



Minnesota Department of **Human Services**

# Bulletin

**NUMBER**

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**DATE**

February 29, 2016

**OF INTEREST TO**

County Directors  
Social Services Supervisors  
and Staff  
Tribal Directors  
Tribal Social Services  
Supervisors and Staff

**ACTION/DUE DATE**

Please read information and  
prepare for implementation

**EXPIRATION DATE**

February 29, 2018

## Parent Support Outreach Program (PSOP) Updated Guidance

**TOPIC**

PSOP Implementation, guidance, funding reformulation,  
guidance and funding allocations.

**PURPOSE**

Provide county agencies and tribes with information on  
statewide Parent Support Outreach Program implementation  
and, calendar year 2016, 2017, and 2018 allocations.

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**SIGNED**

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### TERMINOLOGY NOTICE

The terminology used to describe people we serve has  
changed over time. The Minnesota Department of Human  
Services (DHS) supports the use of "People First" language.

## **I. Introduction**

This bulletin is provided to assist county and Tribal agencies in continued implementation of the Parent Support Outreach Program.

### **A. Background**

The 2013 Minnesota Legislature appropriated funds for statewide expansion of the Parent Support Outreach Program (PSOP) beginning July 1, 2013. The Parent Support Outreach Program provides voluntary support for at-risk families:

- identified through screened out child maltreatment reports
- community referrals
- parent self-referrals.

It provides early intervention supports and services for children and their families who are at risk of child abuse and neglect. The program proactively addresses family needs, particularly for those who may have a screened out report of concern, but may benefit from supports and services.

Participation is voluntary. Eligibility requirements include a family must:

- Have at least one child age 10 or younger
- Be exposed to two or more child maltreatment risk factors, including but not limited to:
  - Poverty
  - Domestic violence
  - Alcohol and drug problems
  - Mental health concerns
  - Past history of child protection involvement
  - Homelessness.

It is important to assure access to prenatal care to support a good healthy start to parent/child relationships. Parent Support Outreach Program services can be provided to pregnant women to support the establishment of safe, nurturing, supportive parent/child relationships.

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

### **PSOP Service Delivery Model**

County agencies and the American Indian Child Welfare Initiative tribes of Leech Lake and White Earth Bands of Ojibwe use various service delivery models. Some county/tribal agencies have designated PSOP staff who deliver services directly, while others contract with community based-agencies.

## **B. Funding**

Funding will be distributed in an annual allocation to all 87 counties and the American Indian Child Welfare Initiative tribes. Allocated funding may be used for case management, basic needs and/or professional services. Funding must be used to support the needs of families.

All unspent allocations at calendar year-end are returned to the state general fund. It is preferred these funds be maximized for use to better serve families and their children who are at risk for child abuse or neglect.

## **II. Funding Allocation Reformulation**

The Minnesota Department of Human Services is undertaking a three-year reformulation with PSOP funds to further incentivize counties and tribes to provide early intervention services to families who are at-risk of child abuse and neglect. This formula gives increasing weight to using open case management work groups in determining annual funding across a three year period.

Allocation formulas for 2016, 2017 and 2018 are as follows:

Calendar year 2016 allocations:

- Base of \$5,000 per county/AICWI tribe
- 50 percent weighting using the historical funding level from the prior years' allocation amount
- 25 percent weighting using the demographic data as to child population
- 25 percent weighting using the number of opened PSOP case management SSIS work groups during calendar year 2014.

Calendar year 2017 allocations:

- Base of \$5,000 per county/AICWI tribe
- 25 percent weighting using the historical funding level from the prior years' allocation amount
- 25 percent weighting using the demographic data as to child population
- 50 percent weighting using the number of opened PSOP case management SSIS work groups during calendar year 2015.

Calendar year 2018 allocations:

- Base of \$5,000 per county/AICWI tribe
- 25 percent weighting using the demographic data as to child population
- 75 percent weighting using the number of opened PSOP case management SSIS work groups during calendar year 2016.

### **SSIS Documentation**

When opening a PSOP case, the agency must:

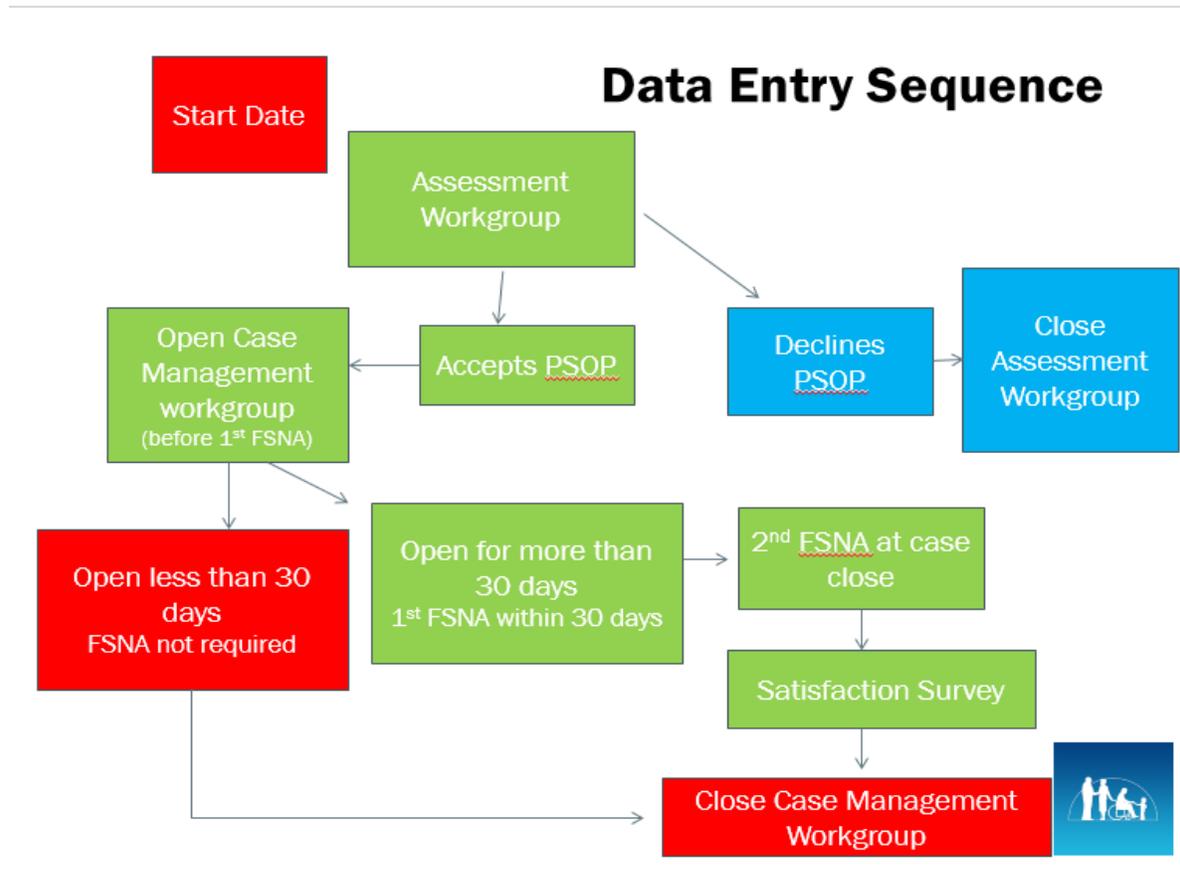
- Complete PSOP case opening as an assessment if a family accepts PSOP
- Open as PSOP case management before the first Structured Decision Making Family Strength and Needs Assessment© (FSNA) must be completed. This is required for all families in the Social Service Information System (SSIS)
- Complete a Structured Decision Making (SDM©) Family Strength and Needs Assessment for all families accepting services, if open in case management for more than 30 days
- If open for less than 30 days, a FSNA is not required, but case management opening is
- Complete a PSOP Service Plan (in SSIS) within 30 days of case management service opening for all families accepting services.

On an ongoing basis, caseworkers should:

- See a family, as needed. At least once a month there should be person-to-person contact.
- Review the family case plan, as needed, but at least every six months.
- Assume meaningful time limited engagement to connect families to community resources and services that can be accessed, when needed.

At case closing, the agency must:

- Complete a second SDM© FSNA at closing for families served more than 30 days
- Document services provided in a narrative summary
- Forward a client satisfaction survey to families served.



## PSOP BRASS Codes

The following two Brass codes are used for PSOP:

### BRASS Code 167:

#### 167x Parent Support Outreach Services

Services to families designed to reduce or remove barriers to child safety, family and child well-being. Service decisions are based on the needs assessment of the family, and the family's interest in specific services. Service options include case management, counseling, therapy, education, and activities that enhance parent/child interaction. Also included is the provision of basic needs of food, clothing and shelter. [DHS BRASS Manual for Calendar Years 2014 - 2015](#)

All reimbursable expenditures should be submitted using BRASS Code 167 only. Reimbursements are only made in BRASS code 167 when it is determined that families are PSOP eligible and start using services. It is at this time that the department reimburses counties/tribes for services rendered through the SEAGR system.

### **BRASS Code 106:**

#### 106x Parent Support Outreach Assessment

The Parent Support Outreach Program is for families where a child maltreatment report has been made on the family and the report has been screened out. The program is voluntary on the part of families and is intended to provide early intervention services to address the needs of families at risk of child maltreatment. Activities include reviewing child maltreatment reports for eligibility for the Parent Support Outreach Program, documenting child maltreatment risk factors present in the report, contacting the family to offer services, and completing a strength and needs assessment with the family. [DHS BRASS Manual for Calendar Years 2014 - 2015](#)

The department does not reimburse for 106. The rationale is that a county/tribal agency is required to provide this service as part of its service array. These services are administrative costs to a county/tribal agency to determine eligibility for PSOP.

The department anticipates combining reimbursements into one BRASS code in the future.

#### **Child Welfare Targeted Case Management**

The program is financed, in part, by federal funding sources, including Title 1V-B 1 and 2, and the Children's Trust Fund. Child Welfare Targeted Case Management (CW-TCM) is also a federal funding source. County and tribal agencies cannot bill CW-TCM for a service that is already funded by federal dollars. To be in compliance with federal law and not receive duplicate payments for the same service, county and tribal agencies may:

- CW-TCM for case management services, assuming a case met all other eligibility criteria for CW-TCM.
- If allocation funding is expended and a county or tribal agency continues serving families with local dollars, CW-TCM could be billed for case management services, assuming a case met all other eligibility criteria for CW-TCM.

The department does not have the ability to track expenditures. Local agencies should develop a tracking system to identify when local dollars are being spent. If it is decided to claim CW-TCM for case management on PSOP cases, enter BRASS code 193.

#### **Engaging Families in Voluntary Child Welfare Services Practice**

It is widely understood in the social service field that most families referred to voluntary child welfare programs are living under a variety of stressful conditions. Many are struggling financially, living below the poverty line. Others face issues such as:

- Housing instability
- Domestic violence
- Alcohol and other drug problems
- Mental health issues
- Chronic physical health issues
- Children with developmental delays or behavioral concerns

- Single parents
- Experienced isolation from family and community networks
- History of growing up in similarly stressed families and communities
- Previous contact with child welfare systems, either as a child or as an adult.

In 2011, the Child Safety and Permanency Division released the: "[Engaging Families in Voluntary Child Welfare Services Practice Guide](#)" This guide highlights crucial skills and qualities that social workers must have in order to work effectively with families who are voluntarily involved in the child welfare system. It suggests practical strategies to use when engaging families in services and meet family-identified needs and goals. Some key skills and strategies to keep in mind include:

- Be respectful and non- judgmental
- Be transparent
- Actively listen to a family's story
- Inquire about and honor each family's culture
- Seek to develop a partnership with a family
- Support a family in identifying their own goals
- Provide concrete assistance to meet basic needs
- Recognize and build on family strengths
- Assist a family in building informal support networks.

PSOP workers who embody these qualities and embrace these strategies will have greater success in engaging families in voluntary services. They may also see better outcomes for families, including prevention of child maltreatment and improvement in child and family well-being. The overarching goals of all child welfare services, voluntary and otherwise, are to maintain or achieve safety for children, enhance the well-being of children and families, and support families so that they can meet the needs of their children on their own, and in partnership with support systems.

### **Meaningful Short-term Engagement and Community Collaboration**

PSOP provides meaningful short-term engagement to families that volunteer to participate in the program. PSOP workers may provide direct service support in addition to connecting families to needed community services. Creating linkages and coordinating services with local resources is an effective method to better meet the needs of families. Some families may need assistance in accessing community programs, and others may be unaware of local resources.

Having access to social supports increases the ability of families to positively improve their outcomes. It is important that PSOP providers link to local resources. These resources may include:

- Family home visiting
- Adult and children's mental health
- Minnesota Community Action Partnership
- Supplemental Nutrition Assistance Program (SNAP) and food assistance programs

- Minnesota Family Investment Program (MFIP)
- Child Care Assistance Program

### **Department Support**

The Child Safety and Permanency Division has dedicated a staff person to assist with successful implementation of PSOP, through provision of:

- Individual technical assistance,
- Training for county and tribal staff
- Peer-to-peer consultation through bi-annual meetings, and VIDYO peer-to-peer consultation.

### **Evaluation**

Currently, the Department conducts ongoing program evaluation of PSOP through:

- Quarterly reporting on the number of families enrolled by county and American Indian Child Welfare Tribes.
- Comparing areas of need within the Structured Decision Making Family Strengths and Needs Assessment© instrument to observe improvements across areas of need. This instrument is completed after family involvement beyond 30 days and at service closing.
- Parent satisfaction surveys sent to parents/guardians/caregivers after a service case has been closed.

County/Tribal agency role in evaluation includes:

- Review rate of completion for the Strengths and Needs Instrument. Completion of the assessment instrument is required at the beginning and at closing when serving a family for 30 days or more.
- Distribute parent satisfaction surveys to service recipients and submitting aggregate results at the end of each quarter to the Department.
  - PSOP is partly supported by federal Community-based Child Abuse Prevention funds, a requirement of which is parent satisfaction surveys. Each county or tribal agency is expected to distribute surveys at the close of working with each family.

The evaluation is important to assure positive outcomes for children and families.

Evaluation of the PSOP program and process is iterative, and tools and their efficacy will be reviewed annually.

Specifically, the evaluation tools used are:

- Structured Decision Making (SDM)© tool where improvement in strengths and/or reduction in needs is measured by comparing the entry SDM Strengths and Needs Assessment domains with the closing for cases remaining open more than 30 days. This data is drawn from SSIS.

- It is required that parent satisfaction survey data is reported quarterly to the department for all cases closed during the quarter. Aggregate answers from PSOP participants are compiled from the following five questions:
  - When I contacted the Parent Support Outreach Program social work staff, they quickly responded to my call
  - I was treated with respect
  - The social worker listened to me
  - I received services I needed that were helpful to my family
  - I know where to go in the future for help.

Parent satisfaction surveys should be anonymous; parents are not required to identify themselves, or be identified by a coded survey card. The completed surveys should go to someone other than a PSOP worker in the county/tribal agency for compilation. Supervisors may share aggregate results with PSOP workers. A \$5.00 gift card may be offered to participants; funds from the PSOP allocation can be used to pay for this.

Quarterly aggregate results from the parent satisfaction surveys are forwarded to DHS for cases closing during that quarter. For example, for the first quarter of the year (January 1 through March 31) the first quarterly report is due April 15.

Information should be emailed to Lori Ellingson at [lori.ellingson@state.mn.us](mailto:lori.ellingson@state.mn.us), or reports can be mailed to:

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## Frequently Asked Questions

### Statutory Authority

- Question:** Is it mandatory to implement the PSOP program?  
**Answer:** PSOP is an annual allocation to each county agency and the two American Indian Child Welfare Initiative tribes. Reimbursement is based on services rendered to families. Allocations that are not utilized are returned to the state general fund.

### Funding Allocations

- Question:** How does the allocation funding work?

**Answer:** Funding is allocated for a calendar year (January-December). Reimbursement will occur based on quarterly county expenditures for this program, as identified in the SEAGR report under the BRASS code (167X) created for the Parent Support Outreach Program. All costs (case management, basic needs and professional services) should be registered under this BRASS code.

**Question:** How does the PSOP allocation come to the county/tribe?

**Answer:** The department's Financial Operations Division sends payments to county and tribal agencies quarterly (up to the allocation maximum), based on expenditures reported or submitted in SEAGR.

**Question:** Can a county or tribe go back and bill for staff time from the previous year to use unspent dollars? What would this look like?

**Answer:** County/tribal agencies are able to claim PSOP for a past calendar year for services rendered. If a county/tribal agency does not use all of its allocation per expenses, it does not carry over the remaining amount into the next year. PSOP funding does not accumulate, it is specific to each calendar year.

**Question:** If a county or tribe does not spend its funding allotment in the year it is awarded, can the funds be used next year or redistributed?

**Answer:** No. Unspent dollars are returned to the state general fund.

**Question:** If staff are providing case management and enter time records using BRASS code 167, this shows up on SEAGR and is how we get paid for case management. What is the rate we are paid? Is it the Child Welfare-Targeted Case Management (CW-TCM) rate for our county or tribe another amount?

**Answer:** These expenditures are computed through an allocation of overhead (administrative) costs to each BRASS code based on the hours of staff-provided service. Staff-provided social service expenditures/total staff hours = rate. The rate is multiplied by the hours in the BRASS code to come up with estimated staff expenditures. This will vary each quarter. The CW-TCM rate has nothing to do with PSOP reimbursement.

**Question:** What can PSOP funding be used for?

**Answer:** Funding needs to be tied to specific family needs, as identified in individual needs assessments and the PSOP case plan. Allocated funding may be used for case management, basic needs and/or professional services. Funding may not be used to support administrative costs, training, or staff development.

**Question:** Are there guidelines regarding how to specifically help clients? Can they be referred to community resources and the county/tribe assist with some costs? Is there flexibility regarding which costs can be covered by the funding?

**Answer:** Allocated funding may be used for case management, basic needs and/or professional services. County and tribal agencies may encourage families to access funds for basic needs. There are no specific guidelines about how the money is spent to help a family through services or basic needs assistance. Counties and tribes are encouraged to use two general principles as a guide when questioning the appropriateness of an expenditure: 1) Is this expenditure connected to a family's request for help to relieve their stress or concerns? 2) Would this expenditure make sense to someone outside of child welfare field (i.e., the public)?

**Question:** Is it required that dollars spent be attached to a specific case/client, or can it be spent on an identified program?

**Answer:** Expenditures need to be tied to specific families. If items are purchased in large quantities, when using these items tie the cost of the item specific to PSOP child welfare work groups.

**Question:** How can PSOP funds best be used by county and tribal agencies to assist families?

**Answer:** It has been demonstrated through Minnesota research that meeting basic needs significantly contributes to improving family stability and child well-being. Therefore, county and tribal agencies are encouraged to use funding for this purpose. The allocated service funds may be expended in the following areas: Direct case management (i.e., worker time providing case management services); professional services (i.e., parent education, counseling, in-home services); and basic needs (i.e., food, clothing, shelter, transportation, child care). With any expenditure, a county or tribe should be able to defend the expenditure as an investment in a family that promotes a permanent resolution and/or stabilizes a family at a functional level. Families are often so stressed and distracted by basic living needs they cannot address relationship and child rearing issues.

**Question:** Can we use funds to help clients with court fines?

**Answer:** Paying fines with PSOP funds is controversial and not recommended. For example, if a situation with a client means that they will potentially lose their employment if they lost their driving privileges, then this could certainly be of concern for the family's stability. Assist the client in paying for other necessities and basic needs, thus freeing personal funds to pay the fine.

## PSOP Promotion

**Question:** Does the state have promotional items, with the PSOP logo, such as pens, etc.?

**Answer:** PSOP does not have promotional information, and annual allocations cannot be used to market the program. The Parent Support Outreach Program brochure is available on the department's website. To locate the brochure, which is customizable for your specific program, go to:

<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4472A-ENG>

The brochure is available in four languages other than English.

## Eligibility

**Question:** What types of cases are appropriate for the Parent Support Outreach Program?

**Answer:** PSOP is appropriate for families who have at least one child age 10 and under, and who are identified as "at risk." This includes families who were reported to the child protection system, but the report was screened out; families that are referred by other agencies or concerned parties, such as financial workers, public health nurses, shelter staff, or school social workers; and families who self-refer based on self-identified needs and concerns. Women pregnant with a their first child, with two or more maltreatment risk factors, are eligible for PSOP services.

**Question:** A child maltreatment report was screened out on a father and the case was referred to the Parent Support Outreach Program. There is an open child protection case management work group regarding the mother of this child; the child lives primarily with her in a household separate from the father. Does this existing case preclude offering PSOP to the father? If not, are services offered to the father only? Should the agency attempt to contact the mother also?

**Answer:** Because the screened out report was regarding the father, contact him to offer PSOP services. If he agrees to services, services are done directly with him. Because PSOP is a voluntary program, one should only contact the mother if the father signs a release of information.

**Question:** A referral was made for PSOP but the mother initially turned down services. A month later she called requesting the services. Can a PSOP case be opened now?

**Answer:** Yes. Re-open the CW work group in SSIS and begin working with the mother.

**Question:** There is a referral for a pregnant woman who is homeless. This is her first child. Her adult protection case manager is seeking services for this woman before she gives birth to divert this case from entering into Child Protection. Should she be enrolled into the PSOP program, or should the agency wait until she gives birth?

**Answer:** Enroll her now; the best opportunity is to get support to this woman as soon as possible. Women pregnant with their first child, with two or more maltreatment risk factors, are eligible for PSOP services.

**Question:** Clients agree to participate in PSOP, but have run into situations where they struggle with follow through. Given the collaborative approach, are there guidelines regarding how to address lack of follow through? At what point are clients given a clear and respectful message to work together in order to continue participation?

**Answer:** This is a judgment call agencies will need to make. The program is voluntary, so if a family states explicitly that they are no longer interested in services, it is appropriate to close the case. It is best practice to be intentional in case closure, meaning that one should schedule a closing meeting where one can discuss progress made on goals, and additional goals the family wants to address on their own or with other providers, as well as ensuring that they are familiar with resources in their community that they can access in the future. If the agency believes that a family wants to continue services, but is struggling to follow through, explore with the family what might be interfering in their ability to make progress, and gently encourage them to strive for the identified goals.

**Question:** If a family initially accepts services and later changes their mind, what should be the local agency's response?

**Answer:** This is a voluntary program, so one should acknowledge their decision and let them know that if they change their mind, they can always contact community referrals/resources in the future.

**Question:** Does a pregnant or parenting woman need to be 18 to receive PSOP?

**Answer:** A pregnant or parenting woman does **not** have to be 18 to receive PSOP services.

**Question:** A family began PSOP services, but now is moving to another county. Can one county refer a family to another county in PSOP?

**Answer:** Since this is a voluntary outreach and support program, one may refer the family to the other county, but do so at the parents' request. If they are not available, one could send a letter to the new address and provide contact information in the new agency in the event that

they want or need to continue receiving supports and services through PSOP.

### Assessment and Services

- Question:** What paperwork is required for PSOP cases?  
**Answer:** PSOP has limited requirements for documentation. Workers are asked to complete an SDM Family Strengths and Needs Assessment tool (FSNA) within the first 30 days of the case opening, and to use the results of the tool to help inform development of a PSOP case plan. Workers are encouraged to complete the tools with the family, as this promotes transparency and openness with the parent, and generates discussion with a family about their perception of their own strengths and needs. A case plan should also be completed with the family, with a signed copy going to the family, and one remaining with the worker for the file. In addition, complete a second FSNA tool on any case that remains open for longer than 30 days. This data is used to measure change in families participating in PSOP. Additionally, doing a second FSNA tool allows families to see positive changes that they have made working together.
- Question:** The agency has been working actively with a family under the PSOP program. Now the agency has received a child maltreatment report that was screened in for Family Assessment. Are we allowed to continue providing PSOP services to the family?  
**Answer:** Yes, one can continue to work with this family, if doing so makes sense within the context of the situation. The Family Assessment must be completed by the appropriate staff, and a decision will be made by that worker whether or not child protection services are needed. If the worker determines that child protection services are not needed, the Family Assessment case can be closed and the PSOP case remains open. If it is determined that child protection services are needed, the PSOP case should be closed.
- Question:** What are the social worker contact requirements with families? Must the family be seen every month, or more? Do agencies need to see every child in the family?  
**Answer:** Because PSOP is voluntary, there are no contact requirements other than those that a family agrees upon, based on their stated need for services and support. Similarly, one is not required to see every child or family member; there may be some cases where the worker does not see everyone for various reasons. Most families served by PSOP are “at risk” for a variety of needs, including some for child maltreatment. Seeing and interacting with the children and other adult/caregiver allows better assessment of child well-being or child

concerns, as well as parenting skills and parenting needs. Therefore it is recommended that there be at least monthly person-to-person contact.

- Question:** Are agencies required to arrange for children's mental health screening?
- Answer:** The target populations for mental health screening are: Children receiving child protection services; children for whom parental rights have been terminated; children in out-of-home placement; and children with a judicial finding of delinquency. Parent Support Outreach Program is a voluntary child welfare service not intended to serve any of the above purposes. Therefore, there is no legal obligation to screen children in the Parent Support Outreach Program for mental health concerns. However, if indicators in the required Family Strengths and Needs Assessment tool suggest emotional and behavioral problems, a children's mental health screening may be appropriate and should be discussed with a child's parent.
- Question:** May a PSOP case for a family be opened more than once?
- Answer:** There is not an absolute answer regarding how often one may open or work with a family under PSOP. Rather, how does the county/tribal agency choose to administer the dollars? This is flexible funding for families that meet PSOP criteria. Some questions to ask are whether families are eligible for other services within the county/tribal agency? Does one need to re-assess the risks and perhaps offer different services? If resources allow, and with agency approval, one may consider re-opening a family more than once.
- Question:** Is a Tennesen and HIPPA notice required?
- Answer:** Yes.

### **PSOP and Child Protection**

- Question:** There are cases in which the agency is providing child welfare services for a family that has older children with behavioral issues. Then concerns about younger children in the same family were received which would make them eligible for PSOP. Does it make sense to provide services under both programs using separate service plans?
- Answer:** If the concerns are in the form of a screened out child maltreatment report in a family with one or more children aged 10 or under, a PSOP case may be opened and a separate service plan created.

## Information and Data Sharing

- Question:** Is a social service application required as part of the enrollment process for the Parent Support Outreach Program?
- Answer:** Completing a social service application is best practice for any human service program, and is appropriate for the Parent Support Outreach Program, but is not a requirement. The application establishes the parents' voluntary consent to services and is a definitive point in time, establishing formal enrollment in a program. County or tribal programs or community providers are welcome to use other formats to document a family's interest and consent to services. If the state social services application is used, the financial section of the form is not applicable and left blank. There is no income eligibility standard for PSOP.
- Question:** Can a child maltreatment report be screened out and then select "Parent Support Outreach" for the program and open an assessment case all in one step?
- Answer:** Yes. The Social Service Information System (SSIS) is able to retain the screened out information when one selects and opens a Parent Support Outreach assessment work group.
- Question:** A CW case open is open and a referral has been made for PSOP. Does the agency open a new CW work group, or change the one in PSOP?
- Answer:** Open a new Parent Support Outreach effective the date a family agreed to PSOP services and use the program code. While it is true one cannot do a PSOP case while a family is also open in CP case management, a county or tribe can choose to be open in more than one work group for voluntary services (such as Children's Mental Health and PSOP – or Child Welfare and PSOP). It's not that that they **cannot** be open in both but it is generally not recommended because it can be confusing to a family and sometimes to agency workers. They can continue to work with this family in CW and also provide PSOP, if doing so makes sense within the context of the situation. It's just generally not recommended. The two workers should discuss whether it would be helpful to have two cases open, and if so, be very clear what their discrete roles and services are with each other and the family. It also may be more difficult for a family to have two different cases open. In collaboration with the family, use your best judgment, to decide which option is best.
- Question:** Other county or tribal agencies are contracting out for services. How are those contracted agencies being compensated for work done prior to a family accepting and/or declining services?

**Answer:** A number of county or tribal agencies are making the initial contact with a family and connecting the families who choose services with a community provider. Several county agencies have the community provider make the initial contact. Unless compensated under an existing contract not funded by PSOP, payment eligibility does not begin until a family accepts services and a case management workgroup is opened.

**Question** Is there a policy/statute/rule that provides lawful protection of the county or tribal agency to release general intake information for a family to a PSOP worker or contracted agency?

**Answer** As always, county and tribal agencies are encouraged to consult with the county/tribal attorney. Screened out reports are private data and require the subject of a report to authorize release of their information to another agency. If a county/tribal agency contracts with another agency, they could make that agency an extension of the county/tribal agency through a contract and allow it to receive screened out data.

### **Billing**

**Question:** Can one bill for PSOP case management even if there is not a completed service plan in place? For instance, if an agency only sees a family once or twice but they are under PSOP case management but the agency did not have an opportunity to complete a service plan, can the agency still bill for case management time?

**Answer:** Yes. An agency may bill for PSOP case management.

### **PSOP Record Retention**

**Question:** How long are PSOP cases kept?

**Answer:** The retention period is for four years from date of last entry in the case.

### **Staff Qualifications**

**Question;** Can a case aide provide PSOP services?  
Case aides are not qualified or trained to provide early intervention services and supports to families to reduce risks of child maltreatment. As there are not minimum worker requirements to enter time records, case aides may enter time records under the PSOP BRASS codes. The skill set for a PSOP worker is comparable to that of a case manager claiming CW-TCM and the criteria for that role is as follows: according to Minn. Stat. § 256F.10, subd. 5 a case manager claiming CW-TCM must have:

- (1) skills in identifying and assessing a wide range of children's needs;
- (2) knowledge of local child welfare and a variety of community resources and effective use of those resources for the benefit of the child; and
- (3) a bachelor's degree in social work, psychology, sociology, or a closely related field from an accredited four-year college or university; or a bachelor's degree from an accredited four-year college or university in a field other than social work, psychology, sociology or a closely related field, plus one year of experience in the delivery of social services to children as a supervised social worker in a public or private social services agency; or
- (4) been authorized to serve as a tribal child welfare case manager certified by a federally recognized tribal government within the state of Minnesota, pursuant to section [256B.02, subdivision 7](#), paragraph (c), as determined as meeting applicable standards.

There is no substitution for having a bachelor degree unless the case manager is employed by a tribal agency, as tribal agencies can determine their own qualifications. A case aide with a bachelor's degree in the required, or related field, could claim CW-TCM. Student interns cannot claim CW-TCM, as case managers have to be employees.

## Paperwork

- Question:** Are PSOP workers receiving every screened out CP report?  
**Answer:** Each county and tribe sets its own parameters for PSOP referrals; PSOP is voluntary and allows for self-referral, yet due to volume, some agencies primarily use screened out reports, while others select which families are in most need.
- Question:** How does PSOP funding and CW-TCM work?  
**Answer:** PSOP cases could be eligible for CW-TCM funds without running into the problem of "double-dipping" into federal funds. Doing so will require county and tribal agencies to pay close attention to accounting and other procedures. There are two ways for counties and tribal agencies to bill for CW-TCM on PSOP cases:
1. Agencies can choose to use PSOP funds for only "hard-services," such as rent assistance, other bill paying, or purchasing services such as parent education or family counseling. The agency can then bill CW-TCM for the case

management services provided by a county worker or contracted agency worker for eligible cases.

2. A county or tribal agency should track its accounting very closely, and once it has utilized its full PSOP fund for the year, it can begin to bill CW-TCM for eligible cases. The department is not able to track each county or tribe closely enough to assist with this option: agencies need to be fully responsible for it.

There are several key points to keep in mind if a county or tribal agency chooses to use one of the above methods:

- a. Cases must still meet all of the CW-TCM eligibility requirements. Not all PSOP cases are CW-TCM eligible. Attached is the CW-TCM bulletin link, which describes in detail CW-TCM requirements. [CW-TCM Policy Guidelines](#)
- b. Case managers must meet CW-TCM qualifications, including having at least a bachelor's degree in social work or closely related field.
- c. Case managers must document a child's eligibility on the CW-TCM eligibility screen in SSIS.
- d. Services being provided by a case manager must be eligible activities, as defined by the federal government (found in the bulletin).
- e. PSOP case plans must meet all CW-TCM requirements. The current PSOP case plan in SSIS needs to be modified in order to meet the requirements.
- f. If a county agency chooses option 1 above, it is strongly encouraged to utilize its entire fund amount to provide services to families. Much of the billing for PSOP (as with other types of cases) is for case management time. If a county or tribe is not going to bill for case management time using PSOP funds, all of the funds will be available for paying for services and meeting families' basic needs.
- g. Department staff continue to send quarterly updates on PSOP expenditures. These updates are delayed by about two months, and it would not be appropriate to rely on these if option 2 is chosen. Agencies that choose option 2 must track billing and expenditures very closely, to be aware of when they have utilized the PSOP funds in full, at which time they could begin billing for CW-TCM for eligible cases.

It is important that agencies choosing to bill CW-TCM in eligible PSOP cases follow requirements as detailed in the bulletin. Periodically, the federal government audits cases for CW-TCM compliance, and in the past, some agencies had to reimburse funding for billing on ineligible cases. In addition, the CW-TCM program

consultant at the department, audits agencies for CW-TCM compliance.

### **Americans with Disabilities Act (ADA) Advisory**

This information is available in accessible formats for people with disabilities by calling (651) 431-4670 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

## **Appendix A**

### Appendix A: 2016 PSOP Allocations

County	Allocation
Aitkin	8,286
Anoka	197,396
Becker	26,181
Beltrami	35,649
Benton	21,630
Big Stone	5,000
Blue Earth	44,285
Brown	22,437
Carlton	31,823
Carver	75,139
Cass	18,389
Chippewa	8,322
Chisago	34,320
Clay	33,543
Clearwater	15,033
Cook	5,000
Crow Wing	39,967
Dakota	280,288
Douglas	26,197
Fillmore	12,177
Freeborn	17,432
Goodhue	22,232
Grant	11,146
Hennepin	1,028,254
Houston	6,666
Hubbard	16,518
Isanti	27,210
Itasca	22,909
Kanabec	9,589
Kandiyohi	31,801
Kittson	5,000
Koochiching	11,552
Lac Qui Parle	5,000
Lake	8,723
Lake of the Woods	5,000
Le Sueur	12,745
Mcleod	30,093
Mahnomen	5,000
Marshall	7,502
Meeker	8,785
Mille Lacs	40,511
Morrison	20,107
Mower	29,079

<b>County</b>	<b>Allocation</b>
Nicollet	19,208
Nobles	12,410
Norman	7,687
Olmsted	172,351
Otter Tail	36,374
Pennington	6,416
Pine	29,349
Polk	40,216
Pope	10,110
Ramsey	331,276
Red Lake	5,000
Renville	12,288
Rice	38,742
Roseau	6,998
St. Louis	194,136
Scott	95,797
Sherburne	49,242
Sibley	13,902
Stearns	69,018
Stevens	6,566
Swift	8,440
Todd	18,519
Traverse	5,000
Wabasha	14,602
Wadena	16,791
Washington	115,799
Watonwan	8,626
Wilkin	5,380
Winona	50,935
Wright	83,779
Yellow Medicine	9,653
SWHHS	53,911
Des Moines Valley Health & Human Services	14,316
Faribault-Martin	30,782
MN Prairie County Alliance	55,384
Leech Lake Band	13,538
White Earth Band	13,543
<b>Total =</b>	<b>4,000,000</b>