Minor parent case management

TOPIC
Minor parents reporting and service requirements.

PURPOSE
To provide information to hospitals, county and tribal agencies, and community agencies about Minnesota Statutes, section 257.33, on minor parents, access to the assessment, and case management best practices.

CONTACT
Tamara Moore, MSW, LGSW
Child Safety and Permanency Division
Adolescent Services Unit
651-431-4685 or tamara.moore@state.mn.us

SIGNED
NIKKI FARAGO
Assistant Commissioner
Children and Family Services Administration

TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
**Introduction**

This bulletin focuses on reporting and service requirements for implementation and service delivery for minor parent case management. Minnesota Statutes, section 257.33, subdivision 2, states that births to minors (under age 18) are reported by the hospital where a birth occurred to the county where a minor mother resides. Services to minor parents was established in 1981. Minor parent case management involves voluntary services offered to every minor that gives birth. The statute identifies the county social services agency as the service provider. The service is commonly provided by the county child welfare agency. However, in some areas, minor parent case management is provided through the county public health agency or a tribal social services agency.

Minor parent case management is essential to help prepare young parents with independent living skills, as well as parenting knowledge and skills. Pregnancy among adolescents puts these families at higher risk of poverty, child maltreatment, and other adverse childhood experiences. Case management services help to identify strengths, areas of growth, and supportive adults to help these families to thrive.

Per the Social Service Information System (SSIS), the recent number of families that opted to have case management services through county child welfare is as follows:

- In 2016, 269 families were served with minor parent case management.
- In 2017, 220 families were served with minor parent case management.
- In 2018, 216 families were served with minor parent case management.
- In 2019, 216 families were served with minor parent case management.

**A. Hospital reporting and referrals**

Per Minnesota Statutes, section 257.33, subdivision 2, all Minnesota hospitals must report births to minors to the county social service agency within 72 hours. The hospital must inform minor mothers that a report was made. The hospital must report births to a minor’s county of residence within 72 hours. The 72-hour reporting referral, (DHS-7981), is on eDocs. Referrals most commonly go to the county child welfare agency, however, sometimes referrals go to the county public health agency, depending on agreements counties have between the agencies. If an agency has reason to believe a minor parent and/or child is American Indian, county social service agencies are required to implement the federal and state minimum standards of the Indian Child Welfare Act (ICWA) and the Minnesota Indian Family Preservation Act (MIFPA) provisions. For information see: ICWA/MIFPA Resource List.

Per Minnesota Statute, reports and referrals must be made at the time of birth, however, referrals can be made prior to birth. Minor parent case management referrals may also be received from the following:

1. Minors may seek services prior to birth. Schools and public health nurses often refer minors for services. It is at the discretion of a particular county agency on which entities can refer families and when case management services begin. It is beneficial to begin working with minors as soon as possible. The 72-hour reporting form can be used as a referral, and the Minor Parent Assessment and Plan is used to assess and plan for services once a pregnancy is discovered and before birth.

2. The Minnesota Family Investment Program (MFIP) can refer for minor parent services as well. Minnesota Statutes, section 256J.54, requires a minor that is applying for and receiving MFIP to have an
education-based case plan. Minor parent case management meets the MFIP education plan requirement.

3. If a minor is in foster care and pregnant or parenting, a minor parent referral may be made.

When a report or referral is received, the receiving agency must assess and offer voluntary case management services to a minor and their baby. The designated social service or public health agency is responsible for contacting the mother to offer voluntary services. If a mother does not have an existing social service case manager, and minor mother accepts services, agency staff should complete an assessment and case plan related to minor parent’s and their child’s needs.

B. Assessment and plan

Minor parent case management is most commonly provided by the county child welfare agency, however, sometimes is provided by the county public health agency, depending on county agency agreements. For American Indian minor mothers, services may be provided by tribal social services agencies. Due to variability of service delivery, assessment and case plan documents may be located in several places.

The assessment and plan (DHS-7981) is in:

- The Social Services Information System (SSIS) under case plans
- SSIS in external documents
- eDocs (accessible to agencies providing case management outside of child welfare, i.e., public health, contracted community agencies).

Access to the assessment and plan document and the workgroup in SSIS is limited to county social services and the American Indian Child Welfare Initiative tribes. If case management is delivered through county social services, a Minor Parent workgroup must be opened in SSIS. If case management is delivered through an American Indian Child Welfare Initiative tribe, it has access to the workgroup and case plan in SSIS. Public health and contracted community agencies do not have access to SSIS, therefore, the workgroup and the assessment and plan are not accessible in SSIS.

Agencies may use adaptations or other psychosocial assessments that include all components of Minnesota Statutes, section 257.33, subdivision 2.

The assessment needs to consider the following:

1. Age of minor parent
2. Involvement of minor's parents or other adults who provide active, ongoing guidance, support and supervision
3. Involvement of the father of the minor's child, including steps taken to establish paternity, if appropriate
4. Decision of minor mother to keep and raise her child, or place for adoption
5. Completion of high school or GED
6. Current economic support of the minor parent and child, and plans for economic self-sufficiency
7. Parenting skills of minor parent
8. Living arrangement of minor parent and child
9. Child care and transportation needed for education, training or employment
10. Ongoing health care, and
11. Other services, as needed, to address personal or family problems, facilitate personal growth and
development, and economic self-sufficiency of minor parent and child.

In all cases, the case manager must complete the assessment with the minor, and if possible, with the minor’s
parent/s or guardian/s. It is best practice to complete the assessment in family’s place of residence. During the
assessment process, the case manager identifies minor’s strengths and needs. If needs are not identified,
ongoing case management is not necessary.

When needs are identified, a case plan is completed within 30 days of referral, and should include services that
are culturally appropriate for families. The plan goals and tasks are based on assessment responses. Youth-
driven case planning is best practice; the plan is to address needs identified in the assessment process. The case
plan is valid for as long as it is relevant. However, it is best practice to review and update case plans every six
months for the duration of a case.

Per Minnesota Statutes, section 257.33, subdivision 2, if there are significant concerns and the “minor parent
refuses to plan for herself and her child, or fails to follow through on an agreed-upon plan, the county agency
may file a Child in Need of Protection or Services petition under Minn. Stat. § 260C.141 seeking an order for
protective supervision under Minn. Stat. § 260C.201, subd. 1, clause (a), on the grounds that the minor parent’s
child is dependent due to the state of immaturity of the minor parent.”

C. Case management

After a plan has been developed, the case manager can make appropriate referrals or directly assist a minor
mother to address their needs. A minimum of monthly face-to-face contact is recommended, which should
occur in the community (i.e., in home, at school, etc.). Case plan activities are reviewed on a monthly basis.

As part of monthly contact, a review of existing and possibly new supportive adults in minor’s life is an
important step, as identified in the case plan. Involvement of minor’s parents or guardians is encouraged, when
appropriate. Also, it is advantageous to encourage assistance from supportive adults that minor identified in the
assessment. The baby’s father and his parents should be considered as supportive adults. Other supportive
adults may include a mentor, teacher, counselor, faith leader, or other family members. A resource for finding a
mentors for youth is Mentor Minnesota (https://www.mentoring.org/get-involved/find-a-mentor/).

D. Funding: How to pay for services

Child welfare agencies can use general case management funds or Child Welfare − Targeted Case Management
(CW − TCM) funding. To claim CW − TCM reimbursement, child welfare agencies must complete CW − TCM plans
for each individual within a workgroup. Cases must meet all CW − TCM eligibility requirements. For guidance see
the CW − TCM Provider Manual.
The Brass Codes that can be used include but are not limited to:

- 115x Interpreter Services
- 116x Transportation
- 118x Health-related Services
- 139x Educational Assistance
- 144x Housing Services
- 145x Social and Recreational
- 146x Adolescent Life Skills Training
- 155x Individual Counseling
- 156x Group Counseling
- 162x Family-based Counseling Services
- 193x General Case Management

Brass Code descriptions are in the Brass Manual Bulletin #19-32-06.

E. Closing a case

Cases can be closed for a variety of reasons, including but not limited to the following:

- When an assessment determines a minor has no needs and case management services are not necessary
- When all goals are met
- If minor mother is no longer interested in services
- If another child welfare case (i.e., Parent Support Outreach Program (PSOP), Family Assessment, child protection case management) is opened.

At any point, if it appears that a family meets eligibility criteria for other child welfare services, it would be appropriate for an agency to close the Minor Parent case management workgroup, and opening a case in another appropriate SSIS workgroup. The caseworker would choose “referred to other services” in SSIS as the closing reason, and document in SSIS to where family was referred.

F. Frequently asked questions

1. Q: What happens when a hospital fails to report?
   A: If there is knowledge of a specific hospital that has not reported a birth to a minor, inform Tamara Moore at tamara.moore@state.mn.us or 651-431-4685.

2. Q: Who signs the consents?
   A: Minor parents can sign consents. Per Minnesota Statute, section 144.342, Marriage or Giving Birth, Consent for Health Service for Self or Child, any minor who has borne a child may give consent to personal medical, mental, dental and other health services, as well as consent to services for their child. The consent of no other person is required. For information see the Minnesota Department of Health website at Consent and Confidentiality Laws in MN.
3. Q: Who signs the privacy notice?
   A: Minor parents can sign the Information Access and Privacy Notice. For information, see Minnesota Statutes, section 13.04, subdivision 2, on the Rights of Subjects of Data.

4. Q: What if a minor wants case management services but her parents do not want services?
   A: Per Minnesota Statutes, section 144.342 Marriage or Giving Birth, Consent for Health Service for Self or Child, any minor who has borne a child may give consent to personal medical, mental, dental and other health services, as well as consent to services for their child. The consent of no other person is required.

5. Q: Can the case manager share information with minor’s parents?
   A: It is beneficial for a minor’s parents/guardians to be involved as much as possible. However, a minor has the right to request that certain information be withheld from their parent/guardian. The worker shall determine if withholding information is in a minor’s best interest. Consultation with the county attorney is recommended. See the following:
   - Minnesota Rules, part 1205.0500, Access to Private Data Concerning Data Subjects who are Minors
   - Minnesota Statutes, section 13.02, Definitions, subdivision 8, Individual. "Individual" means a natural person. In the case of a minor or an incapacitated person as defined in section 524.5-102, subdivision 6, "individual" includes a parent or guardian or an individual acting as a parent or guardian in the absence of a parent or guardian, except that the responsible authority shall withhold data from parents or guardians, or individuals acting as parents or guardians in the absence of parents or guardians, upon request by the minor if the responsible authority determines that withholding the data would be in the best interest of the minor.

6. Q: If an assessment is completed and no needs are identified, should I proceed with the case?
   A: Case management is based on the needs of an assessment. If no services are identified, there is no justification to keep the case open. If services are not necessary, provide the family with information on how to access resources in the future.

7. Q: What should happen if an assessment is completed, needs are identified, but a family does not want services?
   A: Minor parent case management is voluntary. Unless needs arise to a Child in Need of Protection or Services (CHIPS), families have a right to decline services. See Minnesota Child Maltreatment Screening Guidelines, or consult with the county attorney for more guidance.

8. Q: Should a case be closed when a minor turns 18?
   A: No, cases should not be automatically closed when a minor turns 18. Cases can be closed for a variety of reasons, including but not limited to the following:
   i. When all goals are met
   ii. If minor is no longer interested in services
   iii. If another child welfare case (i.e., PSOP, child protection) is opened or is more appropriate.

**Legal references**

- Minnesota Statutes, section 257.33, subdivision 2
- Minnesota Statutes, section 256J.54
- Minnesota Statutes, section 144.342
- Minnesota Statutes, section 13.04, subdivision 2
- Minnesota Statutes, section 13.02
- Minnesota Rules, part 1205.0500
Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-4670 (voice) or toll free at (800) 627-3529, or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.