

Hennepin County Child Protection Citizen Review Panel 2015 Annual Report

Table of Contents

Mission Statement	1
Panel Members	1
Panel Meetings.....	1
Panel Committees and Projects	1
Project Report: <i>Prevention and intervention of child abuse and neglect in children ages 0 – 3</i>	3
Initial Project Report: <i>Recruitment, training, and support of foster families</i>	16
Panel Member Activities	18
Looking Ahead to 2016	19
Acknowledgements.....	19

Mission Statement

Our panel’s mission continues to be:

As citizen volunteers we collaborate to understand, communicate and recommend improvements to the child protection systems and engage our communities to ensure the safety and well-being of all our children and families.

Panel Members

Our full panel for this year consists of:

- Susan Dragsten
- Alicia Groh (chair)
- Nancy Lindsey
- Julie Maxa
- Cletus Maychrzak (left panel during the year due to term limit)
- Janet Pladson
- Mary Sheehan
- Vicki Underland-Rosow

Meetings

Our panel met on the second Monday of each month, with the exception of August (summer break) and November. Smaller groups of panel members met at additional times to conduct specific projects for the panel.

Committees and Projects

Our panel selects specific focus areas and projects as a full panel, with panel members choosing which projects they want to work on each year. We have committees work in depth on each project or focus area and the committees bring insights, questions, and recommendations back to the full panel for consideration and approval. For 2015, our panel focused our work on the following areas:

- A project on preventing child abuse and neglect of children age 0 to 3. This was the second year of a two-year project. (*See summary of recommendations below and full project report below.*)

- A project on Hennepin County's recruitment, training, retention, and support of foster and adoptive parents. *Note:* This is a two-year project; preliminary work was done during 2015 and our findings and recommendations will be included in our 2016 report.
- Seeking to recruit new members for the panel, including developing strategies to increase the diversity of panel members. This ongoing panel recruitment effort includes working on building more infrastructure for recruiting and bringing new members on board (e.g., developing recruitment messaging; exploring options for support from Hennepin County for getting the word out to multiple communities, streamlining the application, interview, and background check processes; etc.). Currently, it is almost impossible to find any information about the Citizen Review Panels in either the state web page or the county web page.
- Continuing to participate in DHS' advisory committee for its Youth At Risk of Homelessness planning grant, providing continued input following our panel's 2013 project examining the extended foster care program. This work was minimal in 2015. Minnesota did not receive the federal implementation grant following this planning grant, so the advisory committee ended its work.

Project Report: Prevention and intervention of child abuse and neglect in children ages 0 - 3

Introduction:

Research on early brain development indicates that young children warranting the greatest concern are those growing up, starting before birth, in environments that expose them to abuse and neglect. During the first years of life, children's brains are developing at a rapid pace and early experiences have a dramatic effect on how the brain is wired. Early exposure to maltreatment and neglect can alter the brain's development and may lead to cognitive delays, attachment difficulties, poor self-regulation, lack of empathy, difficulty paying attention, and numerous other developmental challenges (American Humane Association, 2011; Knitzer and Lefkowitz, 2006). Thus, it is crucial to develop protocols and standards for early and appropriate interventions for infants and toddlers that can prevent or minimize the negative effects of abuse, neglect and placement in foster care.

These findings and recommendations come as a result of concern about the high level of abuse and neglect among babies in the 0 to 3 age range. Data in Hennepin County, which mirrors state and national data indicate that children from birth to three experience the highest rate of victimization and neglect of any age group (Appendix B). In addition very young children are more apt to be placed in foster care than older children and to spend greater lengths of time in foster care (Cohen, 2009).

Project Description:

Our project developed findings and recommendations from four sources:

1. Data sets from Hennepin County, the state of Minnesota, and federal databases.
2. Interviews with professionals, volunteers, and state and county staff with expertise in the field and many years of experience
3. Published research, survey and field studies
4. Individual case studies

There are two sections to this report: 1) Findings and recommendations specific to Hennepin County child protection services; 2) Findings and recommendations which are systemic and require broad action at the community, county and state level. Each section is labeled by topic.

Findings and Recommendations Specific to Hennepin County Child Protection System for Ages 0-3

I. Finding: Regarding current child protection protocols and practice

Research evidence indicates that this is a special population and should be treated differently than other age group cohorts. In general, the child welfare system has not done well in meeting the specific developmental needs of young children. There is a wealth of research information that can be used to inform practice standards for this age group. Through the understanding of brain development and developmental risks and developing appropriate interventions for young children and their caregivers, outcomes for this vulnerable group can be greatly improved.

(American Humane Association, 2011)

Hennepin County has no specific protocol for handling child abuse and neglect reports for children ages 0 - 3. There is little training and limited policies that recognize the special needs of these most vulnerable children. At the same time, data indicates that this age group is the most likely of any age group to be the victim in need of child protection (Appendix B). Very young children are unable to defend themselves, nor are they able to cooperate with a report of abuse or neglect. The system has not tracked reports unless they result in an investigation, which is often based on the finding of imminent danger. This leaves children in this age group particularly vulnerable to long term neglect and abuse at a time in which their development depends on bonding with a nurturing parent (Child Welfare Information Gateway, 2013).

Recommendation: Develop Specific Practice Standards for Children 0 - 3

Hennepin County and the Department of Human Services need to adopt specific practice standards for child abuse and neglect cases that better meet the needs of children ages 0 - 3. The implementation of some of these recommendations may require state-level statute/ policy changes.

A. Reporting and tracking of child abuse reports:

- Require a timely and thorough investigation for every report of abuse or neglect in the 0 - 3 age group. Even when a report to Child Protection Services (CPS) doesn't meet the criteria for opening a case, it should be investigated more thoroughly given the vulnerability of the 0 to 3 population. Services should be offered to the parents as soon as possible if appropriate.
- Track every report in a data system that can be accessed as the report is taken;
- Treat any subsequent report with the same urgency as the threat of imminent danger;
- View the accumulation of reports as a serious and credible threat to the safety of the child regardless of the absence of imminent danger.

B. Training for staff:

- Require that social workers assigned to cases involving children ages 0 – 3 take additional and ongoing training in the developmental issues facing young children and their families. These workers should also receive training regarding developmentally appropriate interventions and the services available to meet the needs of this age group. They would then be better able to match children/parents with the appropriate services.
- Assign child service workers to all children in out of home placement. In contrast to child protection workers, whose primary focus is to help the parent meet the conditions of his/her case plan, the child service worker's role is to assure that the children's physical health, mental health and educational needs are being met.

C. Visitation for children in foster care:

- Develop practices that maintain frequent and consistent contact between child and parent when children are removed from their home.
- Incorporate contact with parents into protocols in order to promote and sustain healthy attachment and to increase the chances for a positive reunification. This is especially crucial for very young children whose attachment may be more tenuous as they enter care.

- Mandate more frequent visits between parents and their children. The current visitation policy in Hennepin County is not sufficient to support stable attachments. We recommend that both the length of visits and the frequency of visits be increased. Three visits a week for at least two to three hours should be the minimum for children 0 to 3 and we encourage even more. If appropriate, older siblings may be included.

D. Supervised Visitation sites:

There are many factors that make it difficult to schedule visits. Such factors include a shortage of visitation sites, long waiting lists, limited hours for visitation, and transportation difficulties.

- Increase the number of visitation sites and provide more locations throughout the county and near public transportation whenever possible.
- Provide workers to transport parents to visits with their children when a location near public transportation is not possible - outside of the metro area, for example.
- Increase evening and weekend hours available to accommodate parent's schedules.

E. Continuity of supervision:

- Schedule the same supervising worker to continue working with the parent and children in order to facilitate trust between the parent and worker regarding the needs of their child.
- Visitation supervisors should have appropriate training in the developmental needs of infants and toddlers and be able to "coach" the parents as they interact with their child.

F. Timelines:

It is critical to quickly identify and address the needs of young children given that these children are so vulnerable to developmental problems.

- Social workers should immediately begin scheduling appropriate services for these families.
- Develop agreements with appropriate agencies to give priority to child protection clients if necessary. This may necessitate contract changes.
- Review in court cases more frequently. Concurrent planning for children placed out of the home should begin within 24 hours of placement. Delays in obtaining services or court delays should not further harm the welfare of these children.

G. Checkups after case is closed:

- Schedule "check ups" with parents at three and six months following reunification to help prevent the frequent return of children to child protection after being reunified with their parents. This would allow child protection workers to assess if there is a need for further services and perhaps prevent further placement for the child.

II. Finding: Regarding coordination between child protection staff and community providers

Community providers frequently mentioned frustration about the level of coordination between themselves and Hennepin County child protection staff. They felt that parents often did not recognize the seriousness of their situation because child protection staff had discontinued visible involvement in their case and consequently felt free to ignore or dismiss requirements and recommendations.

Recommendations: *Developed from interviews with staff from contracted agencies that work with Child Protection.*

- Facilitate meetings of all the professionals and non-professionals working with the child and parent. Better coordination and communication would eliminate redundancy in services and help to make sure everyone is on “the right page.” “Non-professionals” may include staff that could monitor supervised visits, staff providing transportation and perhaps guardian ad litem volunteers.
- Require the county social worker to attend the first visit with the family worker/agency staff, who is not a Hennepin County employee. Non-profit or private agencies contracted by Child Protection to provide parenting education and other parenting help often find it difficult to engage the parent. Frequently, parents do not even come to the initial appointment. The collaboration between county social worker and family worker would convey to the parent the importance of engaging with the family worker/agency staff.
- Maintain coordination consistently and over time between the child protection worker and contracted agency staff. In addition the county should provide more information regarding the child/family to the contracted staff. Agency workers at times felt they were hampered in providing the appropriate interventions because they were missing relevant information.
- Evaluate the pilot Infant Court Project in Hennepin County and use the results to guide the county’s ongoing efforts. The Infant Court Project that is being implemented as a pilot project by Hennepin County is an exciting one. Approaches similar to this project have been successful in other states. The structure of this project includes many of our recommendations for practice standards for the 0 - 3 population involved in child protection. We are hopeful that this pilot project will be successful in better serving the needs of infants, toddlers and their parents.

III. Finding: Regarding staffing and budget for child protection

Hennepin County Child Protection leadership and staff recognize that staff and budget cuts have overwhelmed the system. The county is now trying to hire additional staff, train and support them as quickly as possible. Both current staff and new hires are stressed by the situation. Even with a full complement of staff, there are gaps in the service continuum that child protection staff cannot cover. Clients have many practical needs and staff find that there simply are not enough hours or hands.

Recommendation:

- Hire aides to complement and assist with the everyday work necessities of staff. This would allow the professional staff to focus more acutely on the needs of the children and their parents. Almost every interview we conducted resulted in some form of this recommendation.

IV. Finding: Regarding mental illness and chemical dependency

Parent mental illness and chemical/alcohol dependency are major risk factors in child abuse and neglect. These issues are often apparent prenatally and at the time of birth. Data from Hennepin County shows that parental drug and alcohol abuse account for a high number of young children removed from their home. In addition, many of these parents also have mental health needs that are part of their chemical health problems. Outpatient treatment for the parent, either for chemical abuse or mental health, is the primary treatment recommendation by child protection

workers. These programs focus on the parents' needs and do not usually include work on the parent-child relationship. We are aware of only one day treatment program for mothers with mental health challenges and their infants. In addition to supporting the mother's emotional health, it also strengthens the mother-baby relationship. In some situations residential treatment is recommended but such programs may result in the separation of parent and child for the duration of the treatment. This may become a disincentive for a parent to seek and cooperate with treatment.

Recommendations:

- Implement timely identification and referral practices for those parents with chemical or mental health challenges. These services may be outpatient or residential. Currently a number of agencies and clinics serve this population on an outpatient basis but there may be a wait for appropriate services.
- Include working with the parent on how to strengthen the parent-child relationship in practice standards for agencies that provide mental health or chemical health treatment.
- Develop residential programs for parents that will allow them to keep their young children with them. This would allow the parent to receive treatment for mental health and/or chemical dependency while at the same time learning to be a more effective parent.

V. Finding: Regarding connections with community providers not contractually connected to the CP system

We are impressed with the work and devotion of the professionals in the system, both Hennepin County staff and community providers. Two issues emerged from our interviews and visits with providers. Hennepin County staff does not necessarily seek out and may not be aware of non-professional services or community groups (such as church related services, Early Childhood Family Education (ECFE), and services from The Arc for intellectual or developmental disabilities) that could help the client. In addition, it is important that services be offered evenings and weekends as well as during traditional working hours in order to meet the needs of people with varied or unpredictable work hours.

Recommendation:

- Make use of a wider array of community supports when appropriate for the specific parent (e.g., support groups for parents of children with disabilities).

VI. Finding: Regarding parent education

Parent training programs of all types are the most common service recommendation made by child protection workers. However, research indicates that the typical "parent education" program generally involves only the parent in an educational/classroom type setting and has not been found to be very effective in producing even short-term behavior change in abusive or neglectful parents. (Peterson & Feit, 2014).

Recommendation:

- Encourage the design and implementation of evidence-based programs that involve both the parent and child in intensive dyadic programs. Such programs would focus on enhancing parent sensitivity and responsiveness to their child, addressing the issues that maltreated infants and toddlers face, addressing some of the parent's mental health issues as well as teaching basic protective parenting. Although these programs are expensive, child-parent therapy is the only evidence-based mental health intervention for children

under three. Such programs have been found to reduce further involvement in the child welfare system (Peterson & Feit, 2014).

VII. Finding: Regarding parent reluctance to participate

Child protection workers and others working with parents involved with child protection report that many parents are unwilling or unable to recognize that they need help with parenting, especially if the case is not adjudicated. As a result, parents may refuse any service that is not mandatory. These parents are then lost to the system until the abuse is so egregious that it warrants opening a child protection case.

Recommendations:

- Design a strong system of incentives to promote participation.
- Identify consequences in conjunction with incentives to promote consistent participation for clients at high risk of repeat abuse. All agency staff that we interviewed mentioned the difficulty of engaging clients—particularly when participation by the parents was not court mandated. This may require state or DHS statute or policy changes.

Findings and Recommendations Specific to Broader Community and Systemic Issues

We also recognize that there are many factors that may lead to involvement in child protection and that these factors are system issues that cannot be addressed by Hennepin County Child Protection alone. We know that addressing any of the following issues will be difficult and will involve cooperation and coordination throughout the county and state systems. However, we also thought that it was important that these issues be highlighted.

A. Finding: Regarding early intervention

By the nature of child protection, it is almost always the case that intervention and services are provided after the fact. Early intervention and prevention are “wished for” commodities but the legal system surrounding child protection precludes an early intervention without substantial evidence of abuse or neglect. Yet, research and interviews show that there is a strong recognition that child abuse and neglect can most effectively be decreased through early intervention with high risk families. (Peterson & Feit, 2014; Child Welfare Information Gateway, 2013). We recognize that there is also a correlation with immaturity, parents who have limited understanding of how to parent or bond with their babies, who have had no or few positive role models for parenting, and who often believe, despite substantiated evidence, that they are fine parents who do not need any help with parenting.

Recommendation:

- Develop a community system of early intervention that is non-judgmental, non-confrontational and culturally appropriate. Participants could include non-profits, city of Minneapolis, medical providers, schools, and other Hennepin County community services.

One example we recommend is a universal nurse home visiting program followed by continued social worker or volunteer home visiting where needed. We recognize that this is a costly proposal requiring not only dollars for nurse visitors but also the organizational will to develop a program. We propose that this nurse visiting program be initiated as a pilot

project negotiated as part of the state contracts for medical services in the Medical Assistance plans. If the results prove promising, the state may consider how to proceed beyond this. In cases in which the situation requires the continued visits of a social worker or aide, the county would need to provide the financial support. We believe that there is a role for volunteers in such program, perhaps a Grandparent Brigade that could be coordinated by the county.

B. Finding: Regarding consequences of poverty

We recognize the role of poverty, particularly in cases of neglect, not because poor people are inadequate parents but because of the relentless obstructions brought about by poverty. These obstructions include working more than one job and still not attaining a livable wage; not owning a car so relying on a convoluted public transportation system; living within food deserts and areas in which shopping is inconvenient and goods are often unattainable; living in substandard housing that presents its own safety issues for children; living in neighborhoods with high crime rates; unaffordable and unavailable child care. Caring for a baby or young child is exhausting under the best of circumstances. When poverty is added to the situation, the result is often exhaustion and despair. These issues are significant both in the initial reports of neglect and in the behaviors of the parent after there is a finding and requirements for maintaining the child in the home or for returning the child to the parent after he/she has been removed.

Recommendations:

Although we would like to wave a magic wand to alleviate poverty, we realize that this is not in Hennepin County's power. There are practical, pragmatic things that can be done to reduce the role of poverty as an obstruction to good parenting.

- Address transportation issues through a system of transportation passes based on income as part of an early intervention system. (Perhaps this could be coordinated with the Met Council as part of their continuing regional planning.)
- Provide free or low-cost child care in convenient locations for parents involved in parenting classes or other services designed to improve their ability to parent. These parents may need child care not only for the child in the system but also in the same location for other children in the family.
- Develop a model for providing respite services for parents in poverty. The disability community has developed numerous services related to assistance and respite for the parents of disabled children that could potentially serve as a model.

C. Finding: Regarding housing instability

Housing instability is a pervasive component of abuse and neglect. Not only does it make parenting a near impossible challenge for the parent, it makes participation in services unlikely and inconsistent. From the perspective of the service provider, it is difficult to track clients who frequently change location and address. For the client, participation in any program becomes problematic if one cannot know where they will be living or how to access transportation to a service site. The potential for homelessness and/or a dangerous living situation exacerbates numerous other problems. Simply not having a place to "be" contributes to depression, chronic anxiety, and hopelessness.

Recommendation:

- Focus on affordable and safe housing as one aspect of service for parents at risk of abusing or neglecting their children. Consider developing moderately supervised housing

in which a variety of services can be offered in a residential setting, possibly providing on-site parenting training and other services in a community setting.

D. Finding: Regarding inconsistent funding for service providers

Service providers, whether public or private non-profit, must contend with inconsistent funding, constrained time requirements, and short term data measurement requirements that undermine their ability to provide services to participants who often require long term consistent programs in order to maintain a level of successful parenting. Programs with insecure funding, frequently changing requirements, and unrealistic "proof of success" timeframes force providers to spend significant time adapting to funders' needs rather than performing the service and working with clients.

Recommendation:

- Encourage private and public funders to provide long-term investments in promising programs in order to allow time for start-up, implementation, course correction, and longitudinal results.

E. Finding: Regarding limitations of current information system

Minnesota's Social Service Information System (SSIS) was designed as a case management system and was not intended as a data system from which we can gather demographic or report specific information. However, analysts at the Department of Human Services use the system to develop reports as required by law or federal mandate. Often, information for this study was difficult to cull from the system, unavailable or not in the form that was usable to us. County staff found also that they were unable to derive county-specific data from the system and often could not easily retrieve case notes from other counties in ongoing investigations.

Recommendation:

- Encourage the Department of Human Services to improve coordination with counties, not only with technical staff but also with child protection managers, to identify what types of information can be exchanged, what reports can be developed, what types of inquiries can or cannot be developed. We recognize that need for security in the use of the SSIS system and the role that security plays in minimizing trolling and cross functioning in these cases that are so private and confidential. Much of the frustration with the system has to do with a lack of cross knowledge about what the system may or may not provide, including even the simple knowledge of who to contact at the state to ask an analytical question of.

In closing, in order to improve services to children and families involved in child protection, it will be vitally important for county staff to work across departmental lines. The problems facing these families are too big to be addressed by child protection alone. It has often been difficult to facilitate cooperation between departments who may have different strategies or priorities when dealing with children and families. Ideally, Hennepin County would be able to offer more services to at risk families before they become involved in child protection. Early intervention and prevention services are often mentioned as vital services but too often money and staff for such services are not made available. Encouraging planning and cooperation between players such as child protection, mental health, chemical health, public health, non-profit agencies and MFIP would help address the needs of families with young children. Many of these recommendations are supported by the Casey Family Programs Report of June 25, 2015.

Bibliography

American Humane Association, Center for the Study of Social Policy, Child Welfare League of American, Children's Defense Fund, and Zero to Three, (2011). *A call to action on behalf of maltreated infants and toddlers*.

Casey Family Programs (2014, March). *Home visiting: The potential for cost savings from home visiting due to reductions in child maltreatment*. Seattle, Washington.

Casey Family Programs (2013, October). *Making the case for early intervention in child welfare: A research and practice brief*. Seattle, Washington.

Casey Family Programs. (2012). *Strategies to increase birth parent engagement, partnership, and leadership in the child welfare system: A review*. Seattle, Washington.

Casey Family Programs (2015, June 25). *Comprehensive Review of Children and Youth Services: Briefing to Hennepin County Board of Commissioners on Hennepin County Child Protection Services*

Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect*. Washington, D.C., U.S. Department of Health and Human Services, Children's Bureau.

Cohen, J. (2009, February). *Securing a bright future: Infants and toddlers in foster care*. Zero to Three Press

Cole, P. and Hudson, L. (2012, October). *Spotlight on developmentally appropriate services for young children: Safe babies court team project*. Children's Bureau Express

Hardin, B.J. (2010, July). *Home visitation with psychologically vulnerable families*. Zero to Three Press

Knitzer, J and Lefkowitz, J. (2006, January). *Helping the most vulnerable infants, toddlers, and their families*. National Center for Children in Poverty

Perry, B. (2012). *Supporting maltreated children: Countering the effects of neglect and abuse*. Adoption Advocate

Peterson, A, J. Joseph and M. Feit editors. (2014). *New directions in child abuse and neglect research*. Board on Children, Youth and Families: Institute of Medicine; National Research Council; The National Academy of Sciences.

Schuyler Center for Analysis and Advocacy. (2011). *Home visiting saves money, prevents child abuse, helps children learn and strengthens families*

Zeanah, C.H. et.al. (2001). *Evaluation of a preventive intervention for maltreated infants and toddlers in foster care*. Journal of American Academy of Child and Adolescent Psychiatry, 40(2), 2-14-220

Zero to Three. National Center for Infants, Toddlers and Families (2013). *Changing the course for infants and toddlers: A survey of state child welfare policies and initiatives.*

Appendices:

- Appendix A: List of interview subjects
- Appendix B: Hennepin County data

*Special thanks to Hennepin County Child Protection staff for providing us with numerous opportunities to review cases and providing us with data on request.

Appendix A: Interview List

Todd Monson - Area Director, Human Services Public Health Department

Carol Miller - Area Manager, Human Services Public Health Department

Karen Adamson - Maternal Child Health-Early Childhood Manager, Public Health Department

Lynn Lewis - Area Manager, Hennepin County Child Protection Services at time of interview

Anne Hume - Social Work Unit Supervisor, HC Child Protection Services

Judith M Hadler - Interim Program Manager, HC Children Protection Services

Denise Gabriel - Senior Social Worker, HC Corporate Compliance and Quality Assurance Unit

Janine Moore - Area Director, HC Children and Family Services

Penny Robertson - Program Manager HC Child Services, Child Protection Field and Child Protection Induction Unit

Erin Sullivan Sutton - Assistant Commissioner, Family and Children's Services, Minnesota Department of Human Services, at time of interview

Joe Kroll - Executive Director, North American Council on Adoptable Children

Susan Mishkulin - Senior Program Analyst, Hennepin County

Ann Gasch - Executive Director, Family Wise

Nancy Lange - Hennepin County Guardian Ad Litem

Kevin McTigue - Hennepin County Program Manager, HC Child and Family Services; Infant Court Project

Diane Haulcy - Director of Family Engagement, Think Small

Paula Frisk - St. David's Healthy Families Program

Denai Kennedy - St. David's Home Visiting Program

Amy Goodhue - Vice President of Family Health Services, Minnesota Visiting Nurses Association

Appendix B: Hennepin County Data

Table 1: Comparison of Child Protection Reports with Children Age 0 to 3 to all Child Protection Reports in 2013

2013	All Reports	Reports with Children Age 0-3	
	Count	Count	Percentage
Child Protection reports in 2013	15,483	6,455	41.7%
Screened Out	9,824	3,805	40.0%
Screened In	5,095	2,362	46.4%
Family Assessment Track	3,338	1,521	45.6%
Family Investigation Track	1,695	821	48.4%

Table 2: Comparison of Child Protection Reports with Children Age 0 to 3 to all Child Protection Reports in 2014

2014	All Reports	Reports with Children Age 0-3	
	Count	Count	Percentage
Child Protection reports in 2014	15,516	6,199	40.0%
Screened Out	9,755	3,582	36.7%
Screened In	5,115	2,353	49.9%
Family Assessment Track	3,422	1,532	44.7%
Family Investigation Track	1,627	790	48.5%

Notes:

1. The number of reports on the Family Assessment and Family Investigation tracks do not total the screened in reports because facility investigation reports were not part of this study.
2. Reports that were referred to current workgroup were not included, and therefore the total of the screened in and Screened Out do not equal the total number of reports.
3. Any child age 0-3 was included in this study, regardless if the child was a victim or not.

Table 3: Primary Reason for Children Age 0 to 3 Removed from the Home by Child Protection in 2013 and 2014

Removal Reason	2013			2014		
	Age 0-1	Age 0-3	Total distinct	Age 0-1	Age 0-3	Total distinct
Abandonment	4	9	13	3	3	6
Alleged neglect	31	14	45	46	31	77
Alleged physical abuse	13	7	20	9	7	16
Alleged sexual abuse	1	1	2	3	3	6
Caretaker's inability to cope (illness or other)	8	1	9	0	0	0
Child drug abuse	1	0	1	0	1	1
Incarceration of parents	2	2	4	3	3	6
Parental alcohol abuse	6	2	8	4	0	4
Parental drug abuse	30	15	45	16	10	26
Relinquishment or termination of parental rights	0	0	0	1	0	1
Caretaker's inability to cope - mental health	4	1	5	4	0	4

Note: Some children had more than one removal (more than one placement episode), so the total count across removal reasons is not unduplicated, however the count within each removal reason is unduplicated.

Initial Project Report: Recruitment, training, and support of foster families

(Year one of a two-year project)

In the State of Minnesota, there has been an intense focus on the protection of children. The Governor's Task Force is addressing the topic to look at this issue statewide. In light of this focus and conversation, the Hennepin County Citizens' Review Panel (HCCRP) has made a decision to study foster home issues as one of its projects for 2015 and 2016. The panel believes that the need for foster homes will likely increase in the near future due to multiple factors, including changes to screening of reports and new approaches for intake, increased public attention to child protection issues that may drive an increase in reports of abuse and neglect, and the impact of North Star Care for Children. As part of our panel's overall mission and approach to our work, we will seek to have this project be of assistance to Hennepin County, providing analysis, research, and thoughtful recommendations to improve the pool of foster families able to meet the needs of children in Hennepin County.

Project Goal:

The goal of this two-year foster home project is: *To review and comment on the recruitment, training, and support for foster homes in Hennepin County to offer recommendations for strengthening the efforts to develop and sustain a pool of families for children in foster care*

Roadmap

The roadmap below is a draft of how we plan to accomplish the goal for this project over the next year. We believe that we can determine the current status of foster care (Step A, outlined below)—the needs for placement options for children, the pool of foster families, and the current approaches for recruiting, training, and supporting foster families—in Hennepin County by early 2016. Once we have collected data and determined our current reality, we will proceed with Steps B and C later in 2016.

- A. Determine current status of foster care recruitment in Hennepin County
 - a. Identify data needed to determine current status
 - b. Interview staff to learn more about the current status
 - c. Interview other stakeholders – county attorneys, judges, guardians ad litem and other foster programs
 - d. Collect data
 - e. Analyze data
 - f. Determine whether there is a sufficient number of foster homes in Hennepin County
- B. Identify strategies and activities used in the recruitment, training, and support of foster homes/families
 - a. Identify current strategies and activities used
 - 1. Review Hennepin County's formal/written recruitment plan
 - 2. Review State of Minnesota Foster Care Recruitment Manual and diligent recruitment plan
 - 3. Review other statutes, policies, documents that identify recruitment, strategies, activities used by Hennepin County

4. Review data provided by Hennepin County regarding the number of training sessions, etc.
 5. Interview current foster families regarding the training and support
 6. Research recruitment practices of other Minnesota counties and other states.
- C. Provide analysis, review, insights, and recommendations for strengthening approaching to building and sustaining a sufficient pool of foster families

Preliminary Work in 2015

As of the end of 2015, we are in the process of collecting appropriate data on children in foster care and licensed families, along with core information about recruitment, training, and support practices in Hennepin County, in order to determine the current status of efforts to build a pool of foster families that can meet the needs of children in foster care.

Panel Member Activities in 2015

Ongoing Learning and Coordination Efforts

In addition to our monthly meetings of the full panel and projects among smaller groups, individual panel members participated in multiple conferences, trainings, meetings, networking and coordinating activities, and other events to build the panel's knowledge and connect with other important initiatives and groups in Minnesota.

- Attending and providing input (as appropriate) at several meetings of the Governor's Task Force on Child Protection (over several months)
- Casey Foundation Interview of CRP members for Hennepin County child protection assessment, one hour—several panel members (March)
- People Centered training 16 hours, State of Minnesota (March)
- Ambit Conference, University of Minnesota, on Trauma techniques and therapy approaches, 8 hours (April)
- National Citizen Review Panel Conference in Portland, Oregon—two panel members (May)
- Hennepin County Sheriff's Informational Meeting on increasing use of heroin in Hennepin County, 2 hours (May)
- Trauma care for foster children, Kindred Family Services, 4 hours (October)
- Three hour CD on the Overview of Child Protection in Hennepin County and History presentation, 3-hour CD (September)
- Annual Meeting of Citizens' Review Panels and other citizens' groups—several panel members (November)

In addition, one panel member participates on Minnesota's Child Mortality Review Board, as a designated representative of our Citizen Review Panel.

Participation in Special Initiatives and Events

During 2015, our panel continued to devote significant effort to tracking the progress of and status of the child welfare system changes taking place in Minnesota, driven in large part by the recommendations from the Governor's Task Force on the Protection of Children. Our panel has also closely followed efforts in Hennepin County to continue to strengthen programs and practices. These efforts are ongoing for our panel members to follow updates and new approaches that are being explored and implemented.

During 2015, our panel chairperson was invited to be a member of the newly formed Hennepin County Children and Family Services Advisory Board, one of the new efforts in the county to bring in stakeholder perspectives to drive improvements in child welfare work. Our panel chairperson participated in the Advisory Board, bringing perspectives from our panel's work to inform the discussions. The Advisory Board was put on hold in late 2015, but our panel remains available to participate in any future version of the Advisory Board or other committees.

Looking Ahead to 2016

The next year looks to be another productive, busy year for our panel. As noted above, our panel will continue the second year of the project on the recruitment, training, and support of foster families. In addition, we will continue to seek to recruit new members for our panel and to build our panel's infrastructure for recruiting and orienting new members.

Tracking the Status of Our Panel's Previous Recommendations

As our panel noted in our report last year and in our presentation to the Hennepin County Commissioners in early 2015, our panel has studied and provided recommendations across many years on several of the topics that both the state of Minnesota and Hennepin County are working on, so we continue to track the status of efforts that related to recommendations that we've made in the past. We recognize that there is significant ongoing change throughout the child welfare system in Minnesota and that the status of work related to our previous recommendations is rapidly shifting during this exciting phase of improvements. Our panel will continue to track the changes underway in Hennepin County and in Minnesota as a whole, and will review how these changes relate to our panel's previous recommendations.

Acknowledgements

Our panel would like to extend its appreciation and gratitude to the following individuals for their support and assistance: Janine Moore, Charlesetta Rolack, Lynn Lewis, Lois Nilson, Cindy Slowiak, Leslie Houghtaling, Rodney Alexander, and Casey Schmig - HCCP Children's Services; and Mary Doyle, Minnesota Department of Human Services. Without their help and assistance, this report would not have been possible.

We also wish to acknowledge and applaud the ongoing, dedicated work of the child protection and child welfare staff in Hennepin County. We are highly aware of the intense pressures and expectations involved in child welfare work and we recognize that there have been increasing demands and scrutiny on this important work as both Hennepin County and the state of Minnesota seek to make significant changes to how child welfare/child protection work is done. Much of the high-profile attention to child welfare work in Minnesota has focused on challenges, crises, and tragic situations and we recognize that it is crucial to address challenges and shortcomings. However, we also know that every day, staff are doing important, high-quality work on behalf of children and families, often in the face of significant constraints and competing demands. Our panel looks forward to continuing to partner with Hennepin County staff to continue the good work and to build on the many successes and strengths that already exist.