

Child Protection Program Logic Models for Supervisors

Background

Minnesota was one of the first states to participate in the federal Child and Family Service Reviews. The review uses multiple sources to assess a state's performance on a series of measures that examine the outcomes of child safety, permanency and well-being and the state's strengths and needs. Following the completion of the review, the state is required to develop a Program Improvement Plan (PIP) describing in detail its strategies for addressing specific outcome needs.

One of the strategies in the state's program improvement plan was to develop a guide for supervisors which focused on best practice in quality assurance. The Child Protection Program Logic Models for Supervisors were developed by department staff with an advisory group of county supervisors.

Program Logic Models

A logic model provides a road map of how a specific program is expected to work, what activities need to come before others and how desired outcomes are achieved. A logic model includes inputs, activities, outputs, outcomes and a program theory.

- Inputs:** The internal and external resources used by the county child protection system to achieve program objectives.
- Activities:** The consultation and quality assurance actions of a child protection supervisor, using the inputs provided, to achieve positive results for children and families served by the agency.
- Outputs:** The products that result from an effective use of resources by child protection agency staff. Two types of outputs are used in these logic models: the 23 Child and Family Service Review performance indicators used to measure safety, permanency and well-being, and performance measures more specific to child protection in Minnesota.
- Outcomes:** The ultimate benefits experienced by the children and families served by the agency. These benefits are organized under the three domains: safety, permanency and well-being.
- Program Theory:** "If - Then" statements have been constructed for each of the child protection logic models to describe the program rationale or hypotheses. They attempt to identify some of the critical links in the chain of reasoning specific to each program model.

Key Decision Points

The fundamental purpose of child protection program logic models is to promote effective decision making in key areas. Core questions need to be addressed in each of the principal child protection program areas.

Screening

- < Does the agency accept the report for investigation? If so, what level of response is indicated?
- < What reports should be assigned for traditional assessment and what reports should be assigned for an Alternative Response?
- < Which reports, not accepted for assessment, should be referred for voluntary child welfare services or receive no agency response?

Assessment

- < Is the child safe and what actions are necessary to ensure the child's safety?

Case Management

- < What changes are needed to promote child safety and reduce future risk of maltreatment?
- < What results are needed to either increase or reduce child protection service intensity?
- < When should child protection involvement end?
- < Was permanency established in a timely and appropriate manner?

Child Protection Program Logic Models for Supervisors:

These program logic models present specific program overviews. These are not all of the inputs, activities, outputs and outcomes of a program area. Rather, the models guide discussion among county child protection personnel. Counties are encouraged to expand upon these models and make them more applicable to the needs of their clients and agency. The process of developing a program logic model is intrinsically valuable and advances a broader understanding of the overall purpose of child protection.

Additionally, these models support the following underlying social work principles:

- < Family-Centered Practice
- < Community-Based Services
- < Strengthening Parental Capacity
- < Individualized Services.

These principles are consistent with social work practice that form the foundation of the Child and Family Service Reviews.

A county agency could use these program logic models as:

- < A tool to provide new staff with an overview of each child protection program and demonstrate how these programs are integrated and designed to address core child protection decision points.
- < An approach to identifying and evaluating the effectiveness of both agency resources and external community resources.
- < A structure for identifying agency child protection outputs or products and creating a responsive quality assurance system that reinforces consistent and high quality service delivery.
- < A method of clarifying desired program outcomes and identifying data sources that serve as accurate outcome measures.
- < A guide for directed case consultation, with emphasis on best practice for quality assurance.

Data Collection

The collection and interpretation of data is critical in evaluating the usefulness of programs and the achievement of outcomes. The Child Protection Logic Models for Supervisors use the Social Service Information System reports and relevant county generated data. Specific reports are identified within each of the logic models and are designed to provide useful outcome data for supervisors in measuring and monitoring child protection program areas and individual worker performance.

Child Protection Screening

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < Number and quality of agency screening staff < Availability and quality of supervisory staff < Staff training < SDM tools - priority response and safety tools - AR screening tool. < 24-hour child protection response capacity < Agency screening team and protocols < Screening guidance: <ul style="list-style-type: none"> < MN Statutes 626.556 < MN Rules 9560 < Local screening criteria < Orientation and training activities <p>Agency Partners</p> <ul style="list-style-type: none"> < Law enforcement < Mandated reporters < Community at large < Other child protection agencies, state and national < DHS: SSIS, MCWTS and other programs within the Child Safety and Permanency Division < Tribal social services 	<p>Consultation</p> <ul style="list-style-type: none"> < Accurate screening decisions < Responsiveness to community needs, e.g., telephone and face-to-face contacts in a timely, respectful and professional manner <p>Key Questions</p> <ul style="list-style-type: none"> < Were family strengths, service delivery challenges and best practices identified and discussed? < What is the agency's policy regarding time frames for screening and recording child protection reports e.g., telephone contacts during work hours, face-to-face contact during work hours and after hours contacts? < Has the agency established clear expectations regarding the thoroughness, accuracy and overall quality of recorded intakes with adequate consideration of ICWA, domestic violence, substance abuse and client disabilities? < Are screeners using additional resources to collect collateral information concerning a report (i.e., from police, schools, medical professionals, agency records, and other community sources) before making a final screening decision? < Are mandated reporters and others satisfied with the agency's response to their reports of child maltreatment? 	<p>CFSR Performance Indicators</p> <p>Item 1 Initiation of investigation of reports of child maltreatment is consistent with state policy.</p> <p>Item 4 Risk of harm is managed through appropriate interventions.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Screening decisions are consistent with state and local screening criteria < Reports, both accepted and not accepted for assessment, are recorded in SSIS 	<p>Safety</p> <p>S1 Children are first and foremost protected from abuse and neglect</p> <p>S2 Children are safely maintained in their homes whenever possible</p>

Child Protection Screening Quality Improvement Components

Program Theory

If:

- < Child protection screening staff gather comprehensive, relevant and accurate information from reporters
- < Child protection staff consistently record this information in SSIS
- < Screening decision makers have full access to this information
- < Screening decisions are made consistent with statutory guidelines, local screening criteria related SDM protocols

Then:

- < Cases of alleged maltreatment identified in the community will be appropriately assigned for either traditional assessment, Alternative Response assessment or a voluntary child welfare response.

Key Decision Points

- < Does the agency accept the report for assessment? If so, what level of response is indicated?
- < What reports should be assigned for traditional assessment versus Alternative Response?
- < What reports not accepted for child protection assessment should be referred for voluntary child welfare services or receive no agency response?

Case Record Review

- < Monitor timeliness of recording and transferring accepted reports from screeners to assessment workers.
- < Review individual intake records for quality and compliance purposes.
- < Ensure that cross reporting to law enforcement occurs consistently.
- < Review a percentage of referrals accepted for assessment for quality of decision making and documentation.
- < Review a percentage of referrals not accepted for assessment for quality of decision making and documentation.
- < Review agency decisions to respond to reports, not accepted for a maltreatment assessment, with a child welfare response when indicated.
- < Ensure that American Indian children are identified promptly.
- < Ensure that mandated reporters receive agency letters explaining why a child maltreatment report was not accepted for investigation.

SSIS Reports

- < Intake Log
- < Detailed Intake Statistics – by program area
- < Intake allegations – by CP track
- < New in V.3.6-Current/Prior CP Activity

Traditional Child Maltreatment Assessments

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < Number and quality of agency CP assessment staff < Availability and quality of supervisory staff < Staff training < Capacity for culturally competent response < Statutory guidance: <ul style="list-style-type: none"> < MN Statutes 626.556 < MN Rules 9560 < SDM tools: safety and risk assessments < Overall county children's services array <p>Agency Partners</p> <ul style="list-style-type: none"> < County law enforcement < County attorney < County child protection team < Community collateral contacts - schools, medical and other service providers < Emergency child care providers < Other child protection agencies, state and national < Tribal social services 	<p>Consultation</p> <ul style="list-style-type: none"> < All accepted reports and contents with assigned assessment worker < Families were treated respectfully and their strengths and needs fully explored < CP decisions: <ul style="list-style-type: none"> < Emergency removal of child from home < Discharge of child from shelter facility < Emergency court petitions < Maltreatment determinations < CP service determination < Available community based services <ul style="list-style-type: none"> < Basic needs resources (food, clothing and shelter) < Support services for domestic violence, CD, MH <p>Key Questions</p> <ul style="list-style-type: none"> < Were client family strengths, service delivery challenges and best practices identified and discussed? < What changes are necessary to promote child safety, reduce the risk of child maltreatment, and increase family stability? < Did the agency's assessment adequately address the original maltreatment concerns, which were the basis for accepting the report? < Were community based services offered to assist in promoting child safety? < What was the role of law enforcement during the child maltreatment assessment? Was there evidence of cooperation and teaming between the agency social worker and law enforcement? 	<p>CFSR Performance Indicators</p> <p>Item 1 Initiation of investigation of reports of child maltreatment is consistent with state policy.</p> <p>Item 2 Children do not experience repeated maltreatment.</p> <p>Item 3 Services are provided to protect child/ren in home and prevent removal.</p> <p>Item 4 Risk of harm is managed through appropriate interventions.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Immediate safety needs of children are addressed by the agency's response < Families are treated respectfully and engagement is consistent with best interest of child < Ongoing need for CP services is determined after completion of a risk assessment and consultation 	<p>Safety</p> <p>S1 Children are first and foremost protected from abuse and neglect</p> <p>S2 Children are safely maintained in their homes whenever possible</p>

Traditional Child Maltreatment Assessments Quality Improvement Components

Program Theory

If:

- < CP assessment staff responded in a timely fashion to reports of maltreatment
- < CP assessment staff effectively coordinated assessment activities with community partners
- < CP assessment staff fully assessed issues of child safety and risk
- < CP assessment staff provided initial, least restrictive services, with the paramount considerations of protecting children

Then:

- < Children will be protected from abuse and neglect and safely maintained in their homes whenever possible.

Key Decision Points

- < Is the child safe and what actions are necessary to ensure the child's safety?

Case Record Review

- < Monitor time frames between receipt of report and initiation of assessment
- < Review past child protection reports and related determinations
- < Apply DHS assessment checklist and other quality improvement tools

SSIS Reports

- < Child Maltreatment Summary – Family Assessments – Traditional Response
- < Child Maltreatment Summary – Facility Investigation
- < Maltreatment Allegation Summary
- < Maltreatment Disposition Summary
- < Social Worker Case List
- < Caseload Turnover
- < Tennessen Needed
- < Workgroup Assignment
- < Workgroup Statistics by Program
- < Workgroups That Need Contact
- < New V3.6 Time to Initial Contact with Victim/Other
- < New V3.6 Child Maltreatment Assessment Aging Report

CP Case Management - In Home

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < Number and quality of agency CP in-home services staff < Availability and quality of supervisory staff < MN Rule guidance: <ul style="list-style-type: none"> < MN Rule 9560 < SDM tools – safety, risk, strengths and needs < Comprehensive assessments of children and families e.g., mental health, parenting, chemical health, domestic violence and basic needs < Service array: transportation, crisis nursery, respite care, chemical and mental health, early childhood intervention, housing and basic needs resources < Overall county children’s services array <p>Agency Partners</p> <ul style="list-style-type: none"> < Culturally specific service providers < Community collaborative staff < Family based services workers < School, mental health and medical staff < County attorney < Law enforcement < Tribal social services 	<p>Consultation</p> <ul style="list-style-type: none"> < All new CP case assignments with CP social worker < CPS case plans quarterly with social workers. Ensure that services are aimed at reducing the risk of future maltreatment < In-home cases where risk has increased and court intervention or immediate removal of the child is warranted < All requests for new CHIPS petitions/actions < All new allegations of maltreatment on open cases and refer for CP assessment when indicated <p>Key Questions</p> <ul style="list-style-type: none"> < Were family strengths, service delivery challenges and best practices identified and discussed? < Did the agency’s assessment adequately address the original maltreatment concerns, which were the basis for accepting the report? < Are community based services offered to assist in promoting child and family well-being? < Are culturally specific services offered to all families served? < If the child is American Indian, has the child’s tribe been notified and are culturally appropriate services being offered to the family? < Have children received medical, educational, developmental and mental health screening when indicated? < Are low risk cases being closed promptly? < Is there a supervisory review conducted at least semiannually of the written protective services plan and documentation of a supervisory conference with the child protection worker? 	<p>CFSR Performance Indicators</p> <p>Item 1 Initiation of investigations of reports of child maltreatment is consistent with state policy.</p> <p>Item 2 Children do not experience repeated maltreatment.</p> <p>Item 3 Services are provided to protect child/ren in home and prevent removal.</p> <p>Item 4 Risk of harm is managed through appropriate intervention.</p> <p>Item 17 Child/ren, parents and foster parents needs are assessed and services to address those needs provided.</p> <p>Item 18 Child/ren and families are involved in case planning.</p> <p>Item 19 Case workers have face-to-face contact with children.</p> <p>Item 20 Case workers have face-to-face contact with parents.</p> <p>Item 21 Educational needs of child/ren are met.</p> <p>Item 22 Physical health needs of child/ren are met.</p> <p>Item 23 Mental health needs of child/ren are met.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Timely and understandable case plans that have realistic goals and objectives designed to generate positive change are developed with families. < Decisions to increase or decrease services are based on a quarterly review of the CPS plan. This includes an assessment of the child’s current level of safety and risk, as well as family strengths and needs. < CPS cases are closed in a timely manner, where reduction of risk is clearly documented. 	<p>Safety</p> <p>S1 Children are first and foremost protected from abuse and neglect</p> <p>S2 Children are safely maintained in their homes whenever possible</p> <p>Well Being</p> <p>WB1 Families have enhanced capacities to provide for their children’s needs</p> <p>WB2 Children receive appropriate services to meet their educational needs</p> <p>WB3 Children receive adequate services to meet their physical and mental health needs</p>

CP Case Management In Home Quality Improvement Components

Program Theory

If:

- < Thorough and accurate assessments of child/rens' and families' needs are completed
- < A timely CPS plan is developed, in conjunction with the family whenever possible, which identifies services and supports that promote child safety and permanency
- < These services are delivered in a timely, respectful and culturally competent way

Then:

- < Children will be protected from abuse and neglect and safely maintained in their home whenever possible.

Key Decision Points

- < What changes are needed to promote child safety and reduce future risk of maltreatment?
- < What results are needed to either increase or reduce child protection service intensity?
- < When should child protection involvement end?

Case Record Review

- < Review case documentation and risk assessment prior to case closing. Close only those cases where risk has been adequately reduced. Consult with county attorney before closing cases where risk remains high and services have not proven effective.
- < Review the timeliness of completion of case plans and quarterly reviews.
- < Ensure that social workers have made contact with families at least on a monthly basis and more frequently in high risk cases.
- < Apply DHS ongoing case management checklist and other quality improvement tools.

SSIS Reports

- < Social Worker Case List
- < Caseload Turnover
- < Workgroup Assignment
- < Workgroup Statistics by Program
- < Workgroups That Need Contact
- < Service Plan Report
- < Activity Log
- < Workgroups without Open Service Plans
- < Tennessen Needed

CP Case Management - Placement Cases

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < Number and quality of agency child placement staff in CP, DD, CMH and corrections < Availability and quality of supervisory staff < Statutory guidance: <ul style="list-style-type: none"> < MN Statutes 260, ICWA, MEPA, IEIPA < MN Rule 9560 < SDM tools - safety, risk, strengths and needs and reunification < Comprehensive assessments of children and families e.g., mental health, parenting, chemical health, domestic violence and basic needs <p>Overall service array including:</p> <ul style="list-style-type: none"> < Family preservation services - reunification services < Relative searches - kinship services < Relative Care Assistance and Title IV-E funding < Concurrent Permanency Planning and Family Group Decision Making resources <p>Agency Partners</p> <ul style="list-style-type: none"> < Judges and county attorney < Juvenile court administrator < PHN/medical community < Pre-placement and placement review team < Community collaborative staff < GALs and public defenders < Foster parents < Private foster care agencies < DHS Interstate Compact staff < Tribal social services < Community mental health providers 	<p>Consultation</p> <ul style="list-style-type: none"> < The quality of placement decisions and practices, relative searches and use of concurrent permanency planning < Compliance with permanency time frames < Timeliness and quality of out-of-home placement plans. Ensure that OHPP are developed with families and designed to alleviate the conditions that led to a child's placement < The criteria for returning a child home has been met according to Rule 9560.0615 < If non custodial or absent parent has been identified, located and contacted for consideration as a resource for the child < Status of kinship search of children in non-relative placements <p>Key Questions</p> <ul style="list-style-type: none"> < Are culturally appropriate services in place that engage parents and are consistent with court orders and permanency requirements? < Is the child's continuity with family, kin and community maintained when it is in the best interest of the child? < Are the child's educational, mental and physical health needs being met? < What is the agency's standard for assuring that "active efforts" are provided to reunify American Indian children with their families? < What is the amount and quality of the parental and sibling visitation with the child in placement? < Has the agency made "special efforts" to place the child in a home that best meets the child's needs? < Have the foster parents received adequate services to help them meet the child's needs? 	<p>CFSR Performance Indicators</p> <ul style="list-style-type: none"> Item 5 Children do not experience foster care re-entries. Item 6 Children have stable foster care placements. Item 7 Children in foster care have a permanency goal matched to their needs. Item 8 Reunification, guardianship, or permanent placement with a relative is achieved in a timely manner. Item 9 Adoption is achieved in a timely manner. Item 10 Other permanent placements are achieved in a timely manner. Item 11 Children are placed in close proximity to the community in which their parent/s reside. Item 12 Siblings are placed together. Item 13 Children visit with parent/s and sibling while in foster care. Item 14 Children's primary connections are preserved during foster care placement. Item 15 Children are placed with relatives when possible and appropriate. Item 16 A positive relationship between children in care and their parent/s is promoted. Item 17 Child/ren, parents and foster parents needs are assessed and services to address those needs provided. Item 18 Child/ren and families are involved in case planning. Item 19 Case workers have face-to-face contact with children. Item 20 Case workers have face-to-face contact with parents. Item 21 Educational needs of child/ren are met. Item 22 Physical health needs of the child/ren are met. Item 23 Mental health needs of the child/ren are met. 	<p>Permanency</p> <ul style="list-style-type: none"> P1 Children have permanency and stability in their lives P2 The continuity of family relationships and connections is preserved for children <p>Well Being</p> <ul style="list-style-type: none"> WB1 Families have enhanced capacities to provide for their children's needs WB2 Children receive appropriate services to meet their educational needs WB3 Children receive adequate services to meet their physical and mental health needs

Case Management Placement Quality Improvement Components

Program Theory

If:

- < A comprehensive and timely OHPP is developed, with input from the child in placement, biological family and foster care providers when possible
- < A thorough relative search is completed, where both maternal and paternal relatives are considered as possible placement resources
- < Reasonable efforts or active efforts are provided to promote reunification or achieve alternative permanency disposition
- < All services are delivered in a timely, respectful and culturally competent way

Then:

- < Children will be safely reunified with their potential guardians whenever possible, or an alternative permanency disposition achieved, in which family and community connections are preserved.

Case Management Decision Points

- < What results are needed to either increase or reduce child protection service intensity?
- < When should child protection involvement end?
- < Was permanency established in a timely and appropriate manner?

Case Review

- < Ensure that children in foster care and their parents are visited at least monthly, or more frequently in high risk cases.
- < Review status of siblings in placement - ensure documentation is clear if siblings are not placed together and that there is a plan for family visitation.
- < Monitor important court dates and review orders, 72-hour holds.
- < Monitor children in placement through SSIS reports.
- < Monitor Title IV-E requirements, include best interest and reasonable efforts in practice and court orders.
- < Screen all children in placement for Title IV-E eligibility, be sure all Title IV-E requirements are met.
- < Provide concurrent planning services to all children under age 8.
- < Consider Family Group Decision Making in addressing placement decisions.
- < Ensure that permanency is achieved for children within statutory guidelines.
- < Apply DHS Placement Checklist and other quality improvement tools.

SSIS and County Data Reports

- < Social Worker Case List
- < Caseload Turnover
- < Workgroup Assignment
- < Workgroup Statistics by Program
- < Workgroups that need contact
- < Children in Placement
- < Children in Placement – By Date Range
- < Children in Placement – Removal Episode
- < Continuous Placements by Client
- < Placements by Placement Setting Code
- < Placements Without Open OHPPs
- < Service Plan Report

Alternative Response Child Maltreatment Assessments

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < DHS AR Guidelines Bulletin < Bulletin #00-68-4 < Number and quality of agency CP assessment staff < Availability and quality of supervisory staff < Staff training < Capacity for culturally competent response < Statutory guidance: <ul style="list-style-type: none"> < MN Statutes 626.556 < MN Rules 9560 < SDM tools: safety and risk < Overall county children’s services array <p>Agency Partners</p> <ul style="list-style-type: none"> < Community agencies contracted to participate in the AR Assessment < County law enforcement < County attorney < County child protection team < Community collateral contacts - schools, medical and other service providers < Emergency child care providers < Other child protection agencies, state and national < Tribal social services 	<p>Consultation</p> <ul style="list-style-type: none"> < All accepted reports and review contents with assigned assessment worker < Families are treated respectfully and their strengths and needs fully explored < The initial family meeting was timely and covered issues related to safety, risk and family engagement < Available community based service options: <ul style="list-style-type: none"> < Basic needs resources (food, clothing and shelter) < Support services - domestic violence, CP, mental, etc. < Decisions to switch assessment from AR to traditional or vice versa <p>Key Questions</p> <ul style="list-style-type: none"> < Were family strengths, service delivery challenges and best practices identified and discussed? < What changes are necessary to promote child safety and reduce the risk of child maltreatment and increase family stability? < Did the agency’s assessment adequately address the original maltreatment concerns, which were the basis for accepting the report? < Were community based services offered to assist in promoting child safety? 	<p>CFPSR Performance Indicators</p> <p>Item 1 Initiation of investigation of reports of child maltreatment is consistent with state policy.</p> <p>Item 2 Children do not experience repeated maltreatment.</p> <p>Item 3 Services are provided to protect child/ren in home and prevent removal.</p> <p>Item 4 Risk of harm is managed through appropriate interventions.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Family assessments are completed consistent with DHS AR practice guideline, including relevant ICWA provisions, within 45 days of receipt of report < Family assessments identify service needs that impact child safety, family stability and child well-being 	<p>Safety</p> <p>S1 Children are first and foremost protected from abuse and neglect</p> <p>S2 Children are safely maintained in their homes whenever possible</p>

Alternative Response Assessment Quality Improvement Components

Program Theory

If:

- < AR assessment staff engage parents to secure child safety and address risk
- < AR assessment staff use family strengths and protective factors
- < AR assessment staff conduct a holistic assessment
- < AR assessment staff provide parent-driven services to address family needs

Then:

- < Children will be protected from abuse and neglect and live in stable homes.

Alternative Response Assessment Decision Points

- < Is the child safe and what actions are necessary to assure the child's safety?

Case Record Review

- < Monitor time frames between receipt of report, case assignment, first face-to-face contact with family members and completion of assessment.
- < Monitor use of SDM safety, risk and strength/need tools.
- < Review all SSIS and written case file documentation including records of all family assessment activity.
- < Apply DHS AR assessment checklist and other quality improvement tools.

SSIS and County Data Reports

- < Child Maltreatment Summary – Family Assessments Alternative Response
- < Maltreatment Disposition Summary
- < Workgroups That Need Contact
- < (Social Worker) Case List
- < Caseload Turnover
- < Tennessen Needed
- < Workgroup Assignment
- < Workgroup Statistics by Program
- < Activity Log
- < New V3.6 Time to Initial Contact With Victim/Other
- < Child Maltreatment Assessment Aging Report

Alternative Response Case Management

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < DHS AR Guidelines Bulletin < Number and quality of agency CP in home services staff < Availability and quality of supervisory staff < MN Rule guidance: <ul style="list-style-type: none"> < MN Rule 9560 < SDM tools - safety, risk, strengths and needs < Comprehensive assessments of children and families e.g., mental health, parenting, chemical health, domestic violence and basic needs < Service array: transportation, crisis nursery, respite care, chemical and mental health, early childhood intervention, housing and basic needs resources < Overall county children's services array <p>Agency Partners</p> <ul style="list-style-type: none"> < Community agencies contracted to participate in the AR assessment < County law enforcement < County attorney < County child protection team < Community collateral contacts - schools, medical and other service providers < Emergency child care providers < Other child protection agencies, state and national < Tribal social services 	<p>Consultation</p> <ul style="list-style-type: none"> < AR documentation prior to assignment for case management services < AR service plans and semi-annual reassessments with case managers. Ensure that services outlined in the service plan are aimed at reducing risk of future maltreatment by alleviating the conditions that led to maltreatment < AR cases where risk has increased and that court intervention or immediate removal of the child is warranted < All new allegations of maltreatment on open cases and refer for CP assessment when indicated <p>Key Questions</p> <ul style="list-style-type: none"> < Were client family strengths, service delivery challenges and best practices identified and discussed? < Did the agency's assessment adequately address the original safety concerns, which were the basis for accepting the report? < Were community based services offered to assist in promoting child safety and family well-being? 	<p>CFSR Performance Indicators</p> <p>Item 1 Initiation of investigation of reports of child maltreatment is consistent with state policy.</p> <p>Item 2 Children do not experience repeated maltreatment.</p> <p>Item 3 Services are provided to protect child/ren in home and prevent removal.</p> <p>Item 4 Risk of harm is managed through appropriate interventions.</p> <p>Item 17 Child/ren, parents and foster parents needs are assessed and services to address those needs provided.</p> <p>Item 18 Child/ren and families are involved in case planning.</p> <p>Item 19 Case workers have face-to-face contact with children.</p> <p>Item 20 Case workers have face-to-face contact with parents.</p> <p>Item 21 Educational needs of child/ren are met.</p> <p>Item 22 Physical health needs of the child/ren are met.</p> <p>Item 23 Mental health needs of the child/ren are met.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Timely and understandable case plans that have realistic goals and objectives designed to generate positive change are developed with families. < Decisions to increase or decrease services are based on a quarterly review of the AR case plan. This includes an assessment of the child's current level of safety and risk, as well as family strengths and needs. < AR cases are closed in a timely manner, when reduction of risk is clearly documented. 	<p>Safety</p> <p>S1 Children are first and foremost protected from abuse and neglect</p> <p>S2 Children are safely maintained in their homes whenever possible</p> <p>Well Being</p> <p>WB1 Families have enhanced capacities to provide for their children's needs</p> <p>WB2 Children receive appropriate services to meet their educational needs</p> <p>WB3 Children receive adequate services to meet their physical and mental health needs</p>

Alternative Response Case Management Quality Improvement Components

Program Theory

If:

- < Thorough and accurate assessments of child/rens' and families' needs are completed
- < A timely AR plan is developed, in collaboration with the family, which identifies services and supports that promote child safety and stability
- < These services are delivered in a timely, respectful and culturally competent way

Then:

- < Family well-being will be enhanced and children will be protected from abuse and neglect.

AR Case Management Decision Points

- < What changes are needed to promote child safety and reduce future risk of maltreatment?
- < What results are needed to either increase or reduce child protection service intensity?
- < When should Alternative Response services end?

Case Record Review

- < Review the timeliness of completion of case plans and quarterly reassessments.
- < Monitor that agency case managers have made contact with families, at least on a quarterly basis.
- < Review case documentation prior to case closing. Do not close high risk cases, only those cases where risk is adequately reduced.
- < Apply DHS AR ongoing case management service checklist and quality improvement tools.

SSIS Reports and County Data Reports

- < Social Worker Case List
- < Caseload Turnover
- < Service Plan Report
- < Tennessen Needed
- < Workgroup Assignment
- < Workgroup Statistics – By Program
- < Workgroups That Need Contact
- < Workgroups Without Open Service Plans
- < Activity Log

Adoption/Guardianship Case Management

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < Number and quality of agency A/G staff < Availability and quality of supervisory staff < Adequate training and support to staff < Guardianship Rule 9560.0485 < Adoption Rule 9560.0010-0180 < State Adoption Exchange - MN Statutes 259.75 < Interstate Compact - MN Statutes 260.851 < MN Indian Family Preservation Act - MN Statutes 260.755 < Tribal State Agreement < DHS Bulletin #03-68-04 <p>Agency Partners</p> <ul style="list-style-type: none"> < Public Private Adoption Initiative < MN Adoption Resource Network < MN Adoption, Support and Preservation Program < MN Department of Human Services < Tribal Social Services < Foster Parents < Guardians ad Litem < Therapists < Judges and county attorneys 	<p>Consultation</p> <ul style="list-style-type: none"> < All CP documentation of new A/G case assignments < That a comprehensive relative search has been completed < The agency's specific efforts to recruit an adoptive placement for a child who is available for adoption < Siblings placement and/or visitation issues < That consents for sibling separation are obtained < Adoption Assistance Agreement is signed by the parents, agency and DHS Adoption Assistance and MA for the child is activated < That case files contain: <ul style="list-style-type: none"> < Background and Health History DHS 3235 < Birth Parent Social and Medical History DHS 3205 < DHS Reports 616,178 and 188 <p>Key Questions</p> <ul style="list-style-type: none"> < Were client family strengths, service delivery and best practice challenges identified and discussed? < Does the county have a group of safe, stable adoptive homes that reflect the diversity of children under their responsibility and meet the needs of children in the county? < Does the county support placement of children in families residing outside the county or Minnesota in order to achieve permanency? < What are the barriers to completing home studies and finalizing adoptions in a timely manner? < What services does the county provide to support adoptive parents both before and after finalization? 	<p>CFSR Performance Indicators</p> <p>Item 5 Children do not experience foster care re-entries. Item 6 Children have stable foster care placements. Item 7 Children in foster care have a permanency goal matched to their needs. Item 8 Reunification, guardianship, or permanent placement with a relative is achieved in a timely manner. Item 9 Adoption is achieved in a timely manner.</p> <p>Item 12 Siblings are placed together.</p> <p>Item 14 Children's primary connections are preserved during foster care placement. Item 15 Children are placed with relatives when possible and appropriate.</p> <p>Item 17 Child/ren, parents and adoptive parents needs are assessed and services to address those needs provided. Item 18 Child/ren and families are involved in case planning. Item 19 Case workers have face-to-face contact with children. Item 20 Case workers have face-to-face contact with adoptive parents.</p> <p>Item 21 Educational needs of the child/ren are met.</p> <p>Item 22 Physical health needs of the child/ren are met. Item 23 Mental health needs of the child/ren are met.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Children are registered on the State Adoption Exchange < Completed life book is given to the child and social/medical history is given to the parent 	<p>Permanency</p> <p>P1 Children have permanency and stability in their lives</p> <p>P2 The continuity of family relationships and connections is preserved for children</p> <p>Well Being</p> <p>WB1 Families have enhanced capacities to provide for their children's needs</p> <p>WB2 Children receive appropriate services to meet their educational needs</p> <p>WB3 Children receive adequate services to meet their physical and mental health needs</p>

Adoption/Guardianship Case Management Quality Improvement Components

Program Theory

If:

- < Children are thoroughly assessed and the agency has completed all pre adoptive social service, legal and administrative requirements
- < Agency staff provide diligent and ongoing efforts to recruit adoptive placement resources
- < Agency staff adequately support adoptive families prior to and following finalized adoptions

Then:

- < Children will have permanency and stability in their lives and childrens' educational, physical and mental health needs will be appropriately addressed.

Case Record Review

- < Ensure that the DHS file is complete: certified copy of the TPR Finding and Order, Dependent/Neglected State Ward and report (DHS 616), Report of Adoptive Placement (DHS 0178) at the time of placement, Report to Court (DHS 188) and Adoptive Placement Agreement (DHS 312).
- < Ensure that children are registered on the state adoption exchange 45 days after TPR.
- < Ensure the agency has a plan for the recruitment, development and training of adoptive resource families.
- < Ensure that if the adoptive placement disrupts, that DHS receives notice on Report of Termination of Adoptive Placement Agreement (DHS 313).
- < Monitor time frames to ensure that there is a petition to finalize the adoption of a child who is placed in a prospective adoptive home within 12 months of the signed adoptive placement agreement.
- < Ensure that adoptions are finalized within 24 months of the first out-of-home placement.
- < Ensure that children who are not adopted prior to their 18th birthday receiving independent living skills, apply for MNSCU tuition wavier and will receive county services up to age 21.

SSIS and County Data Reports

- < Social Worker Case List
- < Caseload Turnover
- < Workgroup Assignment
- < Workgroup Statistics by Program
- < Workgroups that need contact
- < Children in Placement
- < Children in Placement – By Date Range
- < Children in Placement – Removal Episode
- < Continuous Placements by Client
- < Placements by Placement Setting Code
- < Placements Without Open OHPPs
- < Adoption/Guardian Clients
- < New V3.6 Clients with TPRs
- < Adoption/Guardianship Clients

Concurrent Permanency Planning

INPUT	ACTIVITIES	OUTPUTS	OUTCOMES
<p>Agency Resources</p> <ul style="list-style-type: none"> < Number and quality of agency concurrent permanency planning (CPP) case workers < Availability and quality of supervisory staff < Agency CPP written policies and protocols < Service array: <ul style="list-style-type: none"> < Broad array of assessment services < Comprehensive, high quality assessments that provide clear and congruent recommendations < Adequate number of foster/resource families < Therapeutic support for foster/resource families < Voluntary/informal support services < Family Group Decision Making services < MN Statutes 260.213, DHS Bulletin #98-68-7 < Other CPP service delivery models <p>Agency Partners</p> <ul style="list-style-type: none"> < Judges and county attorney < Juvenile court administrator < PHN/medical community < Pre-placement and placement review team < Community collaborative staff < GALs and public defenders < Foster parents and therapists < Private foster care agencies < DHS Interstate Compact staff < Tribal social services 	<p>Consultation</p> <ul style="list-style-type: none"> < That the presenting problem is clearly defined and appropriate resources identified < That children included in the target population (Bulletin #98-68-7) are provided CPP services < The provision of CPP services for all other children in placement < Agency commitment to CPP process and clear, concrete and timely goals and objectives < Ways to address barriers to implementation of CPP < Roles and responsibilities of all persons involved in the CPP process <p>Key Questions</p> <ul style="list-style-type: none"> < How does assessment information support staff in delivering effective CPP services? < What are the family strengths that would support successful reunification? < How can the agency support biological parents, foster/resource families and staff? 	<p>CFSR Performance Indicators</p> <p>Item 5 Children do not experience foster care re-entries</p> <p>Item 6 Children have stable foster care placements.</p> <p>Item 7 Children in foster care have a permanency goal matched to their needs.</p> <p>Item 8 Reunification, guardianship or permanent placement with a relative is achieved in a timely manner.</p> <p>Item 9 Adoption is achieved in a timely manner.</p> <p>Item 10 Other permanent placements are achieved in a timely manner.</p> <p>Item 11 Children are placed in close proximity to the community in which their parent/s reside.</p> <p>Item 12 Siblings are placed together.</p> <p>Item 13 Children visit with parent/s and siblings while in foster care.</p> <p>Item 14 Children’s primary connections are preserved during foster care placement.</p> <p>Item 15 Children are placed with relatives when possible and appropriate.</p> <p>Item 16 A positive relationship between children in care and their parent/s is promoted.</p> <p>Item 17 Child/ren, parents and foster parents needs are assessed and services to address those needs provided.</p> <p>Item 18 Child/ren and families are involved in case planning.</p> <p>Item 19 Case workers have face-to-face contact with children.</p> <p>Item 20 Case workers have face-to-face contact with parents.</p> <p>Other Performance Indicators</p> <ul style="list-style-type: none"> < Comprehensive and timely relative searches < Timely permanency meetings for child under 8–approximately 4 months after placement and for child 8 and over approximately 10 months after placement < Full disclosure of both plans to all parties < Short-term, concrete written case plan goals 	<p style="text-align: center;">Permanency</p> <p>P1 Children have permanency and stability in their lives</p> <p>P2 The continuity of family relationships and connections is preserved for children</p> <p style="text-align: center;">Well Being</p> <p>WB1 Families have enhanced capacities to provide for their children’s needs</p>

Concurrent Permanency Planning Quality Improvement Components

Program Theory

If:

- < Children in out-of-home placement, along with their parents, are thoroughly assessed and their strengths and needs accurately identified
- < Child protection supervisors provide effective guidance and support for staff and ensure that CPP services are timely and well coordinated between all persons involved in the plan
- < CPP case workers skillfully provide and monitor the delivery of services that match the needs of clients, while ensuring that the safety of children is paramount

Then:

- < Children will have appropriate permanency goals that are achieved in a timely manner.

Key Decision Points

- < Was permanency established in a timely and appropriate manner?
- < When should child protection involvement end?

Case Record Review

- < Monitor important court dates and review court orders.
- < Review and sign off on out-of-home placement plans.
- < Apply DHS placement checklist and other quality improvement tools.
- < Monitor Title IV-E requirements, ensure best interest and reasonable efforts language is in court orders.

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- < Placements by Placement Setting Code
- < Placements Without Open OHPPs
- < Service Plan Report