framework for completing the Self Assessment Update is divided into four sections: updates of systemic factors, review of program improvement plan activities, detailed responses to questions targeting specific practices, and updated ratings of overall systemic factors. Use the following guidance when responding to each of the eight Systemic Factors.

- Section 1: Updates.** Review information the county provided in the initial self assessment and describe changes in that Systemic Factor since the initial MnCFSR, including strengths, promising practices, and ongoing challenges. It is unnecessary to restate information provided in the initial self assessment. If the initial self assessment continues to accurately reflect a description of a particular Systemic Factor, note that no significant changes have occurred since the initial review.
- Section 2: Program Improvement Plan Review.** Review the agency’s Program Improvement Plan (PIP) from the initial MnCFSR. For each systemic factor, identify whether the agency was required to prepare a PIP. If applicable, describe systemic improvements resulting from PIP activities or barriers to achieving improvement. If the agency was not required to address the systemic factor in their initial PIP, this section is not applicable (NA).
- Section 3: Target Questions.** Some systemic factors include a set of targeted questions designed to focus agency attention on specific practice areas or activities. Target questions represent promising practices or practice areas identified as needing improvement in the first round of the MnCFSR. Target questions are applicable to all counties and should include more detailed responses. Provide information regarding agency practice, promising approaches or identified barriers in these specific areas. **To avoid duplication, review the target questions for each systemic factor prior to responding to Sections 1 and 2.**
- Section 4: Ratings.** Quality Assurance regional consultants will provide the agency rating for the overall systemic factor from the initial self assessment. Determine an updated rating for each Systemic Factor according to the following scale:

Area Needing Improvement		Strength	
1	2	3	4
None of the practices or requirements are in place.	Some, but not all, of the practices or requirements are in	Most, but not all, of the practices or requirements are in	All of the practices or requirements are in place and all are

	place and some function at a lower than adequate level.	place and most function at an adequate or higher level.	functioning at an adequate or higher level.
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A. Information System (SSIS)

A1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions A1-A4. Summarize changes in the agency’s information system since the last MnCFSR.

System Changes
Use of SSIS continues to be a strength for Wabasha County. We have, since it’s inception, used SSIS to track <i>all</i> agency intakes (not just child protection) and have not had any major difficulties in adjusting to the various versions that have been rolled out over the years. Our AFCARS reports are consistently good. We have begun using the IV-E Eligibility Screens to submit information in a more timely and accurate fashion to our Income Maintenance Unit. This has resulted in our being able to eliminate some paper placement forms that workers were still using.

A2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
NA	NA

A3. Target Question

Target Question
<p>Describe the agency’s use of SSIS reports in supervision. Consider how reports are used during supervisory consults to monitor key case activities.</p> <p>As SSIS data reports are sent from DHS, they are reviewed in child protection staff meetings. Specifically, time to initial contact reports have been reviewed and they have sometimes been a concern, but given the small number of items in the data set, this can vary greatly from quarter to quarter. Data reports were also reviewed at the annual CJI conference with the CJI team. At the fall 2008 conference, Wabasha data was reviewed. There were only a few valid data measurements that needed improvement. The team identified foster care re-entry as an area to improve upon. The Social Service Supervisor will be analyzing that data to try to identify trends and report back to the CJI team. SSIS reports are not, however, used regularly in staff/supervisor consults.</p>

Overall First Round Systemic Factor Rating for Information System: <i>Strength</i>			
Overall Systemic Factor Rating for Information System—Current			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>

B. Case Review System

B1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions B1-B7. Summarize changes in the agency’s case review system since the last MnCFSR.

System Changes
Wabasha did not have a formal case review system prior to the 2003 CFS Review.

B2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
Wabasha now has a formal review of four cases per quarter, for a total of 16 cases per year. Our review team consists of: Agency Director; Social Work/ Child Welfare Professor; Third District GAL Manager; Children’s Mental Health Supervisor from local provider agency.	We consider ourselves very lucky to have outside reviewers. Many counties have to use internal reviewers (other staff) and this often is not as objective.

B3. Target Questions

Target Questions
<p>Describe how timely and appropriate permanency goals are established for children, including the agency’s use of team decision-making processes.</p> <p>Case managers make every effort to have case plans (with primary and back-up permanency goals listed) done within 30 days of placement. All CHIPS parents are required by Court Administration to watch the mandated video. In addition, Wabasha County Social Services developed a separate handout for parents entitled “ Notification to Parents: Permanency Timelines; Relative Search; Concurrent Planning; ICWA” that requires parental signature as well.</p>
<p>Describe the agency’s use of Concurrent Permanency Planning and how the broader child welfare system supports these efforts.</p> <p>Family Group Decision Making and Case Planning Conferences and earlier relative search efforts (especially for fathers) has helped to make the transition from primary permanency plans to back-up ones easier and more timely.</p>
<p>Describe the agency’s use of Trial Home Visits (THV). Include agency criteria or policies used to determine when and in</p>

which cases THVs are appropriate to support successful reunification.

We have begun using Trial Home Visit on some cases where reunification timelines are getting close but we still have some concerns or doubts about parental readiness to have the child back in their home. THV really is not a mechanism to support successful reunification, it's merely a mechanism to improve Minnesota's Foster Care Re-Entry Rate.

Describe changes in the county's Children's Justice Initiative (CJI) Team since the last review. Consider and discuss current priorities, projects, and work plans.

Our judge developed an abbreviated version of the Parallel Protection Process used in Olmsted County. He recruited a neutral facilitator and Court Administration is responsible for scheduling the date and time and making sure the Facilitator is available. Facilitator then contacts agency social worker and GAL for brief update/orientation to the case. Agency social workers informs other relevant participants that may not have been at the court hearing, and sends out a brochure that was developed to help explain the process. Having the neutral facilitator has created some headaches for Court Administration from time to time regarding scheduling and availability, but it is essential that this process be run by an agency other than Social Services in order for all parties to trust the objectivity of the plan that is developed. Larger counties have enough PPP conferences that they are able to contract this work out to private agencies, but Wabasha County does not the numbers to support that.

Overall First Round Systemic Factor Rating for Case Review System: *Area Needing Improvement*

Overall Systemic Factor Rating for Case Review System—Current			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>

C. Quality Assurance System

C1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions C1-C5. Summarize changes in the agency’s quality assurance system since the last MnCFSR.

System Changes
<p>Social Services contracted with Jane Braun, to assist in developing a Wabasha County Maltreatment Screening Guideline. Mandated reporters were then offered training on the tool and it was dispersed to schools, clinics and other mandated reporters. Social Services also contracted with a private trainer from CWTS to work with staff on strategies to enhance family involvement in case planning and to write plans that are more specific and targeted.</p>

C2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
<p>Case managers now have a higher level of contact with families and families are more involved in case planning. There is more case consultation with the County Attorney’s Office prior to court. This results in fewer surprises in court that enhances the trust relationship between the parent and the worker.</p>	<p>One goal of the larger Multidisciplinary Child Protection Team was to have quarterly educational stakeholder luncheon meetings. A few of these “Lunch and Learning” events occurred and were very successful. Social Services was willing to continue to fund these events and approached our Family Services Collaborative to find someone who could take on the responsibility of regularly coordinating these events (recruit speakers, reserve location and date; develop flyer; advertise; collect RSVP’s; order lunch, etc.) Unfortunately no one from the Collaborative was able to step forward to perform this function and the Lunch and Learning Series had to be discontinued..</p>

C3. Target Questions

Target Questions
<p>If applicable, discuss what the agency is learning from qualitative case reviews and how results are used to enhance practice and support system improvements.</p>

See Question B1-B2.

Describe the agency's use of the following data reports to identify practice areas needing improvement and monitor the effectiveness of improvement strategies:

- **Internal reports (e.g. SSIS Charting and Analysis and General Reports, Crystal, Safe Measures)**
- **DHS reports (e.g. Timeliness of Initiating Assessment, Performance Updates)**
- **Other**

The Timeliness of Initiating Assessments Report and various other DHS Performance Updates are regularly shared with staff via e-mail and then discussed at Bi-Monthly staff meetings.

Overall First Round Systemic Factor Rating for Quality Assurance System: *Area Needing Improvement*

Overall Systemic Factor Rating for Quality Assurance System—Current

Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>

D. Staff and Provider Training

D1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions D1-D5. Summarize changes in the agency’s staff and provider training system since the last MnCFSR.

System Changes
Changes in the Child Welfare Training System have been a positive development. The Training System now is focusing more on the aspects counties have to look at (Safety, Permanency and Well-Being) and not a subjective tool (the ITNA) to measure worker competency.

D2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
NA	NA

D3. Target Questions

Target Questions
Describe training needs identified in the county’s initial MnCFSR and whether the county was able to access training that was effective in addressing areas identified as needing improvement. See Question C1.
Describe resources/strategies the agency uses to promote stable placements by preparing foster parents and supporting them in meeting the needs of children. Identify efforts to match children to specific foster care providers and enhance their capacity to meet children’s needs (e.g. training to address child specific needs). See Question G1.

Overall First Round Systemic Factor Rating for Staff and Provider Training System: <i>Strength</i>			
Overall Systemic Factor Rating for Staff and Provider Training System—Current			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>

E. Service Array and Resource Development

E1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions E1-E3. Summarize changes in the agency’s service array and resource development system since the last MnCFSR.

System Changes
<p>Mental health services have been expanded and strengthened. Some of this is simply because of the inclusion of a better array of services into the MA plan. Some of it is due to our mental health provider getting certified for CTSS. Access to close elementary day treatment is still a barrier for some schools but our special education district continues to work on this. The family collaborative was able to fund mental health professionals in the schools and this services was expanded and supplemented by a recent grant from DHS. Wabasha County participated in the Parent Support Outreach Pilot Project and we were also part of the Family Group Decision Making four-county project based in Winona. Social Services plays an active role in supporting and screening admissions to our Middle School/High School Day Treatment program.</p>

E2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
NA	NA

E3. Target Question

Target Questions
<p>Identify how Structured Decision Making (SDM) tools are used in supervision to guide case decisions and/or to match services to families’ needs. Describe practice or policy changes related to the use of risk reassessment and reunification tools.</p> <p>SDM tools determine what type and level of service are needed. Case reviews have revealed that our practice is getting better in this area, however there are still times when a need is identified in the SDM tool and it not addressed in the case plan, or, conversely, the case plan addresses needs that have not been identified from the SDM tool. Regular case reviews help to bring this to worker’s attention.</p>

Overall First Round Systemic Factor Rating for Service Array and Resource Development System: *Area Needing Improvement*

Overall Systemic Factor Rating for Service Array and Resource Development System—Current

Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>

F. Agency Responsiveness to the Community

F1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions F1-F7. Summarize changes in the agency’s responsiveness to the community since the last MnCFSR.

System Changes
<p>Screening decisions are more consistent now, however, anecdotal information suggests that Wabasha has a more stringent criteria to reach the level of CP than do other counties. The perception that we “don’t accept enough cases” is probably still a frustration for many stakeholders. The unfortunate reality however, is that we have 4 FTE child protection positions for a county with almost 6,000 children. In order to keep caseloads at a place where productive changes can happen in the family and decent level of contact can occur, this means that fewer cases will be accepted into the CP system.</p> <p>Wabasha County developed two parent fact sheets regarding Truancy and Educational Neglect and we now provide workers to schools to attend both pre-truancy meetings and pre-educational neglect meetings with parents.</p>

F2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
<p>John Langworthy from DHS came down to assist the county in restructuring its Multidisciplinary Child Protection Team. A separate Case Consultation Subcommittee was created that has designated membership from provider agencies. Our MCPT functions well now; the addition of the Children’s Mental Health Supervisor and CMH Case Managers from our local contracted provider have helped stakeholders better understand some of the differences between CHM and CP.</p>	<p>Some stakeholders are also concerned that truancy is a major issue that needs more attention from child protection; however data from the Minnesota Student Survey and other sources do not support this assertion.</p> <p>Wabasha County looked at the development of a Citizens Review Panel, but that really seemed to be of limited value.</p>

F3. Target Question

Target Question
<p>Describe agency efforts to include external stakeholders (e.g. child protection teams, tribes, local collaboratives, courts, etc.) in the development and implementation of the Program Improvement Plan.</p>

When the Recommended State Screening Guidelines came out, The Social Services Supervisor, Intake Screener and Assistant County Attorney met to review and revise this document. Initial plans were to mesh our prior document with the new state document. After much deliberation, the decision was made to just adopt the state document. However the meetings were very beneficial in terms of creating better understanding and a common language between Social Services and the County Attorney's Office. Out of this process, Child Protection/Child Welfare Flow Chart was developed to help stakeholders better understand what the possible dispositions are for reports. Two members of the MCPT Case Consultation Subcommittee were also selected to be reviewers for our quarterly, internal, CFS reviews.

Overall First Round Systemic Factor Rating for Agency Responsiveness to the Community: *Area Needing Improvement*

Overall Systemic Factor Rating for Agency Responsiveness to the Community—Current			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>

G. Foster and Adoptive Home Licensing, Approval and Recruitment

G1. Review information included in the agency’s initial self assessment. Consider the agency’s responses to questions G1-G2. Summarize changes in the agency’s foster and adoptive home licensing system since the last MnCFSR.

System Changes
<p>Our current Foster Care Licensor has done an excellent job at revitalizing the Foster Parent Support groups. She has also organized more speakers and training events for Foster Parents and these have actually been well-attended. Working with relative caregivers continues to present unique challenges. Due to the small number of placements we have, it would not make sense to develop a specialized training for relative caregivers. Instead, we have found it more productive to have our Licensing Social Worker offer additional supports and training when she licenses a relative home. The DHS manual for relative caregivers is reviewed and emphasized at that time.</p>

G2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
NA	NA

Overall First Round Systemic Factor Rating for Foster and Adoptive Home Licensing System: <i>Strength</i>			
Overall Systemic Factor Rating for Foster and Adoptive Home Licensing System—Current			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>

H. Supervisor and Social Worker Resources

H1. Review information included in the agency's initial self assessment. Consider the agency's responses to questions H1-H4. Summarize changes in the agency's supervisor and social worker resources since the last MnCFSR.

System Changes
<p>After the 2003 review, caseloads were redistributed and restructured. The county fully developed the Family Assessment program (then, Alternative Response) and subsequent changes in SSIS and DHS criteria made the delineation b/t Traditional Assessment and Family Assessment more apparent. FA cases are located primarily with one worker; that caseload averages between 10 –14 cases with occasional instances as low as 4 and as high as 16. If FA is not successful, a CHIPS is filed and the case is transferred to a Traditional/Placement worker. The caseloads of these workers averages between 8-12 as there are placement and court work involved in addition to on-going case management. Wabasha County also developed a dedicated Intake Social Worker position (approximately .5FTE) and this has helped increase both consistency in screening and timely response to accepted reports.</p>

H2. If applicable, how effective were Program Improvement Plan strategies in supporting improved safety, permanency and well-being outcomes?

Summary of Strengths	Barriers Identified/Initial Plans
NA	NA

Overall First Round Systemic Factor Rating for Supervisor and Social Worker Resources: <i>Strength</i>			
Overall Systemic Factor Rating for Supervisor and Social Worker Resources—Current			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I. Community Issues

Review the information the agency provided in the initial Self Assessment. Discuss changes or community issues that have emerged since the last MnCFSR that could impact planning and delivery of services to children and families and achievement of safety, permanency and well-being outcomes.

Wabasha is an aging county. We have had large increase in our vulnerable adult, disability, and adult mental health intakes. This Disability Services Unit has expanded from 4 to 6 social workers. Meanwhile, child protection is still at 4 FTE social workers (or less). Due to declining enrollment, two school districts had to combine.

PART III: ASSESSMENT OF SAFETY, PERMANENCY AND WELL-BEING PERFORMANCE

Use the data tables provided in Section IV, SSIS reports DHS data releases or other data sources to examine the agency's performance and respond to the following safety, permanency and well-being questions.

A. Safety
Outcome S1: Children are, first and foremost, protected from abuse and neglect.
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.
<p>1. Safety Indicator 1: Absence of Maltreatment Recurrence (Table 1). If the county met the national standard, identify factors that contribute to strong performance. If the county did not meet the national standard, identify and discuss barriers.</p> <p><i>As this indicator only reflects those assessments that have a determination made (i.e., Traditional Investigations) the indicator is of little value. The majority of cases accepted for Child Protection are on the Family Assessment track, therefore no determination is made one way or the other.</i></p>
<p>2. Safety Indicator 2: Absence of Child Abuse/Neglect in Foster Care (Table 1). If the county met the national standard, identify factors that contribute to strong performance. If the county did not meet the national standard, identify and discuss barriers.</p> <p><i>Wabasha County has a strong foster parent support program, low caseloads which allow adequate contact by the child's case manager, and a dedicated Licensor who can serve as a liaison between the CP Worker and the Foster Parent if there are stressors developing during the placement.</i></p>
<p>3. Trends in Child Maltreatment (Tables 2-3). Examine the data on reports of child maltreatment. Identify trends and factors that may have contributed to an increase or decrease in the number of maltreatment reports.</p> <p><i>Table 2 and 3 have been updated with 2008 data. Data from 2007 appear to be an anomaly with a very low percentage of determinations on Traditional Investigations. Other years show a determination rate closer to the statewide average. Data from Table 3 show that Wabasha consistently accepts child protection cases on the Family Assessment track at a rate equal to or above the statewide average</i></p>
<p>4. Family Assessment (Table 3). Describe protocols or criteria that guide the assignment of child maltreatment reports for a Family Assessment or investigation. Describe the process the agency uses to determine when track changes may be necessary.</p> <p><i>Wabasha developed a screening guideline in 2004. We used that until 2009 when we adopted the recommended state guidelines. Track changes do not happen often, but if the FA worker is not having success with the family and the situation is fairly high risk, the case will be staffed with the supervisor and county attorney. A determination will be made whether the case could be supported in court under a CHIPS. If so, a CHIPS is filed, the track is changed to Traditional, and the case is transferred to a Traditional/Placement worker. If the case does not meet the criteria for a CHIPS, but the family is no longer cooperative, the child protection matter is closed.</i></p>

5. **Timeliness of Initial Contact in Assessments or Investigations (Tables 4-5).** Examine the data on timeliness of initial contacts. Identify factors that contribute to timely face-to-face contacts with children, and factors that contribute to delays.

With the exception of one quarter in 2007 for Traditional Investigations, which we cannot explain at all, Wabasha County consistently has a higher rate of timely contact than the statewide average for Family Assessments and Substantial Endangerment Traditional Investigations. In 2008 we began trying not to accept a case for Traditional Investigation unless it met substantial endangerment criteria. There could always be a few exceptions to this rule, so those cases will likely be anomalous and therefore might not meet the 24 hour criteria.

The data from Tables 4 and 5 was confusing. Only two quarters of two separate years are reported – and those are broken into quarterly data for one year and bi-annual data for another year. No full year (four quarters) is reported. Looking at data from SSIS Time to Initial Contact with Victim Report, however, clarifies things greatly.

For our primary Traditional Investigator, there is one significant outlier for the 2007 data (867 hours). Eliminating this data element, the time to initial contact with victim was 49.4 hours in 2007 and 3 hours in 2008.

For our primary Family Assessor, there was also a significant outlier in 2008(1057 hours). Eliminating this data element, the time to initial contact with the victim was 111 hours in 2007 and 100 hours in 2008.

6. **Alcohol and Other Drug (AOD) Issues (Tables 6-7).** Describe agency practices for addressing the needs of children and families experiencing difficulties with alcohol or other drugs. Examine worker competencies and training needs related to addiction, treatment, and relapse planning. Identify promising approaches or current barriers to addressing substance use issues.

Interestingly, workers did not code “parent alcohol abuse” or “parent drug use” as the primary reason for any placements in 2007. However the SSIS report Substance Related Counts indicates that 18% of children in placement have at least one person in their workgroup with a substance involvement issue. This appears consistent with, or even somewhat higher than, statewide data. Also, Wabasha has a lower than average rate for placing children for protection reasons (and, conversely, a higher than average rate of voluntary, mental health, behavioral placements). Working with parents with alcohol or drug issues is a larger problem than the data indicate. Wabasha County does have a drug court that can assist with some cases, however, we still continue to struggle with accessing treatment resources in close proximity and with parental motivation to stay clean.

7. **Other Safety Issues.** Discuss any other concerns, not covered above, that affect safety outcomes for children and families served by the agency.

Data from SSIS General Reports on Intake indicate that Wabasha’s screened out percentage was 55%, 53% and 58% for the years 2006, 2007, and 2008. We are not sure if this is consistent with other counties or not, but we think this is probably a slightly higher screen out rate than the statewide average. Interestingly, we have a consistently higher rate of opening FA cases for case management than other counties. If, in fact, we do have a higher rule-out rate, then the cases we do accept will tend to be more serious and thus that would explain the higher rate of open case management cases.

B. Permanency

Outcome P1: Children have permanency and stability in their living situations.

Outcome P2: The continuity of family relationships and connections is preserved for children.

1. Permanency Composite 1: Timeliness and Permanency of Reunification (Table 1).

Identify and comment on overall strengths and barriers to the county's performance on the four measures included in Permanency Composite 1.

Wabasha does well on all three areas of timeliness of reunification. Unfortunately, as do most counties in the state, we continue to struggle with the permanency of our reunification efforts. Our re-entry rates are too high, even higher than the statewide average. Implementing Trial Home Visit more consistently will help to lower this rate, however it does not really address the issue of whether lasting change has occurred in the family and whether the family unit can now permanently ensure the safety and well-being of the child. We believe Wabasha's placement rate is probably lower than many counties although we no longer receive data from the state to verify this. If this is true, however, it would stand to reason then that because we only place children in the most serious situations, that successful reunification will be more challenging and thus re-entry will happen at a higher rate..

2. Permanency Composite 2: Timeliness of Adoptions (Table 1). Identify and comment on overall strengths and barriers to the county's performance on the five measures included in Permanency Composite 2.

Wabasha's performance on this measurement was abysmal. As a county, Wabasha typically does not do many adoptions. One year (2004) we had three families, with a total of 13 children, who had a TPR. This is almost unheard of for a county our size. Due to the large sibling group sizes, finding placements for these children was a very difficult and time-consuming process. Attempts to place the siblings together failed for each sibling group, and sibling separation requests had to be obtained and new adoptive families recruited. This resulted in an unacceptably long period of time between initial placement and adoption finalization. In addition to the challenges with these large sibling groups, we also faced the issue of social worker lack of experience with the adoption process. Because TPR's are so few and far between in our county, there were no current social workers who had recently done adoptions under the existing system. The entire adoption process had to be learned from start to finish by a new worker in our agency.

3. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time (Table 1). Identify and comment on overall strengths and barriers to the county's performance on the three measures included in Permanency Composite 3.

We have tried to reduce our numbers of children in Long-Term Foster Care, however we do have some children still in that status. Consequently, in 2007, we had one child age out of foster care who had been in placement for a lengthy period of time. Since we only had one child age out of care for the entire year of 2007, that made our percentage 100% -- well above the 37.5% or less goal

4. **Permanency Composite 4: Placement Stability (Table 1).** Identify and comment on overall strengths and barriers to the county's performance on the three measures included in Permanency Composite 4.

Wabasha has done a good job achieving placement stability for shorter term placements (less than two years). Placements lasting longer than two years, however, are usually long-term foster care. Unfortunately these are more likely to disrupt because the commitment of the foster parent is just not the same as the commitment of an adoptive parent or a relative who has agreed to take custody of a child. This is why long-term foster care is the least preferred option and why we have attempted to reduce the number of children with that permanency disposition.

5. **Relative foster care (Table 10).** Describe agency efforts to promote timely relative searches, emergency licenses and relative foster care placements. Include a description of agency efforts to consider both maternal and paternal family members, and outline strategies for supporting stable relative placements.

Our use of relative foster homes in 2007 was very low, however the SSIS Report Count of Children in Out of Home Care by Setting indicate it was better in 2006 and 2008 (13% and 9% respectively). We still are lower than the statewide average, however. Some issues that negatively impact this are the fact that Wabasha has a well-functioning shelter care system that law enforcement is very familiar with. This means children are first placed with a licensed foster parent and then relative search begins the next day. By necessity this means two moves for the child if we want to utilize relative foster care. Another factor in lower relative placements is that often relatives live in the metro area. While the relative may be agreeable to placement, this presents a problem for reunification efforts if the parent will be remaining in our county. We typically choose the path that will allow more frequent and meaningful visits, and thus a greater chance of successful reunification, by choosing to keep the child in care that is close to home even if it non-relative.

6. **Long-term foster care.** Describe the agency's current practices related to the use of long-term foster care as a permanency option for children. Include information regarding the process for identifying and ruling out other, more permanent options, and the process for reassessing the ongoing appropriateness of the long-term foster care goal.

See #3 above.

7. **Other Permanency Issues.** Discuss any other issues of concern, not covered above, that affect permanency outcomes for children and families served by the agency.

NA

C. Well-being

Outcome WB1: Families have enhanced capacity to provide for their children's needs.

Outcome WB2: Children receive appropriate services to meet their educational needs.

Outcome WB3: Children receive adequate services to meet their physical and mental health needs.

1. **Parent involvement.** Discuss strategies the agency has implemented since the last MnCFSR to improve performance in the following areas:

- **Engaging fathers, or the non-custodial parent, in needs assessment, service delivery and case planning. Identify promising approaches or current barriers to involving fathers.**

Efforts at identifying fathers earlier in placement cases have been somewhat successful. Workers have greater awareness about the need for father involvement in placement cases than five years ago and we have had a couple of cases of successful unification with father who have been out of the picture for several years. Working with and involving non-custodial parents in non-placement (typically FA) cases continues to be a challenge. Often the relationship between the two parents is very strained, or even hostile. We have found that involving the non-offending parent can often undermine the relationship with the offending parent and be a detriment to effective service delivery. We question DHS's continued advocacy for involving non-custodial parents in case planning efforts in non-placement cases.

2. **Caseworker visits with children (Charting and Analysis Reports SSIS4 and SSIS5).**

Describe the agency's process for determining the frequency of face-to-face worker visits with children. Identify promising approaches or current barriers to frequent worker contact. Describe caseworker practices that contribute to quality visits with children.

*The data from these reports was very interesting. For the last three years, consistently, our agency has done a better job having monthly contact with children who are in their homes but receiving CPS case management (81%, 81% and 86%) than we have with children who are in out of home placement (57%, 49%, 63%). Our quarterly CFS reviews of 16 cases per year also show a decline in monthly visits from 2006 - 2008 both with children (92%, 79%, and 43% respectively) and with parents (83%, 64% and 54% respectively). The explanation for this may be twofold. First, a certain percentage of children are placed out of the county in treatment facilities, typically in the metro area. (Wabasha does a higher percentage of mental health/behavioral placements than other counties.) Secondly, workers may believe that the child in the home is at greater risk than one in placement; sometimes workers worry less about the children in care because their safety has at least been assured. **Nonetheless, our face to face monthly contact rate with children in care and their parents is unacceptably low. Improvement on this area will be a priority for 2009.***

3. **Educational status of children.** Describe current agency practices for ensuring that children's educational needs are assessed and addressed through services. Identify promising approaches or current barriers to addressing children's educational needs.

Quarterly CFS reviews show consistently strong scores in this area (Item 21) for 2006-08: 100%, 78% and 100% respectively. Our schools are very concerned about the welfare of their children and generally do a good job responding to the special needs of students.

School attendance at the Multidisciplinary CP Team helps enhance coordination and we have good representation at this meeting by three of our four school districts: Lake City, Wabasha-Kellogg and Zumbrota-Mazeppa. We have a strong middle school and high school day treatment program for children with mental health issues. Access to an elementary day treatment program is, however, problematic.

4. **Health care for children.** Describe current agency practices for ensuring that children’s medical and dental needs are assessed and addressed through services. Identify promising approaches or current barriers to addressing children’s health care needs.

This has been a relatively strong area for Wabasha County with CFS Review ratings at 89%, 80% and 63% over the past three years. The two major challenges are getting the doctor’s visit within the first 30 days and dental care. We rely on our foster parents to get the child in for the initial check-up and most of them can be counted on to do this. Finding dentists who accept MA, however, is a statewide problem.

5. **Mental/behavioral health care for children.** Describe current agency practices for ensuring that children’s mental and behavioral health needs are assessed and addressed through services. Specify practices that support timely completion of Children’s Mental Health Screening Tools to inform case planning. Identify promising approaches or current barriers to addressing children’s mental health needs.

Data from the SSIS Report Children’s Mental Health Screening Status indicate that very few mental health screenings are conducted by Wabasha County Social Workers. The primary reasons for this are that children are either already under the care of a mental health professional or their parents have refused the screening. Our children’s mental health case managers routinely coordinate with child protection social workers and are in regular attendance at our Multidisciplinary Child Protection Team. We have two local providers who are able to provide home-based counseling services and both are also CTSS certified. The Income Maintenance Supervisor does a very good job tracking the MA status of children receiving case management, home-based or CTSS services and this allows us to work on applications in a timely fashion to make sure coverage continues and services are paid for by MA whenever possible. Quarterly CFSR data for the last three years show relatively high percentages of meeting children’s mental health needs (89%, 75%, and 80%.)

6. **Other Well-being Issues.** Discuss any other issues of concern, not covered above, that affect well-being outcomes for children and families served by the agency.

NA

Part IV: Safety and Permanency Data

A. Federal Data Indicators

Beginning with the first round of the CFSR, single data measures were used for establishing national standards. This provided information to states and counties about their performance; however, did not always reflect the broader, more complex factors that contribute to performance.

In 2007 the Administration of Children and Families revised the national standard indicators. Safety data indicators continue to be single data elements. Permanency data was expanded to allow for a closer examination of what particular practices drive the outcomes for children in foster care. Permanency data is now reflected in components, composites and measures as defined below:

- **Composites:** Refers to a data indicator that incorporates county performance on multiple permanency-related individual measures. There are four permanency composites.
- **Component:** Refers to the primary parts of a composite. Components may incorporate only one individual measure or may have two or more individual measures that are closely related to one another. There are seven permanency related components.
- **Measures:** Refers to the specific measures that are included in each composite. There are 15 individual permanency measures.

Table 1 includes county performance on the two safety data indicators and 15 permanency measures.

B. Safety Data Tables

Tables 2-7 include child welfare data related to the agency's practices in addressing safety. These tables contain information about the agency's use of track assignments, report dispositions, timeliness of initial face-to-face contacts with children who are the subject of a maltreatment report and reasons for out-of-home placements.

C. Permanency Data Tables

Tables 8-10 provide demographic information about the children in out-of-home placement (gender and age) and the type of settings in which children are placed.

A. Federal Data Indicators

Table 1

Data Indicator	National Standard	County 2007	Minnesota 2007
Safety Indicator 1: Absence of Maltreatment Recurrence. Of all children who were victims of determined maltreatment during the first six months of the reporting period, what percent were not victims of another determined maltreatment allegation within a 6-month period.	94.6% ↑	100% (0-8)	95.2%
Safety Indicator 2: Absence of Child Abuse/Neglect in Foster Care. Of all children in foster care during the reporting period, what percent were not victims of determined maltreatment by a foster parent or facility staff member.	99.68% ↑	100%* (0-46)	99.6%

Permanency Composite 1: Timeliness and Permanency of Reunification.			
<i>Component A: Timeliness of Reunification</i>			
Measure C1.1: Exits to reunification in less than 12 months. Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from the home?	75.2% ↑	100%* (14-14)	84.4%
Measure C1.2: Median stay in foster care to reunification. Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification?	5.4 ↓	1.20*	4.30
Measure C1.3: Entry cohort of children who reunify in less than 12 months. Of all children entering foster care for the first time in the 6 month period just prior to the year shown, and who remained in foster care for 8 days or longer, what percent was discharged from foster care to reunification in less than 12 months from the date of the latest removal from home?	48.4% ↑	88.9%* (8-9)	58.1%
<i>Component B: Permanency of Reunification</i>			
Measure C1.4: Children who exit and re-enter foster care in less than 12 months. Of all children discharged from foster care to reunification in the 12-month period prior the year shown, what percent re-entered foster care in less than 12 months from the date of discharge?	9.9% ↓	30.2% (13-43)	25.3%

Data Indicator	National Standard	County 2007	Minnesota 2007
Permanency Composite 2: Timeliness of Adoptions			
<i>Component A: Timeliness of Adoptions of children Discharged From Foster Care</i>			
Measure C2.1: Adoption in less than 24 months for children exiting to adoption. Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home?	36.6% ↑	0% (0-7)	50.1%
Measure C2.2: Median length of stay to adoption. Of all children who were discharged from foster care to a finalized adoption in the year shown, what was the median length of stay in foster care (in months) from the date of latest removal from home to the date of discharge to adoption?	27.3 ↓	54.90 (7 children)	23.90
<i>Component B: Adoption for Children Meeting ASFA Time-In-Care Requirements</i>			
Measure C2.3: Children in foster care 17+ months, adopted by the end of the year. Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from foster care with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from foster care to a finalized adoption by the last day of the year shown?	22.7% ↑	87.5%* (7-8)	17.2%
Measure C2.4: Children in foster care 17+ months achieving legal freedom within 6 months. Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown?	10.9% ↑	No data	2.6%
<i>Component C: Progress Toward Adoption of Children who are Legally Free for Adoption</i>			
Measure C2.5: Children, legally free, adoption in less than 12 months. Of all children who became legally free for adoption in the 12 month period prior to the year shown, what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free?	53.7% ↑	No data	32.6%

Data Indicator	National Standard	County 2007	Minnesota 2007
Permanency Composite 3: Achieving Permanency for Children in Foster Care			
<i>Component A: Achieving Permanency for Children in Care for Extended Periods of Time</i>			
Measure C3.1: Exits to permanency prior to 18th birthday for children in care for 24+ months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanency home prior to their 18 th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with a relative).	29.1% ↑	77.8%* (7-9)	15.2%
Measure C3.2: Exits to permanency for children with TPR. Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge, what percent was discharged to a permanent home prior to their 18 th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with a relative).	98.0% ↑	100%* (7-7)	85.6%
<i>Component B: Children Emancipated Who Were in Foster Care for Extended Period of Time</i>			
Measure C3.3: Children emancipated who were in foster care for 3 years or more. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer?	37.5% ↓	100%* (1-1)	41.7%

Permanency Composite 4: Placement Stability			
Measure C4.1: Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care during the 12 month target period who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	86.0% ↑	87%* (20-23)	84.8%
Measure C4.2: Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care during the 12 months target period who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?	65.4% ↑	100%* (1-1)	55.3%
Measure C4.3: Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care during the 12 months target period who were in foster care for at least 24 months, what percent had two or fewer placement settings?	41.8% ↑	10% (1-10)	31.2%

*The county met the performance standard.

B. Safety Data

Child Maltreatment Reports (Investigation): Alleged, Determined and Need for Service, 5 Year History

Table 2

Year	Reports Investigated	Reports with Maltreatment Determined (Number of cases determined/ as % of reports assessed)	Reports with Child Protection Services Needed Determined (Number of cases determined/ as % of reports assessed)
2003	21	11-21 (52.4%)	13-21 (62%)
2004	30	17-30 (33.3%)	12-30 (40%)
2005	29	18-29 (62%)	13-29 (44.8%)
2006	19	8-19 (42%)	8-19 (42%)
2007	16	4-16 (25%)	6-16 (25%)
2008	11	9/11 (82%)	7/11 (63%)

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Statewide rate of reports with maltreatment determined in 2007: 58.9%

Statewide rate of reports with child protection services needed determined in 2007: 49.0%

Child Maltreatment Reports (Family Assessment): History as Available/Applicable

Table 3

Year	Number of Family Assessments / as percent of total maltreatment assessments	Number of Family Assessments with Subsequent Case Management Openings / as a percent of total AR assessments
2003	27/48 (56.3%)	5/27 (18.5%)
2004	38/68 (55.9%)	9/38 (23.7%)
2005	36/65 (55.4%)	13/36 (36%)
2006	28/47 (59.6%)	4/28 (14.3%)
2007	24/40 (60%)	9/24 (37.5%)
2008	37/48 (77%)	13/37 (35%)

Statewide rate of reports assessed with Family Assessments in 2007: 59.6%

Statewide rate of Family Assessments with Case Management Openings in 2007: 17.0%

DHS Research, Planning and Evaluation

COMPLETED Face-to-Face Contact with Alleged Child Victims

Table 4

	Reporting Period	Total all Child Subjects	Percent With Timely Contact*	Percent Without Timely Contact	Statewide Rate of Timely Contact
Family Assessments	Apr-June 2008	16	75%	25%	64.6%
	Jan – Mar ‘08	12	100%	0%	66%
	Jan – Jun ‘07	12	75%	25%	60%
Investigations – Not Substantial Child Endangerment	Apr-June 2008	0	0	0	71%
	Jan – Mar ‘08	0	0	0	76%
	Jan – Jun ‘07	5	60%	40%	70%
Investigations – Alleged Substantial Child Endangerment	Apr-June 2008	1	100%	0	56.4%
	Jan – Mar ‘08	7	100%	0	63.2%
	Jan – Jun ‘07	5	20%	80%	56%

ATTEMPTED or COMPLETED Face-to-Face Contact with Alleged Child Victims

Table 5

	Reporting Period	Total all Child Subjects	Percent With Timely Contact*	Percent Without Timely Contact	Statewide Rate of Timely Contact
Family Assessments	Apr-June 2008	16	75%	25%	68.2%
	Jan – Mar ‘08	12	100%	0%	70.7%
	Jan– Jun ‘07	12	75%	25%	63%
Investigations – Not Substantial Child Endangerment	Apr-June 2008	0	0	0	75%
	Jan – Mar ‘08	0	0	0	78.8%
	Jan – Jun ‘07	5	60%	40%	72%
Investigations – Alleged Substantial Child Endangerment	Apr-June 2008	1	100%	0	58.1%
	Jan – Mar ‘08	7	100%	0	64.3%
	Jan – Jun ‘07	5	20%	80%	58%

*Timely contact is defined as:

- Family Assessments: Within 5 calendar days of receipt of report
- Investigation – Not Substantial Child Endangerment: Within 5 calendar days of receipt of report
- Investigation – Substantial Child Endangerment: Immediately or within 24 hours of receipt of report

Reasons for Entering Out-of-Home-Care, Related to Protection-2007

Table 6

Reason	State %	County #	County %
Alleged Physical Abuse	6.7%	4	6.3%
Alleged Sexual Abuse	2.8%	3	4.8%
Alleged Neglect	19.1%	12	19%
Parent Alcohol Abuse	5.2%	0	0
Parent Drug Abuse	11.8%	0	0
Abandonment	3.1%	3	4.8%
Relinquishment of Parental Rights	0.9%	0	0
Parent Incarceration	3.5%	1	1.6%
Total Reasons Reported for All Placements	24,139	63	--
Total Placements	24,873	78	--
Total Reasons Related to Protection	53.3%	23	36.5%

Reasons for Entering Out-of-Home-Care, Other than Protection-2007

Table 7

Reason	State %	County #	County %
Child Alcohol Abuse	1.4%	1	1.6%
Child Drug Abuse	2.6%	2	3.1%
Child Behavior	26.1%	33	52.4%
Child Disability	3.6%	0	0
Parent Death	0.3%	0	0
Caretaker Inability to Cope	9.4%	4	6.3%
Inadequate Housing	3.2%	0	0
Total Reasons Reported for All Placements	24,139	63	--
Total Placements	24,873	78	--
Total Reasons Other than Protection	46.7%	40	63.5%

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C. Permanency Data

Gender of Children in Care-2007

Table 8

Gender	State %	County #	County %
Male	55.5%	24	52.2%
Female	45.5%	22	47.8%
Total Children in Care	14,800	46	

Age Group of Children in Care – 2007

Table 9

Age Group	State %	County #	County %
0-7 Years	32.2%	6	13%
8-12 Years	14.4%	12	26%
13+ Years	53.5%	28	61%
Total Children in Care	14,800	46	

**Children in Out-of-Home Care by Placement Setting-2007
(Children may be counted in more than one placement setting)**

Table 10

Placement Setting	State %	County #	County %
Foster Family Non-Relative	38.2%	41	52.6%
Foster Family Relative	14.5%	2	2.6%
Foster Home – Corporate/Shift Staff	1.1%	0	0
Group Home	11.3%	6	7.7%
ICF-MR	0.1%	0	0
Juvenile Correctional Facility (locked)	4.3	5	6.4%
Juvenile Correctional Facility (non-secure)	6.2%	3	3.8%
Pre-Adoptive Non-Relative	3.5%	4	5.1%
Pre-Adoptive Relative	1.8%	3	3.8%
Residential Treatment Center	18.7%	14	17.9%
Supervised Independent Living	0.2%	0	0
Total Placement Settings	24,873	78	

PART V: SUMMARY OF STRENGTHS AND NEEDS

Based on examination of data and narrative responses provided in early sections of this report, summarize the information in response to the following questions.

1. What specific strengths of the agency's programs have been identified?

Accountability of case management practices (case reviews), consistency in screening practices (screening guidelines) and responsiveness to the community (Multidisciplinary CP Team) have increased in the past five years.

2. What specific needs have been identified that warrant further examination in the onsite review? Note which of these needs are the most critical to the outcomes under safety, permanency and well-being for children and families in the county.

At least monthly face to face contact with children and parents in OHP cases needs to be improved. Foster care re-entry is also a chronic problem.

3. Please complete the following evaluation of the county self assessment process in terms of its usefulness to the county and recommendations for revision.

- a) Were you allowed adequate time to complete the county self assessment process?

Yes No

- b) Did you find the data provided helpful to your evaluation of safety, permanency and well-being performance? Yes No

Comments: *Tables 8 and 9 were interesting, but didn't seem to be relevant to the Self Assessment.*

- c) Did you engage county child welfare staff and/or community stakeholders in the county self- assessment process? Yes No

- d) Did you find the county self assessment an effective process for evaluating your county's child welfare system? Yes No

Comments: *I seldom take time to look at SSIS Charting and Analysis which is unfortunate because the data can be very helpful. This process forced me to pay attention to some factors that I had been ignoring.*

- e) Will you use findings from the county self assessment to plan for systemic and/or organizational improvements in your county's child welfare system? Yes No

- g) Any additional comments or recommendations for improving the self assessment process: