

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

**Washington County
Self Assessment Update
2012**

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.

In preparation for subsequent reviews, counties will review their most recent Self Assessment and, update their evaluation of core child welfare systems. Counties are also asked to review child welfare data and comment on factors or strategies that impacted the agency's performance.

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
Washington County
Period Under Review
For Onsite Review Case Selection Sample: <u>January 1, 2011 – December 31, 2011</u> Period for Part IV Data Tables: <u>2010</u> Period Under Review (PUR) for Onsite Case Review: <u>January 1, 2011 – March 28, 2012</u>
County Agency Contact Person for the County Self Assessment
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Key Dates
Month/year of MnCFSRs: _____
Month/year of on-site review: March, 2012

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 most recent self assessment and describe changes in that Systemic Factor since the last MnCFSR, including strengths, promising practices, and ongoing challenges. It is unnecessary to restate information provided in the previous self assessment. If the last self assessment continues to accurately reflect a description of a particular Systemic Factor, note that no significant changes have occurred since the last review.
- Section 2: 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 areas identified as needing improvement in Minnesota’s 2007 federal CFSR. Provide information regarding agency practice, promising approaches or identified barriers in these specific areas.
- Section 3: 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 place and some function at a lower than adequate level.	Most, but not all, of the practices or requirements are in place and most function at an adequate or higher level.	All of the practices or requirements are in place and all are functioning at an adequate or higher level.

A. Information System (SSIS)

A1. Review information included in the agency’s last self assessment. Summarize changes in the agency’s information system since the last MnCFSR.

System Changes
<p>Our Self Assessment from March 2010 still is relevant with the addition of the following:</p> <p>Since our last review in March 2010 SSIS released a new version. In the past we have piloted many of the upgrade versions but in this instance we did not. We will not go into specific detail of all the trouble with the new version, but it has impacted our staff in completing tasks, documenting case notes, OHPP, court reports, etc. Many work arounds have been needed to complete necessary work. Our internal staff assigned to address these issues have done an excellent job of responding to our work force and to work through the barriers we are experiencing.</p> <p>In our 2010 Program Improvement Plan, we referenced using SSIS charting, analysis and general reports to monitor our practice. Management and supervisors have become much more familiar using the reports. We use them regularly to monitor time to contact in assessment and investigations, worker visits with children in foster care, CW-TCM reviews, cases needing updated case plans, etc. We recently used a foster care re-entry report to help gather data and facilitate a review by our Citizen Review Panel of our children/youth who re-entered foster care within 12 months of leaving care.</p>

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 last self assessment. Summarize changes in the agency's case review system since the last MnCFSR.

System Changes

Information provided in our March 2010 Self Assessment is still relevant with the following additions:

With the implementation of the DHS new worker Foundations training we will need to have more internal discussion on how this training will be monitored. Few new staff have been hired in the last two years in Children's Services. However, we anticipate adding up to 3 new workers in the next few months due to worker turnover. We will be orientating them to our agency, training in all our various case management processes, etc.

Concurrent Permanency Planning is a program being impacted by staff changes, court processes and more. This program was downsized from three to two staff a few years ago when case load sizes decreased. The two workers currently are at capacity and overflow cases have been assigned to traditional child welfare staff that may not typically serve this population. This intensive court driven and case management service delivery model also having higher than anticipated turnover in staff.

B2. Target Questions

Target Questions

Describe the county's process for ensuring foster parents receive notice of court hearings and their right to be heard at hearings regarding children in their care.

This issue was addressed upon completion of our March State CFSR in 2010 and was again revisited by our Juvenile Operations Group (JOG) in the Fall of 2011. A presentation titled, Achieving Timely Permanency for Children in Out of Home Placement, by Judy Nord from State Courts did prompt a closer look at this area. The notice of the hearings to foster parents has been addressed, but inconsistent attendance at court remains. Some foster parents remain concerned for their safety and are reluctant to provide their address and other contact information to parents whose children are in their care. Education is taking place with foster parents to address their concerns regarding this issue, including discussion with children's supervisors to assure screening occurs in CP emergency placement to address safety issues as necessary. The Division Manager recently sent a letter to all child foster care providers informing them of the legal requirements.

Overall Systemic Factor Rating for Case Review System—Current

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

C. Quality Assurance System

C1. Review information included in the agency’s last self assessment. Summarize changes in the agency’s quality assurance system since the last MnCFSR.

System Changes
<p>One of the biggest changes to our QA system is adding data reports from SSIS charting and the DHS dashboard and monitoring this information over the past 18 months. We are becoming more familiar with these reports and gleaning helpful information from them. We still struggle in creating action steps to improve practice based on these data reports. There is a growing awareness by frontline staff regarding these reports as well. Time to contact, monthly contact with children in foster care, re-entry into foster care, and timely adoption are a few examples of information shared with staff at supervisory conferences, unit meetings, and monthly joint unit meetings.</p> <p>The State completed its CFSR of our practice in quarter I (March 2010). In quarter II and in IV of 2010 we conducted reviews as usual. In place of our quarter III review, a workgroup was created to develop our non-resident parent procedures and resources, aka 'engaging fathers'. In 2011, 3 reviews were completed in quarters I, II and IV. In place of quarter III, 2011, a review of 13 re-entry into foster care cases were reviewed with the cooperation of our county's Citizen Review Panel. Outcomes of this review will be documented in a report completed by August 2012 - a preliminary or draft report is available upon request. Our 2011 quarter IV QA review was different than our previous reviews. We reviewed six out of home placement cases. One was an older youth (17 years) who was adopted, four were transition aged youth who remained in foster care or returned into foster care and the other was a concurrent permanency case.</p> <p>With the new change of a State CFSR now being completed every two years, we are discussing how to best review our practice internally. It is likely we will continue to monitor the 23 items of Safety, Permanency and Well-being, but will likely have specialized reviews that look at specific age groups, service delivery, or system issues. Specialized topics or areas may include CP Investigations, foster care re-entry case reviews (to complement the CRP review), FA case management cases, exploring our engagement and services to foster parents, review our services to transition age youth and/or cases where there has been multiple placements.</p>

Overall First Round Systemic Factor Rating for Quality Assurance System:	
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"/>
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D. Staff and Provider Training

D1. Review information included in the agency’s last self assessment. Summarize changes in the agency’s staff and provider training system since the last MnCFSR.

System Changes
<p>Staff and provider trainings remain similar to the 2010 Self Assessment. We have, however, felt an impact due to changes in the Child Welfare Training System. The loss of Area Training Managers, implementation of a “self service” site (SIR), the redesign of Social Worker Core and limited availability of specialized and related trainings for seasoned staff has presented on-going challenges. Provider training has been consistently available and well attended. Community Services resource staff is a partner in the delivery of this service. As WC moves forward with filling vacant positions, continued assessment of New Worker Core will be made.</p> <p>WCCS continues to provide a \$250.00 annual budget for staff training. Transfer of learning occurs with a review of training at uni/team meetings and with supervisory conferences. Internal and external speakers are used for local training opportunities that include the county attorney’s office, child support, local mental health and other program experts, etc. Additionally, Community Services has frequently utilized ITV technology to access DHS trainings and presentations.</p> <p>Provider training has been regular and well attended, until spring 2012 when the state trainers had circumstances causing trainings to be cancelled. We are in the process of rescheduling these trainings which is frustrating as motivating providers to attend can be a challenge. The Resource Family training system staff are providing more curriculum topics and revising curriculum which is very beneficial to all.</p> <p>Two of our Children's Division supervisors participated in DHS's pilot Supervisor's Initiative. Information from this training initiative will be presented at a Children's supervisor's retreat in April of 2012 and action plans to implement some aspects of the practice model right along with the PIP development from this upcoming State CFSR.</p>

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 checked="" type="checkbox"/>	4 <input type="checkbox"/>

E. Service Array and Resource Development

E1. Review information included in the agency's last self assessment. Summarize changes in the agency's service array and resource development system since the last MnCFSR.

System Changes

An increase in a vendor contract that provides in-home family therapy and skills work to youth and parents has occurred over the past year. Budget cuts over the past few years has had an impact on contracted services with Canvas Health (formally known as HSI). Therapeutic Support Program and Chemical Dependency contracts were reduced. CD eligibility, assessment and case management programs were largely taken in-house vs. contracted.

Community Services has re-tooled Family Group Decision Making, redefining a long standing partnership with Ramsey County and identifying new providers to meet Washington County service needs and expectations. New vendors have reduced lag time from referral to family meeting. Families' satisfaction has increased and child welfare staff have begun to "trust the process" again.

We have developed policies, procedures and practices related to serving the 18 – 21 year olds. This has been a bit like pioneering for supervisors, case managers, foster providers and placement team, but we are working through it quite well. We have a much better understanding of the system issues than even a year ago.

Community Services was offered an opportunity to access the Multi Systemic Therapy (MST) program through Community Corrections. This program, with capacity for 10 social service youth this year, will provide intensive in-home therapy to keep youth at home and engaged in their community vs. in out of home placement. Free continuing education is available to Community Service staff on a quarterly basis and an inservice training is scheduled for March 21st at our Children's Joint Team Meeting. Stabilization outcomes will be reviewed at the end of 2012.

E2. Target Question

Target Questions

If applicable, describe how changes in service availability or accessibility have impacted agency efforts to prevent entry or re-entry and achievement of timely permanency since the last review.

FGDM: During the 2010/2011 CFSR period, the FGDM provider saw multiple changes in facilitators. This changed the dynamic between social work staff and vendor...each time this occurred. The length of time between referral and meeting became progressively

longer. Permanency timelines don't appear to be impacted, but there were several instances that meetings simply didn't come to fruition and negatively impacted relationships with legal partners. As referenced above, Washington County took a closer look at programming and worked to identify new vendors to infuse enthusiasm surrounding early safety planning, youth transition conferences and permanency work. Supervisors continue to coach staff to access this service and an identified lead worker promotes this practice and brokers referrals.

Since this change, two FGDM meetings have been completed and three more are in process. Community Services target is 15 meetings per year. Initial worker feedback has been positive, i.e. "The facilitators were spot on". Continued emphasis will be placed on up-front safety planning and youth transition conferencing.

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 last self assessment. Summarize changes in the agency's responsiveness to the community since the last MnCFSR.

System Changes

Juvenile Operations Group (JOG): In late 2007, CJI underwent a local transformation and became know as the Washington County Juvenile Justice Committee to focus on all juvenile issues at the local level. JOG was established concurrently as a sub group to discuss and problem solve day to day juvenile court operational issues. These continued partnerships have helped promote timely reports to court, continued awareness of IV-E audit requirements and timely notices to parties/participants.

Citizen Review Panel (CRP): Non- resident fathers project and Re-entry review project (see explained elsewhere). The Citizen Review Panel collaborated with the Child Abuse Prevention Council (CAPC) and the Libraries of Washington County to hold a successful child abuse prevention awareness event during April 2011 (April is National Child Abuse Prevention Month). Children's books and reading to children were featured as a way to encourage positive child-parent relationships and to bring awareness to the prevention of child abuse.

Intake Team was formalized to also function as the WC Mortality Review Board to look at Child Mortality cases within 60 days of notification.

Local Mental Health Advisory Council (LAC): With the sunset of the CMH collaborative, the LAC now functions as a combined adult and child mental health advisory council to the County Board. An additional focus of CMH issues are now being brought to the LAC.

Anti –Racism Workgroup: Community Services has actively promoted diversity within the Department. This workgroup was established in 2006 and provided all staff training with St. Paul Foundations FACING RACE curriculum. Community Service staff are encouraged to participate in both external and internal diversity workshops to be culturally responsive to the needs of clients and each other.

Housing Collaborative: Available upon request.

Transition age youth: TAG and adult mental health have improved coordination with CMH on transition age youth.

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 last self assessment. Summarize changes in the agency’s foster and adoptive home licensing system since the last MnCFSR.

System Changes
<p>Since our last CFSR we received an Adoption and Foster Care Recruitment grant from DHS from December 2009 thru June 30, 2011. This allowed us to designate more planning, time and efforts toward recruitment specifically to increase the number of diversity and teen homes; and to have the opportunity to do child specific recruitment. We increased our minority providers by 40% during the recruitment grant (goal was 80%) and reached the goal of increasing the number of providers willing to serve teens by 80%. The child specific recruitment effort licensed two homes, which are still licensed.</p> <p>The recruitment grant provided 'foundation' resources such as contacts with the Community Education Catalogs, marketing materials, etc. which can be continued. Due to priorities and resources needed elsewhere, we need to re-establish measureable recruitment goals and develop a new implementation plan.</p> <p>Licensing staff provides many good practice supports at this point which promote placement stability including: visit within a week of placement (as soon as possible if it is an emergency), attendance at case plan meetings, at least monthly check-ins, advocating for the foster provider if needed, working closely with the case manager on placement issues and supports to foster parents, to mention a few.</p>

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

H. Supervisor and Social Worker Resources

H1. Review information included in the agency's last self assessment. Summarize changes in the agency's supervisor and social worker resources since the last MnCFSR.

System Changes

Our child phone intake and screening services will be changing over the next month.

Children's Services has had a very stable workforce over the past two years, perhaps due in part due to the economy. Very recent changes will result in up to three new CW staff.

There appears to be a correlation between the increased complexity in some child protection cases and the length of time staff can remain as a practitioner, we have noticed with an the intensive concurrent permanency planning caseload. Concurrent Permanency Planning needs to continue to be a high priority for all staff working with children in care.

Need for Child Foster Homes - Licensing staff have had substantial turnover since the last review which has resulted in some foster providers feeling less supported by our agency, as they may have had the same worker (sometimes for literally decades). We are hopeful with the addition of three relatively new staff including a senior social worker for the Resource Unit, providers will see there will be more consistent staff for the future. Child protection intake staff, children's on-going child protection staff and child mental health case managers are getting better and better at seeking friends/relatives for potential placement options. This can be very beneficial to the child whether it be an emergency placement or respite option.

Community Issues – less funding for Child Care Assistance can significantly impact families on the edge.

The number of reports screened in for Family Assessment Response continues to grow. There has been an increased focus on offering case management services to these families. Washington County is still utilizing the one worker model for Family Assessment.

Washington County was awarded the grant opportunity to provide Parent Support Outreach Services. We are contracting out for this service and currently have two contracts in place. Our goal is to serve 50 families a year for the next five years.

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

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.

Most of the Community issues mention in our 2010 Self Assessment remain the same.

238,000 people- 63,000 youth ages (0-18)

Unemployment better than most of the state - but for persons of color?

More ongoing change in state funded health care - unknown impact.

Use of alcohol and drugs remains a major problem with families reported for child protection. More study is needed in this area.

More complicated mental health issues for adults, parents and children.

Access to child psychiatry seems to have improved, but needs close monitoring.

School based MH services are being impacted by several factors.

Other changes since 2010 are noted in the topic areas of this assessment.

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 style="padding-left: 40px;">We met this standard in 2010 and missed by 0.8% in 2011. Per our discussion in our January CFSR planning meeting, we are not intending to develop a PIP action step for this indicator, but will continue to monitor.</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 style="padding-left: 40px;">We met this standard in 2010, but missed making the standard in 2011 with a rating of 97.6 % (203/208). Upon examination of the data, the maltreatments that occurred were in corporate or private agency homes licensed by DHS and supervised by another county or agency other than Washington County. The children were also open with other counties. We intend to discuss with DHS how to handle this area.</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 style="padding-left: 40px;">At our last review in 2010, 2008 data was available. Total reports investigated have decreased from 252 in 2008, to 191 (or 207) in 2009, 161 (or 222) in 2010 and per our data, 187 in 2011. As these numbers have declined, our percentage in determining maltreatment via TI has declined: 44% in 2008, up slightly to 49.5% in 2009, and down 10 % to 39.8% in 2010. As more cases are screened into FA, the percentage of maltreatment determined has trended downward. The state Screening Criteria is written in this way and we have followed the state (and nation) in fewer reports accepted for assessment.</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 style="padding-left: 40px;">All reports of maltreatment that are screened in are assigned for Family Assessment unless there is a report of egregious harm or an investigative track is required per DHS screening guidelines. One or two Family Assessment cases per year are 'flipped' to traditional investigation due to safety concerns. In the past two years there were only two Family Assessments that resulted in the filing of CHIPS petitions. In both of these cases</p>

there were significant chemical dependency and mental health issues of the parent that made the home unsafe and voluntary services were not successful.

5. **Timeliness of Initial Contact in Assessments or Investigations (Tables 4).** 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.

Washington County has continued to steadily improve with this rating and is above the state average. 78.3% (WC) vs 69.5 % (State) and 72.6% vs. 57.3% . When contact is not made in a timely manor, safety of the child has still been assessed. We occasionally are asked by our law enforcement partners to delay contact as to not impede their investigation. Also, a child may be living with a non-offending parent or care taker and their immediate safety is not an issue - and, other more egregious cases are prioritized. When the child may be in the hospital or facility where they are safe and are not at risk, time to first contact may be delayed due to resources available. Our division does monitor this rating regularly and meets with our law enforcement stakeholders to address their request to delay contact.

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.

45 or 8% of children in out of home placement entered care due to their parents drug or alcohol use. Children's division staff do attend outside training and in-service regarding alcohol and chemical abuse. They are familiar with harm reduction philosophy and safety plan with parents regarding their use/abuse to ensure children are cared for properly. It should be noted, that unanticipated or untreated mental health concerns as well have raised increased concerns for safety planning. Trauma informed networks will provide increased opportunities to improve healthy outcomes.

Washington County has an Endangered Children Committee that has developed a protocol response to children exposed to drugs or chemical precursors and other high risk incidents. This "Field Protocol" was developed several years ago in cooperation with Law Enforcement, the County Attorney's Office and Community Services. As in most MN counties, there has been a marked reduction in the number of Meth Lab or Drug seizures in the last few years. The protocol is periodically updated and has been used to ensure immediate child safety and that child well being factors are addressed.

7. **Short-term Placements (Tables 5 and 5a).** Examine the agency's use of short-term placements. Identify factors that contribute to short-term placements. Discuss efforts to prevent entry or re-entry into foster care.

Supervisors do review shelter placements that have potential to be less than 8 day placements and work with staff to find alternatives as long as safety of the child can be assured. Law enforcement departments who do not use crisis response also impact this number. Ongoing networking and roll call meetings with problematic jurisdictions are one way we hope to impact this area. It is noted, that fewer children from ongoing caseloads are being placed in shelter.

We are exploring the use of therapeutic support for emergency placements to give particularly non-veteran foster providers an extra skill and educational support from the beginning of the placements. This vendor would have to be available as soon as possible after the placement to assess the needs of the children, needs of the foster provider and added support for dealing with behaviors not experienced before as parents. We think this will help to ensure more stable placements, help with foster parent retention and another tool to be used. When a provider has a difficult and unsuccessful first placement the chances of them continuing to foster is substantially decreased.

A review of our re-entry cases with our CRP explored some of these issues. Less than 8 day placements occurred in the majority of the re-entry cases reviewed. Outcomes of this review and possible actions steps will be documented in our upcoming PIP.

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

Covered above.

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.

Although there was a slight rise in measure C1.2 in 2011, three of the four measures were met by Washington County. Continued emphasis on reunification will be maintained. Strong performance has been a hallmark of concurrent practice and the close work with the county attorney's office and the Courts, as well as oversight by our placement and permanency teams.

As with the rest of the State, Washington County continues to exhibit high percentages of children who re-enter foster care within 12 months of discharge. A sample of these cases was reviewed by Washington County's Citizen Review Panel (CRP) in late 2011. Recommendations will be forthcoming in conjunction with an internal Quality Assurance Review, to explore systems and practice issues to impact this measure. The target is to reduce our re-entry rate to 20% or less.

In 2010 Washington county population of youth (0-18) was 63,500. Of these youth, 199 entered foster care. 25 of the 199 re-entered care within 12 months. Community Services is looking at what we can do as a system to impact this rating. [Note: just 5 youth leaving foster care and not re-entering, the rate would be 20%.]

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.

Washington County exceeded the national standard and the Minnesota average in both 2010 and 2011 for the adoption of children in foster care more than 17 months. (Measure C2.3) We did not meet the additional four measures in Composite 2. Barriers can be attributed to children's significant mental health needs or disabilities and in all but one instance, were part of a sibling group. Continued attention to identification of relatives and kin and providing comprehensive mental health services, particularly to young children will occur. It should also be noted that approximately 35% of the children in foster care in excess of 17 months are served by developmental disabilities and/or children's mental health services. All adoptions finalized within twelve months, over the past two years, occurred with very young children, under the age of two and in concurrent foster homes.

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 met C3.2 rating, but did not make ratings for C3.1 and C3.3. Older youth with mental health needs which parents cannot meet at home or in the community are the

majority of these cases. After meeting the standard for C3.1 in 2010 we dropped 8% in 2011. We have made progress in C3.3 and have dropped 15.3% since peaking in 2009. One element of service delivery for this population has been the use of FGDM. We will be creating action steps in our upcoming PIP to address these ratings.

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.

Washington County met the C4.1 composite standard of two or fewer placement settings for children in care for less than 12 months in 2010 and 2011. We have not met the standard for C4.2 for 12-24 months since 2007 or for standard C4.3 for 24 + months since 2008. Barriers to meeting these standards are the mental health needs of the child. We have very few children in care, but those that are in care have multiple behaviors and mental health concerns that impact their ability to be maintained safely in the community. Our philosophy is to work with children in the least restrictive and community based setting as possible. With this philosophy is the risk of these children needing to be moved because their needs were not able to be met with those least restrictive resources? Possible action steps for our upcoming PIP would be to explore these children's cases and see if additional screening should be developed or completed to ensure they get the services and supports improved or to be maintained in their current settings or should a more restrictive placement be facilitated.

We are exploring the use of therapeutic support to emergency placement (foster care) with an objective of fewer moves and more support to the children and the providers they are with.

5. **Race/ethnicity of children in out-of-home placement (Table 9).** Identify and discuss issues raised by data regarding the composition of the county's foster care population.

We have not formally developed action steps as a county to address racial disparity of children in placement as this time. We will do so in the next two years. Possible action steps are: review similar plans with like counties, request our CRP group to review racial disparity in placements and request technical assistance from DHS in addressing this matter - since this is a statewide and national issue.

While the general population numbers (%) of minorities of all ages are noted in the percentages provided by DHS, the under 18 population of minorities is higher. Beginning with the 1990 census, we have noted the WC adult population was slowly increasing in its non-white population, its population under 18 of minority status grew at much faster rate. There is a racial disparity issue with the American Indian population and African American we will be working on this issue.

6. **Relative foster care (Tables 10 and 10a).** 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.

One area that has been extremely helpful for our contracted CMH case management provider is the SED 260 D state voluntary placement agreement and the language about contacting other relatives. We have also implemented a Non-resident parent procedure (aka, engaging fathers) and staff distribute flyers to parents informing them of the need to

seek relatives prior to any out of home placement. This information is also shared during our investigations and family assessment services with families. Our foster care licensors are also a resource in helping workers get relatives licensed.

7. **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.

Washington County sees LTFC as the least appropriate permanency option for children. In cases where LTFC is considered the case has been scrutinized by supervisors and staff, placement team, permanency and the Court. All other options are ruled out and LTFC is recommended in the child's best interests for permanency and stability. When LTFC is the outcome, we have learned that continual engagement of the family, be open to reunification or transfer of legal custody or termination and adoption down the line. As well as work with the youth on life skills.

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

Covered above...

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 MnCF SR to improve performance in the following areas:

- **Engaging fathers/non-resident parents in needs assessment, service delivery and case planning. Identify promising approaches or current barriers to involving fathers/non-resident parents.**

We have implemented a Non-resident procedure for our division and have developed flyers to communicate this to our families. Supervisors spend time and coach staff to work and engage non-resident parents or thoroughly document why they are unable to do so. This is a big practice change and many workers were orientated to mother centered work. This area will continue to need ongoing support and stay in the forefront for supervisors in the coming years.

2. **Caseworker visits with children (Table 11 and SSIS General Report "Caseworker Visits with Children in Foster Care").** 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.

Our July 1, 2008 to June 2009 rating for this was 46.1 %. Our October 2010 to Dec 2010 rating was 64.1%. DHS Dashboard ratings for the past 3 quarters ending October – December 2011 dipped to 44.1%. The reason for this decrease is unclear. In a recent spot check of monthly contacts, data entry errors were noted. This will necessitate additional review by Children's Supervisors.

3. **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.

Covered above.

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, length of placement episodes 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.

D. Child Well-being Data Tables

Table 11 provides information regarding the frequency of caseworkers' monthly face-to-face contact with children in foster care.

A. Federal Data Indicators

Table 1

Data Indicator	National Standard	County Performance**					MN 2010
		2007	2008	2009	2010	2011	
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% (80/80)	93.2% (82/88)	84.5% (49/58)	100% (28/28)	93.8% (60/64)	95.1%*
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% ↑	99.3% (286/288)	99.2% (259/261)	99.6% (201/202)	100% (205/205)	97.6% (203/208)	99.65%

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% ↑	92.9% (79/85)	89.9% (71/79)	72.7% (40/55)	82.1% (32/39)	89.7% (52/58)	84.5%*
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 ↓	1.9	3.1	5.1	5.1	5.6	3.9*
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% ↑	59.5% (22/37)	65% (26/40)	57.8% (26/45)	44% (11/25)	77.3% (17/22)	57.9%*
<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% ↓	26.3% (50/190)	27.8% (40/144)	26.1% (31/119)	27% (31/115)	28.8% (23/80)	24.4%

Data Indicator	National Standard	County Performance					MN 2010
		2007	2008	2009	2010	2011	
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% ↑	77.8% (7/9)	80% (4/5)	60% (6/10)	22.2% (2/9)	25% (2/8)	48.2%*
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 ↓	20.5	14.8	22.6	34.7	29.25	25.1*
<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% ↑	38.5% (5/13)	7.1% (1/14)	22.7% (5/22)	23.3% (7/30)	23.8% (5/21)	19.6%
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% ↑	0% (0/26)	0% (0/27)	0% (0/24)	0% (0/22)	0% (0/15)	2.2%
<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% ↑	45.5% (5/11)	37.5% (3/8)	27.3% (3/11)	33.3% (1/3)	33.3% (2/6)	40.8%

Data Indicator	National Standard	County Performance					MN 2010
		2007	2008	2009	2010	2011	
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% ↑	9.7% (3/31)	7.1% (2/28)	16.7% (5/30)	29.6% (8/27)	21.1% (4/19)	19.1%
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% ↑	77.8% (7/9)	83.3% (5/6)	100% (10/10)	81.8% (9/11)	100% (7/7)	96.4%
<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% ↓	37.5% (3/8)	36.8% (7/19)	57.1% (8/14)	50% (8/16)	41.7% (5/12)	45.1%

Data Indicator	National Standard	County Performance					MN 2010
		2007	2008	2009	2010	2011	
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% ↑	90.3% (121/134)	91.9% (125/136)	80.7% (71/88)	88% (73/83)	87% (94/108)	86.8%*
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% ↑	75.9% (22/29)	59% (23/39)	54.8% (23/42)	32.1% (9/28)	30% (6/20)	59.8%
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% ↑	40% (14/35)	46.2% (18/39)	38.1% (16/42)	30.8% (12/39)	32% (8/25)	29.9%

*The county met the national standard.

**County data was pulled from Charting and Analysis on 1/2/12. (Note: Because 2011 data was pulled so early in 2012, additional data entry may have occurred that would impact the 2011 percentages included above.)

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)
2006	202	122 / 60.4%	117 / 57.9%
2007	231	116 / 50.2%	123 / 53.2%
2008	252	111 / 44%	99 / 39.3%
2009	191	94 / 49.2%	83 / 46.4%*
2010	161	64 / 39.8%	58 / 39.7%*

*Does not include facility investigations

DHS Research, Planning and Evaluation

Statewide rate of reports with maltreatment determined in 2010: 55.0%

Statewide rate of reports with child protection services needed determined in 2010: 49.7%

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 need for Child Protective Services / as a percent of total Family Assessments
2006	248 / 55.1%	28 / 11.3%
2007	312 / 57.5%	32 / 10.3%
2008	284 / 53%	23 / 8.1%
2009	310 / 63.4%	22 / 7.1%
2010	296 / 64.8%	23 / 7.8%

DHS Research, Planning and Evaluation

Statewide rate of reports assessed with Family Assessments in 2010: 67.5%

Statewide rate of Family Assessments with need for Child Protection Services in 2010: 17.3%

Completed Face-to-Face Contact with Alleged Child Victims

Table 4

	Reporting Period	Statewide Rate of Timely Contact	County % and # With Timely Contact*
Investigations – Alleged Substantial Child Endangerment	April – June, 2011	67.5%	65.4% (17/26)
	July – Sept., 2011	65.8%	86.2% (25/29)
Investigations – Not Substantial Child Endangerment	April – June, 2011	82.7%	95.8% (23/24)
	July – Sept., 2011	86.4%	85.7% (18/21)
Family Assessments	April – June, 2011	74.7%	82.4% (70/85)
	July – Sept., 2011	74.8%	89.6% (60/67)

DHS Child Welfare Data Dashboard

*Timely contact is defined as:

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

Length of Placement Episodes Ending in 2010

Table 5

Length of Placement Episodes	State %	County #	County %
1 – 7 days (<i>5 year history below</i>)	24.2%	58	41.4%
8 – 30 days	11.0%	10	7.1%
31 – 90 days	13.4%	11	7.9%
91 – 180 days	10.2%	6	4.3%
181 – 365 days	15.8%	21	15%
366+ days	25.4%	34	24.3%
Total Episodes	6,564	140	--

DHS Research, Planning and Evaluation

Length of Placement Episodes – 5 year history

Table 5a

	2006	2007	2008	2009	2010
1-7 days	Not available	Not available	29.9% (43/144)	48.5% (79 / 163)	41.4% (58/140)

Reasons for Entering Out-of-Home-Care, Related to Protection-2010**Table 6**

Reason	State %	County #	County %
Alleged Physical Abuse	7.6%	26	5.8%
Alleged Sexual Abuse	3.4%	5	1.1%
Alleged Neglect	18.2%	43	9.5%
Parent Alcohol Abuse	5.5%	19	4.2%
Parent Drug Abuse	10.1%	23	5.1%
Abandonment	3.1%	6	1.3%
TPR	0.7%	1	0.2%
Parent Incarceration	3.4%	16	3.5%
Total Reasons Reported for All Placements	18,266	451	--
Total Placements	11,239	330	--
Total Reasons Related to Protection	9,509 / 52.1%	139	30.8%

2010 Child Welfare Report

Reasons for Entering Out-of-Home-Care, Other than Protection-2010**Table 7**

Reason	State %	County #	County %
Child Alcohol Abuse	2.1%	18	4.0%
Child Drug Abuse	2.7%	28	6.2%
Child Behavior	24.4%	127	28.2%
Child Disability	4.9%	61	13.5%
Parent Death	0.4%	0	0%
Caretaker Inability to Cope	10.3%	67	14.9%
Inadequate Housing	3.0%	11	2.4%
Total Reasons Reported for All Placements	18,266	451	--
Total Placements	11,239	330	--
Total Reasons Other than Protection	8,757 / 47.9%	312	69.2%

2010 Child Welfare Report

C. Permanency Data

Age Group of Children in Care – 2010

Table 8

Age Group	State %	County #	County %
0-7 Years	32.7%	43	21.8%
8-12 Years	15.6%	11	5.6%
13+ Years	51.7%	143	72.6%
Total Children in Care	11,239	197	--

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Race of Children in Care - 2010

Table 9

Race	State % of Placements	County # of Children in Placement**	County % of Placements	% of Racial Group in County's General Population***
African American/Black	21.5%	24	12.2%	3.6%
American Indian or Alaska Native	14.0%	7	3.6%	0.5%
Asian/Pacific Islander/Other	2.2%	**	--	5.1%
White	51.2%	142	72.1%	87.8%
Two or More Races	10.6%	18	9.1%	2.1%
Unable to Determine	0.4%	**	--	--
Total Children in Care	11,239	197	--	--
Hispanic Ethnicity*	9.3%	**	--	3.4%

*Hispanic may be of any race

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** The number of children is less than seven and is not shown to prevent identification of individuals

***Source: U.S. Census Bureau: State and County QuickFacts

Children in Out-of-Home Care by Placement Setting-2010
(Children may be counted in more than one placement setting)

Table 10

Placement Setting	State %	County #	County %
Foster Family Non-Relative	39.8%	134	40.6%
Foster Family Relative (<i>5 year history below</i>)	12.1%	28	8.5%
Foster Home – Corporate/Shift Staff	1.8%	1	0.3%
Group Home	12.7%	30	9.1%
Juvenile Correctional Facility (locked)	4.2%	0	0%
Juvenile Correctional Facility (non-secure)	5%	11	3.3%
Pre-Adoptive Non-Relative	4.7%	12	3.6%
Pre-Adoptive Relative (<i>5 year history below</i>)	2.1%	6	1.8%
Residential Treatment Center	16.8%	108	32.7%
Other*	0.8%	0	0%
Total Placement Settings	18,592	330	--

*"Other" includes ICF/DD and Supervised Independent Living settings

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Relative Placement – 5 year history

Table 10a

	2006	2007	2008	2009	2010
Foster Family Relative	8.1% (37/458)	10.4% (44/424)	7.5% (29/386)	7.5% (29/388)	8.5% (28/330)
Pre-adopt Relative	3.1% (14/458)	1.4% (6/424)	1.6% (6/386)	1.8% (7/388)	1.8% (6/330)

D. Child Well-being Data

Monthly Caseworker Visits with Children in Foster Care

Table 11

	State %	County % and #
Oct. 1, 2010 – Sept. 30, 2011	55.8%	75.5% (83/110)
July 1, 2010 – June 30, 2011	55.3%	74.6% (85/114)
Oct. 1, 2009 – Sept. 30, 2010	55.2%	64% (71/111)
Oct 1, 2008 – Sept 30, 2009	46.9%	54% (67/124)
Oct. 1, 2007 – Sept. 30, 2008	38.7%	32.1% (50/156)

DHS Child Welfare Data Release Reports & Child Welfare Data Dashboard

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?
 - Experienced and well trained Child Protection staff and Supervisors.
 - Concurrent Permanency Planning specialization continues one of the few in the state.
 - The community provided and contracted service array is adequate.
 - Participation in JOG (WC version of CJI).
 - Well run specialized teams (Intake, Placement, Permanency, TAG, Housing).
 - Internal QA system that has been in place for six years - one of the first in the state.
 - Coordinated service delivery system for our transition age youth transitioning, remaining, re-entering care or being transferred to Adult Mental Health Services.
 - We applied for, funded and are well along in implementing our first Parent Support Outreach Program (PSOP). We are pleased with the progress made with this new grant program.

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.
 - Monthly worker contact with children in foster care.
 - Assessment of services for foster parents.
 - Assessment of services for non-resident parents.
 - Assessment of placement stability issues (re-entry issue).
 - Specific case planning with non-resident parents.

3. Please describe additional practices/needs related to achievement of safety, permanency and well-being outcomes that the agency is interested in examining during the onsite review.
 1. Foster Care Re-entry.
 2. Worker visits with Child - Monthly face to face with child in foster care.
 3. Child and Family involvement in case planning - not only non-resident parents, but both parents in the same household.
 4. Placement Stability (reduce re-entry to 20% or less within 12 months).
 5. Risk of harm to children and safety planning.
 6. Physical health of the child - assessment of well-being.

4. 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

Comments: Even with adequate time and not repeating everything from our 2010 Self Assessment, this is still a lengthy document.

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

Comments: Some of the data and tables were from 2008, this was not helpful. The more current the data, the more important and relevant it is.

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

Comments: We do not have a formalized process to engage community stake holders as we did many years ago. We generally have a good understanding of community expectations, but no special effort was made in the development of this assessment to do a 'double-check' of how law enforcement, schools and community providers view our services.

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

Comments: The review of our previous Self Assessment from 2010 and updating it to present was helpful. It was a good way to revisit our strengths, if they continued into 2011 and 2012 or need more attention. Components of our division are undergoing changes, due to staff turnover. A few new staff will be joining our agency in the coming months. Our concurrent program and model is needing to be reviewed. FGDM continues to be an area that we are focused on improving. We struggle with placement stability and how we can impact our re-entry into foster care rating for a subset of the children in placement. Our action steps are impacting our engagement with non-resident parents, but this area will continue to be kept in the forefront of our practice in the coming years.

Our Truancy Program will likely also be changing over the next year or so. How such change(s) may occur and what impact they will have on our service delivery is still in front of us. We remain committed and by law required to serve children and families reported for educational neglect issues.

- 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

Comments: These were already referenced in the assessment.

- f) Any additional comments or recommendations for improving the self assessment process: If possible, all data tables should be for the time period from our last review period. We are concerned about the time and resources needed and required to prepare for a major review like this every two years, beginning this review.