

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

**Beltrami County
Self Assessment Update
September 2010**

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

Purpose of the County Self Assessment Update

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

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

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

Process for Conducting the County Self Assessment Update

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

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

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

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

PART I: GENERAL INFORMATION

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

Name of County Agency
Beltrami County Health & Human Services
Period Under Review
For Onsite Review Case Selection Sample: <u>July 1, 2009 – June 30, 2010</u> Period for Part IV Data Tables: <u>2008</u> Period Under Review (PUR) for Onsite Case Review: <u>July 1, 2009 – September 16, 2009</u>
County Agency Contact Person for the County Self Assessment
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Key Dates
Month/year of initial MnCFSR: <u>April, 2006</u>
Date Self Assessment Update Submitted: September 3, 2010

PART II: SYSTEMIC FACTORS

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

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

Area Needing Improvement		Strength	
1	2	3	4
None of the practices or requirements are in place.	Some, but not all, of the practices or requirements are in 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 initial self assessment. Consider the agency’s responses to questions A1-A4. Summarize changes in the agency’s information system since the last MnCFSR.

System Changes
There have been no changes since the last self assessment. Beltrami County follows the State of Minnesota policies and protocols regarding the use of SSIS.

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

Summary of Strengths	Barriers Identified/Initial Plans
The Program Improvement Plan strategies allowed for increased staff awareness and compliance in supporting improved safety, permanency and wellbeing outcomes.	The primary barriers involved in the effectiveness include: available time, outside agencies, court involvement, lack of local resources, and geographical size of Beltrami County.

A3. Target Question

Target Question
Describe the agency’s use of SSIS reports in supervision. Consider how reports are used during supervisory consults to monitor key case activities. Intermittant usage for supervision in regards to timeliness of contact in investigations and case management monthly contacts.

Overall Systemic Factor Rating for Information System—Current	
Area Needing Improvement	Strength

Overall First Round Systemic Factor Rating for Information System: 3 - Strength

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>
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B. Case Review System

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

System Changes
Follow up case reviews as prescribed in the Program Improvement Plan. Currently, the Lead Social Worker conducts monthly case reviews with social workers. Case Managers meet on a weekly basis as a team to discuss case-specific and program questions.

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

Summary of Strengths	Barriers Identified/Initial Plans
Through usage of PIP and Quality Assurance tool kit, individual case strengths and deficiencies were identified. Continued corrective action was initiated accordingly.	The primary barriers involved include time, number of cases and complex caseloads.

B3. Target Questions

Target Questions
<p>Describe how timely and appropriate permanency goals are established for children, including the agency’s use of team decision-making processes.</p> <p>Permanency goals are established for children immediately and are addressed on an ongoing bases for continued appropriateness through the use of weekly team staffings, visits and consultation with family members, family group decision making, case consultation, court hearings and communication with tribal workers and guardian ad litem.</p>
<p>Describe the agency’s use of Concurrent Permanency Planning and how the broader child welfare system supports these efforts.</p> <p>Beltrami County readily utilizes Concurrent Permanency Planning immediately in a case and develops these plans with the family, utilizing relative searches, family and child input family group decision making conference. Beltrami County collaborates with the court system, tribal agencies, guardians ad litem and other agencies to support the Concurrent Permanency Plan.</p>
<p>Describe the agency’s use of Trial Home Visits (THV). Include agency criteria or policies used to determine when and in which cases THVs are appropriate to support successful reunification.</p>

Trial Home Visits are frequently used to determine whether a return of custody is appropriate or if the family needs continued support. Trial Home Visits are determined on a case by case system, utilizing staffings and team decision making.

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

The team is no longer meeting. A new team is being established to begin Fall 2010.

Overall First Round Systemic Factor Rating for Case Review System: 4 - Strength

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

C. Quality Assurance System

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

System Changes
Workers no longer meet weekly with Supervisor, however social workers meet regularly with the Lead Social Worker and Supervisor is available for staff consultation as needed. Intake screening team now meets on a daily basis. Placement cases are now taken to Pre-Placement for staffings. Intake and investigations now have a specific Lead Social Worker specific to their departments.

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

Summary of Strengths	Barriers Identified/Initial Plans
The strengths and improvements that have resulted due to our response to our changing agency environment, the needs of the community, the number and complexity of cases, and financial constraints of the economy.	The primary barriers indentified include a significant decrease in funding for primary services and the increase of complex cases due to the status of the economy in Minnesota.

C3. Target Questions

Target Questions
<p>If applicable, discuss what the agency is learning from qualitative case reviews and how results are used to enhance practice and support system improvements.</p> <p>Once the goals in the PIP were met, Beltrami County ceased to use the qualitative case reviews.</p>
<p>Describe the agency’s use of the following data reports to identify practice areas needing improvement and monitor the effectiveness of improvement strategies:</p> <ul style="list-style-type: none"> • Internal reports (e.g. SSIS Charting and Analysis and General Reports, Crystal, Safe Measures) • DHS reports (e.g. Timeliness of Initiating Assessment, Performance Updates) • Other <p>Internal reports are utilized to track and ensure monthly CWTCM contacts. DHS reports are received by the Supervisor and are distributed and discussed with Intake and Investigations to develop more effective practices.</p>

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

D. Staff and Provider Training

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

System Changes
Many trainings are now provided through VPC resulting in an increase of available trainings.

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

Summary of Strengths	Barriers Identified/Initial Plans
N/A	N/A

D3. Target Questions

Target Questions
<p>Describe training needs identified in the county's initial MnCF SR and whether the county was able to access training that was effective in addressing areas identified as needing improvement.</p> <p>Training needs identified in the county's initial MnCF SR were addressed through the Child Welfare Training System and in service workshops.</p>
<p>Describe resources/strategies the agency uses to promote stable placements by preparing foster parents and supporting them in meeting the needs of children. Identify efforts to match children to specific foster care providers and enhance their capacity to meet children's needs (e.g. training to address child specific needs).</p> <p>The agency provides training for all foster parents on a regular basis and provides for child care and respite as needed. Topics include issues that are relevant to the needs of foster parents and are child-specific. These needs are determined through regular meetings with foster parents and regional foster care licensing workers. Trainings are conducted in the spring and fall for 6 hours. Recruitment and pre-service training are completed in foster parent homes. Agency contracts for all adoption services.</p>

Overall First Round Systemic Factor Rating for Staff and Provider Training System: 4 - Strength

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

System Changes
Children's Mental Health Case Management is now provided internally. Beltrami County no longer has in-home counseling. Beltrami County is no longer in receipt of a Family Group Decision Making grant. Beltrami County Human Services consolidated with Beltrami County Nursing Services to form BeltramiCounty Health and Human Services. Through this consolidation, we are better able to provide for the full array of both mental and physical health services.

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

Summary of Strengths	Barriers Identified/Initial Plans
Children's Mental Health Case Management being provided internally will allow for more streamlined services, more efficient delivery of services and less duplication.	Barriers include funding, lack of resources, lack of transitional living program for females, increased caseload size and decrease in staff size.

E3. Target Question

Target Questions
<p>Identify how Structured Decision Making (SDM) tools are used in supervision to guide case decisions and/or to match services to families’ needs. Describe practice or policy changes related to the use of risk reassessment and reunification tools.</p> <p>Structured Decision Making tools are used on a limited basis to guide case decisions and/or to match services to families. Beltrami County utilizes informal decision making to guide case decisions, to include: home visits, communication with service providers, visual safety assessments, and face to face contacts with the family. Structured Decision Making tools do not fit every situation, and although they are used, they are not the sole decision making mechanism used to guide case decisions.</p>

Overall First Round Systemic Factor Rating for Service Array and Resource Development System: 3 - Strength

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

F. Agency Responsiveness to the Community

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

System Changes
No changes.

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

Summary of Strengths	Barriers Identified/Initial Plans
NA	NA

F3. Target Question

Target Question
<p>Describe agency efforts to include external stakeholders (e.g. child protection teams, tribes, local collaboratives, courts, etc.) in the development and implementation of the Program Improvement Plan.</p> <p>Beltrami County continues to have a very active community that is invested in the welfare of children. BCHHS works closely with a host of partner agencies and collaboratives. These include: Child Protection Team, Children's Mental Health Advisory Council, Interdisciplinary Review Team, Child Abuse Prevention Council, Thrive Initiative, and Bemidji Area Service Collaborative.</p>

Overall First Round Systemic Factor Rating for Agency Responsiveness to the Community: 4 - Strength			
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 type="checkbox"/>	4 <input checked="" type="checkbox"/>

G. Foster and Adoptive Home Licensing, Approval and Recruitment

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

System Changes
There is a new grant-funded regional foster care recruiter.

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

Summary of Strengths	Barriers Identified/Initial Plans
Thriving foster care community, BCHHS recruits and trains homes as do PATH, North Homes, Red Lake and Leech Lake. BCHHS utilizes the full array of homes to meet the needs of kids.	Funding for recruitment/training, lack of treatment foster homes and whole family foster homes, difficulty in finding foster home families, lack of Native American foster homes.

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

H. Supervisor and Social Worker Resources

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

System Changes
Supervisor to worker ratio is approximately 40-1. Social workers typically carry 14-17 cases. Due to the increased volume of assessments, a third worker has been added.

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

Summary of Strengths	Barriers Identified/Initial Plans
The addition of Lead Social Workers and more defined roles of Lead Social Workers.	Supervisor now has an additional unit, Adult Services, to his workload. Lack of funding and economic environment inhibits the County's ability to hire additional staff.

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

Beltrami County is one of the poorest counties in the state, and for the short term, little improvement is expected. Nearly 1/3 of the county's children live in poverty and we continue to have a higher than average adolescent birth rate. The transient nature of many of our residents contributes to children changing schools, children being under-immunized and a high out-of-home placement rate for county children. A high percentage of children in placement here in Minnesota are Native American. This unfortunately is a statewide trend and Beltrami County is no exception. Many of the children currently in placement are Native American and although attempts are continually made to address this, only limited progress has been made. Poverty and the lack of economic development are the primary issues that contribute to Beltrami County's ongoing child welfare issues.

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 (Table1). 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>Beltrami County met the national standard. The factors that contributed to strong performance include: the use of trial home visits; implementation of services such as Children's Mental Health , Parent Support Outreach program, MFIP Family Connections, in-home skills, in-home counseling and respite care; the length and amount of quality time spent with families while their cases are open and the use of financial resources to alleviate the family's immediate needs and stressors.</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>Beltrami County met the national standard. The factors that contributed to strong performance include: the recruitment and training of foster care providers; the support and frequent communication with providers by assigned social workers; available respite care; frequent communication with children in care; and the diligent efforts made by social workers to find an appropriate child and provider fit.</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>The trends and factors that may have contributed to the decrease in the number of maltreatment reports may include: training provided to the community on mandated reporting; the use of family and child welfare assessments; preventative use of respite services; programs such as MFIP Family Connections and Parent Support Outreach program; the use of in-home services as a front-line intervention approach; and an increase in an aligned community response to child maltreatment.</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>The protocols and criteria that guide the assignment of child maltreatment reports for a family assessment or investigation include: an initial screening and a decision made by intake regarding the route of the case; ongoing informal screening throughout a given day; and formal screening on a daily basis. Beltrami County has established screening guidelines</p>

based on State statute rule and State screening guidelines. The process used to determine when track changes may be necessary is determined by the child protection investigation staff through a team decision-making process.

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

Factors that contribute to timely face-to-face contacts with children and factors that contribute to delays include: accurate contact information; coordination with other crucial agencies such as law enforcement and the Family Advocacy Center; cooperation of the family; distance of family location; and a family's lack of communication resources, for example, telephone service, and the date and time of report.

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.

Agency practices for addressing the needs of children and families experiencing difficulties with alcohol or other drugs include: the utilization of Rule 25 assessments, assisting in the arrangement of outpatient and inpatient treatment programs and aftercare services; connecting children and families to various supports such as AA/NA groups and the Rock Sober program for youth, implementation of urinalysis/hair/blood and breath testing. Worker competencies and training needs related to addiction, treatment and relapse planning include the requirement of MN DHS Social Worker CORE Training as well as the ongoing availability and access of training. Promising approaches to addressing substance use issues include: the availability of diverse and substance specific programs; inpatient programs that allow families and children to attend; the alignment of the Drug TaskForce with local pharmacies; available consolidated funds to provide for treatment. Current barriers include availability of local inpatient programs; small number of programs that allow children to attend with the parent; delay of services because of high need; the absence of long-term and non NA/AA based programs; transportation issues; as well as the lack of choice of alcohol/drug facilities in rural areas; poverty; an abundance of and availability of alcohol and drugs; lack of available sober support systems for both children and adults.

7. **Short-term Placements.** (Table 5). 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.

Beltrami County utilizes short-term placements whenever possible. Short-term placements are used when specific safety issues need to be addressed, familial crisis situations, the family is cooperative and willing to make necessary changes in a timely manner. Factors that contribute to short-term placements include: family cooperation; and the severity of risk and safety factors. Efforts to prevent entry/re-entry into foster care include: Family Group Decision Making process; multiple services implemented to continually address the child and family's needs; development and use of safety plans; involving extended family members to support the child and family.

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

Other concerns not covered above, that affect safety outcomes for children and families served by the agency include: the State GA/GAMC funding decrease; funding for preventative programs such as MFIP Family Connections; funding for those families who are not eligible for public assistance but do not have prior coverage or cannot afford copays; transportation; lack of employment for families that the agency works with.

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.

Beltrami County's overall strengths to the performance on the four measures regarding timelines and permanency of reunification include: the use of trial home visits; early implementation of appropriate services; development of case plan with family; cooperation of family; utilization of Family Group Decision Making; intensity of case management services; and frequent court involvement. The barriers identified are lack of family cooperation, poverty, chemical abuse, mental health, lack of support, lack of resources and the family's utilization of the resources. Beltrami County's median stay in foster care may be attributed to outside entities including: court involvement; guardian ad litem; tribal agencies; and other necessary agencies. Although Beltrami County did not meet the national standard regarding the median stay in foster care to reunification, the child(ren)'s best interest is always taken into account and reunification in a 12 month period or a shorter length of stay in foster care is not always an appropriate response.

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.

Beltrami County did not meet the national standards regarding the timeliness of adoptions, however, it should be noted that Beltrami County had very few eligible children for adoption. Barriers to the timeliness of adoption include: sibling groups with high needs; older-aged children; availability of Native American adoptive homes; the lack of TPR decisions in cases involving Native American children allowing them to be eligible for adoption; timeliness of State of MN DHS response to adoption paperwork submitted by Beltrami County; and the timeliness of all participants and agencies involved in the adoption process.

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.

Beltrami County's strengths in regards to permanency for children and youth in foster care for long periods of time include: the use of ongoing relative searches; utilization of transfer of custody determinations to relatives; the implementation of active efforts for all children; the assistance of tribal agencies in locating permanency options for children. The overall barriers include: a lack of appropriate relative options; lack of adoptive homes; and specifically in regards to older children, the ability to utilize TPR decisions for Native American children.

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.

Beltrami County's strengths in regards to placement stability include: the use of relatives as placements; careful consideration and diligent efforts to find appropriate and fitting placement options for children; the accessibility of respite services and supports to placement providers to maintain placements; the intensity of involvement and accessibility of social workers to placement providers and children; trainings/education offered to placement providers. The barriers include: the severity of children's behaviors; the lack of availability of resources; lack of appropriate relative placement options; ICWA placement preference can cause placement changes; and provider request for placement changes and foster homes that only take emergency placements.

5. **Relative foster care (Table 9).** 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.

Relative searches and active efforts for all children are put into place immediately and begin with intake and investigations. These relative searches include: both maternal and paternal relatives and diligent efforts are made to locate parents who may not be local; the county conducts ongoing relative searches throughout the case and the county and tribal agencies collaborate to conduct the most accurate and in depth relative searches possible. Strategies for supporting stable relative placements include: training and education; open communication with the agency and social workers; respite services; and connection to appropriate services and financial assistance to support the stability of placement.

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

Long-term foster care is utilized as a last option for permanency for children. Long-term foster care is put into place when all possible relative options and adoptive options have been exhausted. When long-term foster care is a permanency option for children, the agency continues to provide active efforts to locate other permanency options to include relatives and possible adoptive homes. Older children's preference for permanency is taken into consideration and there are circumstances when a child prefers to remain in foster care.

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

NA

C. Well-being

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

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

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

1. **Parent involvement.** Discuss strategies the agency has implemented since the last MnCFSR to improve performance in the following areas:
 - **Engaging fathers in needs assessment, service delivery and case planning. Identify promising approaches or current barriers to involving fathers.**
Engaging fathers now begins with Intake and Investigations and continues through to Case Management due to increased awareness. We are currently using Tribal agencies to assist in locating fathers on a more regular basis. Barriers are identifying the father and incarcerated or unable-to-locate fathers.
 - **Engaging non-custodial parents in needs assessment, service delivery and case planning. Identify promising approaches or current barriers to involving non-custodial parents.**
Same as above.
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.
The agency requires monthly face-to-face visits with children. Each worker receives a monthly printout of monthly face-to-face contacts, as does the Supervisor, to track visits. Barriers include the location of child in placement, locating families where children are in the home due to homelessness, lack of cooperation, and time. Case Workers are diligent in efforts to involve children in case planning and having one-on-one visits with children as appropriate.
3. **Educational status of children.** Describe current agency practices for ensuring that children's educational needs are assessed and addressed through services. Identify promising approaches or current barriers to addressing children's educational needs.
Agency workers attend IEP meetings, coordinate Early Intervention Screening and collaborate with school staff to include school social workers, teachers, principals, etc., to ensure educational needs are met.
4. **Health care for children.** Describe current agency practices for ensuring that children's medical and dental needs are assessed and addressed through services. Identify promising approaches or current barriers to addressing children's health care needs.
Agency requires that all children have physicals within 30 days. Agency collaborates with nursing services. Beltrami County is now Health and Human Services allowing for easier access to services. Agency is co-located with Public Health Clinic and WIC. A barrier to health care is the approval of Medical Assistance in a timely manner. Agency workers are now more aware of the requirement of physicals for children within 30 days and there is now a local Dental Access Clinic available.

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

Beltrami County will be providing Children's Mental Health Case Management internally. Children's Mental Health Screening tools are required and used readily. Promising approaches include an increased use of 30 day evaluations, availability of Community Mental Health Clinic walk-in hours, use of Diagnostic Assessments to determine appropriate services for individuals and families. Barriers include decreased funding, loss of In-Home Counseling, availability of alternate funding for those not eligible for MA and/or do not have insurance, or cannot afford copays.

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

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	Minnesota 2008	County 2009**
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% ↑	94.86%	100%* (27 / 27)
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% ↑	99.7%*	100%* (207/207)

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% ↑	86.1%*	85.7%* (36 / 42)
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 ↓	3.98*	6.5
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% ↑	62.0%*	73.9%* (17 / 23)
<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% ↓	26.1%	24.7% (20 / 81)

Data Indicator	National Standard	Minnesota 2008	County 2009
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% ↑	50.3%*	25% (1 / 4)
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 ↓	25.13*	34.8
<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% ↑	21.0%	12.5% (4 / 32)
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% ↑	2.1%	0% (0 / 33)
<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% ↑	34.6%	0% (0 / 3)

Data Indicator	National Standard	Minnesota 2008	County 2009
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% ↑	18.8%	34.5%* (10 / 29)
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% ↑	93.4%	75% (3 / 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% ↓	43.5%	NA

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% ↑	86.1%*	90.2%* (110/122)
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% ↑	55.4%	63.9% (23 / 36)
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% ↑	30.4%	41.7% (20 / 48)

*The county met the performance standard.

**County 2009 data from SSIS Charting and Analysis Reports (effective 6/17/10)

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)
2005	165	71 (43%)	75 (45.5%)
2006	135	62 (45.9%)	64 (47.4%)
2007	128	73 (57%)	67 (52.3%)
2008	92	46 (50%)	45 (48.9%)
2009	82	Not available	Not available

DHS Research, Planning and Evaluation

Statewide rate of reports with maltreatment determined in 2008: 57.9%

Statewide rate of reports with child protection services needed determined in 2008: 47.8%

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

Table 3

Year	Number of Family Assessments / as percent of total maltreatment assessments	Number of Family Assessments with Subsequent Case Management Openings / as a percent of total AR assessments
2005	39 (19.1%)	4 (10.3%)
2006	49 (26.6%)	11 (22.4%)
2007	68 (34.7%)	16 (23.5%)
2008	69 (42.8%)	15 (21.7%)
2009	71 (46.6%)	Not available

DHS Research, Planning and Evaluation

Statewide rate of reports assessed with Family Assessments in 2008: 63.1%

Statewide rate of Family Assessments with Case Management Openings in 2008: 16.9%

Completed Face-to-Face Contact with Alleged Child Victims

Table 4

	Reporting Period	Total all Child Subjects	Percent With Timely Contact*	Percent With No Contact	Statewide Rate of Timely Contact
Family Assessments and Investigations – Not Substantial Child Endangerment	2008	97	72.2% (70 / 97)	5.2% (5 / 97)	65.9%
	Jan-June 2009	69	52.5% (36 / 69)	13% (9 / 69)	69.5%
Investigations – Alleged Substantial Child Endangerment	2008	93	50.5% (47 / 93)	5.4% (5 / 93)	51.4%
	Jan-June 2009	46	28.3% (13 / 46)	17.4% (8 / 46)	57.3%

DHS Child Welfare Data Release Report

*Timely contact is defined as:

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

Length of Placement Episodes Ending in 2008

Table 5

Length of Placement Episodes	State %	County #	County %
1 – 7 days	24.8%	2	1.5%
8 – 30 days	10.6%	7	5.1%
31 – 90 days	13.4%	13	9.6%
91 – 180 days	11.2%	27	19.9%
181 – 365 days	15.9%	46	33.8%
366+ days	24.7%	41	30.1%
Total Episodes	8,695	136	--

DHS Research, Planning and Evaluation

Reasons for Entering Out-of-Home-Care, Related to Protection-2008

Table 6

Reason	State %	County #	County %
Alleged Physical Abuse	6.8%	16	4.8%
Alleged Sexual Abuse	3.2%	8	2.4%
Alleged Neglect	18.8%	116	34.6%
Parent Alcohol Abuse	5.3%	40	11.9%
Parent Drug Abuse	10.6%	33	9.9%
Abandonment	3.1%	10	3.0%
TPR	0.8%	0	0%
Parent Incarceration	3.7%	7	2.1%
Total Reasons Reported for All Placements	22,082	335	--
Total Placements	22,947	390	--
Total Reasons Related to Protection	52.4%	230	68.7%

Reasons for Entering Out-of-Home-Care, Other than Protection-2008

Table 7

Reason	State %	County #	County %
Child Alcohol Abuse	1.4%	3	0.9%
Child Drug Abuse	2.3%	4	1.2%
Child Behavior	26.4%	63	18.8%
Child Disability	4.0%	7	2.1%
Parent Death	0.3%	0	0%
Caretaker Inability to Cope	10.2%	25	7.5%
Inadequate Housing	3.0%	3	0.9%
Total Reasons Reported for All Placements	22,082	335	--
Total Placements	22,947	390	--
Total Reasons Other than Protection	47.6%	105	32.3%

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C. Permanency Data

Gender of Children in Care - 2008

Table 8

Gender	State %	County #	County %
Male	56.2%	129	54.9%
Female	43.8%	106	45.1%
Total Children in Care	13,755	235	100%

DHS Research, Planning and Evaluation

Age Group of Children in Care – 2008

Table 9

Age Group	State %	County #	County %
0-7 Years	32.5%	96	40.9%
8-12 Years	18.2%	40	17%
13+ Years	49.3%	99	42.1%
Total Children in Care	13,755	235	100%

**Children in Out-of-Home Care by Placement Setting-2008
(Children may be counted in more than one placement setting)**

Table 10

Placement Setting	State %	County #	County %
Foster Family Non-Relative	38.7%	182	46.7%
Foster Family Relative	12.7%	91	23.3%
Foster Home – Corporate/Shift Staff	1.3%	6	1.5%
Group Home	11.6%	29	7.4%
Juvenile Correctional Facility (locked)	3.5%	9	2.3%
Juvenile Correctional Facility (non-secure)	6.7%	34	8.7%
Pre-Adoptive Non-Relative	4.2%	11	2.8%
Pre-Adoptive Relative	2.0%	2	0.5%
Residential Treatment Center	19.1%	26	6.7%
Other*	0.2%	0	0%
Total Placement Settings	22,947	390	--

*"Other" includes ICF-MR and Supervised Independent Living settings

2008 Child Welfare Report

D. Child Well-being Data

Caseworker Visits with Children in Foster Care

Table 11

		State %	County #	County %
Oct 1, 2008 – Sept 30, 2009	Total Number of Children in Foster Care	8,069	164	--
	Monthly Visits	46.9%	58	35.4%
	Of children who had visits, number /percent of residential visits	99.2%	58	100%
	No Visits	7.6%	59	36%
July 1, 2008 – June 30, 2009	Total Number of Children in Foster Care	8,007	98	--
	Monthly Visits	46.1%	47	48%
	Of children who had visits, number /percent of residential visits	97.2%	45	95.7%
	No Visits	2.6%	1	1%
April 1, 2008 – March 31, 2009	Total Number of Children in Foster Care	8,320	100	--
	Monthly Visits	42.7%	34	34%
	Of children who had visits, number /percent of residential visits	96.9%	31	91.2%
	No Visits	2.7%	2	2%
Jan. 1, 2008 – Dec. 31, 2008	Total Number of Children in Foster Care	8,535	115	--
	Monthly Visits	40.4%	32	27.8%
	Of children who had visits, number /percent of residential visits	96.4%	29	90.6%
	No Visits	3.0%	2	1.7%
Oct. 1, 2007 – Sept. 30, 2008	Total Number of Children in Foster Care	8,169	109	--
	Monthly Visits	38.7%	23	21.1%
	Of children who had visits, number /percent of residential visits	95.3%	22	95.7%
	No Visits	3.2%	3	2.8%

DHS Child Welfare Data Release Report

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?

We feel that we communicate effectively with our partners and respond to the needs of the community in a positive and timely manner. Since the time of our last review Beltrami County has undertaken efforts to ensure that CMH assessments are completed on all children we work with and we have attempted to ensure that Physical Health assessments are completed within 30 days of placements. Beltrami County feels we have been responsive to the needs raised in the last review and we look forward to the results of this next review.

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.

I would ask that issues pertaining to adoption and permanency be looked at as we have continued to struggle in meeting these timelines. We feel that at times these areas are out of our control as both the courts and the tribes play a significant role in meeting these timelines.

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.

I would be interested in examining issues pertaining to relative searches and involvement on non custodial parents.

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:

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

Comments:

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

Comments:

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

Comments:

- 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: We will wait for the review to be completed before undertaking any changes to our Child Welfare system.

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