

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

**Isanti County
Agency Self Assessment
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 (MnCF SR). 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 MnCF SRs, 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
Isanti County Family Services
Period Under Review
Period Under Review (PUR) For Onsite Case Review: 12/1/2013--2/6/2015 Period for Part IV Data Tables: <u>2013</u>
County/Tribal Agency Contact Person for the Agency Self Assessment Update
Name: Ann Stackpool-Gunderson, LISW Title: Social Services Supervisor Address: 1700 E. Rum River Dr. S., STE.A, Cambridge, MN 55008 Phone: (763) 689-1711 Fax: (763) 689-9877 E-Mail: ann.stackpool-gunderson@co.isanti.mn.us
Key Dates
Month/year of prior MnCFSR(s): November 2007, February 2011
Month/year of on-site review: February 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
<p>Social Workers are expected to identify the activity on the purpose line in SSIS. This enables others to have a "snap shot" the worker's activities in the case. Specific activities have been separated to have specific naming clatures -- initial interview with child and parent, contacts with family members, CW-TCM contacts, face to face contact, TCM monthly face to face contact. This provides an easier way to locate information. SSIS serves as communication between current workers and future workers. For example, it is expected that when completing county reports to keep in mind an unknown future social worker will need to read it and understand the reason for the agency's involvement, efforts in assisting the family to emiliorate their presenting and underlying problems, reasons for decisions made, and any conditions stated to the family should there be future involvement from the agency.</p> <p>Isanti County utilizes SSIS template capabilities to design many documents to assist workers in doing their work. This allows for a complete electronic record of all the specific activities/efforts done during assessments/investigations and in case management work. Also, in doing so, it provides organization to the case record.</p> <p>Isanti County continues to support the training of all workers who utilize it -- social workers, SSIS mentors, clerical/support staff, supervisors. There are two designated mentor and one coordinator for SSIS worker. Likewise, there are fiscal mentors and coordinator. ICFS encourauge cross training among fiscal and worker mentors. Also, implementing a rotation schedule of computers allows workers to have the ability to use SSIS and its updates.</p> <p>Supervisors periodically utilize general reports and Charting and Analysis reports. The reports serve as a communication tool when discussing worker performances with workers, presenting information to county administration and commissioners, and in identifying trends . This tool could be utilized more regularly.</p>

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

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 child protection system in Isanti County strives for consistency and flexibility in responding to reports. There are clear roles for workers, and at the same time, they are flexible in assisting one another so as to meet timelines in assessing child safety and the needs of the family when providing case management services. When a report comes into the agency it is screened by the screening team within 24 hours. The screening team consists of two traditional investigators, a day care licensing worker, and the supervisor. In determining tracks for reports, the screening team also decides what track for accepted reports. In determining tracks it is the general philosophy that cases begin family assessment and from there further factors are considered to determine traditional responses. It is believed the track is not what determines safety for children; it is the response time to make the initial safety assessment, the interaction of the social worker with the family, and the safety plan that is agreed upon at the first meeting with the parents. Experience has shown families engage with social workers when they are aware there will not be a determination of maltreatment and that the assessment will not affect their employment.

In determining what cases are assigned to a traditional response there are many factors. Obvious factors are those cases that allege egregious harm. If a case does not allege egregious harm, then other factors are considered such as if the parents cooperated with the agency in a prior assessment/case, was the problem ameliorated in a previous case, is there concern that the parent will flee with the child, is the child unable to make a safety plan and execute it, etc. Also, in determining egregious harm which includes criminal definitions, the assistant county attorney has been consulted regarding definitions so that we are determining egregious harm when appropriate.

The supervisor has oversight at all different stages of a case. She is a member of the screening team, and when consensus is not reached in screening, makes the decision. She assigns staff to assess or investigate the report and gives a written direction as to when the child needs to be seen in order to assess the child's safety. Staffs update the supervisor throughout the assessment or investigation. In determining ongoing services, the supervisor is consulted and makes recommendations regarding ongoing services. As during assessment/investigation, the supervisor is updated during case management services. Similarly when a decision of providing ongoing case management is made, the supervisor is consulted at the closing of a case. At any time during an assessment/investigation or ongoing services when a child is considered not safe within her/his home and may need to be placed into foster care, the supervisor is consulted, and when necessary, will recommend removal of the child. The county attorney is also consulted and informed of the

decision.

In addition to the supervisory oversight, the use of SDM tools in conjunction with social worker judgement guide decisions regarding ongoing services following an assesment/investigation, continuation of services, and the closing of cases. In general, all families who have rated high in the risk assessment following an assessment/investigation receive case management services. When closing a case, there may be a discrepancy between the SDM tool and social worker judgement. It is logical that after a family receives services the risk level should decrease. However, in some families that does not always occur. If after the family has received services and the reason for child protection involvement is no longer present, the family's functioning has improved, and there are no safety issues, justification for closing the case is explained in the Case Closing Summary.

In traditional investigations when a placement occurs, a case management case is opened soon after the child is placed into foster care. This allows for the investigator to focus on completing the investigation and it allows for the case manager to begin working with the family immediately to address the reason the child was removed. Visits begin and a case plan is designed.

In Isanti County, those workers who complete family assessments also provide case management services. In situations where a worker is unable to assess safety of a child timely other workers will assist in meeting that timeline.

Child Mental Health Social Workers are provided with monthly clinical supervision to review cases and also meet as needed when critical decisions are needed such as related to the decompensation of a client. Workers regularly consult with each other individually and at staff meetings on case decisions, resources, court reports, case plans and assessments completed. Standardized assessments are periodically completed as a group to ensure consistency. Monthly permanency team discussions assist in a uniform method of achieving permanency/reuniification.

- *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

All petitions are approved by the supervisor. Before petitioning the court, the following factors are considered: what resources does the family have to provide safety for the child, the capacity of the parent to provide safety and follow through on a safety plan, the safety network people's ability to follow through with the safety plan, agency confidence in the safety plan, history of family involvement with the agency, and finally consultation with the county attorney.

The court process for achieving permanency in Isanti County is well established. The hearings are scheduled timely. Permanency options that Isanti County has used are termination of parental rights and adoption, transfer of permanent and legal custody to a relative and permanent custody to the agency with the latter being the last resort and considered in the best interests of the youth. Although permanent custody to the agency is not considered a permanent place to be raised, that legal option has allowed for a type of permanency for youth who do not have current foster parents who wish to adopt but have integrated the youth into their home, who do not wish to be adopted and who wish to remain in their current foster home. It becomes a good fit for the youth (the youth's needs are met) and respects the youth with where the youth is at emotionally and mentally.

ICWA has rarely been a factor. When this has been the case, resources and practice are reviewed to ensure compliance.

Children's mental health has begun to initiate more in person court reviews if warranted at six months rather than administrative reviews. Decision making centers around if the parents are actively engaged in their part of the treatment plan while their child is in voluntary placement. It is at this time that the unit has begun filing CHIPS when it is apparent that the child's emotional needs are not being met due to inability or unwillingness. The unit regularly meets with the assistance county attorney to review cases such as these to ensure evidence is sufficient for court action to move forward to obtain permanency. The unit is working with providers to request services be individualized and intense for the child and family in order to shorten up the length of treatment needed for children/youth thus reducing time out of the home.

- *Functions of the CJI Team*

Description of Agency Practice

The CJI team is well represented from many stakeholders and functions well. A judge retired and new judge was elected and has put forth time and effort to understand the CHIPS statute and process so as to implement what the statute outlines. Much effort has been focused on assigning one judge to one family and as a result scheduling for the two judges has become difficult. Efforts to disseminating court orders soon after hearings have been done. Notices for court hearings have been changed so as to allow for more time between attorneys and their clients and negotiations between the county agency and attorneys. The CJI meetings have been productive in talking about complications from assigning one judge to one family, waiting for court orders following hearings, and in notices. Other informative discussions have included expectations of GALs in CHIPS cases. Members are open to discussing these difficult conversations so as to provide education and understanding so that changes can be made. Practices involving administrative and in court review of voluntary placements have been discussed so all involved understand the complexity and direction taken to ensure permanency achieved is in the best interest of the client. One of the areas identified as a goal in 2015 is to better assess for trauma and provide needed services to those impacted by it.

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.

Court administration provides notices to foster parents of their rights to be heard at hearings. There is also foster parent representation in CJI. Should a particular issue arise, social workers will inform foster parents of their rights to be heard and will notify the county attorney if a foster parent may want to address the court.

Overall Systemic Factor Rating for Case Review System

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

C. Quality Assurance System

C1. Review 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
<p>The supervisor meets with workers monthly to review cases. The purpose of these meetings is to review the safety of the children, review the development of the cases, problem solve, and plan for future outcomes. The supervisor has an open door policy for when consultation is needed prior to the scheduled meeting. There may be times when the supervisor is not available for consultation and decisions need to be made by the worker. It is not effective service to clients for workers to wait for all decisions to be approved by the supervisor.</p> <p>When cases are closed, they are given to the supervisor. The supervisor will randomly pick cases to review and will provide written feedback to workers on what the worker did well and what improvements the worker can do next time with a family. Also, when copies of records are requested, a review of the case occurs. And, in a formal case review, feedback is provided in writing to the worker. This information is also used in the employee's annual performance evaluation.</p> <p>As questions or issues arise from a case, they are used as examples to discuss with the unit so as to provide consistency among the workers. It could be as simple as how to enter a contact in SSIS to something more complex as to at what point should a CHIPS petition be considered. The agency has mapped cases that provide education on what to address with families and how to address the issue. It provides common language and a common approach to the work with families among the members of the unit.</p>

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

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

Training for workers is valued in Isanti County. Most training needs for beginners and case managers can be met through the MN Child Welfare Training System (MN CWTS). All workers complete the foundation training or Rule 79 training. There have been specialized training that workers have attended (e.g. Signs of Safety). The supervisor has requested specialized training in trauma for social workers, foster parents, and supervisors, all are three different trainings, in which MN CWTS has been responsive and has helped arranged.

Mental health social workers also attend outside training on mental health symptoms, parenting, treatment and evidenced based practice.

There are specialized training that is not available through MN CWTS. Examples include Corner House training and cross training with law enforcement. All child protection workers in Isanti County are trained by Corner House for forensic sexual abuse interviewing. There are times when a social worker who does not conduct investigations may need to fill in as a back-up interviewer. Also, many of the concepts can be applied to any interview conducted. Investigators received cross training with law enforcement personnel so as to have a well coordinated approach to child maltreatment cases. These trainings are not provided by law enforcement or sexual assault agencies.

Foster care licensing training has improved in the last year by DHS. However, it is not offered as frequently as child protection trainings, thus, training for licensing workers occurs from contacts with DHS and in consultation with other county licensing workers. The foster care licensing worker attends metro foster care worker meetings.

Training for foster parents is accomplished in a variety of ways. It is initially provided by the licensing worker via orientation. Subsequent training occurs on individual basis by the placing and licensing workers as well as formal classroom training that is arranged by the county. Training of foster parents also occurs when paraprofessional or professional services occur within the foster home to address behaviors and/or mental health needs of the child.

Currently, Isanti County has contracted with a private agency to provide therapeutic services to foster homes within Isanti County to keep children and youth with difficult behaviors and mental health needs closer to their community. That agency and Isanti County have collaborated in providing training opportunities to these foster parents.

Isanti County contracts with another provider to provide Parent Support Outreach Program (PSOP) services. Having training specific for providers of this program is helpful.

Overall Systemic Factor Rating for Staff and Provider Training System			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>

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
<p>The problems of parents that cause children to be placed into foster care via child protection are related to alcohol and drug, mental health, and domestic violence issues that many times accompany lack of parenting education. Other reasons vary and can include homelessness and unemployed status. Isanti County has mental health providers, chemical dependency assessors and providers, a domestic violence program that offers anger management for men as well as a shelter and women's group, homeless program, workforce center for employment assistance.</p> <p>As in many areas of the state, there is a shortage of psychiatric providers for both children and adults. Isanti County and Region 7E have invested funds towards uncompensated time to enable local providers to enhance psychiatric availability in this area. Following the closure of the community mental health center in 2014, the county and region have been engaged in rebuilding mental health and crisis services. Most of the groups to support adults with mental health concerns are in place and it is anticipated that mobile crisis services for children and adults will be in place within the next 6 months.</p> <p>Many times child protection develops resources as a means to prevent placement. For example, parents will be asked to find a family member or friend to be part of the safety plan and to supervise contact between the parent and child. Many times these safety network members become a foster care provider should placement occur. And, should reunification not occur, these families have become permanent care givers of the child.</p> <p>As stated previously, Isanti County has devoted time and money to developing a service that replicates therapeutic foster care services within the county. Isanti County has partnered with Therapeutic Services Agency to provide this service and it is called "Close To Home." It is believed children do better in care and are returned home quicker when their physical placement is closer to their home. Children who receive residential services to address behavioral and mental health needs also benefit in additionally with this program. This agency bridges the services from residential to a Close to Home foster home as a means to have the child return to their home community quicker than in the past.</p>

Isanti County is a predominantly Caucasian community. It is a Christian, rural community with predominantly Scandinavian and German heritage. For cultural resources not available within the county, resources available outside Isanti County are sought. For example, when needing an African American foster home, the agency inquired of neighboring counties. Gay, lesbian, transgender, bisexual, questioning youth and adults are referred to services in the metro area. In-home providers with expertise or sensitivity in this area are also sought. When a child with Native American heritage is placed, the tribe is contacted for placement. The agency keeps the tribe up to date of progress on the case plan regardless if the tribe responds to the notification. However, should a parent request the child to remain in the county rather be placed out of the county in order to be with a native home, the parent's wishes are respected. This allows for quicker reunification since the placement is closer to the parent.

Isanti County uses Language Line as a means to communicate with families whose primary language is not English. In some instances, known community members fluent in another language have been considered a resource to assist in communication. Sometimes, the parent may have an English speaking friend whom they trust rather than using a stranger to assist them in working with child protection.

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.

Having chemical dependency and mental health services available in the community is the most important service needed to prevent placement. Providing tokens for bus transportation or gas cards to help pay for gas aids parents in getting to their treatment appointments. In-home services are also important to help prevent placement of children. However, at times, in-home services are in great demand causing a wait list for a family to be served. As indicated above, mobile crisis services are not currently available, but the Region has contracted with other vendors to meet the service gaps. An RFP has been issued and the plan is to have children's crisis services up and running in 2015. The agency has also been working with a vendor to make child psychiatry services available in Isanti County.

Efforts to prevent placement and re-entry include weekly visits by the Child Protection social worker with the parent either at the home or at the office. Unfortunately, this is not always able to be implemented due to the demands of other cases. It is believed the amount of contact with a parent has an impact in preventing children placed in foster care and in their re-entry. Mental Health Case Management efforts to prevent placement and re-entry include offering respite, contact with the client and/or his/her parents at least monthly and

coordination of various services such as outpatient therapy, psychiatry and in home services.

Other efforts to reduce re-entry in child protection cases may involve regrouping a safety network. After a parent relapses and the child was not in danger, the safety network may gather again to “fine tune” the safety plan so as to prevent the child returning to foster care. Discussion with the parent on what caused their relapse, what more supports does the parent need, and ensuring the child is not in an unsafe situation would occur.

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

Within the last year Isanti County experienced the unplanned closing of the local mental health center which provided services to low income clients. Clients were left without practitioners until a new provider was able to offer the services. Isanti County compensated for this loss by reaching out to local mental health providers to help fill the gap of services.

There has been a few times when in home services have not been provided when needed. Agencies that serve Isanti County do not have enough employees to provide the needed in-home service. Also, in-home parenting has been delayed because a young child may need a DC0-3, diagnostic assessment before the service can be provided which can delay the start of in-home by about a month.

Attempts are made to place children as close as possible to their family to ensure optimum investment and outcomes for family therapy and skills while the child is in placement. Although we have added to our local resources, there are not sufficient treatment foster beds in the county to allow children to remain in the same school district and continue with their mental health providers.

Isanti County has contracted with the local domestic violence program to provide supervised visitation between parents and children in foster care. This has provided a neutral party to observe interactions among family members. By having another agency supervise visits it frees the social workers up to complete documentation requirements for children in foster care (i.e. case plans, court reports, contacts with clients.) This does affect the timing of documents sent to court.

Overall Systemic Factor Rating for Service Array and Resource Development System

Area Needing Improvement

Strength

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
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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
<p>Semi-annually, Isanti County seeks input for the Vulnerable Child and Adult agreement from the community. As stated previously, a major loss of service was the closing of the local mental health center. ICFS contracted with other vendors to meet service gaps. An RPF has been issued and the plan is to have children's crisis services up and running in 2015. The agency has also been working with a vendor to make child psychiatry services available in Isanti County.</p> <p>Also explained earlier, ICFS sought to partner with a local mental health provider to provide services to the community to help the reunification of families sooner.</p> <p>The local multidisciplinary child protection team, Isanti County Family Support Team, provides consultation and community education. Consultation is provided to community professionals in the role of caring for children. It has sponsored community education events (e.g. Love and Logic Parenting, identifying bruises from abuse, opiate abuse.)</p> <p>Isanti County Integrated Collaborative continues to meet to plan for needed services with the mandated partners. The county also meets with local professionals concerned with chemical use by our youth to review gaps and discuss services in place at least quarterly. Annually, input is sought on gaps in service delivery from the Local Advisory Committee on mental health.</p>

Overall Systemic Factor Rating for Agency Responsiveness to the Community			
Area Needing Improvement		Strength	
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>

G. Foster and Adoptive Home Licensing, Approval and Recruitment

G1. Review 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
<p>More foster homes are needed. ICFS is fortunate to have two homes that have committed to being on-call homes for when emergency foster care is needed. Fortunately and unfortunately, foster homes that are concurrent, leave the agency after an adoption. The close To Home program has added to our treatment foster home resources, but additional homes are needed, especially for children who can not safely reside with other children.</p>
<p>Recruitment efforts have included formal and informal means. People who have expressed an interest in foster care who have not followed through with the foster care process have been contacted a year later to inquire about their interest. The agency has contracted with Therapeutic Services Agency who has done a large recruitment effort which included handing out information at parades, school open houses, and churches. Asking current foster homes if they have friends who might be interested in being foster parents has been done. Relative or kin homes have been inquired if they would like to be a foster home for more than just the current child for which they are caring.</p>
<p>Relatives are sought for placements. When one is found, ICFS will assist in covering the cost of well water checks. In supervision, discussion of how the placement is meeting the needs of the child and how the relatives are adjusting to being a foster care provider occurs. When needed, in-home services are provided. As mentioned earlier, the demand for in-home services is more than what is available. Thus, relatives may not get the needed supports timely.</p>

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

H. Supervisor and Social Worker Resources

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
<p>Isanti County is comprised of one director who oversees all programs provided by the agency. There are seven supervisors. One supervisor oversees all chemical dependency and mental health services for children and adults as well as adult foster care licensing. She oversees two child mental health workers, two child mental health social workers, one adult mental health worker, three adult mental health social workers, one chemical dependency social worker and a social worker that conducts chemical dependency assessments and licenses adult foster homes. The supervisor for child protection also supervises foster care, adoption and day care. There are two workers that receive child maltreatment reports (do intake) and who conduct investigations and family assessments. One worker does intake and day care licensing, and is in training to conduct family assessments. Five workers conduct family assessments and provide case management services. One worker provides child foster care licensing and adoption services.</p>
<p>Since 2011, Isanti County child protection has added one full time position, had two employees leave and have had two other employees on family medical leave. One position needed to be filled twice. Thus, the agency has essentially had a position vacant for the past two years where other workers have stepped forward to cover the extra work. The supervisor was placed on the monthly intake schedule when necessary during these years and continues to serve as a back-up intake worker when needed. As a consequence, case reviews have not been consistently done for workers in the past year by the child protection supervisor due to staff turnover.</p>
<p>Currently, caseload sizes for those that do intake and investigations/assessments range from three to seven. This may appear to be a small amount of cases, however, the time spent in handling phone calls, walk-ins, faxes reporting child maltreatment as well as the time spent in screening the reports is considerable. Time is also spent researching past involvement the family has had with the agency, court involvement for criminal behavior, conducting extended screening to gather more information to bring to the screening team, cross reporting to law enforcement, informing caller's of the disposition of their reports, sending letters to families, documenting the call, etc.</p>
<p>Currently, caseload sizes range between 16-22 per on-going case worker in child protection. Caseload numbers are not an adequate reflection of the demand for work on a case as one case will require more time than another depending upon the needs. Also, the number</p>

of children in a home demand more time than others. Foster care placements demand a different level of intensity of work. Factors that are considered when assigning a case to a worker are the following: the number of CHIPS cases, the timing of the last case received, current issues happening in on-going cases that are requiring more attention by the assigned worker, the level of attention the case may need, the complexity of the case, and if other staffs are out of the office and not able to manage the case due to absence. Also, periodically during the month, the supervisor reviews the numbers of cases and those that are CHIPS. The workers names are written on a whiteboard in order to receive new assessments.

Caseloads in child mental health are approximately 19 cases per worker. Due to lack of residential treatment in this area, children in placement often take additional time for monthly face to face contact due to distance and difficulty keeping parents engaged. Coordination for children in foster care/treatment is at a different pace than for those that live in the family home. Additional efforts working with voluntary placements to ensure the parents are involved in treatment can change dynamics and intensity if the placement is transitioned to CHIPS. Coordination for in home child mental health cases typically involve regular contact with more service providers.

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

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.

As already mentioned mental health services available within the community cannot keep up with the demand. Agencies are unable to immediately pick up and provide for services that were lost due to the closing of a mental health center; however, they are attempting to fill the void. Also, the needs ebb and flow, which causes difficulty in having a strategic plan for agencies to meet the needs.

At the state level, the legislature is reviewing the child protection process and it is anticipated there will be changes that will affect the child protection system and its implementation.

**PART III: ASSESSMENT OF SAFETY, PERMANENCY
AND WELL-BEING PERFORMANCE**

Use the data tables provided in Section IV, SSIS reports DHS data releases or other data sources to examine the agency’s performance and respond to the following safety, permanency and well-being questions.

A. Safety
Outcome S1: Children are, first and foremost, protected from abuse and neglect.
Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.
<p>1. Safety Indicator 1: Absence of Maltreatment Recurrence (Table1). If the agency met the national standard, identify factors that contribute to strong performance. If the agency did not meet the national standard, identify and discuss barriers.</p> <p>The agency has a low percentage of conducting traditional investigations. At six months, children may be in foster care or a safety plan is designed which is monitored by a case manager.</p>
<p>2. Safety Indicator 2: Absence of Child Abuse/Neglect in Foster Care (Table 1). If the agency met the national standard, identify factors that contribute to strong performance. If the agency did not meet the national standard, identify and discuss barriers.</p> <p>In child protection, relatives are sought for placement as soon as placement occurs. It is believed there is investment to be different from the abusive/neglectful parent. And, subsequently, there is motivation to provide for the child that which was not provided for by the abusive/neglectful parent.</p> <p>In determining placement of a child in county foster homes, there is a decision making process that occurs. What family is concurrent? What family has children and what is their gender and ages that would not be a good fit for the foster child? What are the foster parents’ values and will they be open to the behaviors of the child? Attempts at finding a good fit for the child is done as best can be done with the resources provided.</p> <p>The values and motivation that bring people to become foster parents may be a reason children are not harmed in their care. Some want to be foster parents because of a spiritual value/motivation. Many want to adopt.</p> <p>Social workers have daily contact with foster families during the first days of placement and continue to have multiple contacts with them on a weekly basis. Social workers inquire about the foster parents’ stress levels in dealing with behaviors and provide support.</p>
<p>3. Trends in Child Maltreatment (Table 2). Examine the data on reports of child maltreatment. Identify trends and factors that may have contributed to an increase or decrease in the number of maltreatment reports and the maltreatment/service determinations at the conclusion of a family investigation or family assessment.</p> <p>Because of how reports are assigned tracks, there are fewer traditional investigations which</p>

A. Safety

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makes for a higher percentage of determinations and services needed. It appears there is consistency (23%) in determining services needed in family assessments except for the 2013 year which was 34%. As mentioned earlier, ICFS uses the SDM Risk Assessment tool to help decide if services are needed. High risk cases receive case management services.

4. **Screening Decisions and Referrals (Table 2).** Examine the rate of screened out child maltreatment reports. Describe screening process(es), e.g. identify who is involved in making screening decisions. If applicable, identify child welfare services and/or programs that may be offered to subjects of a screened out maltreatment report, e.g. Parent Support and Outreach Program (PSOP), other child welfare program.

ICFS screens at the rate of the rest of the state. ICFS screening team consists of the supervisor and three workers. When screening reports ICFS looks for details that meet the statute language so as to screen in the report. When the statute is not clear the DHS Screening Guidelines are used to assist in screening in or out a report. Frequently, decisions made out of screening are to call the reporter back to get more information in order to screen in the report. ICFS has been doing, and what is now referred to as, extended screening for more information so as to screen in the report.

When there is insufficient information for the report to be screened in, ICFS will make efforts to provide follow up information. Mandated reporters will be called to inform them of the outcome of their report, and, in some instances, will be provided guidance on how to offer support to a family. Many times families of reports will be contacted to inform them the agency has received a report of concern and will be offered support and guidance as to how to ameliorate the problem, offer appropriate community resources, and when PSOP funds are available, be offered PSOP services.

5. **Timeliness of Initial Contact in Assessments or Investigations (Table 3).** Examine the data on timeliness of initial contacts. Identify factors that contribute to timely face-to-face contacts with children, and factors that contribute to delays. Describe efforts to address identified barriers to contact within statutory timeframes.

Statistics of timeliness for initial face to face contact with the victim indicate Isanti County is below the state goal. When reports are accepted, social workers continue to immediately cross report to law enforcement. In traditional investigations, workers will document daily efforts to see victims. Reasons that may delay the contact are varied. Having wrong numbers to contact parents, going to the residence and people were not home, law enforcement was not available to accompany a social worker when it wasn't safe for the worker to go to the home alone, coordination with county attorney and law enforcement to have a planful approach, and others. In the past, ICFS would wait to have contact with victims to accommodate law enforcement in their criminal investigations. Collaboration with law enforcement is important so that families experience an organized approach to the investigation. It was believed to be best practices to interview the victim as soon as a

A. Safety

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disclosure is made; however, interviewing the victim and having a well coordinate approach with law enforcement was not able to be done within 24 hours of accepting the report. Practice has changed. The social worker will attempt to see the victim within 24 hours of accepting the report and introduce herself to the victim before the forensic interview occurs. This serves as a means of rapport building at the same time as assessing the safety of the child.

In a random sampling of cases where timelines were not met in family assessments, there were a variety of reasons for not seeing a child within five days. Similarly with the traditional cases, a victim may not have been visited within timelines due to an ongoing criminal investigation and the need to coordinate between agencies. Attempts to locate the child were made, however, the timeline included the weekend which interfered in the ability to meet timelines. Phone calls and unannounced home visits were done and attempted. Parents were unavailable to meet with the social worker because they had a medical appointment for the child. When there were siblings, the school age siblings were seen so as to gather information about safety of the youngest child in the home. (e.g. a school age child was put in role of caring for younger sibling outside of suggested guidelines was interviewed first before the 15 month old child was seen.)

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.

Isanti County's percentage of children not receiving another maltreatment report within six months of a previous report was 93.5% in 2013 and 94.6% in the third quarter of 2014. There are a small percentage of children (statistics would indicate about five children) where another report was made within six months after the family was assessed. This seems to indicate that majority of the time ICFS is providing the necessary services to families to prevent another report.

7. Reasons for Placement Entry (Tables 5-6).

Examine the percentage of children who enter out-of-home placement for reasons related to protection compared to those entering for non-protection related reasons. Discuss the county's ability to ensure that the children who enter foster care are only those children whose needs for protection or specialized treatment cannot be met in their own homes.

Reasons for placement due to child protection are primarily due to a parent's drug and alcohol use, mental health, abusive behavior and inability to parent due to being incarcerated. In general, at the time placement is being considered, parents are provided opportunities to keep their child out of foster care. Friends and family are considered an option to help prevent the child from entering into foster care when the parent needs to become sober, address their mental health issues (which may include hospitalization), seek help from the domestic violence program, or if they are taken into custody by law enforcement.

A. Safety

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ICFS believes that a parent who tests positive for drugs on a quick screen is not safe to care for children alone. If the parent is cooperative and wants help, ICFS will problem solve with the parent to find another person stay with the parent and child until another test indicates there are no illicit or unprescribed drugs in the parent's body. The expectation is the parent will not be left alone with the children. The second option is for the parent to have the child stay with family or relatives. There are conditions the friend/relative must meet to give confidence the person caring for the child will keep the child safe. Such conditions include being sober and not having problems with drugs or alcohol, a criminal background check indicating no drug or assaultive history, no history of child maltreatment reports, and willingness to work with the agency. When neither of these two scenarios are an option, then the child is placed into the custody of ICFS and placed officially in foster care.

Parents who are taken into custody by law enforcement and parents whose mental health interferes in their ability to provide a safe home for their children are also offered the same opportunities as a parent who struggles with chemical dependency.

In domestic violent situations, ICFS will assist the non-offending parent to receive appropriate services from the local domestic violence program. Discussions of order for protections occur, safety plans to ensure the safety of the non-offending parent and child are made (which may include staying at domestic violence shelter or family/friends who can offer safety.) If the non-offending parent does not follow through with the safety plan and thus, as a result puts the children in a dangerous situation, the agency will take legal action to have the children placed into foster care.

8. Entry into Foster Care. (Tables 7, 8 and 8a). Discuss agency efforts to prevent children's initial entry into foster care.

Once services are determined to be needed, ICFS works with the parent to design a plan that identifies areas the parent wants to change. ICFS assists the parent in meeting the goals identified in the plan in the following ways: making a referral to the mental health agency or chemical dependency agency, assisting in transportation to appointments, providing UAs, mapping with the parent the reasons for the agency's involvement, designing a safety network and safety plan, frequent home visits, visits with the child, consulting with other professionals involved with the family, etc. At the point placement becomes seriously considered and if there is no immediate safety risk, frank discussions occur with the parent about the potential of placement. When placement becomes imminent, the process outlined previously occurs.

Discuss factors that contribute to children's re-entry into foster care, and agency efforts to

A. Safety

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prevent re-entry following discharge from placement.

By the time a child is discharged from foster care, the social worker has consulted with the supervisor about the discharge of custody from the county and has discussed the plan with the county attorney. The parent has completed either most or all of what was on the case plan. The parent has shown sobriety by completing chemical dependency treatment and subsequent programming to have been successfully discharged, attending AA/NA, and has provided negative drug screens for a period of time (typically, months). Treatment professionals and the social worker have discussed a relapse plan for when the parent feels like using which has been incorporated into a safety plan for protecting the child. The parent has managed his/her mental health as evidenced by attending individual therapy and following prescribed drug regimen. The parent has ensured the child has received services needed (e.g. medical appointments, therapy appointments, attended school meetings, etc.). The parent has not made decisions that have put the child in a harmful or potentially harmful situation. And, the child has been on a trial home visit that typically has lasted two to three months at least. It is important to note that when a trial home visit ends, the agency keeps the court record open to continue to monitor the parent's progress. After monitoring the family for three to six months, the social worker consults with the supervisor on dismissing the court case and closing the agency case.

In reviewing the past four years of reasons for re-entry for child protection purposes, it is mainly due to drug relapses by parents. Unfortunately, once child protection is no longer involved a parent may make a decision that puts the child in an unsafe situation. ICFS understands that a parent may relapse and if the child is not in a situation where their needs were not met, the child would not be placed into foster care as long as the parent is honest about their relapse and wishes to get back on a program to maintain sobriety and to address any underlying mental health issues. The agency will request custody of a child if a parent relapses and the child is placed in an unsafe situation, allows a drug abusing partner back into the home and allows that partner to parent the child alone knowing the partner struggles with sobriety and is not doing anything to attain or maintain sobriety, and if the parent knows the partner sells drugs out of the home.

Examine the agency's use of short-term placements. Identify factors that contribute to short-term placements.

The use of short term placements in child protection cases is not seen as effective in preventing future maltreatment or in enforcing the parent to follow through with services and make necessary changes. Short term placements have been used for situations where a parent unknown to the agency requests foster care so that the parent can participate in chemical dependency treatment, and at the time of the request, the parent was homeless and there was not an available person to care for the children. There are times when law enforcement will put a child on a hold and upon assessing the situation, no further placement time is necessary as the presenting problem is more of a parent/child conflict rather than a parent maltreating his/her child. Thus, the child will return home after the hold expires.

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.

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

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).

Identify and comment on overall strengths and barriers to the agency's performance on the four measures included in Permanency Composite 1.

The majority of children entering foster care are reunified within 12 months and the rate of re-entry has not vacillated much. The number of months a child remains in care before being reunified has increased, most significantly in 2014 as compared to previous months. In reviewing data, it appears that one family of four children was a significant factor in the increase of months for 2014.

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.

TPRs are seen as the most appropriate permanency option for children and youth. Isanti County uses permanent custody to the agency as a legal permanency option even though it is not seen as a permanent living situation by state and federal administration. Reasons for not achieving timely adoptions are many. Some foster parents are not comfortable taking on the responsibility to raise youth whose behaviors are problematic, however, they are willing to parent the youth until he leaves the foster home. This is true for both youth in long term foster care and youth whose parents' rights were terminated.

Adoption is too intense of a process for children, and for some, adoption itself is an obstacle to achieving it. For example, a youth wanted the parental rights of his parents terminated. The agency waited until the youth had time to process this with a therapist and was more confident the request was not just an emotional response to being rejected by parents. The agency did efforts to find a permanent home for this youth; however, it has become clear that the youth does not want to continue the process. The current foster parents of the youth do not want to take on that responsibility of adoption; however, the placement is a good fit for the youth. Periodic talk of adoption and finding different parents was so anxiety provoking the therapist recommended to stop. Thus, the agency is put in a predicament where theoretically, the agency must make efforts to finalize permanency and find a permanent home but, from a practical point of view, it is not in the youth's best interest to continue the process.

Another obstacle in finalizing adoptions separate from youth not wanting to be adopted and the process is too intense has been due to foster parents not completing paperwork and petitioning the court timely. The adoption worker who is also the licensing worker monitors the progress of foster parents completing the necessary paperwork.

Agency worker issues also slow down the process of achieving timely adoptions. The adoption/licensing worker's demands of work fluctuate based upon placements, especially

B. Permanency
Outcome P1: Children have permanency and stability in their living situations.
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<p>emergency child protection placements. When an emergency placement occurs, the licensing/adoption worker goes with the CP worker to walk through the home that will be emergency licensed. Also, other counties placing a child within Isanti County require attention. Recently, there has been a changed in adoption/licensing worker, thus, a learning curve can interfere with timely adoptions.</p>
<p>3. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time (Table 1). Identify and comment on overall strengths and barriers to the agency’s performance on the three measures included in Permanency Composite 3.</p> <p>It is no surprise that adolescents are primarily the population that remains in foster care longer than the younger population. This is due to their behaviors being more difficult or more entrenched. ICFS is trained in trauma and views such adolescents through a trauma focused lens. Efforts to connect youth to trauma informed therapists and those that are competent in treating trauma have been done. Unfortunately, those clinicians who are competent have a wait list, thus, youth are seen by clinicians that may not be as effective in working with the youth and the foster parents.</p>
<p>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.</p> <p>There are three reasons for why children may have more than three placements while in care. The first is mental health. General foster homes do not feel confident in having an acting out child/youth in their home. The liability for the child/youth to seriously hurt themselves is one that foster parents do not wish to take on. Chemical dependency is an added factor that intensifies the mental health issues which weakens the foster parents’ confidence in meeting the youth’s needs. The second is efforts to keep siblings together. At the beginning of the placement episode, keeping siblings together is a priority. When one child in a sibling group has a mental health issue it also jeopardizes the placement of the sibling in the home. An emergency placement occurs with the siblings. When there is trouble, another home is sought to take both and who would be able to handle the one sibling’s behaviors. When it is clear the siblings need to be separated the one child who is now seen as having a severe emotional disturbance is separated from the sibling. At permanency time and after a thorough relative search has been conducted, a relative has come forth indicating their wish to raise the child without the intense mental health issues making for a third move. This last move is in the best interest of the child and a good fit, however, attempts to keep siblings together has inadvertently added an extra placement. The third reason is the attempt to keep a child close to their parent for reunification efforts. Following a shelter placement of a youth, the youth is moved to the county in which the parent moved. When the parent does not complete the case plan and the relative search has been completed, another placement occurred with relatives.</p>
<p>5. Age of Children in Care (Table 9). Discuss any significant changes in the age of children entering placement and possible contributing factors.</p> <p>No issue stands out regarding the age of children placed. There are more children in</p>

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.

placement in the age ranges of 0-3, 6-11, and 15-17. In 2013, there were more children in the age range of 6-11 placed in Isanti County than in the state. This difference isn't a factor in changing how the agency responds to child maltreatment. In reviewing 2012 data, there is a similar pattern if age ranges that have more children than others.

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.

The percentage of children placed who had two or more races is higher than the percentage of the county's population. This would indicate discrepancy. Out of a total of 64 children placed in foster care, six were of two or more races. In reviewing cases of these children and comparing how their cases were treated to children who were Caucasian, they were not treated differently. The reasons for their placement were due to parental drug use that had placed the children in dangerous situations. There was not a gender more than another gender that had been placed. They did not have more placements. The majority of them had their length of stay shorter than the county average. The reasons for their placement were due to parental drug use that had placed the children in dangerous situations.

In reviewing children of two or more races in placement over the past four years, Isanti County has not had a significant number. The percentage has been significantly lower than the state average. Also, the majority of the children had their length of stay shorter than the county average.

7. **Relative foster care (Tables 11 and 11a).** Describe agency efforts to promote timely placement with relatives, including the agency's relative search process. Include a description of agency efforts to consider both maternal and paternal family members. Describe efforts specific to promoting stability for children placed with relatives.

ICFS has a pattern of meeting the state standard for relative care. As indicated above, child protection seeks out relatives at the time of placement, and when a relative is not available for an emergency placement, names are sought the next day. The agency has a process in getting relatives emergency licensed which includes the licensing worker assisting the placing worker in assessing the home's appropriateness for licensure. When there is concern about relatives the placement process with a relative is slowed down. That allows for a more thorough search and planful approach in the decision making process in having the placement be a good fit for the child. The search includes identifying members of each parent's birth and extended family. Inquiries about criminal history, mental health or chemical dependency history of relatives is done. Discussion of the kind of relationships each relative has with the child. Who the child has spent time with is a factor as is where the relative lives. Family Ancestry and Lexis Nexis are utilized in searching for relatives. When there is a discrepancy between Lexis Nexis and names the parent provides, the parent is consulted about the relative that has emerged from the search. The Child Support Unit is consulted for current addresses or whereabouts knowledge of a parent. Other relatives are

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.
asked for further relative information. Family friends who have a close relationship with the child have also been sought for placement. And, the parent's preference as been inquired upon and has been honored when it is in the best interests of the child.
<p>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.</p> <p>As stated previously, ICFS does use the option of permanent custody to the agency as a permanent legal option and as previously stated the process of relative searches has been explained. When this is done, it is clearly explained in the permanency petition why this option best meets the youth's ten best interest factors and why reunification, adoption, and transfer custody to a relative are options that do not meet the youth's best interests. Permanency petitions are very long and detailed in explaining what efforts have been done to reunify with parents, what efforts have been done to find a relative to raise the youth, why those efforts are not enough to recommend reunification or transfer to a relative, why the ten best interest factors are not met by reunification and a transfer of custody, and why the current foster placement meets the ten best interest factors for the youth.</p>
<p>9. Other Permanency Issues. Discuss any other issues of concern, not covered above, that affect permanency outcomes for children and families served by the agency.</p>
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.
<p>1. Parent involvement. Discuss strategies the agency has implemented to improve performance in the following areas:</p> <ul style="list-style-type: none"> • 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. <p>Fathers are inquired about and sought out by Isanti County. The agency asks the mother about the father's identity and whereabouts. The child support unit is consulted for current information. Relatives are also inquired upon for the information. Fathers are considered for possible placements. Workers will seek out dads who are in prison to design case plans. They will go to half way houses to engage them in case planning. Isanti County has requested transfers of custody from the mother to the father at time of permanency.</p>

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.

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.

As the data shows, Isanti County makes particular efforts in seeing children in foster care on a monthly basis and exceeds the state goal with 96.4% and higher. Workers find value in talking with children in foster care about the case plan (that is age appropriate), what is expected of everyone, and workers care about children's adjustment to foster care. They enjoy building relationships with the children.

Examples of what workers do are the following: transport children/youth to visits and therapy appointments; when a parent is arrested, the worker will talk with the youth about it and process it; will talk with youth away from the foster home; will supervise visits which aid in the child feeling more comfortable with the social worker who they see often; send messages they are there to help; will see the child/youth after hours and are flexible in seeing the child/youth; give more time to older youth who will need contact during a crisis or who skip school; will attend probation hearings; will take youth to the social security office to get a social security card and assist them with other independent living skills (apply to colleges, complete financial aid forms, etc.), discuss with the child/youth what permanency means, etc.

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.

In early 2014 ICFS assigned a Case Aide to help track physical exams of children in foster care and mental health screenings. With that change there has been improvement in the data entry of these two elements. Both elements have been higher than the state goal. There has been turnover in that position which may affect future percentages.

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 Indicator	National Standard	Agency 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%* (18/18)	100%* (9/9)	100%* (7/7)	100%* (15/15)	100%* (18/18)	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%↑	97.1% (67/69)	100%* (71/71)	100%* (68/68)	100%* (80/80)	100%* (98/98)	99.8%*

Data Indicator	National Standard	Agency Performance**					MN 2013
		2010	2011	2012	2013	2014	
Permanency Composite 1: Timeliness and Permanency of Reunification							
<i>Component A: Timeliness of Reunification.</i>							
Measure C1.1: Exits to reunification in less than 12 months. Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from the home?	75.2% ↑	95.7%* (22/23)	85.7%* (24/28)	100%* (12/12)	92.6%* (25/27)	94.7%* (18/19)	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 ↓	3.1*	4.3*	4.6*	4.5*	6.8	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% ↑	83.3%* (15/18)	60%* (6/10)	86.7%* (13/15)	38.9% (7/18)	68.8%* (11/16)	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% ↓	17.2% (5/29)	22.6% (7/31)	26.7% (4/15)	22.6% (7/31)	21.1% (4/19)	25.7%

Data Indicator	National Standard	Agency Performance**					MN 2013
		2010	2011	2012	2013	2014	
Permanency Composite 2: Timeliness of Adoptions							
<i>Component A: Timeliness of Adoptions of children Discharged From Foster Care</i>							
Measure C2.1: Adoption in less than 24 months for children exiting to adoption. Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home?	36.6% ↑	0% (0/2)	75%* (3/4)	100%* (2/2)	NA	50%* (5/10)	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 ↓	30.3	17*	16.9*	NA	23.15*	22.7*
<i>Component B: Adoption for Children Meeting ASFA Time-In-Care Requirements</i>							
Measure C2.3: Children in foster care 17+ months, adopted by the end of the year. Of all children in foster care on the first day of the year shown who were in foster care for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from foster care with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from foster care to a finalized adoption by the last day of the year shown?	22.7% ↑	50%* (2/2)	0% (0/4)	0% (0/5)	0% (0/7)	27.3%* (3/11)	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% (0/11)	0% (0/8)	0% (0/4)	0% (0/7)	14.3%* (1/7)	3%
<i>Component C: Progress Toward Adoption of Children who are Legally Free for Adoption</i>							
Measure C2.5: Children, legally free, adoption in less than 12 months. Of all children who became legally free for adoption in the 12 month period prior to the year shown, what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free?	53.7% ↑	0% (0/2)	50% (1/2)	100%* (2/2)	100%* (1/1)	70%* (7/10)	49.8%

Data Indicator	National Standard	Agency Performance**					MN 2013
		2010	2011	2012	2013	2014	
Permanency Composite 3: Achieving Permanency for Children in Foster Care							
<i>Component A: Achieving Permanency for Children in Care for Extended Periods of Time</i>							
Measure C3.1: Exits to permanency prior to 18th birthday for children in care for 24+ months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanency home prior to their 18 th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with a relative).	29.1% ↑	0% (0/9)	0% (0/8)	20% (1/5)	0% (0/6)	0% (0/6)	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 18 th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with a relative).	98.0% ↑	66.7% (2/3)	100%* (4/4)	100%* (1/1)	NA	90.9% (10/11)	98%*
<i>Component B: Children Emancipated Who Were in Foster Care for Extended Period of Time</i>							
Measure C3.3: Children emancipated who were in foster care for 3 years or more. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer?	37.5% ↓	50% (3/6)	0%* (0/5)	100% (3/3)	50% (1/2)	40% (2/5)	30.7%*

Data Indicator	National Standard	Agency 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 who were in foster care for at least 8 days but less than 12 months, what percent had two or fewer placement settings?	86.0% ↑	91.9%* (34/37)	97.6%* (41/42)	90%* (45/50)	85.7% (42/49)	85.7% (54/63)	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 who were in foster care for at least 12 months but less than 24 months, what percent had two or fewer placement settings?	65.4% ↑	57.1% (4/7)	50% (4/8)	87.5%* (7/8)	50% (6/12)	87.5%* (14/16)	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 who were in foster care for at least 24 months, what percent had two or fewer placement settings?	41.8% ↑	33.3% (5/15)	27.3% (3/11)	33.3 (3/9)	33.3% (3/9)	38.5% (5/13)	33.5%

*The Agency met the performance standard.

**Data on county/tribal performance on Federal Data Indicators was pulled from Charting and Analysis on 12/1/2014 and 1/6/2015.

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	**	100	46.8% (22/47)	70% (14/20)	23.8% (19 / 80)	1.3% (1/80)
2010	**	124	21.4% (21/26)	69.2% (18/26)	21.4% (21/98)	1% (1/98)
2011	**	131	72% (18/25)	80% (20/25)	23.6% (25/106)	1.9% (2/106)
2012	**	130	81.8% (18/22)	68.2% (15/22)	24.1% (26/108)	0.9% (1/108)
2013	71.8% (436/607)	171	72% (18/25)	80% (20/25)	34.2% (50/146)	0.7% (1/146)

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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	Agency % and # With Timely Contact*
Investigations – Alleged Substantial Child Endangerment	100%	Q3 2014	72.4%	100% (4/4)
		CY 2013	70.2%	82.6% (38/46)
Investigations – Not Substantial Child Endangerment	100%	Q3 2014	85.1%	N/A
		CY 2013	84.9%	100% (1/1)
Family Assessments	100%	Q3 2014	77.9%	87.9% (29/33)
		CY 2013	73.2%	77.4% (144/186)

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 %	Agency % and #
Q4, 2014	91% ↑	89.9%	
Q3, 2014		90.7%	94.6% (87/92)
CY, 2013		91.2%	93.5% (86/92)

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 %	Agency #	Agency %
Alleged Physical Abuse	7.1%	5	4.7%
Alleged Sexual Abuse	2.8%	0	NA
Alleged Neglect	22.4%	22	20.9%
Parent Alcohol Abuse	5.1%	2	1.9%
Parent Drug Abuse	15.3%	34	32.3%
Abandonment	2.3%	0	NA
Other (parent death, TPR, safe place for newborns)	0.9%	0	NA
Parent Incarceration	3.1%	6	5.7%
Total Reasons Reported for All Placements	18,294	105	--
Total Placements	11,510	128	--
Total Reasons Related to Protection	10,803/59.1%	69	65.7%

Minnesota's Child Welfare Report – 2013

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

Reason	State %	Agency#	Agency %
Child Alcohol Abuse	1.3%	1	0.9%
Child Drug Abuse	2.3%	1	0.9%
Child Behavior	21.2%	24	22.9%
Child Disability	4.4%	0	NA
Caretaker Inability to Cope	8.7%	1	0.9%
Inadequate Housing	3%	9	8.6%
Total Reasons Reported for All Placements	18,294	105	--
Total Placements	11,510	128	--
Total Reasons Other than Protection	7,491/ 40.9%	36	34.3%

Minnesota's Child Welfare Report - 2013

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

Time Period	State %	Agency % and #
Q4, 2014	3.9	
Q3, 2014	3.8	3.8% (36%/9,492)
CY, 2013	3.8	3.4% (33/9,584)

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 %	Agency #	Agency %
1 – 7 days (<i>5 year history below</i>)	19.89%	5	20%
8 – 30 days	8.83%	1	4%
31 – 90 days	11.4%	4	16%
91 – 180 days	13.3%	2	8%
181 – 365 days	21.2%	10	40%
366+ days	25.5%	3	12%
Total Episodes	6105	25	--

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	21% (7/33)	19% (7/36)	10% (3/30)	12% (4/34)	20% (5/25)

DHS Research, Planning and Evaluation

C. Permanency Data

Age Group of Children in Care – 2013

Table 9

Age Group	State %	Agency #	Agency %
0-3 Years	21.2%	13	16.5%
4-5 Years	9.2%	4	5.1%
6-11 Years	21.1%	26	32.9%
12-14 Years	13.3%	8	10.1%
15-17 Years	23.7%	20	25.3%
18-21 Years	11.5%	8	10.1%
Total Children in Care	11,510	79	--

Minnesota's Child Welfare Report – 2013

Race of Children in Care - 2013

Table 10

Race	State % of Placements	Agency # of Children in Placement**	Agency % of Placements	% of Racial Group in Agency's Population***
African American/Black	19.9%	**	**	0.8%
American Indian or Alaska Native	17.2%	**	**	0.5%
Asian/Pacific Islander/Other	2.3%	**	**	10%
White	46.7%	68	86.1%	96.1%
Two or More Races	12.6%	9	11.4%	1.6%
Unable to Determine	1%	**	**	--
Total Children in Care	11,510	79	**	--
Hispanic Ethnicity*	9.3%	**	**	1.7%

*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
(Children may be counted in more than one placement setting)**

Table 11

Placement Setting	State %	Agency #	Agency %
Foster Family Non-Relative	38.8%	49	38.3
Foster Family Relative (<i>5 year history below</i>)	16.5%	40	31.3
Foster Home – Corporate/Shift Staff	1.6%	0	0
Group Home	9.5%	5	3.9
Juvenile Correctional Facility (locked)	5.1%	2	1.6
Juvenile Correctional Facility (non-secure)	4%	3	2.3
Pre-Adoptive Non-Relative	3.9%	4	3.1
Pre-Adoptive Relative (<i>5 year history below</i>)	2.4%	4	3.1
Residential Treatment Center	16%	19	14.8
Other*	2.3%	2	1.6
Total Placement Settings	19,315	128	--

*"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	33.3% (19/57)	46.4% (26/56)	48.9% (23/47)	54.5% (36/65)

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 %	Agency % and #
Q4, 2014 (1/1/14 – 12/31/14)	95%		
Q3, 2014 (10/1/13 – 9/30/14) (FFY)	95%	77.5%	96.5% (498/516)
Q2, 2014 (7/1/13 – 6/30/14)	90%	78.9%	96.4% (486/504)
Q1, 2014 (4/1/13 – 3/31/14)	90%	79.6%	96.6% (478/495)
Q3, 2013 (10/1/12 – 9/30/13) (FFY)	90%	78.8%	99.1% (420/424)
Q3, 2012 (10/1/11 – 9/30/12) (FFY)	90%	80.1%	97.7% (302/309)

DHS Child Welfare Data Release Reports & Child Welfare Data Dashboard

Physical Health Exams

Table 13

	State Goal	State %	Agency % and #
Q4, 2014	70% ↑		
Q3, 2014		69.1%	90.6% (77/85)
CY, 2013		70.5%	80.3% (57/71)

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 %	Agency % and #
Q4, 2014	60% ↑		
Q3, 2014		50.1%	66% (33/50)
CY, 2013		53.9%	62.4% (58/93)

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?

Strengths of ICFS include timely screening, assignment to track, low percentage of repeat reports on families, relative foster care placements, monthly case worker visits with children in foster care, no repeat maltreatment, and no abuse/neglect of children in foster care. Safety planning with parents and getting friends or family of the parent involved in the safety planning. The agency's percentage for the absence of re-reporting seems to indicate the agency is providing appropriate case management services. Preference for family assessment response for non-egregious harm cases has not caused a

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.

In the area of safety, Isanti County has made improvements in the area of seeing children timely; however, there is room for more improvement in family assessment

An area of permanency that stands out needing further assessing is the re-entry of children in foster care less than 12 months (Measure C1.4 of Component A: Timeliness of reunification of Permanency Composite 1: Timeliness and Permanency of Reunification.) The percentage continues to be remain the same with an exception in 2012 where there were more re-entries.

In the same permanency Composite, Measure C1.2 Median stay in foster care to reunification. The length of time is trending towards longer time. Up until 2014 Isanti had met the national standard, however, in looking at the yearly percentages, it continues to slowly increase.

Permanency Composite 2 Timeliness of Adoption, Component A: Timeliness of Adoption of Children Discharge from Foster Care, Measure C2.1: Adoption in less than 24 months for children exciting to adoption. The agency is well above the national standard, however, increasing the number of children discharged to adoption within two years of removal would improve the practice.

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.

Recruitment of foster homes.

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 No

Comments: The data for the Self Assessment Update (SA) was provided approximately three and a half weeks before the onsite review. Stakeholder meetings were held one week prior to the scheduled onsite review. Although it was not required to have the Self Assessment Update completed by the time the review began, it did not seem logical or beneficial to not have the SA complete before the review occurred.

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

Comments:

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

Comments: CP social workers were consulted regarding their work with foster children/youth.

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

Comments:

- 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 No

Comments: Continue to focus on foster care recruitment as well as re-entry, length of time in placement and finalization of adoptions.

- f) Any additional comments or recommendations for improving the Self Assessment Update process: