

2010-11 County MFIP/CCSA Biennial Service Agreement

Minnesota Family Investment Program and Children and Community Services Act

January 1, 2010, to December 31, 2011



Minnesota Department of **Human Services**

Type of Service Agreement

Individual county submitting a:

Multi-county partnership submitting a:

- Combined MFIP/CCSA Agreement
- MFIP-only agreement
- CCSA-only agreement

- Combined MFIP/CCSA Agreement
- MFIP-only agreement
- CCSA-only agreement

County Name: **McLeod**

County Names:

County MFIP/CCSA Biennial Service Agreement

January 1, 2010, to December 31, 2011

CONTACT

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Date:	October 20, 2009

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Complete all applicable questions in the following sections. Provide brief but informative responses to the required questions. Information from responses will be shared with staff and other counties. Please ensure that responses are edited before submission to the department.

* * *

Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

1. Describe the more persistent needs of participants that your county continues to address with MFIP funds. Discuss any unique needs of the MFIP and DWP participants, including participants in the Family Stabilization Services (FSS) track.

Transportation continues to be a tremendous need for MFIP, DWP and FSS families. Families do not have vehicles, and public transportation is very limited and does not exist in most of the small communities in McLeod County. In many cases, if the family does have a vehicle they do not have a valid driver’s license or the vehicle is in need of expensive repairs. For those families who do have transportation that will get them from point A to point B purchase of gas is not affordable. Affordable housing and childcare also continue to be great needs for MFIP, DWP and FSS families. Additionally, FSS families possess medical barriers (mental, emotional and physical) that limit their ability and desire to move forward.

2. For each of the categories listed below, specify what proportion of the MFIP, DWP and FSS participant caseloads will likely need these services in the 2010-11 biennium. A participant could be included in more than one category.

Needs/Services	Caseloads		
	MFIP	DWP	FSS
Chemical/Substance	10%	10%	30%
Child Care	70%	60%	60%
Education	60%	50%	70%
Employment	80%	70%	80%
Housing	40%	40%	40%
Language	20%	20%	10%
Mental Health	20%	20%	60%
Support Services	80%	80%	80%
Transportation	80%	80%	60%
Other (state):	%	%	%
Other (state):	%	%	%

3. If you have additional comments regarding the needs of MFIP, DWP and FSS participants, use the space provided below.

Educate medical professionals on the goals of MFIP, DWP, and the FSS track. When employment and training request documentation from the medical professional, results indicate that most of the medical professionals do not possess an understanding of what the programs goals are, therefore, they may not provide the information needed to assist the families to move forward. If the medical professional better understood how the programs assist families improve their situation they may be more willing to provide the information requested and needed to assist the families. Therefore, the employment and training provider would receive more direction on how to assist the families.

B. Strengths and Resources to Address Needs

1. Describe the strengths and resources available in your county to address the needs/services listed in Section I, Part A, Question 2 above.

Housing resources in McLeod County include: McLeod County Housing & Redevelopment Authority, Common Cup Ministry, Inc., First Call for Help-Southwest, Heartland Community Action Agency, McLeod County Health and Human Services, Hutchinson Apartment Guide, Section 8 Housing, Low Income Housing, Willmar Shelter House, and McLeod Alliance for Victims of Domestic Violence.

There are also Legal Issues/ Tenants (renters) Rights/ Foreclosure/ Employment Rights resources available for housing and other needs. However, all of these resources are not easily available to residents of McLeod County. Access to some rental and other needs may require participants to travel some distance to apply for and obtain the services.

Childcare resources in McLeod County include: Childcare/ Daycare Providers/ Preschool Programs include the following, Heartland Resources and Referral Service, Head Start, McLeod County Human Services, Early Child Family Education (ECFE), Minnesota Department of Education, Hope Center, Child Care Choices Inc., Additionally, childcare and other family needs are covered in McLeod County's "Children and Communities Service Plan".

Transportation Services in McLeod County include the following: Trailblazer Transit, Taxi Service and Heartland Community Action Agency assist McLeod County MFIP/DWP and FSS participants with transportation needs. McLeod County Social Services consolidated funds with other funds available with Heartland to develop a car program that can provide vehicles to some MFIP participants in McLeod County.

Other resources available to MFIP, DWP, and participants involved in the FSS track are the **support dollars** employment specialist and financial works can provide to them. Knowledge of how to network for transportation and gain success in fulfilling family needs is provided through the knowledge of the employment specialist and financial workers in McLeod County.

2. For the more persistent needs of participants described in Section I, Part A, Question 1 above, describe the supports that may be needed to help resolve these persistent needs. Include actions/steps your county may be taking to prepare participants given current economic conditions.

Transportation barriers remain at the top for all program participants (MFIP/DWP/FSS).

1. Central MN Jobs and Training Services will continue to utilize support dollars to participants who are engaged in activities in their employment plan.
2. Co-enrollment with other programs. In many cases the additional program may have funding that can assist participants with transportation needs.
3. Continue to stay informed on resources participants can use for their transportation needs.

4. Employment specialist can and will travel to the participant's location if that is the only way to meet with the participant. This of course takes direct program cost to the E&T provider.
5. Educate participants on how to locate inexpensive transportation.
 - a. Networking with others who have transportation
 - b. Obtaining a bike as transportation
 - c. Using public transportation when and if available (this is difficult since most of the communities do not have any public transportation and if they do have a form of public transportation it does not run on a schedule so using for work would not be conducive to keeping a job due to unreliability of the transportation system).

Childcare needs for single parent households and two-parent families where both parents are engaged in job readiness or employment activities.

1. The financial workers and employment specialist will continue to provide resource information to participants.
2. Referrals to Child Care Choices Inc.,
3. Provide the list of licensed provides to participants,
4. Assist participants to complete the application for child care assistance and,
5. Address the need for back-up-childcare.
6. Childcare/ Daycare Providers/ Preschool Programs include the following, Heartland Resources and Referral Service, Head Start, McLeod County Human Services, Early Child Family Education (ECFE), Minnesota Department of Education, Hope Center, Child Care Choices Inc., Additionally, childcare and other family needs are covered in McLeod County's "Children and Communities Service Plan".

Affordable housing:

1. Rental assistance programs are needed to assist with rent cost.
2. Budgeting education is needed so participants learn how to prioritize payments for housing and other monthly expenses.
3. Housing resources available to public assistance participants include: McLeod County Housing & Redevelopment Authority, Common Cup Ministry, Inc.,
4. First Call for Help-Southwest, Heartland Community Action Agency, McLeod County Health and Human Services, Hutchinson Apartment Guide, Section 8 Housing, and Low Income Housing. Additionally there are Legal Issues/ Tenants (renters) Rights/ Foreclosure/ Employment Rights resources available for housing and other needs.
5. Homeless Shelters/Emergency Shelters that serve McLeod County include; Willmar Shelter House, and McLeod Alliance for Victims of Domestic Violence.

Medical barriers that challenge participants in the FSS track:

1. Mental and physical health issues are referred to appropriate agencies such as Rehabilitations Services, Mental Health Providers, etc.
2. Employment specialist (ES) working with CMJTS developed a PowerPoint and a fact sheet to be used to educate medical professionals on the goal of the public

assistance programs. ES need to present this information to the medical professionals who work with McLeod County public assistance participants.

3. Employment specialists provide participants the resource guides which list medical, dental, and psychological providers in McLeod County communities.

3. How is your county working with the Workforce Centers, Community Action Partnerships, etc. to access data, funding and services available in the federal stimulus package?

McLeod County contracts with Central MN Jobs and Training Services (CMJTS) as the employment and training provider. CMJTS is a partner in the Workforce Center. The Workforce Investment Act (WIA) Adult and Youth Programs that received large Federal Stimulus Dollar allotments are Central MN Jobs and Training Services programs. The employment specialist who work with MFIP/DWP & FSS work side by side with the employment specialist who work with the WIA Adult and Youth programs. The MFIP/DWP/FSS participants are referred for co-enrollment in the Adult and Youth Programs when they fit the criteria needed for either program and will benefit from the stimulus dollars provided to WIA programs.

The employment specialist and financial works have a long standing relationship with Tri-County Community Action Programs and refer for services when a need they can assist with is identified.

CMJTS employment specialists are referring participants to services offered by DEED Job Services at the Workforce Centers for additional work readiness workshops such as Creative Job Search.

CMJTS employment specialists refer participants to Rehabilitation Services when there is a significant barrier and the participant is willing to be referred to Rehabilitation Services for assessment and services.

CMJTS obtained several stimulus grants to work with Adult Basic Education Programs. Employment Specialists will refer participants who do not have a high school education or are lacking in basic skills. Through the grants the participant can complete GED and training in another field, such as pre-machining, pre-CNA or Retail Certification.

4. Family Stabilization Services

a. Contact information

Name of FSS staff contact:	Central MN Jobs and Training Services, Twylla Wozniak
Contact phone:	763-271-3705 or 612-867-0785

b. Service model

Describe, in detail, the service model used by the county to provide FSS services, including how and by whom: (1) eligibility is determined and (2) cases are managed.

McLeod County Financial Workers determine eligibility for the FSS track if documentation is provided when applying for financial assistance.

1) Central MN Jobs and Training Services employment specialists will determine eligibility for the FSS track if not determined prior to referral from the county. The employment specialist will also determine eligibility for FSS while working with the participant when it is suspected through observation or information is provided that there may be a barrier that fits into a FSS category. Once the documentation is

obtained the employment specialist will provide that information to the financial worker to enter into their system through the updated FSS employment plan and a copy of the received documentation.

- 2) FSS track cases are case managed by all employment specialists who work with MFIP participants. CMJTS determined that once a relationship was built between the FSS track participant and the employment specialist it would be easier for the participant to continue to work with the same employment specialist once the case returned to the general MFIP population. All CMJTS employment specialists are required to attend and obtain Global Career Development Facilitator (GCDF) certification once they are employed with CMJTS for approximately 1 year. CMJTS also provides through PACER, training to all public assistance employment specialists. This training to all public assistance employment specialists provides them with a basic knowledge of how to serve persons who have disabilities.

c. Challenges

During the current biennium, what has been the greatest challenge faced in serving FSS participants? What steps has the county taken to address this challenge?

The greatest challenge faced in serving FSS participants is obtaining detailed documentation of the abilities and inabilities of the FSS track participant from the certified professional. Employment specialist send medical release forms requesting details of how to best serve the participant with very little result. This increases the time the employment specialist spends trying to obtain the needed detail on how to serve the participant in moving the family forward. Additionally, some of the FSS track participants appear to be resistant to work with E&T and do not encourage the certified professional to provide the needed detail requested.

Steps taken to address this challenge is CMJTS employment specialist developed a PowerPoint on the services and overall goal of the MFIP program. CMJTS also developed a short written informational sheet to provide to those professional who do not or will not take the time to watch the PowerPoint.

Medical release of information forms were rewritten to make them simpler but still provide the needed information on activities the FSS track participant can perform.

The challenges around this development continue to be, getting medical professionals to allow the employment specialist to present the information or to read and understand how their responses to E&T request affect families.

5. Provider Information

List the name, address, contact person, phone number and programs administered for all current employment services (ES) providers in your county. Check the respective box if MFIP ES, DWP ES or FSS services are provided. *(Insert more rows if needed)*

Name and address	Contact person	Phone	Service provided?		
			MFIP ES	DWP ES	FSS
Central MN Jobs & Training Services PO Box 720 406 7 th Street East Monticello, MN 55362	Twylla Wozniak	763-271-3705 or 612-867-0785	X	X	X

C. Outcomes and Measures

Three-year MFIP Self-support Index (S-SI)

Measure: Percent of MFIP/DWP cases off cash assistance or working 30 or more hours per week three years after a baseline quarter.

Review the statistics provided below for your county’s performance on the S-SI beginning April 2008 and ending March 2009.

- [Performance Data on the S-SI \[April 2008-March 2009\]](#)

1. Counties “within” or “above” their expected range of performance

If your county is ‘within’ or ‘above’ the expected range of performance on the annualized Self-support Index [April 2008-March 2009], provide a concise analysis of your county’s performance during this one-year period. Include an assessment of how well current strategies are working to improve your county’s current performance on this measure and discuss any new strategies your county will implement in the 2010-11 biennium. Using the data provided, enter in the response box below whether your county is ‘above’ or ‘within’ the expected range, your county’s annualized performance percentage, and targets your county hopes to achieve by the end of each year of the biennium.

Analysis/assessment of current strategies/identification of new strategies:
 McLeod County was within the expected range for the county. McLeod County obtained a high range of 79.7% which was within the expected range between 78.9% on the low end and 85.1% at the high end. Current strategies are to designate a Workforce Development Advisor (WDA) and Placement Specialist (PS) to increase employment opportunities, Implement On-the-Job-Training, Paid Work Experience and to assist employment specialist in increasing the number of participants working 30+ hours weekly. The employment specialist and WDA first consider any OJT placements for the participants who have used 30+ months of MFIP. Employment specialist or placement specialist arrange business tours in the communities for MFIP/DWP customers so they can hear directly from an employer about the business, different positions, career

laddering, expectations of the employer, etc. The preliminary data report is discussed during a monthly meeting between, CMJTS regional supervisor, employment specialist, CMJTS program manager and the County Financial Supervisor using MAXIS whenever possible. This meeting is used to verify MAXIS coding and WF1 activity hours of each participant on the preliminary report, this includes the work hours of the higher month participants. These strategies will continue since they appear to be successful and will develop more paid work experience placements in private sector businesses.			
Due to the state of the economy CMJTS anticipates the SSI will remain stagnant.			
From the Apr. 08-Mar. 09 annualized data, check if your county is 'above' or 'within' its expected range and the percentage performance	<input type="checkbox"/>	Above	79.7%
	<input checked="" type="checkbox"/>	Within	
Enter annualized targets your county hopes to achieve for the periods:		Apr. 09–Mar. 10	81.0%
		Apr. 10–Mar. 11	82.0%

2. Counties below the expected range of performance

If your county is 'below' the expected range of performance on the annualized three-year S-SI, your county will not receive the 2.5 percent performance bonus unless it submits a Performance Improvement Plan (PIP) that is approved by the department. If your county is planning to submit a PIP, access the link below for instructions on how to complete and submit the PIP. The PIP covers the two-year period 2010-11.

- [Performance Improvement Plan for the S-SI \[2010-11\]](#)

TANF Work Participation Rate (WPR)

Measure: Percent of countable work eligible individuals who successfully meet the work requirements. The TANF work participation rate target is 50 percent less the caseload reduction credit (CRC) for the previous year. The CRC is calculated to be 10.6 percent for both 2010 and 2011; therefore, the adjusted TANF work participation rate target is set at 39.4 percent for CYs 2010 and 2011.

Review the statistics provided below for your county's performance on the WPR beginning April 2008 and ending March 2009.

- [Performance Data on the WPR \[April 2008-March 2009\]](#)

1. Counties with a Work Participation Rate of 39.4 percent or more, or a 5 percent increase from the previous year

If your county meets or exceeds 39.4 percent on the annualized Work Participation Rate target, or had a five percentage point increase from the year before (Apr. 07–Mar. 08), provide a concise analysis of your county's performance during Apr. 08–Mar. 09, and include an assessment of how well current practices are working to improve your county's current performance. Include any new strategies your county will implement in the 2010-11 biennium. At the bottom of the response box enter current annualized performance and anticipated targets your county will work to achieve each year of the 2010-11 biennium.

Analysis/evaluation of current strategies/identification of new strategies:

Current strategies:

McLeod County made the participation rate by increasing the 2009 WRP by 10 percentage points. McLeod County will continue to work on increasing the WPR to ensure the success of the participants and that the county reaches the rates needed to be successful. The following are steps to increase work participation rates.

New strategies:

Due to the economic outlook for the next two years the work readiness/job search activity hours will need to increase. Additional activities will include increased hours in job readiness activities such as Job Shadowing, Informational Interviewing and increasing topics during Structured Job Search Classes, Develop a two-day work shop using materials from Creative Job Search, Wizard of Work and other materials that have proven success for participants, etc. Employment specialist will work heavily with placement specialist to place ready participants into paid work experience and volunteer sites. The use of unpaid work experience sites will be utilized more when needed and if support dollars to pay the work experience placements are not available. Co-enroll participants with WIA Adult and Youth Programs for need training which includes participants working toward obtainment of High School Diploma, Basic Education, Skills Training or Short Term Post-Secondary Training.

Enter your county’s annualized Work Participation Rate target for Apr. 08 – Mar. 09		38.7%
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10	39.4%
	Apr. 10–Mar. 11	50%

2. Counties with a TANF Work Participation Rate below 39.4 percent that did not achieve a five percentage point improvement from the previous year:

If your county performance is below 39.4 percent on the annualized TANF Work Participation Rate for Apr. 08 – Mar. 09, and did not achieve a five percentage point increase from the previous year (Apr. 07 – Mar. 08), your county will not receive the 2.5 percent performance bonus unless it submits a performance improvement plan that is approved by the department. If your county is planning to submit a PIP, access the link below for instructions on how to complete and submit the PIP. The PIP covers the two-year period 2010-11.

- [Performance Improvement Plan for the WPR \[2010-11\]](#)

Promoting Equity in MFIP Outcomes

Performance data of subgroups on the S-SI and WPR over the four alternate quarters covering Jul. 2007 to Mar. 2009 (Jul.-Sep. 2007, Jan.-Mar. 2008, Jul.-Sep. 2008 and Jan.-Mar. 2008), are provided below. Performance gaps were calculated when a county subgroup performance was five percentage points or more below the performance of whites. [Only county and subgroup caseloads of 30 or more were used for this measure] Click on the link below to review a summary of subgroup performance data for S-SI and WPR within your county (note: there are two sheets in the Excel file):

- Two-year Performance Trend of Racial/Ethnic and Immigrant Sub-groups (Available at the end of July.)

Counties with a performance gap in one or more subgroups

If your county has one or more subgroups with a performance gap in both the last quarter (Jan.-Mar. 2009) and the average of the four quarters, list the subgroup(s), provide the required data in the table and respond to the questions that follow for each of the subgroup(s) listed.

1. Self-support Index

Racial/ethnic subgroup	S-SI for whites	S-SI for subgroup	Percentage difference (gap)	Number of participants needed to eliminate gap
Explain why the performance gap exists for each subgroup above:				
What existing and new strategies will your county use to eliminate or reduce the performance gaps?				
What action steps will your county take to implement strategies in the next biennium?				

2. TANF Work Participation Rate

Racial/ethnic subgroup	WPR for whites	WPR for subgroup	Percentage difference (gap)	Number of participants needed to eliminate gap
Explain why the performance gap exists for each subgroup above:				
What existing and new strategies will your county use to eliminate or reduce the performance gaps?				
What action steps will your county take to implement strategies in the next biennium?				

Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

1. For each of the program areas listed below, what needs and priorities will be addressed during the 2010-11 biennium?

Children's mental health:

(Improved mental health): Over the last 9 months, 60% of the children in McLeod County with a Mental Health Diagnosis are better if not the same. The shortage and availability of mental health professionals for assessments, treatment, and medication management remains as the greatest need. Additionally, training will be facilitated for Personal Care Attendants (PCAs) to better understand children's mental health diagnoses.

Child safety:

1. All child protection reports will be screened within 24 hours and face-to-face contacts will be made within 5 days.
2. All alleged child victims will be interviewed/observed based on their age and cognitive abilities.

Child permanency:

Important relationships for children in care will be identified and plans to preserve them will be implemented.

Child well-being:

1. The well-being needs of children receiving child protection and/or mental health case management services will be assessed and monitored by the agency.
2. Parents will be able to meet the needs of their children.

2. For adults with developmental disabilities and other vulnerable populations, what needs will your county be addressing in the 2010-11 biennium?

McLeod County will continue to address employment needs for Adults with developmental disabilities. Changes in the Vulnerable Adult statute will require McLeod County to devote additional time and other resources in addressing the needs of vulnerable adults, especially in the area of financial exploitation.

B. Strengths and Resources to Address CCSA Needs

1. Based on the strengths and resources available to your county in the 2010-11 biennium, discuss its position to adequately address the needs narrated in Part A?

In response to our most recent Child and Family Service Review in October 2008, we have developed a Program Improvement Plan to address the needs of children and families indicated in Part A. The plan includes training for staff, regular monitoring by supervisors and specific steps to achieve the specific goals. We plan to take the following steps to meet child safety, permanency and well-being.

Child Safety:

1. Child protection reports will be screened every morning at 8:15 am and on Friday afternoon at 3:00 pm. Any reports received after 3:00 pm on Friday will be screened immediately after receipt.
2. We will continue to follow best practices protocols for contacting families assigned for Family Assessments whenever possible. If contact is not made within 3 days, the assigned worker will notify the supervisor who will consult with senior staff to determine if a track switch should be made. If switching tracks is not appropriate, consultation will occur regarding other means to insure contact within the timeframes.
3. Child protection specialists will observe all preschool children and attempt to interview children over age two.
4. All interviews/attempts to interview will be documented in the assessment dictations and in Chronology in SSIS.

Child Permanency:

1. Relative searches will be initiated within 30 days when a child is placed in care.
2. The placement social worker will be actively involved in planning for, scheduling and reviewing parent/child and sibling visits.
3. Visitation plans will be evaluated at monthly face-to-face contacts with children in care and documented in Chronology in SSIS.
4. McLeod County has an active Children's Justice Initiative team and insuring permanency for children is an on-going priority for the team. We will encourage on-going discussion regarding ways to improve the establishment of permanency for children in our county at CJI meetings.

Child Well-Being:

1. Social worker will have monthly face-to-face contact with children receiving case management services. The plan to address identified needs will be reviewed during monthly meetings and modified as needed. Progress on addressing the identified needs will be documented in Chronology in SSIS.
2. Social workers will make concerted efforts to locate absent parents when children are placed in care or are receiving child protective services and attempt to engage them in planning for the needs of their children.

2. What strategies will your county use to maximize resources to address the needs discussed in Part A in the 2010-11 biennium?

The child protection/child welfare services unit is using Signs of Safety strategies whenever possible to develop safety plans and safety networks to prevent out-of-home placements. Family Group Decision-Making conferences are used for a coordinated effort between professionals, family, and friends to provide support to families with safety and/or child well-being needs. The child protection/child welfare unit is also focusing on ways to increase the involvement of father's in child protection cases, both with and without CHIPS petitions, through the use of a variety of resources to locate fathers and through increased training to assist staff in engaging them. Supervisors of both the child protection/child welfare and children's mental health unit will utilize the Safety, Permanency and Well-Being Case Review Tool to monitor casework practice and use the monitoring results to support staff regarding their strengths and in areas

where improvement is needed. The information already in SSIS will be utilized to monitor cases.

C. CCSA Outcomes and Measures

Keeping children safe and improving their well-being is the overall goal for CCSA. In 2005, the department began issuing annual performance reports on CCSA measures starting with CY 2004 data. As noted in the instructions, the department is now transitioning to new and revised federal measures. Currently, a variety of strategies are being used to transition counties to these measures and to understand and monitor ongoing performance. This includes the addition of revised outcome measures in the Charting and Analysis tool in SSIS, developing a dashboard tool, integrating new measures into CFSRs, and adopting comparable measures into CCSA. As such, the “CCSA Annual Performance Report: CY 2008 Data” will transition counties to the revised federal measures. Follow the link below to access the CCSA Annual Performance Report.

- CCSA Annual Performance Report: CY 2008 Data (Available at the end of July.)

1. County Performance

For each of the federal measures in the table below, enter your county’s 2008 performance (from the data provided), state if your county performance is above or below the standard and anticipated targets for each year of the 2010-11 biennium.

For each of the state measures, enter your county’s 2008 performance, state if your county performance is above or below the standard and enter anticipated targets for each year of the 2010-11 biennium.

Federal Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
1. No repeat maltreatment within six months	94.6 % ↑	94.9%	85.7 %	8.9%	95 %	95 %
2. Re-entered foster care within 12 months	9.9 % ↓	26.1%	17.6 %	7.7%	12 %	12 %
3. Reunified within 12 months	75.2 % ↑	86.1%	83.7 %	8.5%	85 %	85 %
4. Adopted within 24 months	36.6 % ↑	50.3%	57.1 %	20.5%	60 %	60 %
5. Two or fewer placement settings	86.0 % ↑	86.1%	91.8 %	5.8%	92 %	92 %

A **blue** font indicates that state performance exceeds the federal standard for that measure. **Red** means the state performance is below.

State Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
6. No repeat maltreatment within 12 months	100% ↑	91.5%	85.7 %	-14.3 %	100%	100%

7. Showed improved mental health *	**	40.7%	9.1 %	%	%	%
8. Received health exam within one year	63.2% ↑	55.7%	62 %	- 1.2 %	85 %	90 %
9. Received mental health screening	**	43.6%	58.8 %	%	70 %	80 %

* Only counties for whom CASII data are available are required to respond to question 2 below on this measure. The remaining counties can enter N/A in the box above. ** For state Measures 6 and 8, standards were set at the 75th percentile using county 2008 performance data. For Measures 7 and 9, the following standards were established by the department's Children's Mental Health division. **Improved Mental Health** [55% for CY 2008, 60% for CY 2009, 65% for 2010, 70% for 2011] and **Mental Health Screening** [50% for CY 2008, 60% for CY 2009, 70% for 2010, 80% for 2011]. Use these standards when establishing anticipated targets above.

2. Counties not meeting the federal or state standards for CY 2008

For any measure for which your county is not meeting the federal standard or state standard for CY 2008, enter the measure number and briefly discuss strategies that will be continued, changed or done differently to ensure it improves, reaches or exceeds the targets set for 2010 and 2011. If a Minnesota Child and Family Service Review was recently conducted in your county and it is currently working under a program improvement plan for that measure, reference the PIP, and briefly describe the strategies. (One response box is provided below; copy and paste as needed).

Measure #: 1	No repeat maltreatment within six months
<p>Steps to improve performance:</p> <p>In the period 07-01-07 through 12-31-07 from which the statistical information for this measure was determined, McLeod County had 4 children with repeat maltreatment. However, for two of these children, the repeat maltreatment was based on them being victims in both a family investigation and a facility investigation in which their parent was the licensed provider. The repeat maltreatment for these two children was based on these two separate investigations of the same incident. Only two children actually determined to have experienced repeat maltreatment and the percentage of children who did not experience repeat maltreatment was 92.9 %. This exceeds the national standard. In subsequent periods, McLeod County was at 100 % for 01-01-08 through 06-30-08, 100% for 07-01-08 through 12-31-08 and 93.3 % for 01-01-09 through 06-30-09. These all exceed the national standard.</p> <p>McLeod County recently completed a CFSR review and our PIP was approved in August 2009. However, this measure was not found to be an area needing improvement.</p> <p>We will continue to utilize family assessments whenever appropriate to lessen the number of maltreatment determinations. We will also continue to have unit consultations prior to closing traditional investigation case management workgroups to better insure that closing is an appropriate action.</p>	

Measure #: 2	Re-entered foster care within 12 months
<p>Steps to improve performance:</p> <p>McLeod's re-entry rate for the period 07-01-06 through 06-30-07 was 17.6 %. This is over the federal rate of 9.9 % although it is significantly lower than the state average of 26.1 %. For the most recent period for which data is available, 07-01-08 through 06-30-09, McLeod County's re-entry rate dropped to 13.2 %. Of the five children who re-entered placement during the period 07-01-08 through 06-30-09, only one was due to child safety reasons.</p>	

For child protection cases, we have used Trial Home Visits extensively to have more time to assess parents' abilities to adequately maintain their children in their homes. This seems to be effective in reducing the re-entry rate. For the time period 07-01-08 through 06-30-09, our re-entry rate for placements due to child protection reasons was 2.6 %.

The number of 72 Hour Holds has historically impacted the re-entry rate for child protection placements. We plan to work closely with law enforcement and county attorney staff and utilize the new statute allowing social service staff to drop holds when appropriate to reduce the number of children who are placed due to Holds. Data regarding 72 Hour Holds is being monitored as part of our CFSR Program Improvement Plan.

The Children's Mental Health staff has made changes in their service delivery to reduce the re-entry rate for children receiving mental health services. Past practice was to place children when parents requested it. Now, if a placement is requested, community resources are utilized extensively first. More community resources are currently available than have been in the past and children's mental health case managers are better able to match resources to children/family needs. Also, Managed Care Organizations are now fully involved in discussions regarding potential placements. If a child needs a placement for mental health reasons, the discharge planning begins at the time of placement and families are more highly involved therapeutically during the placement to better enable them to meet their child's needs when the placement ends.

Measure #: 6	No repeat maltreatment within 12 months
<p>Steps to improve performance:</p> <p>Historically, local law enforcement often chose to be involved in reports that do not require a traditional investigation. Because of this, we assigned reports to the traditional track that could have been completed as a Family Assessment which increased the number of maltreatment determinations. This also potentially impacted the development of positive relationships with the families because of the adversarial nature of traditional assessments. We believe that use of the Family Assessment model lessens the likelihood of repeat maltreatment because of the relationships the assessment worker is able to develop early with the family and because this same worker also provides on-going services when needed. Law enforcement are now more open to having social services initiate an assessment without their involvement and social workers are open to completing a Family Assessment even if law enforcement is also completing an investigation. We are focusing on using Family Assessments whenever appropriate and we have increased our percentage of Family Assessment from 40 % in 2006 to 60 % in 2008. For the first nine months of 2009, Family Assessments comprise 72 % of our assessments.</p> <p>We are having more consultation at unit meeting regarding on-going services for Family Assessment cases. We are trying to engage fathers more quickly during the case management process and we are utilizing the Family Group Decision-Making process to develop safety networks. All staff have attended at least one Signs of Safety conference with Andrew Turnell and we are increasing the use of Signs of Safety tools in our casework practice.</p>	

Measure #: 8	Received health exam within one year
<p>Steps to improve performance: McLeod County is 1 % below the state standard on this measure. The method used by the state to determine these statistics cannot be duplicated using SSIS so we do not know which specific placements were determined to have had a health exam and which did not..</p> <p>In reviewing general reports in SSIS, it was determined that we had 79 children in placement for at least one day in CY 2008. Of those children, 24 were in placement for less than 30 days. In a manual review of data entered for all placements in SSIS, it was determined that 20 of the remaining 55 children had a health exam within 30 days of placement, 1 child had an exam two weeks before placement and an additional 24 children had a health exam within CY 2008. Of the 55 children in placement, 45 (82 %) had an exam within one year.</p> <p>From 1-1-09 through 09-30-09, we had 38 children enter foster care placement and 3 of these re-entered placement for a total of 41 foster care entries in 2009. Of these 41 placements, 15 were less than 30 days. Of the remaining 26 placements, 14 had a health exam within 30 days of placement, 2 had a health exam within 3 months prior to placement and 3 had an exam within 3 months after placement for a total of 20 children receiving a health exam. This is 77 % of the children in placement longer than 30 days. Although we believe we are above the state standard in this area for both 2008 and 2009, we also believe that not all health exams are entered in SSIS and some are not entered timely. We know that private agencies require health exams within 30 days of placement and that they are very diligent about insuring this occurs. However, we have some children who were in placement through private agencies with no health exam information entered in SSIS. Supervisors will regularly review this concern with staff as a reminder to enter this information. Supervisors will also review this area for compliance when monitoring placement cases.</p>	

3. All Counties (optional)

The department encourages the sharing of good practices and approaches that are working well across the state. If your county has identified one or more practices that are indicating positive outcomes for children in a particular measure, identify the measure number below and briefly summarize the practice/approach. *(One response box is provided below; copy and paste as needed).*

Measure #:	
Approaches and steps that are leading to positive outcomes:	

4. Performance by racial/ethnic subgroups

CCSA 2008 data by racial/ethnic subgroups (using Bureau of Census categories) are provided for three measures: re-entry into foster care, reunification with family, and two or fewer placement settings.

Counties with racial/ethnic subgroups having 10 or more individuals in a numerator were examined to determine if a performance gap of five percentage points or more exist when comparing subgroup performance from that of whites. Access the link below and review the data provided for the three measures. [Note: three spreadsheets—one for each measure—are included in this excel document]

- [CCSA Performance Data by Racial/Ethnic Subgroups for CY 2008](#)

If your county has a racial/ethnic subgroup with a performance rate that is five percentage points or more below the rate for whites on any measure (shaded cell), briefly described what issues may have led to these differences in outcomes, and steps that will be taken to improve the outcome for each subgroup for the 2010-11 biennium.

Not Applicable

Section III: Integrating Services for Child Welfare and MFIP Families

In the past several years, a number of Minnesota counties have worked towards integrating services for families who are in need of a variety of services, such as financial assistance and child welfare. Some have also integrated their child support and public health departments. Many counties report that clients with multiple needs drive the need to coordinate and integrate service delivery. While counties are at different levels of coordination and integration, some responded that such efforts lead to a continuum of seamless service access for families, improved communication, and better coordination across program staff.

The department would like to share with counties and tribes efforts and strategies counties are using to coordinate and integrate services. Respond to the following questions regarding the type and level of service coordination and integration at your county. These responses will supplement responses from the 2008-09 service agreement to get a clearer picture of county service delivery systems.

County Size Small Medium Large

Type of coordination/integration

	Coordinated	Integrated
Referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Joint case planning	<input type="checkbox"/>	<input type="checkbox"/>
Joint staff meetings	<input type="checkbox"/>	<input type="checkbox"/>
Communication between financial and social worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interdivisional teams	<input type="checkbox"/>	<input type="checkbox"/>
Interdivisional services	<input type="checkbox"/>	<input type="checkbox"/>
Central intake	<input type="checkbox"/>	<input type="checkbox"/>

If your county has already integrated services and departments, or working toward integration, check the boxes below that describe the characteristics of your county's integrated services. *Mark all that apply and use the space provided to briefly explain or comment, if needed.*

1. Departments/services integrated

<input checked="" type="checkbox"/> Financial/food assistance	<input type="checkbox"/> Child welfare	<input type="checkbox"/> Child support
<input type="checkbox"/> Employment/training	<input type="checkbox"/> Public health	<input type="checkbox"/> Chemical dependency
<input type="checkbox"/> Mental health	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Adult supports
<input type="checkbox"/> Housing assistance	<input type="checkbox"/> Domestic violence	<input checked="" type="checkbox"/> Child care
<input type="checkbox"/> Community corrections	<input type="checkbox"/> Public transit	<input type="checkbox"/> Energy assistance

Explanation/comments: All child care services are coordinated through the respective MFIP staff.

2. Location

- Same building
- Different locations

Describe how location of different departments/services impacts service coordination/ integration efforts: There is more phone contact rather than face-to-face meetings. However, this often was the case when we were in the same building so we do not believe being in different locations impacts service.

3. Data sharing

- Same data system across multiple departments/services making data sharing easier
- Different data systems are making data sharing difficult
- Current data system is adequate to address the multiple needs of clients
- Current data system is inadequate to address the multiple needs of clients

Other data-related issues/comments: We do not use the same data systems but Child welfare staff have access to MAXIS and financial workers have access to who county detail in SSIS.

4. Limitations/constraints

- Short staff/workload
- Assets and resources
- More reactive than proactive
- Data privacy

Other limitations/constraints or comments:

5. Strengths and Benefits

Check the boxes below that describe your service coordination and integration experience in working with families: *[For each box checked, briefly explain in the text box provided]*

- Holistic model of care adds to the potential for success for families
- Early identification and intervention leads to better results for families
- Integrated approach to service delivery benefits both county and clients
- Excellent interdivisional relationships/communication
- Staff commitment and knowledge of financial and social services
- Other (state below)

Describe other benefits/impact your coordination/integration efforts are having on service delivery and clients:

6. Counties with Indian Reservations

If your county has an American Indian Reservation, explain the level of service coordination with the tribes, and how these efforts are leading to equitable service delivery to American Indian residents:

Section IV: Public Input

Counties must specify that the public was informed and input was sought for the use of funds as required by laws provided through this agreement.

1. From the list below, select how the public was informed in development of the service agreement:

<input checked="" type="checkbox"/>	Public hearing
<input checked="" type="checkbox"/>	Newspapers
<input checked="" type="checkbox"/>	Community meetings
<input checked="" type="checkbox"/>	Radio announcements
<input type="checkbox"/>	County Web site
<input checked="" type="checkbox"/>	Others (specify): Childrens' Justice Initiative meeting; Regional meetings with County Social Service Directors and Supervisors; Local Advisory Council meeting for Mental Health.

2. Prior to submitting the service agreement to the Minnesota Department of Human Services, did your county allow at least 30 days for soliciting of comments from the public on the content of the agreement?

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. Describe the public input received and how it impacted your county's planning process or the service agreement by selecting one of the following two options:

<input checked="" type="checkbox"/>	Public input was received (<i>continue with the questions below</i>)
<input checked="" type="checkbox"/>	Did not impact the planning process/service agreement
<input type="checkbox"/>	Did impact the planning process/service agreement, particularly the:
<input type="checkbox"/>	Needs Statement section
<input type="checkbox"/>	Strategies and Outcomes section
<input type="checkbox"/>	Budget section
<input type="checkbox"/>	Other (specify):
	Briefly describe the changes made to the service agreement:

<input type="checkbox"/>	No public input was received
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Section V: County Budget

In the budget table below, indicate county name, amount, and percentage for each item listed with the specific MFIP or CCSA Consolidated Fund for CYs 2010-11. Also note:

- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless your county is applying for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions following this budget page
- If “other” is used, please specify.

COUNTY: McLeod					
2010 MFIP	Budgeted Amount	Percent	2010 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$ 22,539	7.1 %	Children’s mental health	\$ 45,576	10 %
Employment services (MFIP)	\$ 152,822	48.1 %	Child and family services	\$ 209,651	46 %
Emergency services ¹	\$ 90,278	28.4 %	Adult services	\$ 143,110	31.4 %
Administration	\$ 23,809	7.5 %	Other 1: Ct. Svcs – Juv. MH Screens	\$ 57,500	12.6 %
Income maintenance administration	\$ 28,000	8.8 %	Other 2:	\$	%
Other 1:	\$	%	Other 3:	\$	%
Other 2:	\$	%	Other 4:	\$	%
2010 MFIP budget	\$ 317,448	100 %	2010 CCSA budget	\$ 455,763	100 %
2011 MFIP	Budgeted Amount	Percent	2011 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$ 22,539	7.1 %	Children’s mental health	\$ 45,576	10 %
Employment services (MFIP)	\$ 152,822	48.1 %	Child and family services	\$ 209,651	46 %
Emergency services ¹	\$ 90,278	28.4 %	Adult services	\$ 143,110	31.4 %
Administration	\$ 23,809	7.5 %	Other 1: Ct. Svcs – Juv. MH Screens	\$ 57,500	12.6 %
Income maintenance administration	\$ 28,000	8.8 %	Other 2:	\$	%
Other 1:	\$	%	Other 3:	\$	%
Other 2:	\$	%	Other 4:	\$	%
2011 MFIP budget	\$ 317,448	100 %	2011 CCSA budget	\$455,763	100%

¹ If dollars are budgeted for emergency services, ensure that the department has a copy of the county’s most current emergency services policies. A copy of your county’s emergency services policies can be e-mailed as an attachment to: mayjoua.ly@state.mn.us. Notify the department of any changes to emergency services policies during the 2010-11 biennium.

Administrative Cap Waiver

Is your county requesting a waiver of the MFIP administrative cap for the 2010-11 biennium?

- Yes If yes, provide a concise response to the following three questions.
- No If no, skip this section.

1. Describe the budget change (include any staff changes)

2. What new activities or services will be provided?

3. Describe the targeted population and number of people expected to be served?

Emergency Services in Counties with American Indian Reservations

Briefly describe how your county consulted with the tribes on the county emergency services and policies governing all residents of the county.

Section VI: Assurances

It is understood and agreed by the county board that any funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J and 256M. It is understood and agreed by the county board that the commissioner of the Minnesota Department of Human Services has the authority to review and monitor compliance with the service agreement and that documentation of compliance will be available for audit.

The counties shall make reasonable efforts to comply with all Children and Community Services Act requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding.

Acceptance and use of state and federal funds through the MFIP Consolidated Fund means the county agrees to operate the MFIP program in accordance with state law and guidance from the Minnesota Department of Human Services.

Contingency Planning

As required under the Child and Family Services Improvement Act of 2006 and under state guidance, counties and subcontractors should have a contingency plan in place to address specific federal criteria on how programs funded through Title IV-B, part 2, and Title IV-E would respond to a natural or man-made disaster. The federal criteria of the county and subcontractor's disaster preparedness plan would include the following:

- Identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster;
- Respond, as appropriate, to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster;
- Preserve essential program records; and coordinate services and share information with other states.

Instructions and other details on the development of this plan were published in [Bulletin #07-68-10, titled "Child Welfare Disaster Preparedness Plans"](#) dated July 19, 2007. For questions or clarification, contact Jean Thompson at (651) 431-3856m or e-mail: jean.thompson@state.mn.us.

Section VII: Certification for Submission

- Checking this box certifies that this 2010-11 MFIP/CCSA Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256M (Children and Community Services Act) and 256J (Minnesota Family Investment Program).

Chair, McLeod County Welfare & Social Service Committee

(state the name of the chair or designee, their mailing address and the name of the county)

Name (chair or designee)	Mailing Address	County
Commissioner Bev Wangerin	817 Colorado St. NW Hutchinson, MN 55350	McLeod County

Date of Submission

Date:	10/20/2009
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