Minnesota Department of Human Services
Child and Family Service Review

Carlton County
Agency Self-Assessment
March 2015

January, 2015

Minnesota Child and Family Service Review
Instructions for Conducting the
Agency Self-Assessment

Purpose of the Agency Self-Assessment

The Agency Self-Assessment is the first phase of the Minnesota Child and Family Service Review (MnCFSR). The Self-Assessment process provides the agency an opportunity to evaluate strengths and areas needing improvement across 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 Agency 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/tribes 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 Agency Self-Assessment was shared with other program areas at DHS to inform plans for statewide training, technical assistance, practice guidance and policy development.

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

Process for Conducting the Agency Self-Assessment

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

Counties/tribes are strongly encouraged to convene a team of representatives of county/tribal agency staff and community stakeholders to complete the Self-Assessment. Children's Justice Initiative Teams, Child Protection Teams or Citizen Review Panels are examples of community stakeholders who play a role in the county/tribal 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/tribal Self-Assessment process also provide a valuable resource to the development of the Agency's Program Improvement Plan

PART I: GENERAL INFORMATION

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

Name of County/Tribal Agency
Carlton County
Period Under Review
Period Under Review (PUR) For Onsite Case Review: 2/1/14 through 4/1/15 Period for Part IV Data Tables: 2013
County/Tribal Agency Contact Person for the Agency Self-Assessment Update
Name: Brenda Carlson Title: Supervisor Address: 14-North 11th Street, Cloquet, MN 55720 Phone: (218) 878-2588 Fax: (218) 878-2541 E-Mail: Brenda.Carlson@co.carlton.mn.us
Key Dates
Month/year of prior MnCFSR(s): 2003, December 2011
Month/year of on-site review: March 30 – April 3, 2015

PART II: SYSTEMIC FACTORS

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

Section 1: **Description of Agency Practice.** Use the exploratory issues to assess and describe the capacity and quality of the county/tribe's child welfare system. Describe how the system works, including strengths and promising practices and ongoing challenges. Each exploratory issue has specific guidance and instructions provided.

Section 2: **Target Questions.** Some systemic factors include a set of targeted questions designed to focus agency attention on specific practice areas or activities. Target questions represent areas identified as needing improvement in Minnesota's 2007 federal CFSR. Provide information regarding agency practice, promising approaches or identified barriers in these specific areas.

Section 3: **Ratings.** Determine a 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 the agency's use of the information system (SSIS). *Consider the following when responding:*

- *County developed/modifications to policies or protocols related to the use of SSIS*
- *Resources to support use of SSIS (training for workers, mentors, equipment upgrades, etc.)*
- *Supervisor staff use of SSIS for individual case oversight and/or monitoring overall performance.*

Description of Agency Practice
The Family Unit/CMH/FSSW supervisors check SSIS at least monthly and review results with the social workers. The supervisors check monthly time recording, worker visits with child in OHPP, MAPCY are they current and accurate, CMH screenings/assessments, SDM tools, risk and re-risk assessments, cases without an active OHPP, timeliness to FA/FI initial contacts, case notes and court reports. Workers are to enter their SSIS data by the 10th of the following month. We request all workers do 100% time recording. Workers, if they get behind, are offered protected time or flex scheduling so they can utilize SSIS when the agency is not open. Data about worker visits with child, etc. are also shared with the Disabilities Unit supervisor when it involves children who have been placed due to their disability and that unit is doing the management of the case. A protocol of requiring that all maltreatment calls into the agency, regardless if it appears to be a child maltreatment issue, has been operational for many years. All calls are entered in to SSIS by our On Call social worker or any one providing backup. The On Call social worker and other social workers are trained on how to enter data into SSIS for an intake and also what questions to ask the reporter. We have two case aides in the Family Unit/CMH/FSSW who are SSIS mentors and attend mentor meetings and trainings. They bring information back and share with the workers either during unit meetings or via email. The case aides are able to train new workers on the basics of SSIS until SSIS New Worker training is available. Our mentors are also able to call or email the SSIS Help Desk for advice/suggestions/answers to questions. The Agency is exploring the acquisition of tablets/iPads for field use. The Family Unit Supervisor and OSS Supervisor attended a webinar about an electronic documents management system that was SACWS compatible. The OSS Supervisor is also in contact with St. Louis County regarding their pilot. It would be **imperative** that SSIS becomes available to use with a tablet or iPad. We do not have time for workers to do double entry – use one program in the field and then need to re-enter into SSIS. It is the hope that somehow SSIS becomes web based like other programs such as MAXIS and Child Support.

Overall Systemic Factor Rating for Information System

Area Needing Improvement		Strength	
1 ☐	**2** ☐	**3 x**	**4** ☐

B. Case Review System

1. Review the agency's case review system processes. *Consider the following when responding:*

- *Structure for supervisory consultation with staff*
- *Processes for reviewing screening decisions, track assignments and maltreatment investigations/assessments*
- *Use of SDM tools (initially and ongoing) to support decision-making (identify concerns, needs which informs case planning and service provision)*

Description of Agency Practice
The Family Unit and CMH/FSSW unit utilize a team approach when reviewing cases. The Family Unit has a list of ongoing child protection cases that are to be reviewed every month. This list is given to the ongoing child protection workers at the beginning of each month. The cases on the list are then reviewed in the every other week unit meetings. Workers can also request team feedback after Action Team is done from their co-workers and supervisor. "Emergency" reviews can be called by any worker assembling whatever staff are in the office to review and emergent or pressing case issue. Family Assessment cases are reviewed when workers desire advice or ideas about resources or feedback on case progress. The FA cases are also reviewed prior to closure with the entire unit and assistant county attorney if necessary. There is an "open door" practice within the Family Unit and the CMH/FSSW units to allow workers to meet with the supervisor about cases whenever both have time. New staff meets more frequently with the supervisor to discuss case practice, case concerns, case plans, court reports, and to answer any questions they may have. All maltreatment reports are reviewed at 8:15a.m. every morning the agency is open for business. This is called Action Team or A Team. People present are the CP investigators, the FA workers, ongoing child protection social workers, the foster care licensor, a public health nurse, and if the case is regarding an American Indian child, we have Fond du Lac Social Services on the phone. (They are also able to typically assist us in knowing what other Tribe to contact if the report doesn't concern one of their families.) We also may have a CMH, CD worker or DD worker present as needed. The reports are reviewed with the Child Maltreatment Screening Guidelines to see that the report meets the definition of maltreatment. If there is a question on whether it meets the criteria or which track to choose, the Assistant County attorney is consulted via phone. If a child is ICWA, Fond du Lac social services also weigh in on track assignments and criteria met. The team decides whether to "screen in" or "screen out" reports and what track it should be assigned to. (Egregious harm and sexual abuse are excluded from FA.) Staff utilize the SDM tools when developing case plans or early in the life of the case. Occasionally a risk assessment tool may be used at the time of screening to ascertain safety but we usually don't have enough information at an initial intake to effectively utilize that tool.

- *Decision making processes within agency/system to petition the court*

- *Timing and effectiveness of permanency hearings*
- *How court processes support and/or present barriers to timely achievement of permanency*
- *ICWA practices and compliance*

Description of Agency Practice
The unit as a team determines whether a case should be petitioned. This is with data from either the investigator or that the child is already on a 72 hour police hold and it has been determined by the team that it would be unsafe for the child to return home. If cases are assigned FA and the family is not willing to work FA or is not cooperative, or there are graver issues once the assessment has started, then the FA workers review this with the unit for possible petition and changing of tracks. Any case that we are unsure of whether to petition or not is reviewed either with the assistant county attorney or possibly the Child Protection Team at our Wednesday noon meeting. If the case involves a child who has a CMH or DD case manager, they are also included in the discussion. CMH out of home placements are reviewed with the CMH team and the Clinical Supervisor to make sure they meet criteria for out of home placement. Once the case is over 180 days they will put the case forth for a judicial review of the placement. Our assistant county attorney assigned to CHIPS matters is very organized as well as our court administrator. Permanency is discussed early on in the case. Court reports address efforts to reunify and efforts to establish permanency. When ongoing CP workers review their cases, permanency timelines are addressed. The assistant county attorney and workers do file their petitions for permanency in a timely fashion. When the parents or their attorney provide the Judge with information on why permanency should not go forward, the Judge may extend permanency guidelines to allow parents additional time to comply with their service plan. The Judge weighs if it is in the best interest of the child to go forward with the permanency petition or to give the parent(s) additional time to achieve the goals on their case plan. A new difficulty to timely permanency is the Northstar Project. Children must live in a licensed foster home/relative foster home for six consecutive months. If a new relative is determined to be a permanency option, then that relative must be licensed and the child must live with them for six months prior to any adoption or transfer of custody if the family wants to receive either Adoption Assistance or Relative Kinship Assistance. We recently have had two permanency options, which are currently receiving funds through the old DOC system; question their ability to go forward on permanency due to the dramatic reduction in pay. Carlton County has a fair number of children under six in out of home placement. These children have had significant medical and/or behavioral/trauma issues. One foster home indicated after the MAPCY was done that they are not sure how long they can provide foster care for that rate and are definitely not a permanency option. Child care costs provided under the MAPCY do not sufficiently cover the actual cost of paying for child care. And the monthly reimbursement makes it financially impossible for the foster parent, especially relatives, to quit their job to rely only on foster care payments. While we appreciate the more robust funding for youth in foster care who are older, not adequately addressing the needs that children under six may have is extremely frustrating and may be affecting our ability to find permanency options for them.

Carlton Count Human Services had a strong relationship with Fond du Lac Social Services and have for many, many years. Fond du Lac is present via telephone for all Action Team calls. Our On Call Social Worker asks the reporter directly if the family is or may be of American Indian heritage. FDL assists in determining whether to screen in or screen out maltreatment reports. They are also part of discussions on whether a case would be appropriate for Family Assessment or Family Investigation. Typically ICWA workers are assigned during the Action Team call or FDL will check on enrollment status if we are unsure at that time. ICWA notices are sent out to the Tribe or other tribes. If we are unsure we also send notice to the Bureau of Indian Affairs for their input. These notices are sent certified/registered mail following the mandates for ICWA notices. FDL or the other tribes will then send us a written response letting us know if the child is enrolled or eligible for enrollment and whether or not they will be providing services. Other tribes will request courtesy case management from FDL. We also discuss whether to petition a case or not with FDL. They then will then send us a written letter of support for the petition. FDL finds placements for the cases they share with us which could be a licensed FDL foster home or they will also license a relative for foster care either on or off reservation. We also attempt to utilize ICWA homes for children of other tribes until we hear of their preference. We would also attempt to license a relative home or refer them to FDL for licensure.

If the petition does not involve a FDL child, we will contact the child's tribe as soon as we are able and let them know of the petition. If the Tribe requests a change of venue to Tribal Court, we consult with our county attorney's office and respect that request.

White Earth now has an ICWA social worker located in Duluth. We will consult with them about any possible petition and seek their guidance and/or assistance in finding an appropriate home.

In Carlton County we utilize the Parallel Protection Plan process with virtually all petitioned cases. The court will order a 3P occur prior to an admit/deny hearing. If a family is ICWA or of American Indian descent, the 3P is held at and facilitated by Fond du Lac. A qualified mediation specialist/ FGDM trained employee facilitates this meeting. Should a FGDM conference for a case be desired, this person will also facilitate those meetings for American Indian families.

FA or the ongoing CP workers make joint home visits whenever possible to their families. FDL is typically part of a review to close the case whether FA or traditional. FDL also attends our Wednesday Child Protection Team or Case Consultation Team meetings. We also have a Dialogue meeting with FDL, Probation and our Restorative Justice program three times per year. At this meeting we review our county/tribe/probation agreement, any new or changing statutes or protocols, training needs or opportunities and any other topics the partners put forth to discuss. FDL is also attends our Children's Justice Initiative meetings.

Fond du Lac recently was the host for a CWTS workshop called "Bridges to Understanding." Two more trainings in this series will be occurring in the next few months.

- *Functions of the CJI Team*

Description of Agency Practice
The CJI team has been in existence for many years and is led by Judge Robert Macaulay. Team members include Carlton County Human Services personnel – supervisor, investigators, FA and ongoing Child Protection workers, and case aides who deal with MA/IV-E eligibility, MAPCY and other topics. Fond du Lac Social Services also attends in addition to Probation, the Assistant County Attorney, and parents' attorneys, Deputy Court Administrator, GAL, Judge Macaulay and Judge Beiers at times. We did have a parent of an adoptive child attend CJI but they needed to excuse themselves from the committee due to other personal commitments. Any member of the CJI team may put topics on the agenda. The CJI reviews quality and timeliness of court orders, IVE requirements, court reports, the 3P process, and reviews CJI plans developed at the Regional CJI meetings. Members also attend state CJI conferences. We have also discussed such topics as sex trafficking, trauma based therapy, delinquency and mental health service availability.

B2. Target Question

Target Questions
Describe the county's process for ensuring foster parents receive notice of court hearings and their right to be heard at hearings regarding children in their care. The Court Administrator's office notifies foster parents of hearings. The workers also will discuss this with the foster parents and seek input from them about how the children are doing in care, any unmet needs and concerns they may have.

Overall Systemic Factor Rating for Case Review System			
Area Needing Improvement		**Strength**	
1 ☐	**2** ☐	**3 x**	**4** ☐

C. Quality Assurance System

C1. Review the agency's quality assurance system. *Consider the following when responding:*

- *Standardized processes for reviewing case records*
- *Processes for reviewing screening decisions, track assignments and maltreatment investigations/assessments*
- *Structure for supervisory consultation with staff*
- *Existence of pre-placement and/or treatment screening team(s).*

Description of Agency Practice
The Family Unit/CMH/FSSW supervisors check SSIS at least monthly and review results with the social workers. The supervisors check monthly time recording, worker visits with child in OHPP, MAPCY are they current and accurate, CMH screenings/assessments, SDM tools, risk and re-risk assessments, cases without an active OHPP, timeliness to FA/FI initial contacts, case notes and court reports. Workers are to enter their SSIS data by the 10th of the following month. We request all workers do 100% time recording. Workers, if they get behind, are offered protected time or flex scheduling so they can utilize SSIS when the agency is not open. Data about worker visits with child, etc. are also shared with the Disabilities Unit supervisor when it involves children who have been placed due to their disability and that unit is doing the management of the case. The Family Unit and CMH/FSSW unit utilize a team approach when reviewing cases. The Family Unit has a list of ongoing child protection cases that are to be reviewed every month. This list is given to the ongoing child protection workers at the beginning of each month. The cases on the list are then reviewed in the every other week unit meetings. Workers can also request team feedback after Action Team is done from their co-workers and supervisor. "Emergency" reviews can be called by any worker assembling whatever staff are in the office to review and emergent or pressing case issue. Family Assessment cases are reviewed when workers desire advices or ideas about resources or feedback on case progress. The FA cases are also reviewed prior to closure with the entire unit and assistant county attorney if necessary. When the investigator is done with their investigation they review the results with the Family Unit team and share their process for either determining that maltreatment did or did not occur and whether or not services are needed. As has been mentioned previously, screening decisions are made in a team atmosphere. When the intake is dispositioned, the rationale for why something is screened in or screened out is indicated in the comments section. We used to also keep an "Action Team" notebook but that became cumbersome and duplicative in effort. This was discontinued several years ago. The supervisor of the Family Unit reviews SSIS data and the CW Data Dashboard. Any trends or areas of concern are shared with the DD and FSSW/CMH supervisors. The CMH/FSSW supervisor also reviews their cases monthly for worker visits with child, CMH and CW-TCM contacts and other information pertaining to CMH caseloads. In-depth "mini" CFSR reviews of child protection cases haven't occurred for approximately 18-24 months. The Family Unit supervisor

has not had time with staff turnover, being short staffed, and needed to cover caseloads while workers are out or retire prior to a replacement being hired - to do this on a consistent, regular basis. A sample of cases including looking at case notes, SSIS data input, and timelines are looked at prior to the worker's annual review.

Staff are able to access the supervisors typically with an "open door" on a daily basis. Newer staff tend to access or have more structured time with the supervisor. Team reviews are encouraged in order to utilize the vast expertise and opinions the unit has. During these reviews different perspectives are heard and it seems to provide both worker and clients with a better service.

Requests for placements for FA/FI cases occur with the Family Unit team. Reasonable/active efforts and less restrictive alternatives are discussed. This would also occur if a child with a disability was being referred to an out of home placement by their DD Case manager. Should a child need a mental health placement be needed, the request is reviewed with the Clinical Supervisor and a CASII is completed. All CMH placements are reviewed in the CMH team meetings and with the Clinical Supervisor and CMH/FSSW supervisor as well.

Overall Systemic Factor Rating for Quality Assurance System			
Area Needing Improvement		**Strength**	
1 ☐	**2** ☐	**3 x**	**4** ☐

D. Staff and Provider Training

1. Review the agency's staff and provider training system. *Consider the following when responding:*

- *Providing training for CP workers, development of training plans*
- *Coordination with MN Child Welfare Training System*
  - *Access website*
  - *Contact with MCWTS Staff*
- *Access/Availability of MCWTS courses*
  - *Foundation*
  - *Specialized*
  - *Unmet Needs*
- *Pre-service and in-service training for foster and adoptive parents and providers.*

Description of Agency Practice
Carlton County primarily utilizes the MCWTS trainings offered and the St. Louis County Conference for worker training. New staff are enrolled into the Foundations training to complete their on line training. As Foundations (formerly CORE) trainings are schedule in closer proximity to Carlton County, workers then enroll in the in person course. We appreciate that "CORE" or Foundation training has been available on line versus in person. Previously staff were spending copious days at training leaving others to cover their caseload – which is difficult in a smaller agency. It is still difficult when Foundations is only offered in locations that are geographically far from Carlton County. Workers also don't want to spend many days away from their families and the office. As county budgets are strapped tighter and tighter, out of county trainings are significantly reduced if not eliminated altogether. It is understood that it is not efficient for DHS to provide trainings with a trainer for few people but that makes timely completion of Foundation training difficult. The MCWTS staff email supervisors with training information. These emails are forwarded on to staff. Staff and supervisors access the website for training schedules and to register for training. I appreciate the need to consolidate and cut costs when the regional coordinator positions through Century College was done but it was nice to have a person meet with us as a region or an agency and not have the responsibility for thinking of training be put on already overburdened county social services supervisors. Specialized training such as forensic interviews are scheduled for appropriate personnel with First Witness. We also access CASCW webinars. Each person is allotted $200 per year for training – which includes hotel and meal expenses. Staff that are approved for a training not provided by the MCWTS training are expected to share information/handouts regarding that training during a unit meeting. The $200 amount is not sufficient for out of county trainings. Requests that go over the $200 limit are reviewed with the unit for potential approval. MCWTS needed trainings are discussed at our Region 3 Social Services Supervisors meetings. We then contact MCWTS staff to request or suggest courses.

After 47 years of service our foster care licensor retired in 2013. Our new foster care licensor has made several changes to make trainings more accessible and available to foster parents. The licensor meets with the foster parents and now has a loose-leaf notebook that is given with resource and training information, how to organize their information for their foster care placements, and contact information. Fond du Lac Foster Care Licensing is kind enough to make their trainings open to our foster care parents. Our case aides will assist foster parents with how to complete a vouchers and when to turn them in to the agency. Foster parents are encouraged to attend school staffings and medical appointments to gain information and training on their specific children. The ongoing CP workers work closely with foster parents to answer any questions, access resources, and provide direction. They also meet with the foster parent to go through the MAPCY assessment within the first 30 days of placement or now when moving towards permanency.

Pre-adoptive parents have had their child in placement for at least six months in accordance with the Northstar program. They are provided with medical, social, and emotional/behavioral information about their child. When appropriate, CTSS services and/or In Home Family Support and Training services are provided for children who meet eligibility requirements. Foster parents and adoptive parents are encouraged to work with a therapist, when appropriate, to help address their children's needs and their needs for support.

It is our desire to host training from the MCWTS on trauma for our foster parents. We hope to do this in conjunction with Fond du Lac to increase the number of participants.

Funding is definitely a barrier for training workers and foster parents/adoptive parents. When child protective services are funded primarily through property taxes, cuts needs to be made to the budgets. These cuts are required by the County Board in order to not overburdened tax payers with all county service costs. High property taxes can affect business development and growth. Despite training being an important and necessary service for both workers and foster care providers, it can be considered a "luxury" by tax payers and others unfamiliar with child protection/child welfare service provision.

Overall Systemic Factor Rating for Staff and Provider Training System			
Area Needing Improvement		**Strength**	
1 ☐	**2 x**	**3** ☐	**4** ☐

E. Service Array and Resource Development

E1. Review the agency's service array and resource development system. *Consider the following when responding:*

- *Availability and accessibility of services to prevent placement, achieve safe and timely reunification or achieve other permanency plans and meet the child's well-being needs*
- *Access/availability of culturally appropriate services*
- *Agency efforts to develop additional resources or reallocate resources to meet an identified gap or community's changing needs*

Description of Agency Practice
Carlton County has historically provided a rich array of services. We utilize our Family School Worker program (county social workers assigned to school districts in the county to provide CW services) to assist parents in accessing resources such as the PSOP program, school linked mental health services or children's mental health services. The FSSW are also CMH workers. This can be a seamless transition from CW to CMH services. Carlton County was also instrumental in the TEXT4LIFE program. This is a program where youth who feel suicidal or not safe can access someone via text message. This person can then alert law enforcement or mental health services. Some child maltreatment reports have also been given to the Family Unit from TEXT4LIFE staff. Carlton County also has access to a Crisis Response Team now that our Birch Tree center for mental health services in the region opened in Duluth. The Crisis Response Team is now ready to deal with children with a mental health crisis. In-patient mental health beds and crisis mental health beds are extremely challenging for our region – as well as state wide. Children have been taken as far away as to Fargo, ND for crisis mental health inpatient stabilization. There is a waiting list for psychiatrists and to schedule a psychological exam, whether by the Human Development Center (our local mental health provider) Min No Aya Win Behavioral Health (FDL provider) or providers in the Duluth area can take up to three months. We have more therapists trained in trauma based therapy than before which is strength. We also have CTSS providers located in our public schools to ease access to students. FDL has a mental health therapist that is accessible to foster parents to help support placements and to provide services in the home. Whenever children are eligible, CTSS and IHST services are provided to parents. The county will pay for some CTSS services for privately insured CMH youth. Typically it is a lack of follow through or other home issues that make these services ineffective and can lead to an out of home placement or a maltreatment report. Dr. Dan D'Allard from Arrowhead Psychology in Duluth will do a parenting assessment for us. He can address what capacity a parent has and what types of services would benefit that parent. This is typically reserved for CHIPS court cases. Carlton County shares our PSOP funding with Fond du Lac Social Services. FDL will provide PSOP services to American Indian families who accept the services. The SDM tool, PSOP case plan is developed by FDL workers and shared with Carlton County. Requests for funding are made to the county and a service arrangement and payment is made to Fond du Lac for those services. Carlton County Public Health and Fond du Lac Public Health are both part of the Nurse Family Partnership grant. This can provide intensive PHN services to families who meet the risk/eligibility factors. Carlton County has recently started the Healthy Families

America program which serves more young families and work with them for a longer period of time. Families and pregnant women are referred to these programs whenever possible. CPS services works closely with the PHN's for any prenatal exposure referrals. We will also work with our PHN's to request an NCAST an assessment of parent/child attachment.

Prenatal drug exposure reports are also referred to Min No Aya Win Human Services sobriety coaches for any American Indian women. We also work closely with our Rule 25 CD assessor to offer services and for any potential commitments.

The CMH program has been approved again for a respite grant through DHS. Children who have met the CMH criteria are able to access this flexible grant for respite services. This can greatly reduce stress on the family system.

Family Assessment has seen exponential growth for the past several years. We have 2.5 FTE in this program and have consistently had 75% or more of screened in maltreatment reports be served by FA. Due to the large caseloads, many of the cases are dealt with in the assessment phase. If safety factors can be strengthened and home conditions remediated, these cases frequently do not go to case management. Families are referred to CMH, FSSW, or DD services or local therapists for additional supports. A small number of FA assessments go on to case management services. All cases are reviewed with the Family Unit for case closure. With the increase in SSIS requirements and the intensity of interactions during the assessment phase and with 2.5 staff Carlton County is finding it very difficult to increase FA case management services.

Fond du Lac's Min No Aya Win Human Services Center offers a wide array of services including PSOP, Child Welfare, foster care and child care licensing, chemical dependency treatment and sobriety coaches including Tag Wii – a long term- outpatient CD program, SELF services to youth in foster care, behavioral health including assessments and therapy, and CP ICWA services. They also have a supportive housing program and adult mental health and vulnerable adult services. Public Health services including PHN and elder care are available. FDL also has a medical clinic, dentists, and vision care. Families are encouraged to access these services and the FDL workers can help facilitate.

Fond du Lac also has their own school the Ojibway School which is K-12 and a Headstart program. Children are either referred to these programs or their school placement is supported while in foster care or working with FA.

Carlton County has partnered with Fond du Lac Behavioral Health to receive School Linked Mental Health or SLMH's funding. Carlton County will be adding a mental health professional staff to provide SLMH services. These services will occur through in person and virtual presence technology. FDL has begun funding SLMH in the Cloquet schools and the Ojibway School.

Carlton County has worked diligently with Region 3 to expand mental health services available. This has resulted in TEXT4LIFE and the opening of the Birch Tree Center as well as the Crisis Response Team. Carlton County has also encouraged the exploration of other

medically assisted chemical dependency treatment other than methadone. The Center for Alcohol and Drug Treatment in Duluth is exploring opening a different medically assisted chemical dependency treatment program using Suboxone.

Carlton County has established a Restorative Justice Program in the last several years through our Children & Family Services Collaborative, probation, the County Attorney's office and the Court system. The RJ program conducts Sentencing Circles for youthful offenders. They utilize trained, community volunteers to help the youth see how their behaviors affects in the community while providing support and closure for the victim. The RJ community is looking at developing restorative practices in the county public schools as an alternative to out of school suspension. The RJ program also looks to reduce/limit the out of home placements for youthful offenders.

Carlton County continues with an operational Children & Family Services Collaborative despite many other collaboratives disbanding. The Collaborative continues to draw down LCTS dollars and also serves as a conduit for writing grants to support new, innovative programing. This is where the FSSW program originated. They have also supported Universal Home Visiting program for all newborns, Jump Start – a ready for K program, a Truancy Officer and the School Linked Mental Health grant. TEXT4LIFE also came out of the Collaborative as well as the RJ program.

Carlton County is fortunate to have the services of Dr. Sheri Bergeron. Dr. Bergeron is an emergency medicine physician with a specialty with children and forensic physicals as well as forensic sexual abuse examinations. Dr. Bergeron is based out of a Duluth hospital but Community Memorial Hospital in Cloquet is working with Dr. Bergeron to have privileges in Cloquet. Then Carlton County children wouldn't need to travel to Duluth for this evaluation. Dr. Bergeron is also able to provide expert witness testimony.

The Program for Aid to Victims of Sexual Assault (PAVSA) has also assisted Carlton County medical providers in establishing a SANE (Sexual Abuse Nurse Examination) protocol at Community Memorial Hospital. Human Services as well as the Carlton County Sheriff's Department and the County Attorney's Office have been part of the committee to develop the protocol for this program.

Carlton County Public Health through the suggestion of the Public Health Advisory Board has assisted in the development of a Drug Abuse Task Force. Key stakeholders include area physicians, clinics, chemical dependency treatment providers, Rule 25 assessors, Fond du Lac Tribal staff (including social services, public health, CD treatment staff and CD assessors) law enforcement, probation, RJ, schools, public health, the UMD School of Pharmacy, Carlton County social services staff and interested community members. It is our hope that this committee can help to address the issue of opiate addiction from prescriptions, Heroin, and methadone abuse and misuse.

E2. Target Question

Target Questions
If applicable, describe how changes in service availability or accessibility have impacted agency efforts to prevent entry or re-

entry.

The increase in FA case numbers has impacted our ability to provide FA case management services. We had as a Family Unit engaged in an Appreciative Inquiry approach in the summer of 2014 to look at the possibility of reorganizing the unit. Then the Governor developed his task force and made Family Assessment an area to be reviewed. We also saw in the Fall of 2014 a spike in investigations which resulted in more child protection ongoing cases. This eliminated the ability for one of the CP workers to possibly provide FA case management/assessment services. We now need to see the results of the Governor's Task Force Committee before we look at any unit reconfiguration. The unit has also been down one child welfare worker for almost two years. For a variety of reasons this position has not been allowed to be refilled. This position used to work with probation on their delinquency placements. These placements now fall on the shoulders of the ongoing CP workers or the CMH workers. It is hoped that a social worker position will be approved in the 2016 budget and depending on the changes that occur from the Task Force recommendations, this would either be an ongoing worker, an FA worker or a combination of tasks that will meet the Unit's needs.

Since the last review we were able to add the position of a full time On Call worker. This person is responsible for all reports into the agency whether child maltreatment reports, VA reports or request for service. This has given workers more time to devote to their caseloads rather than be on call. Workers still provide emergency coverage or coverage during vacations or illness.

While Carlton County is fortunate to receive PSOP funds from DHS, it is not enough funding to pay for a position. The FSSW/CMH workers as well as FDL workers provide PSOP services as their caseloads and time allow. The County simply can't afford to hire a full time PSOP worker as this position would be 100% county tax base funded. It can't draw down CW-TCM dollars.

When the Family School Support Worker program originally started, they worked with families without any eligibility criteria. The FSSW would bill for CW-TCM for those eligible families. They were also able to provide in-home parent education and community parenting classes using the Love and Logic model. When CW-TCM rates plummeted, they needed to diversify their budget. This was done by providing CMH services. Now the FSSW are also CMH workers which is helpful to have more case managers for children with mental health diagnoses but it reduced the number of child welfare/preventative services they could provide. Carlton County is also certified to provide CTSS, Now our only in-home services come through CTSS. Children must meet eligibility for CTSS services. Carlton County has, on occasion, spent 100% county dollars on in home services through North Homes for families with child protection petitioned cases or CMH cases with private insurance.

FSSW, CMH and Disability services are all services the FA or ongoing CP workers can refer families to when transitioning cases out of the CP system. These support services often can prevent re-entry into the system.

If applicable, describe how changes in service availability or accessibility have impacted agency efforts to achievement of timely permanency.

The biggest adversity for permanency we are now faced with is the Northstar Care for Children program. We had a good rate of permanency with RCA and in 2014 we saw several adoptions go through. Now with Northstar, relatives who are looking at custody transfers are finding that the RKA benefit is not sufficient when you factor in child care. The RKA funds are factored in as income for child care assistance and some relatives are finding they are not eligible. Even foster care payments for children under six are a barrier

for many foster care parents. Several foster parents, after having the MAPCY done, have indicated they can't provide care for the amount of money they are going to be reimbursed.

We also have relatives who are not eligible to be licensed. This could be due to their living environment but is mostly due to their background check – social services background check. Often these findings can't be set aside due to the age of the finding. Or their criminal history cannot be expunged. These relatives could provide perfectly safe care but are not able to do so.

We have had a great influx of parents addicted to heroin and also using methadone. Sometimes they have a prescription for methadone and sometimes they don't. We are finding many treatment programs will not accept a person on methadone for admission into their program. The parent must first detox off of methadone. These detox programs are frequently only found in the Metro area due to the need for hospitalization and tapering. This takes time and this requirement is making it difficult for parents to meet the goals outlined in the service plan. Or if we give parents that extra time, we aren't keeping within the timelines for permanency.

Sobriety from opiates also takes time. We see many relapses. The physical pain that people are in from detoxing is too great to bear for some. It also exposes the emotional/mental health reasons for use in the first place and this is typically childhood trauma. Or many of the mothers we work with have been raped or sexually assaulted sometime in their life. Facing this emotional pain is also frightening and many either have great difficulty working through this or simply can't and walk away.

We have wonderful staff and have developed quite a service array but it isn't enough. We need more CP/CW staff and more parenting and therapy resources.

Overall Systemic Factor Rating for Service Array and Resource Development System			
Area Needing Improvement		**Strength**	
1 ☐	**2 x**	**3** ☐	**4** ☐

F. Agency Responsiveness to the Community

F1. Review the agency's responsiveness to the community. *Consider the following when responding:*

- *Consulting with external partners/stakeholders to achieve organizational or systemic improvements*
- *Procedures for seeking consumer input*
- *Child Protection Team, Child Abuse Prevention Council, and/or Citizen Review Panels functions*

Description of Agency Practice
Carlton County continues to have a functioning Family & Children Services Collaborative. Input from school partners, probation, community mental health programs, Headstart, Fond du Lac is gathered during those meetings. We also have our weekly Wednesday meeting – either the Child Protection Team or the Community Case Consultation Team. We have Dialogue meetings with Fond du Lac and Probation on a three times per year basis. Our CJI team also offers ideas or suggestions for systemic improvements. We also meet several times per year for our Restorative Justice Program. They also schedule several trainings per year for volunteers and circle keepers. There are no formal procedures for seeking consumer input. We do send out PSOP surveys with roughly a 25% return rate when the PSOP case is closing. After our 3P families and relatives are given the opportunity to complete a satisfaction survey regarding that process – was it helpful and do you feel you were heard and respected. We continue to receive positive feedback regarding that process. At one time we had a consumer on our CJI team but they had to quite due to other commitments. We do have a Child Protection Team which also serves as our Child Mortality/Near Fatality review team. We do not currently have a Child Abuse Prevention Council. At one time the Cloquet Community Education Coordinator, then the Carlton Community Education coordinator, served as the lead and facilitated the meetings and activities. When these key people either left or retired, no one stepped up to take their place from the schools. Frankly the supervisor of the Family Unit does not have time to be solely responsible. The Prevent Child Abuse Minnesota funding also dwindled and the amount of paperwork and data that need to be collected for $3,000 become time prohibitive. We do not have nor have we had a Citizens Review Panel. We are not opposed to this concept but it is another responsibility for an overwhelmed system. Our child protection system at Carlton County is overburdened. Neither the staff nor the supervisor has time to develop community resources or facilitate other committees that are not mandated. There used to be a part-time team leader that could assist the supervisor with some of the responsibilities like approving service arrangements, approving and signing off of vouchers and time cards, and collecting information for performance reviews, reviewing cases with workers but that position was eliminated many years ago. Staff find that making their client contacts and doing their SSIS data entry is frequently more than a full time job. Staff feel strongly that the child protection/child welfare system has been tremendously changed. Instead of making connections with families, foster parents, service providers, workers are spending copious amounts of time with SSIS data input. The MAPCY has also increased the amount of computer work a social worker has to do. Relatively few employees feel that they are doing "actual" social work.

We have also had significant staff turnover in the past few years. Our long term foster care and child care provider left. We then had child protection investigator leave. Just in December of 2014 we had our FA/FI worker leave for another position in the agency. We refilled that position with a person new to county/child protection. We have also have had one FA worker that has been doing .5FA and .5 Behavioral Health through our flood grant. We have had 3employees rotate through that .5 FA position – which causes the supervisor and the other FA workers time to train and orientate a new employee.

We also had the reduction in a CW position. This has caused other workers to have to manage the probation delinquency placements. It has also reduced the number of employees available to do back up on call.

Overall Systemic Factor Rating for Agency Responsiveness to the Community			
Area Needing Improvement		**Strength**	
1 ☐	**2 x**	**3** ☐	**4** ☐

G. Foster and Adoptive Home Licensing, Approval and Recruitment

G1. Review the agency's foster and adoptive home licensing system. *Consider the following when responding:*

- *Adequacy of foster and adoptive home resources*
- *Whether foster and adoptive home resources reflect the ethnic and racial diversity of children in care*
- *Licensing of relative caregivers and supports/resources available*

Description of Agency Practice
Carlton County has had a high rate of placement with licensed, relative foster homes. We have several, long term licensed foster homes as well. We have seen some foster homes close as we are unable to "keep them full" due to the large percentage of relative placements. Carlton County has recently licensed additional foster homes – one who is a nurse and is able to meet the needs to children with medical concerns and newborns who have been born with prenatal exposure to drugs. Carlton County works closely with Fond du Lac Licensing when looking for placements for children who are American Indian. Fond du Lac will also license relatives either on or off the reservation. We also have accessed Family Focus, TSA and North Homes for more specialized foster care based on what is needed to best meet a child's needs. We have had a change in licensors in the past 18 months. Our new licensor has developed a foster care notebook for the foster homes with resource and organizational information. We work with FDL to provide training to new and existing foster homes. We would like to provide additional training to foster care providers on childhood exposure to trauma and the effects on children. We also encourage foster parents to access CTSS services, PCA's or Behavioral Aides. With the increased advertisement by St. Louis County we have seen an increase in calls regarding the licensing process and what it means to provide foster care. Many individuals contact us in hopes of adoptions – and often a specific age or race of child to adopt. We also encourage those individuals to contact private adoption agencies such as Lutheran Social Services or Catholic Charities. We discuss reunification efforts that we need to engage in and, as such, we can't promise adoptions.

Overall Systemic Factor Rating for Foster and Adoptive Home Licensing System			
Area Needing Improvement		**Strength**	
1 ☐	**2** ☐	**3x**	**4** ☐

H. Supervisor and Social Worker Resources

1. Review the agency's supervisor and social worker resources since the last MnCFSR. *Consider the following when responding:*

- *Organizational structure*
- *Supervisor to staff ratios*
- *Caseload/workload size,(describe any tools to assist in assignment decisions)*
- *Agency's experience with staff turnover.*

Description of Agency Practice
Children's services are divided into two units – the CMH/FSSW Unit and the Family Unit. The Disability Services unit provides DD and waivered services to children who meet eligibility services. The Family Unit has 11 workers- 9 social workers and two case aides. One case aide is part-time. We have one less CW social worker since the last CFSR. We have 2.5 FA workers, 1.5 investigators and 3 ongoing CP workers and one On Call social worker. We have one foster care/child care licensing/ICPC/Adoption social worker. There is one supervisor for the Family Unit. The supervisor is expected to provide coverage when other workers can't provide the coverage. When the foster care/child care/ICPC/Adoption worker retired with two weeks' notice, the supervisor took over licensing/adoption/ICPC work until a new worker could be hired and their position backfilled. The supervisor has facilitated the paperwork in SSIS for probation placements including the formation of an out of home placement plan and court report. The CMH/FSSW unit has 8.0 FTE and is supervised by one supervisor. There is a clinical supervisor who reviews IFCSP plans and CASII assessments. The desire is to limit the CP caseload sizes to 15 as a maximum. Less for FA but that rarely happens. Since we provide mandated services that are emergent in nature, we can't put families on a waiting list. We have 1.5 investigators and at times we need to move that .5 to full time as needed. This then takes away from providing FA services. We assign cases to CP ongoing on a rotating basis. FA meets and decides as a team who will get new assessments. The full time investigator takes the lead on new investigations but will meet with the .5 investigator when their caseload is getting full and timelines for response may be in jeopardy. Several years ago DHS assisted in the design and development of a caseload assignment tool. This tool proved to be difficult and cumbersome to use. Carlton County does not use this tool. Carlton County has been fortunate that we have not experienced high staff turnover. In the last two years we have had significant changes. We had our long time licensor retire. That position was filled by an ongoing CP worker. The On Call social worker position was also filled by an ongoing CPS worker – the agency hired two new CP workers in 2013. In late 2014 our FA/FI worker went to another position in the agency and this position was filled with a new employee. We have also had .5 of our FA worker providing behavioral health services through a flood grant secured through the region. We have had three different workers fill the other .5 of the FA positon. One was an internal employee who went on to find full time employment in another unit. The other two have been new hires. This means training and orientating new employees not only by the supervisor but by coworkers. New employees also require a

more intense level of supervision than seasoned employees. The energy, enthusiasm and teamwork the new employees have brought to the agency is refreshing and revitalizing.

Because CPS services are not adequately funded by DHS and CW-TCM rates change annually, much of the funding comes from property taxes. When additional staff is needed it is frequently difficult to accomplish this without increasing the county levy as a result. Requests need to go through the agency's Hiring Committee, then the Department Head's Budget Committee, then on to the County Board.

Overall Systemic Factor Rating for Supervisor and Social Worker Resources			
Area Needing Improvement		**Strength**	
1 ☐	**2x**	**3** ☐	**4** ☐

Community Issues

Discuss changes or community issues that have emerged that could impact planning and delivery of services to children and families and achievement of safety, permanency and well-being outcomes.

The greatest issue for our community is drug use/abuse and untreated or not fully treated mental illness. We have an opiate epidemic in NE Minnesota. Heroin abuse is rampant. Opiate dependence is also on the rise. This includes illegal use of prescription medications. Methadone use and abuse is also a large burden for Carlton County. So many of our parents spend hours in a taxi or bus going to Brainerd or St. Cloud for daily methadone administration. As much as six hours per day. Many treatment programs will not accept individuals on methadone because methadone is their treatment program. Illegal use of methadone also occurs. We also see amphetamine and methamphetamine use but not as much as the aforementioned drugs. We are seeing an increase in prenatal exposure to drugs and newborns exhibiting neonatal abstinence syndrome. Parents are not spending enough time in the NICU with their children learning how to care for them due to their need to either get their methadone or their need to use.

Dual programs for CD and MI issues or not readily available in the northeast region. This makes parent visitation with their children difficult as well. Waiting lists for therapist, psychologist and psychiatrists are also an area of concern. The local women's CD treatment program, CARE Liberalis, is not in the Governor's budget and is it to be closed down. We are attempting to work with other providers to see their interest in providing a similar program should Liberalis close under its current structure/owner.

We are also seeing an increase in delinquent youth with significant mental health issues. Others have FAS/FAE diagnoses or display significant delinquent behaviors. Many of the caregiver/parents of these youth indicate they can no longer tolerate or control their children and this can lead to out of home placements. Sex trafficking of young women is also of concern. Girls are enticed to a "boyfriend" in Duluth who in turn moves the child to Chicago or Minneapolis to be trafficked. Carlton County has worked with the Duluth Police Department when we have concerns about youth who may be trafficked. They have assisted us in locating and rescuing youth and work very cooperatively with our Carlton County law enforcement agencies and social services.

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.
1. **Safety Indicator 1: Absence of Maltreatment Recurrence (Table1).** 100% We are able to connect families to CMH/FSSW services, CW services through Fond du Lac social services, NFP and Healthy Families American and PSOP services.
2. **Safety Indicator 2: Absence of Child Abuse/Neglect in Foster Care (Table 1).** 100% FDL provides respite care to their licensed providers. We connect services such as PCA, Behavioral Aide, IHFST or CTSS services for those eligible children in care. Monthly workers with visits also allow foster parents to discuss any concerns or challenges they are having with the children they are caring for. Our foster care licensor is available to listen to providers and pass along concerns to the ongoing workers or the unit.
3. **Trends in Child Maltreatment (Table 2).** We have seen a steady progression in child maltreatment reports in the last three years. Most of the reports screened in go the Family Assessment track. Due to the high number of cases screened in with 2.5FTE many of the safety factors can be addressed in the assessment phase. Referrals to CMH/FSSW/DD services for longer term support are made for many, if not most, of the FA cases. We have seen an increase in sexual abuse cases in the past several years also. 84.1% of maltreatment assessments have gone to FA in 2013.
4. **Screening Decisions and Referrals (Table 2).(** Examine the rate of screened out child maltreatment reports.) Our screening process consists of our daily Action Team call where the FA workers, FI investigators, ongoing CP workers, foster care/child care licensor, supervisor, public health nurse and Fond du Lac social workers (via telephone) meet at 8:15 to review all calls that have come in to the agency. These reports are screened via the DHS Child Maltreatment Screening Guidelines. If there is a disagreement on whether a report should be screened in we will consult with the assistant county attorney or check with the supervisors in the region. We could also consult with the Rapid Consultation team from DHS. If a report does not meet maltreatment criteria, we discuss if someone could offer PSOP services.
5. **Timeliness of Initial Contact in Assessments or Investigations (Table 3).** Family Assessment data for quarter 2 and 3 in 2014 shows we are above the state average of 77 with Carlton County holding at 88 to 97%. In reviewing the data it at times can be just a few hours over 120. Other information is that children/families may not respond to the FA workers attempts. We have provided information about coding in SSIS and also how to address risk and safety in case notes. For Non-substantial child endangerment, we go from

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.
100 in Quarter 3 and 62.5% in Quarter 4. This is an example of prioritizing cases. Many of these youth are not in danger – the perpetrator is not living in the family home – may been seen after a more emergent case contact is made. We also have children placed in our Crisis Shelter on a 72 hour hold and we won't be contacting the youth until that following Monday. Safety is always our number one concern. In order to make timely contacts workers are allowed flex time – the ability to work outside the typical 8-4 day. We also have workers covering each other's contacts if needed.
6. **Absence of Re-Reporting (Table 4).** (Examine the data on the absence of re-reporting in child maltreatment. Identify factors that may contribute to the rate of re-reporting.) Currently Carlton County is slightly below the state average for repeat maltreatment reporting. Quarter 3 for the State was 90.7 and Carlton County's was 89.1%. Some families, once their CP case is closed, do not continue with the support services that were set up for them such as CMH or DD services. Others begin to have truancy issues again. For FA caseloads can be high and there may be times opening for case management for a longer period of time may be beneficial. But with 2.5 FTE that is not realistic most of the time. There are other times when the case is closed in the court system despite the Agency not feeling the case is ready to close. Repeat maltreatment reports may occur at that time.
7. **Reasons for Placement Entry (Tables 5-6).** The primary reason we are seeing children placed out of their family home for protection reasons is due to parent drug abuse, followed by alleged neglect, parental alcohol abuse, alleged sexual abuse, parent incarceration, abandonment, and alleged sexual abuse. Carlton County offers FA whenever possible to allow safety and supports are identified and put into place. If this is unsuccessful, or the safety of the children cannot be guaranteed in the home, they are placed in care – using relatives as much as possible. Other reasons for placement, other than protection, is child behavior, caregiver inability to cope, child disability, child drug or alcohol abuse, inadequate housing.
8. **Entry into Foster Care. (Tables 7, 8 and 8a).** (Discuss agency efforts to prevent children's initial entry into foster care.) 3.7% is slightly less than the state average. FSSW services, CMH and DD services in addition to PSOP services are attempted whenever possible to prevent out of home care. If a report is accepted we offer FA whenever possible. FA will provide safety planning, FGDM meetings, and assist in connecting families with supportive services. Discuss factors that contribute to children's re-entry into foster care, and agency efforts to prevent re-entry following discharge from placement. We are seeing re-entry typically later in a child's life – the teen years. Many parents have not been able to adapt their parenting skills to match the child's needs. Or the family has not continued with the services of CMH, therapy, medications, etc. and is finding that they can't control their child's behavior. We also see parents relapsing into abuse of chemicals or not effecting dealing with their own mental health concerns.

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.
Examine the agency's use of short-term placements. Identify factors that contribute to short-term placements. Carlton County has a contract with our local youth shelter – Lutheran Social Services. We do a contract not a daily fee for service. Almost 20 years ago the concept of "behavior" contracts was established where the family and their social worker (FSSW/CMH/FA) meets with the family to establish rules and consequences. One of the consequences could be that the child is placed at the shelter for 24-48 hours. The parents sign a voluntary placement agreement and get prior approval for a shelter placement. Some families do not have extended family they can lean on for support. We have had some families have their children in a foster care placement for less than 60 days in order for the parent to work on their sobriety, mental health or home condition.
9. **Other Safety Issues.** Discuss any other concerns, not covered above, that affect safety outcomes for children and families served by the agency. Methadone and opiate addiction of parents continues to affect the safety outcomes for children. Not only is the actual use of the drugs a problem for the children to be properly cared for, they are frequently exposed to a dangerous environment. This environment can be dirty needles, exposure to the drugs themselves or the dangerous environment of being around people buying or using drugs. The lack of CD and mental health resources also affects our ability to get timely reunification.

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 (Table1).** Carlton County had 88.9% or 16/18 children reunified in less than 12 months, higher than the state and national standard. Utilizing the 3P process early on in the case helps to identify what strengths the family has and develops the case plan. I also think our high rate of relative foster care providers assists in meeting this benchmark. 60% of our children within 12 months – which is higher than the state and federal benchmarks. Our median stay in foster care is 7.5 months which is above the state and national benchmark. Our foster care re-entry rate is at 43.8% which is higher than the state and national averages. As has been previously mentioned parental sobriety and child behaviors seem to be the greatest obstacles to overcome.
2. **Permanency Composite 2: Timeliness of Adoptions (Table 1).** Identify and comment on overall strengths and barriers to the agency's performance on the five measures included in Permanency Composite 2. Carlton County in 2014 had 80% of children discharged from foster care to adoption were adopted in less than 24 months. This is higher than the state and federal average. The median length of stay was also 16.6 months. For children in foster care 17 plus months 7.1% of children were adopted by the end of the year. Yet in looking at the data for this and children achieving legal freedom within 6 months, 6 out of the 12 children listed were CMH or DD placements. The other 6 child protection cases are delinquent youth and or youth who had permanency and now are not able to return to their legal guardian. Permanency options for youth who have either disabilities or significant behaviors are extremely difficult to find. The last measure of a child legally free to be adopted we had one child who it took 29.9 months for her adoption to be finalized. This was due to several appeals by her parents. There was also concern about the child's development and possible long term disabilities. Once the pre-adoptive parent had more information and supports they felt more comfortable with adoption. Our concern now for children under age 6, the most likely in our history to be adopted, will not be adopted due to the low funding families are receiving under the Northstar Program. Child care expenses are insufficiently covered by this program in addition to the costs of raising a child.
3. **Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time (Table 1).** We successfully had five out of five children adopted in 2014. This was due to diligence on the part of the ongoing CP workers and our assistant county attorney. We have a fair number of children due to their significant behaviors – whether SED or delinquent behaviors – that are having a difficult time finding permanency whether through adoption or a permanent transfer of physical and legal custody. The higher funding through the MAPCY may assist in finding permanency but may also hinder permanency under 6 y.o.

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.
4. **Permanency Composite 4: Placement Stability (Table 1).** Identify and comment on overall strengths and barriers to the agency's performance on the three measures included in Permanency Composite 4. Children who are in placement less than 12 months have two or fewer placements – 88% which is higher than the state and national average. For youth who are in foster care longer than 12 months, especially 24 months, have a higher multiple placement rate. In analyzing the data these youth tend to be older and have significant behaviors. CTSS and CMH services can assist to support stability in placement. If a youth needs to go to residential treatment in order to address their needs this can affect their setting rate. We also have youth who commit a crime and then are placed on probation and that can result in a placement too. We work closely with probation and the CMH and DD units to address this.
5. **Age of Children in Care (Table 9).** Discuss any significant changes in the age of children entering placement and possible contributing factors. In ages 0-14 years we have fewer than the state average of children in foster care. Our greatest age is 15-17. Many of these youth have either unstable mental health issues or have engaged in delinquent behaviors. This makes it difficult for their caregivers – parents, legal guardians, foster parents, to manage their behavior. The preventative services like PSOP, FSSW and CMH services have been tried and are no longer as effective. The use of drugs and alcohol at age 14 is increasing in Carlton County as well as the use of synthetic drugs. Many of these youth have been placed on probation and consequential placements may happen. We hope this will reduce as our Restorative Justice program continues to be utilized for teen crime. We have 17 youth ages 18-21 in extended foster care and this is a mix of child protection and CMH placements.
6. **Race/ethnicity of children in out-of-home placement (Table 10).** Identify and discuss data regarding the composition of the agency's foster care population and any disparities present. 89.5 % of our placements are Caucasian and 5.9% are American Indian children. We work closely with Fond du Lac social services to provide services such as PSOP or FA in order to keep Native children with their families. We review CP placements with FDL prior to petitioning and all voluntary ICWA placements are reviewed with the courts prior to placement. The CMH workers also work closely with FDL's CMH case manager. Fond du Lac continues to work to strengthen families as well offering Positive Indian Parenting classes.
7. **Relative foster care (Tables 11 and 11a).** 21.2% of our placements are with relatives. 28.5% are non-relatives. We review placements with FDL to identify relatives. Workers also discuss with parents potential relatives that could care for the children, as early as the time of removal. The licensing process can begin as early as the first hearing. We also have Lexis Nexus to search for relatives. Workers meet with foster parents monthly to provide support. Remaining placements are residential treatment at 25.6% and correctional at 9.2%.

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.
8. **Permanent custody to the agency.** (Formerly long-term foster care.) Describe the agency's current practices related to the use of permanent custody to the agency 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 goal. This is the least optimal outcome for youth. We continue to look for permanency options either with relatives or foster parents throughout the life of the case. We also utilize the Lexis Nexus program to help locate providers.
9. **Other Permanency Issues.** Proper access to therapy and CTSS services can assist children to find stability and permanency. At times there is a waiting list for those services. We are also quite concerned about the change in rate of reimbursement for children under 6 and what that will do for them finding timely permanency. We are also working closely with probation and the RJ program to look at alternatives to placement for youth who are engaging in delinquent/criminal behavior.

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 to improve performance in the following areas: • **Engaging fathers/non-resident parents in needs assessment, service delivery and case planning. Identify promising approaches or current barriers to involving fathers/non-resident parents.** Fathers are identified and made part of the case early on in the process. The courts do a good job appointing counsel to non-custodial parents. Fathers/non-resident parents are invited to the 3P and have even attended via conference call. Fathers are also invited to FGDM meetings should those occur. Fathers/on-resident parents are given the opportunity to work a case plan and have visitation. Barriers like transportation and hotel are provided to these parents by the agency.
2. **Caseworker visits with children (Table 12).** 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 expectation of workers is to meet with every child every month, whether it is a court ordered or voluntary 260D placement. This is reviewed monthly with the supervisor sharing the SSIS data and also discussed in new worker orientation. The January 2015 SSIS data indicates that we have a 95% rate of workers making monthly visits. Quarter 2 and

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.
quarter 3 in 2014 show an over 90% rate. This is higher than the state average that is from 77-79% in 2014. Some barriers to the monthly contacts are children or worker illness, the child is in a correctional placement and the probation officer doesn't make a monthly visit, the placement may be a DD placement and Rule 185 case management is provided differently than child welfare. The goal is the visit is primary and workers are able to work a flexible schedule to accommodate that. They can also utilize protected time or non-traditional hours to enter in their SSIS data concerning the visits.
3. **Other Well-being Issues.** Discuss any other issues of concern, not covered above, that affect well-being outcomes for children and families served by the agency. A grave concern for us is the lack of therapeutic treatment options such as in-patient stabilization for children as well as residential treatment beds. Day treatment options are also very limited and typically have a 6-9 month waiting list. Psychiatry is also hard to find. We also could utilize more in-home family therapists and therapist trained in trauma.

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 Agency 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 Agency performance on the two safety data indicators and 15 permanency measures.

B. Safety Data Tables

Tables 2-8 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 9-11 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

Tables 12-14 provide information regarding the frequency of caseworkers' monthly face-to-face contact with children in foster care, and rates of completing physical health exams and children's mental health screenings.

A. Federal Data Indicators

Table 1

Data Indictor	National Standard	Carlton County Performance**					MN 2013
		2010	2011	2012	2013	2014	
Safety Indicator 1: Absence of Maltreatment Recurrence. Of all children who were victims of determined maltreatment during the first six months of the reporting period, what percent were not victims of another determined maltreatment allegation within a 6-month period.	94.6%↑	100%* 25/25	80% 24/30	100%* 32/32	100%* 17/17	100%* 22/22	97.2%*
Safety Indicator 2: Absence of Child Abuse/Neglect in Foster Care. Of all children in foster care during the reporting period, what percent were not victims of determined maltreatment by a foster parent or facility staff member.	99.68%↑	100%* 159/159	100%* 176/176	98% 146/149	100%* 108/108	100%* 98/98	99.8%*

Data Indictor	National Standard	Carlton County Performance**					MN 2013
		2010	2011	2012	2013	2014	
Permanency Composite 1: Timeliness and Permanency of Reunification							
Component A: Timeliness of Reunification.							
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% ↑	88.5%* 54/61	83%* 44/53	82%* 50/61	71.9% 23/32	88.9%* 16/18	85.1%*
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 ↓	3.9*	5.3*	2.5*	5.0*	7.5	5.5
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% ↑	38.1% 8/21	59.3%* 16/27	55.9%* 19/34	46.4% 13/28	60%* 6/10	54.1%*
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 to the year shown, what percent re-entered foster care in less than 12 months from the date of discharge?	9.9% ↓	29.6% 8/27	23.7% 14/59	21.2% 11/52	27.1% 16/59	43.8% 14/32	25.7%

Data Indictor	National Standard	Carlton County Performance**					MN 2013
		2010	2011	2012	2013	2014	
Permanency Composite 2: Timeliness of Adoptions							
Component A: Timeliness of Adoptions of children Discharged From Foster Care							
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%* 1/2	40%* 2/5	0% 0/2	0% 0/2	80% 4/5	54.7%*
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 ↓	39.1	40.6	43.9	46.9	16.6*	22.7*
Component B: Adoption for Children Meeting ASFA Time-In-Care Requirements							
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% ↑	5.3 1/19	33.3%* 4/12	20% 2/10	14.3 2/14	7.1% 1/14	20.7%
Measure C2.4: Children in foster care 17+ months achieving legal freedom within 6 months. Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown?	10.9% ↑	0% 0/18	0% 0/19	0% 0/13	0% 0/13	0% 0/12	3%
Component C: Progress Toward Adoption of Children who are Legally Free for Adoption							
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% ↑	100%* 1/1	25% 1/4	0% 0/1	0% 0/5	0% 0/1	49.8%

Data Indictor	National Standard	Carlton County Performance**					MN 2013
		2010	2011	2012	2013	2014	
Permanency Composite 3: Achieving Permanency for Children in Foster Care							
Component A: Achieving Permanency for Children in Care for Extended Periods of Time							
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 18th 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% ↑	10.5% 2/19	18.2% 4/22	20% 3/15	12.5% 1/8	16.7% 2/12	19.2%
Measure C3.2: Exits to permanency for children with TPR. Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge, what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with a relative).	98.0% ↑	100%* 2/2	100%* 5/5	66.7% 2/3	100%* 2/2	100%* 5/5	98%*
Component B: Children Emancipated Who Were in Foster Care for Extended Period of Time							
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 18th birthday while in foster care, what percent were in foster care for 3 years or longer?	37.5% ↓	25%* 2/8	50% 6/12	71.4% 10/14	83.3% 10/12	60% 6/10	30.7%*

Data Indictor	National Standard	Carlton County Performance**					MN 2013
		2010	2011	2012	2013	2014	
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 that were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	86.0% ↑	85.2% 92/108	73.9% 82/111	82.6% 76/92	79.2% 42/53	88%* 44/50	85.8%
Measure C4.2: Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care during the 12 months target period that were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?	65.4% ↑	79.8%* 19/24	80% 24/30	50% 16/32	60% 21/35	50% 11/22	60.7%
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 that were in foster care for at least 24 months, what percent had two or fewer placement settings?	41.8% ↑	18.5% 5/27	18.5% 5/27	20% 4/20	22.2% 4/18	31.6% 6/19	33.5%

*The Agency met the performance standard.
**Data on county/tribal performance on Federal Data Indicators was pulled from Charting and Analysis on 1/15/15.

B. Safety Data

Child Maltreatment Reports **Table 2**

Year	Child Maltreatment Report Screen Out Rate	Total Family Investigations & Family Assessments	Investigations with Maltreatment Determined	Reports with Child Protection Services Needed Determined (Family Investigations)	Reports with Child Protection Services Needed (Family Assessment)	Reports with Support Services Offered (Family Assessment)
2009	**	32	22	21/65.6%	37/49.3%	2.7% 2/75
2010	**	45	31	38/84.4%	10/14.3%	1.4% 1/70
2011	**	57	38	42/71.9%	9/10.1%	2.2% 2/89
2012	**	40	30	30/75%	15/21.1%	.8% 1/124
2013	81.6% 725/888	25	14	14/56%	4.5%	0%

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** Child maltreatment report screen out rates prior to 2013 are not included because agencies were not required to document screened out reports prior to that time. Data prior to 2013 is considered incomplete.

Statewide rate of child maltreatment reports screened out in 2013: 71.3%
Statewide rate of reports with maltreatment determined in 2013: 54.4%
Statewide rate of reports with child protection services needed determined in 2013: 48.2%
Statewide rate of Family Assessments with need for Child Protection Services in 2013: 15.5%
Statewide rate of Family Assessments with supportive services offered in 2013: 13.1%

Completed Face-to-Face Contact with Alleged Child Victims **Table 3**

Type of Assessment	State Goal	Reporting Period	Statewide Rate of Timely Contact	Carlton county % and # With Timely Contact*
Investigations – Alleged Substantial Child Endangerment	**100%**	**Q3 2014**	72.4%	50% 2/4
		CY 2013	70.2%	37.5% 3/8
Investigations – Not Substantial Child Endangerment	**100%**	**Q3 2014**	85.1%	100%* 1/1
		CY 2013	84.9%	62.5% 15/24
Family Assessments	**100%**	**Q3 2014**	77.9%	88.4% 53/59
		CY 2013	73.2%	97% 159/164

DHS Child Welfare Data Dashboard

*Timely contact is defined as:

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

Absence of Re-Reporting **Table 4**

Time Period	State Goal	State %	Carlton County % and #
Q4, 2014	**91% ↑**	89.9%	pending
Q3, 2014		90.7%	89.1% 114/128
CY, 2013		91.2%	83.5% 19/115

DHS Child Welfare Data Dashboard

- Of all children who are subjects of an accepted maltreatment report (concluded two quarters prior to the reporting quarter), the percent of children who are not the subject of a subsequent accepted maltreatment report within six months.

Reasons for Entering Out-of-Home-Care, Related to Protection-2013 **Table 5**

Reason	State %	Carlton County #	Carlton County %
Alleged Physical Abuse	7.1%	3	1.3%
Alleged Sexual Abuse	2.8%	12	5.2%
Alleged Neglect	22.4%	25	10.9%
Parent Alcohol Abuse	5.1%	14	6%
Parent Drug Abuse	15.3%	33	14.3%
Abandonment	2.3%	6	2.6%
Other (parent death, TPR, safe place for newborns)	0.9%	1	.4%
Parent Incarceration	3.1%	8	3.5%
Total Reasons Reported for All Placements	18,294	230	--
Total Placements	11,510	108	--
Total Reasons Related to Protection	10,803/59.1%	102/44.3%	

Minnesota's Child Welfare Report – 2013

Reasons for Entering Out-of-Home-Care, Other than Protection-2013 **Table 6**

Reason	State %	Carlton County#	Carlton County %
Child Alcohol Abuse	1.3%	3	1.3%
Child Drug Abuse	2.3%	10	4.3%
Child Behavior	21.2%	57	24.8%
Child Disability	4.4%	23	10%
Caretaker Inability to Cope	8.7%	27	11.7%
Inadequate Housing	3%	8	3.5%
Total Reasons Reported for All Placements	18,294	210	--
Total Placements	11,510	108	--
Total Reasons Other than Protection	7,491/ 40.9%	128/55.6%	

Minnesota's Child Welfare Report - 2013

Rate of Entry into Foster Care **Table 7**

Time Period	State %	Carlton County % and #
Q4, 2014	3.9	pending
Q3, 2014	3.8	3.7 30/8146
CY, 2013	3.8	3.4 28/8148

DHS Child Welfare Data Dashboard

- Rate of children less than age 18 who enter out-of-home care for the first time in their lives as compared to per 1000 in the Minnesota child population.

Length of Placement Episodes Ending in 2013 **Table 8**

Length of Placement Episodes	State %	Carlton County #	Carlton County %
1 – 7 days *(5 year history below)*	19.89%	NA	NA
8 – 30 days	8.83%	5	7.4%
31 – 90 days	11.4%	8	11.9%
91 – 180 days	13.3%	14	20.9%
181 – 365 days	21.2%	11	16.4%
366+ days	25.5%	29	43.3%
Total Episodes	6105	67	--

DHS Research, Planning and Evaluation

Length of Placement Episodes – *5 year history* **Table 8a**

Length of placement Episodes	2009	2010	2011	2012	2013
1-7 days	NA	1.2% 1/86	3/98	3/91	NA

DHS Research, Planning and Evaluation

C. Permanency Data

Age Group of Children in Care – 2013 **Table 9**

Age Group	State %	Carlton County #	Carlton County %
0-3 Years	21.2%	12	11.1%
4-5 Years	9.2%	9	8.3%
6-11 Years	21.1%	17	15.7%
12-14 Years	13.3%	7	6.5%
15-17 Years	23.7%	46	42.6%
18-21 Years	11.5%	17	15.7%
Total Children in Care	11,510	108	

Minnesota's Child Welfare Report – 2013

Race of Children in Care - 2013 **Table 10**

Race	State % of Placements	Agency # of Children in Placement**	Carlton County % of Placements	% of Racial Group in Carlton County's Population***
African American/Black	19.9%	NA	NA	NA
American Indian or Alaska Native	17.2%	59	54.6%	5.9%
Asian/Pacific Islander/Other	2.3%	NA	NA	.6%
White	46.7%	39	36.1%	89.5%
Two or More Races	12.6%	9	8.3%	2.4%
Unable to Determine	1%	NA	NA	NA
Total Children in Care	11,510	108		
Hispanic Ethnicity*	9.3%	NA	NA	NA

*Hispanic may be of any race Minnesota's Child Welfare Report – 2013

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

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

Children in Out-of-Home Care by Placement Setting-2013 **Table 11**
(Children may be counted in more than one placement setting)

Placement Setting	State %	Carlton County #	Carlton County %
Foster Family Non-Relative	38.8%	59	28.5%
Foster Family Relative *(5 year history below)*	16.5%	44	21.2%
Foster Home – Corporate/Shift Staff	1.6%	8	3.9%
Group Home	9.5%	21	10.1%
Juvenile Correctional Facility (locked)	5.1%	16	7.8%
Juvenile Correctional Facility (non-secure)	4%	3	1.4%
Pre-Adoptive Non-Relative	3.9%	2	.9%
Pre-Adoptive Relative *(5 year history below)*	2.4%	1	.4%
Residential Treatment Center	16%	53	25.6%
Other*	2.3%	NA	
Total Placement Settings	19,315	207	

*"Other" includes ICF/DD and Supervised Independent Living settings Minnesota's Child Welfare Report - 2013

Rate of Relative Care – *5 year history* **Table 11a**

Foster Care Placement	State Goal	2009	2010	2011	2012	2013
Foster Family Relative	**45% ↑**	NA	16% 40/209	50.7%* 70/138	52.5%* 53/101	51.9%* 40/77

DHS Child Welfare Data Dashboard

- The percentage of children in family foster care or pre-adoptive homes who are placed in relative family foster homes or relative pre-adoptive homes.

D. Child Well-being Data

Monthly Caseworker Visits with Children in Foster Care **Table 12**

	State Goal	State %	Carlton County % and #
Q4, 2014 (1/1/14 – 12/31/14)	**95%**	pending	pending
Q3, 2014 (10/1/13 – 9/30/14) (FFY)	**95%**	77.5%	91.6% 555/606
Q2, 2014 (7/1/13 – 6/30/14)	**90%**	78.9%	90.8% 581/640
Q1, 2014 (4/1/13 – 3/31/14)	**90%**	79.6%	90.1% 574/637
Q3, 2013 (10/1/12 – 9/30/13) (FFY)	**90%**	78.8%	90.9% 651/716
Q3, 2012 (10/1/11 – 9/30/12) (FFY)	**90%**	80.1%	93.5% 574/614

DHS Child Welfare Data Release Reports & Child Welfare Data Dashboard

Physical Health Exams **Table 13**

	State Goal	State %	Carlton County % and #
Q4, 2014	**70% ↑**	pending	pending
Q3, 2014		69.1%	74.7%* 62/83
CY, 2013		70.5%	81%* 85/105

DHS Child Welfare Data Dashboard

- The percentage of children in out of home care for 30 or more days during a calendar year who have received either a medical exam or a comprehensive child and teen checkup during that calendar year, or the year before.

Children's Mental Health (CMH) Screening **Table 14**

	State Goal	State %	Carlton County % and #
Q4, 2014	**60% ↑**	Pending	pending
Q3, 2014		50.1%	6.3% 2/32
CY, 2013		53.9%	70.8%* 17/24

DHS Child Welfare Data Dashboard

- The percentage of children between the ages of 3 months to 18 years who received child protection, foster care or adoptive services who had at least one CMH screening during

the current or previous year.

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?

   Carlton County has a strong history of team work. Practice strengths include our daily Action Team to review maltreatment reports and to determine best course of action – whether FA or FI. Our teaming includes reviewing cases on a regular basis. We have a close relationship with our Public Health nurses as they participate in Action Team. We also refer many of our pre-natal exposure cases to them. PHN's will also accept referrals from social services to their Healthy Families America program and the NFP program. We continue to have strong relationships with Fond du Lac Social Services as evidence by their daily participation in Action Team, our teaming of cases and our Dialogue meetings. We also have strong community connections in the form of our Child Protection Team, our Community Case Consultation Team and our Family and Children Services Collaborative. We have assisted in the development of a Restorative Justice Program for Carlton County. Providing the program with funds to address the needs of delinquent youth and as an alternative to placements. We continue to work well with our Probation department – both child and adult officers.
   Since our last CFSR we have had a change in our domestic abuse advocate provider to WINDOW Victim Services. We work jointly with these advocates and they attend the twice monthly Child Protection Team meetings.
   Carlton County continues with our Parallel Protection Plan process. We have utilized this process for almost 11 years now with continued positive results. We continue to offer FGDM for families – not just for CP cases but CMH and DD case managers and FSSW can access that service as well.

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.

   We have had a high rate of cases going to Family Assessment which we feel is an effective program. We would like to explore how we could provide more FA case management services. Do we need more staff? How do we assure child safety? Much of this discussion can't occur until the Governor's Task Force determine what, if any, changes there will be to Family Assessment.

   What other efficiencies in terms of SSIS data entry and worker visits can we discover? Is staffing an issue?

   At times there is difficulty with transitioning/handing off a case from FA/CPS to CMH/FSSW/DD and vice versa. Are there more effective ways or best practice to help this process be smoother?

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.

   Carlton County feels we do an excellent job of utilizing our Action Team to screen in reports. Our process and the Maltreatment Screening Guidelines might be an additional area to review. We also may be changing some of our practice based on any changes to the maltreatment statutes that the Governor's Task Force may make.

4. Please complete the following evaluation of the agency Self-Assessment Update process in terms of its usefulness to the agency and recommendations for revision.

   a) Were you allowed adequate time to complete the Self-Assessment Update process?

Yes X No ☐

Comments: I indicated yes but I feel the answer should really be "sort of." In a small county for one supervisor, in addition to their regular job duties, this is a huge undertaking. To analyze the data, meet with staff, arrange for the schedule to be done, gather additional data, get input from others, takes a tremendous amount of time. We would've liked to go section by section during a unit meeting but simply do not have time for that. I would think narrowing down the scope and honing in on what the State of Federal government are trying to ascertain would be helpful. I know the Family Unit Supervisor has probably spent one solid week on this assessment. Plus the time of other workers and the CMH supervisor as well as the Director.

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

Comments: Much of the data is reviewed monthly by the supervisor through SSIS reports. Also reviewed quarterly by the CW Data Dashboard and is shared with staff.

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

Comments: Emails were sent out and questions were asked of staff. The supervisor clarified with Fond du Lac and Public Health specific program questions. We had generally discussed this at our Child Protection meeting. With the system, all systems whether it be CMH, Probation, Tribal Services, be so over-burdened we did not have time to take at meetings to do this. Community stakeholders and Tribal staff were informed that they will have the opportunity to meet with DHS staff during the CFSR. They will also get a finalized copy of the assessment prior to the DHS meeting.

d) Did you find the Self-Assessment Update an effective process for evaluating your agency's child welfare system? Yes X No ☐

Comments: Again this answer would be "sort of." We utilize SSIS data on a monthly basis. We Examine worker visits with child, timeliness to initial contact, CMH screenings, physicals, etc. We engaged in an Appreciative Inquiry process in the summer of 2014 to look at unit function and potential reorganization. Due to the Governor's Task Force, we need to wait for the findings to be published to see how we organize our work.

The Child Welfare/Child Protection system is not adequately funded. It is often funded on property taxes. Until the State and Federal government determine that this funding mechanism does not keep children safe, county agencies will continue to have to plead their case to their County Boards, who in turn answer to the tax payer. Child safety needs to be a concern to the entire community, not just CPS.

e) Will you use findings from the agency Self-Assessment Update to plan for systemic and/or organizational improvements in your child welfare system? Yes X No ☐

Comments: We continually strive to keep children safe in Carlton County and to provide for their well-being. We will look at the findings not only from the Self-Assessment but the Governor's Task Force as well to make any systemic/organizational changes or improvements.

f) Any additional comments or recommendations for improving the Self-Assessment Update process: I think we covered everything,