

Aitkin County Minnesota Child and Family Service Review

Program Improvement Plan

I. General Information	
County Agency Name: Aitkin County Health & Human Services	Address: 204 – 1 st Street NW, Aitkin, MN 56431 Telephone Number: 218-927-7200
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II: Program Improvement Plan Narrative *Detailed instructions and additional information on the following narrative is available in the PIP instructions*

Introduction and Performance Summary: Include when the MnCF SR was completed and a summary of performance in outcomes, performance items and national standards.

Aitkin County Health and Human Services participated in the Minnesota Children and Family Services Review (CF SR) in April 2004. Five cases, selected at random, of children in Aitkin's child welfare system during the period January 2003 through April 2004 were reviewed. Three of the cases were out-of-home placements and two were in-home, protective supervision cases.

Substantial conformity was met by ACH&HS on four of the seven safety, permanency, and well-being outcomes. ACH&HS has ratings of strength on 18 out of 22 applicable performance items. Although for the most part, the county did well in several performance items, at least one performance item in each outcome domain needs to be addressed. In safety outcome 1, performance item 2 was rated as needing improvement. In permanency outcome 1, performance items 5, 6, and 9 need to be addressed in the program improvement plan. Interestingly, the case reviews showed items 6 and 9 to be strengths. However, the agency's overall statistics indicate that the national standards were not met for these items. It was noted during the self-assessment process in preparation for the CF SR that some data entry practices by ACH&HS into SSIS may have caused inaccuracies in the statistics, and would be a partial reason for the case review to show strength of practice while indicating national standards not to have been met. In permanency outcome 2, item 15 will be addressed in the program improvement plan. Finally, in the domain of well-being, item 22 in well-being outcome 3 will be included in the program improvement plan.

Intertwined with the outcome and performance items are the national standard indicators. Of the six measured standards, ACH&HS met only two. The four indicators that will be addressed in the program improvement plan will be recurrence of maltreatment, foster care re-entries, stability of foster care placements, and length of time to achieve adoption.

In addition, ACH&HS has decided to address the systemic factors identified by the CF SR as needing some improvements. Specifically, those areas are agency responsiveness to the community, foster/adoptive home licensing, recruitment and retention, and supervisory and social work case loads.

Cross Cutting Themes Identified During MnCF SR: Provide a description of crosscutting themes and systemic issues that affect multiple areas of the county's performance.

There are several themes that became identified during the CF SR, and certainly these themes relate to each other, and improvement in practice in one area will no doubt see a corresponding improvement in another area.

For example, a priority of child welfare practice is to assess and address child safety. Aitkin's CF SR shows a need to address "repeat maltreatment" (performance item #2). As ACH&HS makes improvement to practice in this performance item, the agency should also see an improvement in a permanency outcome, that of "foster care re-entries" (performance item # 5). Practice improvement within this theme should also assist the agency in having an impact on two performance indicators.

Another improvement that needs to be made is in the area of foster care placement stability (performance item #6). Although the actual CF SR case review showed this to be a strength for Aitkin County, overall statistics indicated that the national standard was not met. This performance item and national standard most certainly also relate to the agency's need to improve communication with and support to its licensed

foster care parents, identified as a “systemic factor.” A stronger more satisfied foster parenting network would most certainly positively impact stability of foster care placements, both in the permanency performance item and the national standard indicator.

Further, the CFSR indicated that Aitkin needs to address “relative placement” (performance item # 15). By improving practice in this permanency area, the agency may also be able to impact the fourth national standard, that of length of time to achieve adoption, which is also performance item # 9. That these two performance items are truly “cross cutting themes” remains to be seen. However, solid case practice in relative searches and relative placement should positively impact positive permanency outcomes for children. Also, improved case practice in this area should also have an impact on one of the other themes already mentioned, that of stability of placement. If a “fit and proper” relative is identified and then supported as a true foster parent, placement of a child with that relative should have a better likelihood of stability.

Finally, physical health of child (performance item # 22) was identified as needing improvement. It is believed that this item relates directly to two other themes in the identified systemic factors needing improvement. The case review showed a need for better documentation of efforts to meet a child’s health care needs. This can relate directly to the systemic factor of supervisory and social work case loads. Social Workers in Aitkin County do a fine job of direct service to children. Social Worker contacts with children (performance item # 19) was shown to be a strength. However, because of high caseloads, workers sometimes don’t find time for complete documentation. Also, within the theme of communication with and support of foster parents already discussed, well-trained, experienced foster parents could certainly have an impact here by having the ability to meet the requirements of physical and dental exams without being prompted by busy social workers.

Description of Overarching Strategies: Provide a description of program improvement strategies and identify strengths or promising practices that can be effective in making improvements in multiple areas. Include discussion on staff orientation/training in relation to the MnCFSR and Program Improvement Plan.

Items 2, 5, 6, 9, 15, 22

ACH&HS staff has identified a variety of strategies that will assist with overall improvement. Once identified, these strategies can be organized into five main categories.

1. Best Practice Development & Improvement -- ACH&HS will expand its use of several practice techniques, assessment tools and service areas already available, such as family group decision making, alternative response, contracted home-based service agencies, respite care, structured decision making including the risk reassessment and reunification tools, well-being tool, earlier and consistent use of professional parenting assessments, thorough discharge planning of children’s mental health clients to identify a solid array of supportive community services for them, and better coordination with our public health department regarding existing child and teen checkup activities. Further, agency workers look forward to the soon-to-be-released Practice Guide on Relative Searches and Placement so that we have more solid guidance in this important performance area. Staff has also identified the existing and long-standing out-of-home placement plan as a tool for clear and open discussion of issues and goals not only with parents, but also with foster parents, kin, and appropriate service providers. These strategies in this category are relevant to all the performance items identified by the CFSR as areas needing improvement. They are: Item 2 – repeat maltreatment; Item 5 – foster care re-entries; Item 6 – stability of foster care placement; Item 9 – finalizing adoption; Item 15 – relative placement; and Item 22 – physical health of child.
2. Supervisor and Worker Training -- Through this PIP discussion process, staff identified areas where

enrichment training is wanted in order to enhance best practice development described in the above category. Various staff will seek training in the use of structured decision making, family group decision making, concurrent permanency planning, alternative response, and well-being tool. Supervisor is already a regular attendee at DHS supervisor forums and other offerings on practice issues. Supervisor has and will continue to in-service the staff when new information becomes available and new requirements are mandated. ACH&HS has always encouraged all staff members to seek continuing education as needed. The Minnesota Child Welfare Training System has been helpful in this regard. Staff currently awaits release of the Best Practice Guide on relative searches and placement and any in-service opportunities that may relate to same.

An outcome of the CFSR that this staff has already put in place is a plan for improved communication with and support of foster parents. Information sharing and training is part of this plan, and staff, together with the foster parents, have developed an in-service schedule that will be part of regular meetings with foster parents and social work staff.

With regards to staff orientation and training in relation to CFSR, all child welfare staff including the case aides have been involved in each step so far. Each social worker was involved in the hands on review either as the case manager for the reviewed case or as a secondary interviewer. All workers attended the reviewers' exit meeting. The final report has been shared with them and they have participated in "brain storming" sessions for the completion of this narrative.

These strategies in this category are relevant to all the performance items identified by the CFSR as areas needing improvement. They are: Item 2- repeat maltreatment; Item 5 – foster care re-entries; Item 6 – stability of foster care placement; Item 9 - finalizing adoption; Item 15 – relative placement; Item 22- physical health of child. Further, these strategies are relevant as we also attempt to address the systemic factors of foster home licensing, approval and recruitment, and supervisory and social work caseloads.

3. Caseworker Documentation and Use of SSIS – For a few of the performance items, social worker documentation of activities was found to be an issue. To make improvements in this area, ACH&HS will develop an SSIS "naming protocol" so that social service staff, including supervisor, can more easily find key activities in the case chronology. Further, it was found that at least one of the national standards was not met because of issues with data entry into SSIS. Social service case aide staff keep up with changes to SSIS that may affect information that goes into SSIS. Accurate data entry will equate to accurate measurements of national standards. This category is relevant to performance. Item 5 – foster care re-entries; Item 15 – relative placements; Item 22 – physical health of child; and all national standard items.
4. Supervision and Quality Assurance – Supervisor will implement a structured qualitative case review process using the DHS Case Review and Consultation Guide. Staff will continue with the more informal supervisory conference on an as needed basis, and staff has suggested that these occur more frequently prior to foster care discharges. Supervisor will become more proficient at using the "charting and analysis" function of SSIS to measure progress and compliance, and to identify trouble areas. This category of strategies is relevant to all performance items, the national standard indicators, and one systemic factor of supervisor and social worker caseloads.
5. Community Stakeholder Communication – Social Work Staff has already begun development of a support system for current county foster parents. So far this involves bi-monthly informational meetings for foster parents also attended by social workers when they're available. Foster parents participated in making a schedule of training topics for these meetings. Included in the development of a support system will be campaigns for recruitment and retention of licensed homes. Agency staff would also like to be more closely involved with community and regional providers of in-home services and will be more assertively active with these agencies when referrals are made on behalf of families. Agency social workers will continue participation on such committees as Children's Justice Initiative, child protection team, Child Abuse Prevention Council, school special services meetings and will encourage discussion

of safety and permanency issues and philosophy. This will also serve to coordinate cross-disciplinary response to community child protection issues. Finally, ACH&HS will increase frequency of invitation to Mille Lacs Band colleagues to participate in the existing multi-disciplinary committees of the county child protection system. These strategies are relevant to the performance items as follows: Item 5 – foster care re-entries; Item 6 – stability of foster care placement; Item 9 – finalizing adoptions; Item 15 – relative placement. These strategies will also assist in addressing the systemic factors of responsiveness to the community and foster parent support and recruitment.

Description of Methods of Measurement/Monitoring: Provide a description of the evaluation approaches that will be used for measuring improvement, e.g. Qualitative Case Review System and review of relevant SSIS reports.

Each one of Aitkin County Health & Human Services “areas needing improvement” can be measured and monitored through the implementation of a formal qualitative review process by the social service supervisor. The supervisor will use the “Case Review and Consultation Guidelines” provided by DHS for both in-home and out-of-home cases. Supervisor will review one case per worker per quarter, which will be five to six cases. This method will also assist in monitoring all other areas that were rated as strengths.

Several of the “areas needing improvement” can be measured and monitored using the “Charting and Analysis” computer feature available to the social service supervisor. This feature will also assist the supervisor in monitoring progress on meeting the national standard indicators. Supervisor will calendar time each quarter for a review of the appropriate “Charting and Analysis” reports.

SSIS version 3.8 has made or will make available new charting options. As stated in the previous paragraph, social service supervisor will calendar time each quarter to review those measures as they become available.

A less scientific or structured measure of progress towards improvement will be the type of feedback that will be received through continued meetings with groups such as CJI and the newly formed foster parent support group. We have found that, especially with the foster parent group, the members let us know when something isn’t going well.

Plan for the Development and Dissemination of the PIP: Provide a description of the process used for developing and soliciting input on the PIP, e.g. who was involved, and the plan for dissemination of the PIP to agency staff and community partners.

Shortly after receiving the published, final report of the CFSR the social service supervisor disseminated copies to the County Health and Human Services Board, all child welfare staff members, other interested staff members, the Health & Human Services Advisory Committee, all community members involved in the stakeholder interviews, including foster parents and Mille Lacs Band child welfare system members, and the Children’s Justice Initiative committee. Comment and input was solicited from all who received a copy. Special time was set aside for child welfare staff to meet as a group and to brainstorm specific strategies. The actual writing of the PIP has been done by the social services supervisor. Once the PIP has been completed, it will be disseminated in the same way and to the same individuals and entities as the CFSR final report.

III. Matrix

SAFETY OUTCOME 1: Children are first and foremost protected from abuse and neglect	
Item 1: Timeliness of initiating investigations of reports of child maltreatment	
Performance at time of review (%): 75%	Performance Goal (%): 85%
Issues noted in the final report: This item was rated an area needing improvement in 3 cases. In two cases, the traditional child protection investigations were not initiated within 72 hours. In one case, the alleged child victim was not interviewed in the early stages of the investigation.	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
		1. Qualitative Case Review 2. SSIS Reports: * Time to Initial Contact with Victim/Other	

Supplemental Item: Screening and assessment	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

SAFETY OUTCOME 1: Children are first and foremost protected from abuse and neglect	
Item 2: Repeat Maltreatment	
Performance at time of review (%): 80%	Performance Goal (%): 90%
Issues noted in the final report: This item was rated as “an area needing improvement” in one case out of the five reviewed. In that case, during the period under review, there were two findings of maltreatment with same perpetrator, but different allegations of medical neglect and sexual abuse.	
Person(s) responsible for implementing action steps and monitoring progress: Supervisor and social workers will implement action steps and supervisor will monitor progress.	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Use SDM tools effectively to measure initial risk and continued risk.	5/06	1. Qualitative Case Review and SSIS CPS checklist.	
2. Base case closure decisions on SDM assessment of risk.	12/05	2. Supervisory and peer consult.	
3. Staff attend training on use of SDM and FGDM as needed.	12/06	3. Supervisory consult.	
4. Expand use of Family Group Decision Making to elicit assistance of extended family in managing and alleviating risk.	12/06	4. Supervisor and peer consult.	
5. Make appropriate referrals to home-based and community-based services to assist family in alleviating risk and to maintain support upon case closure.	5/06	5. Supervisory and peer consult.	
6. More frequently use “early and thorough” assessment of parenting abilities (parenting assessment).	5/06	6. Supervisor Consult and recommendation to court.	
7. Conduct a case “autopsy” for cases where repeat maltreatment occurred.	5/07	7. SSIS report to identify cases of repeat maltreatment and target for supervisor and case manager review.	

SAFETY OUTCOME 1: Children are first and foremost protected from abuse and neglect		
Data Indicator: Recurrence of Maltreatment		
National Standard: 6.1%	County Performance (2002) (%): 16.1%	Performance Goal (%): 6.1%
Person(s) responsible for implementing action steps and monitoring progress: Social workers and supervisor will implement action steps and supervisor will monitor progress.		

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Implement "repeat maltreatment" program improvement action steps to reduce occurrence of repeat maltreatment.	5/07	1. SSIS charting and analysis use by supervisor. 2. Qualitative case review.	

SAFETY OUTCOME 1: Children are first and foremost protected from abuse and neglect		
Data Indicator: Incidence of Child Abuse and/or Neglect in Foster Care		
National Standard: 0.57%	County Performance (2002) (%):	Performance Goal (%):
Person(s) responsible for implementing action steps and monitoring progress:		

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate	
Item 3: Services to family to protect child(ren) in home and prevent removal	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

SAFETY OUTCOME 2: Children are safely maintained in their homes whenever possible and appropriate	
Item 4: Risk of harm to child(ren)	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation			
Item 5: Foster care re-entries			
Performance at time of review (%): 50%		Performance Goal (%): 90%	
Issues noted in the final report: This item was rated as “an area needing improvement” in one case out of the three placement cases reviewed. The child re-entered foster care five months after reunification. However, it is noted that the child was reunited with the parent by the court against the agency’s recommendation to keep the child in care.			
Person(s) responsible for implementing action steps and monitoring progress: Social workers, case aides and supervisor will implement. Supervisor will monitor case practice and case aide (SSIS mentor) will assist with monitoring SSIS functions.			
Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Consistently use SDM risk reassessment and reunification tool when considering returning children from care.	5/06	1. Qualitative case review and SSIS CPS assessment checklist.	
2. Expand use of Family Group Decision Making (FGDM).	12/06	2. Supervisory and peer consult.	
3. Staff will attend training and enrichment in use of SDM tools and FGDM.	12/06	3. Staff self assessment and supervisory consult.	
4. Clarify standards for case planning with family and kin, and service providers such as in-home workers, therapist, foster parents.	5/06	4. Supervisory consult and qualitative case review.	
5. Develop SSIS “naming protocol” and clarify data entry requirements so that placement information is accurately recorded.	5/06	5. SSIS mentor oversight of placement data entry. Supervisor and SSIS mentor consult on naming protocol.	
6. Clarify standards for discharge planning of children’s mental health clients to identify solid array of supportive services upon return home.	5/06	6. Supervisory and peer consult case review.	
7. Initiate discussion of safety and permanency issues and philosophy at stakeholder meetings, such as Children’s Justice Initiative and Child Protection Team.	5/06	7. Staff consult.	

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation		
Data Indicator: Foster Care Re-Entries		
National Standard: 8.6%	County Performance (2002) (%): 53.8%	Performance Goal (%): 8.6%
Person(s) responsible for implementing action steps and monitoring progress: Social workers, case aides, and supervisor will implement action steps and supervisor will monitor progress.		

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Implement program improvement to reduce re-entry of children into foster care.	12/06	1. Regular supervisory use of SSIS charting and analysis function to measure progress and compliance, and to identify trouble areas.	

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation	
Item 6: Stability of foster care placement	
Performance at time of review (%): 100%	Performance Goal (%): 90%
Issues noted in the final report: Although the case review rated this area as a strength, the national performance indicator was not met. Foster parents indicated a general satisfaction with the agency, but identified agency communication with them as something that could be improved.	
Person(s) responsible for implementing action steps and monitoring progress: Supervisor and social workers will implement action steps and supervisor will monitor progress.	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Develop support system for county foster parents that includes quarterly support group meeting attended by supervisor and social workers.	12/05	1. Supervisor and licensing worker oversight of meetings. Foster parent surveys	1. Foster parent meetings/ networking group was begun in winter 04/05.
2. Conduct thorough assessment of child well-being needs to assist with a "good match" between child and foster parents.	12/05	2. Supervisor and peer consult.	
3. Use out-of-home placement plan format to clearly and openly discuss issues and goals with foster parent.	12/05	3. Case review.	
4. Implement recruitment and retention campaign and disseminate training information.	12/06	4. Supervisor and social worker consult. Foster parent surveys.	

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation		
Data Indicator: Stability of Foster Care Placement		
National Standard: 86.7%	County Performance (2002) (%): 83.1%	Performance Goal (%): 86.7%
Person(s) responsible for implementing action steps and monitoring progress: Supervisor and social workers will implement action steps and also monitor progress.		

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Implement program improvements to stabilize foster care placements.	5/06	1. Regular supervisory use of SSIS charting and analysis function to measure progress and compliance, and to identify trouble areas.	

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation	
Item 7: Permanency goal for child	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation	
Item 8: Reunification, guardianship, or permanent placement with relatives	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation		
Data Indicator: Length of Time to Achieve Permanency Goal of Reunification		
National Standard: 76.2%	County Performance (2002) (%):	Performance Goal (%):
Person(s) responsible for implementing action steps and monitoring progress:		

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation	
Item 9: Adoption	
Performance at time of review (%): 100%	Performance Goal (%): 90%
Issues noted in the final report: This item was rated as a strength, although the national standard was not met by the county in this area. Out of the three placement cases reviewed, this item was applicable in two of the cases. It was noted that agency made good efforts to keep siblings together with the adoption process.	
Person(s) responsible for implementing action steps and monitoring progress: Supervisor and social workers will implement and supervisor will monitor progress.	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Clarify practice standards for relative searches and relative placement.	5/06	1. Supervisory consult and qualitative case review.	
2. Implement use of Practice Manual for Relative Searches and Placements when it is released by DHS.	5/06	2. Supervisory consult and qualitative case review.	
3. Attend enrichment training on concurrent permanency planning for workers.	12/06	3. Self-assessment and supervisory consult.	
4. Identify when DHS paperwork is a slow down/problem.	12/06	4. Peer and supervisory consult.	
5. Initiate discussion in CJI meetings of adoption issues to coordinate cross-disciplinary efforts.	12/06	5. Staff consult.	
6. Initiate discussion with foster parents regarding concurrent permanency planning.	5/06	6. Supervisor and licensing worker consult. Foster Parent meetings.	

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation		
Data Indicator: Length of Time to Achieve Permanency Goal of Adoption		
National Standard: 32%	County Performance (2002) (%): 28.6%	Performance Goal (%): 32%
Person(s) responsible for implementing action steps and monitoring progress: Social workers and supervisor to implement action steps and supervisor to monitor progress.		

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Implement "adoption" program improvement action steps to reduce length of time needed to achieve adoption.	12/06	1. SSIS charting and analysis 2. Qualitative case review. 3. SSIS report – Adoption/Guardianship clients.	

PERMANENCY OUTCOME 1: Children have permanency and stability in their living situation	
Item 10: Permanency goal of other planned permanent living arrangement	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children	
Item 11: Proximity of foster care placement	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children	
Item 12: Placement with siblings	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children	
Item 13: Visiting with parents and siblings in foster care	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children	
Item 14: Preserving connections	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children	
Item 15: Relative placement	
Performance at time of review (%): 33%	Performance Goal (%): 90%
Issues noted in the final report: Out of the three cases reviewed there was no documentation evidence that a thorough relative search was completed in two of the cases.	
Person(s) responsible for implementing action steps and monitoring progress: Supervisor, social workers and case aide will implement action steps and supervisor will monitor progress.	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Develop SSIS "naming protocol" to improve documentation accuracy.	5/06	1. Supervisor and SSIS mentor consult on naming protocol.	
2. Clarify case practice and understanding of state and federal statute.	5/06	2. Supervisor consult and qualitative case review.	
3. Implement use of Practice Guide on Relative Searches and Placements when it is released by DHS.	5/06	3. Supervisory consult and qualitative case review.	
4. Expand use of Family Group Decision Making.	12/06	4. Supervisory and Peer consult.	
5. Staff and supervisor attend training on FGDM and other offerings pertinent to relative placements.	12/06	5. Self assessment and supervisory consult.	

PERMANENCY OUTCOME 2: The continuity of family relationships and connections is preserved for children	
Item 16: Relationship of child in care with parents	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs	
Item 17: Needs and services of child, parents, foster parents	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs	
Item 18: Child and family involvement in case planning	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs	
Item 19: Worker visits with child	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

WELL-BEING OUTCOME 1: Families have enhanced capacity to provide for their children's needs	
Item 20: Worker visits with parent(s)	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

WELL-BEING OUTCOME 2: Children receive appropriate services to meet their educational needs	
Item 21: Educational needs of the child	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

WELL-BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs	
Item 22: Physical health of the child	
Performance at time of review (%): 75%	Performance Goal (%): 90%
Issues noted in the final report: The review showed a generally high level of attention to health and dental needs. The one case that was identified as needing improvement showed a lack of documentation that health examinations were done.	
Person(s) responsible for implementing action steps and monitoring progress: Supervisor, social workers, and case aides will implement action steps and supervisor will monitor progress.	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Consistently use the Child-Well Being Tool now found within SSIS.	5/06	1. Qualitative case review SSIS checklist	
2. Development and use of SSIS “naming protocol” for ease and consistency of documentation.	5/06	2. Supervisor and SSIS mentor consult on “naming protocol”.	
3. Consistently use the Child and Teen Checkup process.	5/06	3. Supervisor consult, qualitative case review, and coordination with public health department.	
4. Enrichment training of supervisor and workers on Child-Well Being Tool.	12/06	4. Self assessment and supervisor consult.	
5. Consistently use the out-of-home placement plan as a tool to guide discussion of all well-being needs with foster parents.	12/06	5. Peer and supervisor consult Foster Parent meetings.	

WELL-BEING OUTCOME 3: Children receive adequate services to meet their physical and mental health needs	
Item 23: Mental health of the child	
Performance at time of review (%):	Performance Goal (%):
Issues noted in the final report:	
Person(s) responsible for implementing action steps and monitoring progress:	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes

SYSTEMIC ISSUES: Agency Responsiveness to Community	
County Self Rating (from Self Assessment): Strength	Goal: Improve relationship with Mille Lacs Band of Ojibwe
<p>Issues noted in the final report: The agency has developed long-standing, effective working relationships with community stakeholders. However, working relationships between the agency and Mille Lacs Band Social Services are somewhat strained. Both agencies must improve communication and develop collaborative working relationships that effectively serve Native American children.</p>	
<p>Person(s) responsible for implementing action steps and monitoring progress: Social Service Supervisor</p>	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Continue to invite by U.S. Mail participation on multi-disciplinary committees such as CJI, Child/Adult Protection Team, Family Services Collaborative, and Family Group Decision Making grant committee.	5/06	1. Social Service Supervisor and committee leadership consult.	1. This is already agency practice.
2. Review and clarify ICWA, ASFA, and MIFPA requirements to ensure agency compliance.	5/06	2. Worker and Supervisor consult and Qualitative Case Review.	
3. Provide regular written communication to Mille Lacs Band departments and offices to provide information and rationale for agency decisions regarding Mille Lacs Band children.	12/06	3. Worker, supervisor and director consult.	3. This practice was begun during the winter of 2004/2005.

SYSTEMIC ISSUES: Foster Home and Adoptive Home Licensing, Approval and Recruitment	
County Self Rating (from Self Assessment): Needs Improvement	Goal: Retain current homes, Recruit permanency resource homes
Issues noted in the final report: Improvement needed in communication with and support to existing foster parents.	
Person(s) responsible for implementing action steps and monitoring progress: Social workers and supervisor will implement action steps and will monitor progress.	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Initiate Foster Care Provider Support meetings and convene on a bi-monthly basis.	5/05	1. Social worker and supervisor consult.	1. This was begun during the winter of 2004/2005.
2. Initiate foster care recruitment and retention campaigns.	5/06	2. Social worker and supervisor consult and planning.	
3. Provide local training opportunities for foster care providers.	5/06	3. Social worker and supervisor consult and planning. Foster parent surveys.	

SYSTEMIC ISSUES: Supervisory and Social Work Caseloads	
County Self Rating (from Self Assessment): Needs Improvement	Goal: Concentrate worker talent, energy, and funding to alleviate risk and improve family functioning.
Issues noted in the final report: Child welfare/protection and children’s mental health caseloads are too high. Agency has a very experienced and qualified child welfare staff. Further, in light of limited county budgets and the lack of adequate State/Federal funding, caseloads may not be lessened. There is growing concern by Aitkin County that an already stretched service delivery system will reach a point where doing more will be an impossibility.	
Person(s) responsible for implementing action steps and monitoring progress: Social Services Supervisor	

Action Steps	Date to be Completed	Methods of Measurement/Monitoring	Progress/Tracking Notes
1. Implement qualitative case review process.	5/06	1. Supervisor will calendar time to perform reviews quarterly.	
2. Hold supervisory conferences on a regular basis.	5/06	2. Social Workers will calendar time at least monthly to meet with supervisor.	
3. Each worker seek and attend appropriate training as needed.	12/06	3. Worker self-assessment and supervisor consult.	
4. Use paraprofessional staff effectively so as to maximize available social worker staff time.	5/06	4. Supervisor oversight and social worker and paraprofessional consult.	