

HENNEPIN COUNTY

MINNESOTA

FINAL COMMITTEE AGENDA

BOARD OF HENNEPIN COUNTY COMMISSIONERS HUMAN SERVICES COMMITTEE

TUESDAY, MAY 1, 2018
1:30 PM

Chair: Debbie Goettel, District 5

Vice-Chair: Mike Opat, District 1

Members: Linda Higgins, District 2
Marion Greene, District 3
Peter McLaughlin, District 4
Jan Callison, District 6
Jeff Johnson, District 7

1. Presentation

A. Child Protection Citizen Review Panel Report

2. Minutes From Previous Meeting

A. 04/17/2018 Human Services Meeting Minutes

3. New Business

Routine Items

A. 18-0157

Human Services & Public Health resolution, including contracts and amendments to contracts with HUMAN SERVICE providers – Report 1807

Hennepin County Child Protection Citizen Review Panel (CRP) 2017 Annual Report

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I. MISSION STATEMENT

Our panel’s mission continues to be:

As citizen volunteers we collaborate to understand, communicate and recommend improvements to the child protection systems and engage our communities to ensure the safety and well-being of all our children and families.

II. PANEL COMMITTEES AND PROJECTS

In 2017 the panel conducted three projects, as well as devoting effort to learning more about the child welfare system and recruiting new panel members. Our three projects for this year included:

- The Intersection of Domestic Violence and Child Abuse
- Workforce Retention and Secondary Trauma (two-year project)
- How and How Effectively is Kinship Care Being Used in Hennepin County? (two-year project)

In addition to the three research projects, a process was developed for the follow-up of past projects that will begin in 2018.

The report also includes overarching themes and recommendations. That is, while the project topics are different, there are topics, themes, recommendations and ideas that intersect the three projects.

III. OVERARCHING THEMES AND RECOMMENDATIONS

Common themes emerged across our projects and work with the Citizen Review Panel (CRP) that we want to highlight here. Some of these themes will be addressed in more detail within the individual project reports.

- As noted in the 2016 report, we continue to be concerned about the caseload size of Hennepin County child protection workers. Although Hennepin County has made a major effort to hire more staff and reduce caseload size, the caseloads are still unevenly distributed, and many workers have more cases than they can effectively manage. We strongly support Hennepin County's decision to hire more staff and hope that the new induction process will help with staff retention.
- We remain concerned that too often Hennepin County social workers lack awareness of the roles and functions of agencies that they either work with, or should be working with, to help serve child protection clients. Part of this is due to the large caseload size which limits a worker's ability to seek out and learn about community resources. Training for new staff also may not adequately stress the importance of developing and maintaining community relationships. We would encourage Hennepin County to emphasize the importance of working with community partners during the induction process and also invite staff from outside agencies to present to Hennepin County staff on an ongoing basis.
- Hennepin County has done a good job of decreasing staff turnover and should be commended for that. However, staff mobility appears to remain a concern for those working with or trying to connect with Hennepin County staff. Social work staff frequently change jobs or move to new work areas and this makes it challenging to develop ongoing working relationships with families and community partners. We do

not have a recommendation as to how this could be changed but we thought it should be noted that many of those we interviewed commented on this problem.

- The Citizen Review Panel has also struggled throughout its existence with recruiting new members and it has been especially difficult to recruit people from diverse cultures and backgrounds. This year was particularly challenging as the background checks required deterred some prospective applicants and other applicants dropped out due to the lengthy time it took to process the background checks. Hennepin County did agree to eliminate some of the background check forms and we are hopeful that in the coming year that the process can be expedited. Also, we will be working with someone from the Human Services and Public Health communication department who will be helping us with recruitment.
- Finally, during times of diminished resources (i.e., budget cuts and recession), staffing for child protection services should not be cut. These challenging budget periods are often accompanied by increases in the need for child protection due to increased incidences of child abuse, neglect and domestic violence. For children in need of protection, this is dangerous and neglectful on the part of the system. When it is necessary to reduce county budgets, staff retention in child protection services should be considered nonnegotiable due to the extreme and long-lasting consequences of cuts.

IV. PROJECT REPORT: THE INTERSECTION OF DOMESTIC VIOLENCE AND CHILD ABUSE

In recent years, child welfare programs have begun to focus program interventions on trauma informed practice and child well-being. In this project we explore the link between domestic violence and child abuse and neglect. Research suggests that nearly 30 million children in the United States will be exposed to some type of family violence before the age of 17, and there is a 30 to 60 percent overlap of child maltreatment and domestic violence. (Child Welfare Information Gateway)

In 2008, a comprehensive survey of 4,549 children under age 17 was conducted by the National Survey of Children's Exposure to Violence, sponsored by the Office of Juvenile Justice and Delinquency Prevention and the Centers for Disease Control. Researchers found that more than 11 percent of children and youth were exposed to some form of family violence within the past year, and 26 percent were exposed to some form of family violence during their lifetimes.

Given the magnitude of this problem, we interviewed professionals across multiple systems, including; law enforcement, crisis shelters, domestic violence systems and the courts. We identified some opportunities for improvement and that is where we will focus our report.

IV.A. METHODOLOGY

For this project, we pursued multiple sources including:

Judy Nelson, *Sojourner Project*
Jane Straub, *Jacob Wetterling Resource Center*
Ann Marie Buck, Stephanie Dressen, Eric Husevold; *Hopkins Police Department*
Melissa Rogers, *Domestic Abuse Service Center, Minneapolis Police Department*
Vernona Boswell, *Domestic Abuse Project, Hennepin County Attorney's Office*
Patricia Moses, *Hennepin County Courts, Family Justice Center*
Kelly De Cook, *Olmsted County Human Services*
Michelle Lefevre, *Hennepin County Child Protection Services*

Research sources:

Minnesota's Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence, *Minnesota Department of Human Services*
National Center on Domestic Violence, Trauma, and Mental Health
National Child Traumatic Stress Network
Family Violence Department of the National Council of Juvenile and Family Court Judges (Greenbook)
Child Welfare Information Gateway, Children's Bureau, U.S. Department of Health and Human Services

IV.B. FINDINGS

We interviewed people with expertise in three categories of the domestic violence/child protection system:

- Shelter providers and advocates for victims of domestic violence;
- Legal, court, and police representatives; and,
- Child protection services.

Both the scholarly research and our interviews indicated a universal belief in the notion that domestic violence causes trauma and behavioral issues in children even when they are not the target of the violence.

There was general consensus among our interviewees on the attributes of the perpetrator and the victim. They agreed that the perpetrators of domestic violence, mostly male, tended to show a lack of remorse and to display certainty that they were in the right. Perpetrators were identified as master manipulators who control not only their victims as persons, but also almost all assets

and financial resources available to the victim. They have likely isolated the victim from family, friends, and outside support.

On the other hand, the victim, who is usually a woman, often presents the appearance of being helpless, fearful, and unable to defend or prosecute her own case. This can present unique challenges for professionals working in the areas of domestic violence, child protection, and the legal system. Children caught in this situation frequently side with the perpetrator in an effort at self-protection and because they may have internalized the disrespect displayed by the perpetrator for the victim.

We found that the professional groups felt that their work and rules were not understood by other professional groups. Each felt that other professional groups did not understand the restrictions inherent to the work they performed. Each felt that the other group did not understand the victims and the perpetrators in the same way that they did. And all felt that this left children not only vulnerable, but without protection or support.

For example, shelter advocates believe that law enforcement often ignore evidence of childhood trauma, because the police' role is to manage the incident involving imminent danger. Once the situation is deescalated, police are not likely to search for evidence of child trauma or further abuse; and may be unaware of the type of evidence that may indicate further abuse and trauma.

Children show a variety of reactions to domestic violence. They may attempt to defend the victim, thus often placing themselves in harm's way. They may attempt to escape or hide during the incident. Too often, they become inured to the violence. In one example provided by an interviewee, four children sat in the adjoining room and watched TV while their mother was severely beaten.

Each of the players in this system indicated that their timeframe for action made it difficult to work with the others, even if there was a demonstrated willingness to cooperate. The court system acts on timely and acute information, rejecting orders for protection when the incident is not recent. Yet, the advocates and shelter programs know that it takes considerable time for a victim to gain the strength and confidence to press a case against the perpetrator. The child protection system requires time, evidence, and process before it can ask for a court review. These timeframes work against each other in protecting children from trauma.

IV.C. RECOMMENDATIONS

1. First and foremost, we recommend that Child Protection Services bring in representatives from law enforcement and domestic violence to provide cross-training on their issues and requirements in their specialty areas and the impact on children. This training should be cross-functional so that the information goes both ways to bring about an understanding of the restrictions and operating procedures of both groups and to seek ways to improve the relationships and cooperation among them. This type of training and cross-functional partnership should be done on a regular and timely basis.

2. Currently, questions about domestic violence are included in the initial assessment of child abuse and neglect as part of the Child Protection Services protocols, but not the converse; i.e. when domestic violence is the presenting issue, there is no immediate recognition of it as a form of child abuse.

Because evidence of domestic violence is now identified as an inherent form of child abuse due to its implications for childhood trauma and future behavior, *all* domestic violence cases that involve children should be identified as child abuse and should be reported as such for evaluation and/or investigation by Child Protection Services. Evidence of duration and severity should be entered into the calculation for child protection assessment regardless of the actual threat of violence to the child.

In order to not further penalize the victim of domestic violence, the case should be approached as an opportunity to support family stability and safety rather than as a need to remove the child from the home.

3. Evidence of domestic violence should be presented at all court hearings on child protection cases, including evidence of police actions and past court appearances having to do with domestic violence. Part of this evidence should also include mental health assessments on the children with specific attention to the impact of domestic violence on the witnesses even when there is no evidence of abuse or imminent danger.

4. In recent years, there has been a shift to more specialty courts such as drug court or infant court. Hennepin County should consider establishing a court that specializes in domestic violence. This would allow for focused training and a deeper understanding of the myriad issues that impact these families, issues that include historical trauma and cultural differences.

5. As our language often directs our attitudes and behavior, we need to reframe how we think about the offender and the custodial non-offender. Instead of saying, “Mom can’t say no to him”, to enforce a restraining order or restriction in his presence in the home, change the language to “He can’t hear no.” This places less blame on the victim and more accountability on the perpetrator. Recognize that words matter.

V. PROJECT REPORT: WORKFORCE RETENTION AND SECONDARY TRAUMA

V.A. PURPOSE OF PROJECT

The goal of this two-year project is to review and comment on the induction process for newly hired child protection social workers, including how Hennepin County addresses the risk of secondary trauma. Induction is a new training program for newly hired child protection workers, who will ultimately be assigned to cases for Investigation, Field Work cases, or ICWA (Indian Child Welfare Act). The overarching objective of this project is to maximize staff retention, which in turn provides better services to families and children involved in the child protection

system. This report offers recommendations for development and maintenance of an effective system of orientation, in order to enhance professional performance and preservation of staff.

V.B. METHODOLOGY

For this project, we pursued multiple sources, both quantitative and qualitative, including:

- Interviewing Traci LaLiberte, Research Manager, University of Minnesota Center for Advanced Studies in Child Welfare;
- Interviewing Paul Lennander, Human Services Program Manager, Child Protection Services;
- Interviewing Sabrina Jones, Child Protection Induction Unit Supervisor;
- Interviewing current child protection social workers;
- Surveying current child protection social workers;
- Reviewing the 2016 Minnesota Child Welfare Stabilization Survey conducted by the Center for Advanced Studies in Child Welfare, University of Minnesota.

The survey responses in this study are from employees that were in training in the year preceding September 2017. That date marks a significant change in how the training is being conducted. (*See information below in Effectiveness of Induction Training for details on how training has changed*). It will be important to see how the changes impact the retention and satisfaction of the new employees.

V.C. KEY FINDINGS AND THEMES

1. Effectiveness of Induction Training:

a. Most child protection caseworkers found the induction training did not prepare them for their actual job responsibilities. A major shortcoming of the training was a focus of the training on disseminating information without having any way to use or apply the information. A manager was quoted as saying, “New workers don’t actually use information learned in induction - only about 5% of it sticks.” 54% of the respondents wanted to be assigned a limited number of cases, either by shadowing an experienced worker or actually having clients to work with while in training. The heavy focus on fieldwork left those assigned to investigation feeling they were not given enough training. The vast difference in level of experience and education among the trainees resulted in very different levels of satisfaction in the training. The induction program was recently shortened from 3 months to approximately 6 weeks with an additional 6 weeks during which new employees are assigned to their work unit and are provided support and training from their individual supervisors and the induction staff. Our ongoing study of these new employees should show if this change results in the new employees feeling better prepared for the work they will be doing.

b. Frequent schedule changes with little or no notice was a common problem for the trainees. Induction does not have a “home space.” Often the staff has difficulty finding space to conduct the training. This results in numerous changes in scheduling resulting in difficulty for staff, guest lecturers and the new employees.

c. The Department of Human Services requires additional training for newly hired child protection workers. This training includes 9 full days of classes. There is a significant backlog in the training with DHS; new staff members may wait more than 6 months from their hiring date to participate in this training. Therefore, instead of receiving the required state mandated training during induction when they have available time, staff need to take time away from their clients to attend the training. For staff feeling overloaded with cases this puts an additional stress on them.

2. *De-centralized Office Model:* (“flexible workspace/regionalization”)

In this model, staff have no individual offices or assigned desks. Staff members use lockers to store personal items. Most of the new employees like the open work environment. They appreciate the flexibility the model provides, because they may work anywhere and at any time. However, many also feel that they work more hours now because there are no boundaries to the workday. Staff members stated that the County’s position is that you need to be able to “self-monitor.” A concern that many expressed was the lack of other colleagues to consult with. This is also compounded by the volume of turnover among staff, meaning workers do not get to know those around them to foster relationships and develop support. They miss the bond created by having colleagues and supervisors on site. Collaboration and consultation occurs electronically now by phone or email, which some find does not provide satisfactory support. 22% report the office set-up of cubicles is not private enough and is distracting when they overhear the phone calls and conversations of colleagues.

This lack of assigned space is true for the induction training itself. With groups of 15-30 people to train, the lack of dedicated classroom space results in last minute scheduling conflicts and significant time being wasted.

3. *Trauma and Burnout:*

The induction process includes training units/modules on trauma and burnout. Most respondents did not feel these modules did much to help with secondary trauma and burnout. Further, a number of the respondents reported the impression is given that a staff member should expect trauma and burnout. Responses indicate that caseload size, lack of consistency and direction within the department, and constant staffing and supervisory changes are the most difficult and discouraging aspect of the job, and not the stress of working with clients. One manager said, “The county tries, but doesn’t do a very good job of helping workers manage their heavy caseloads.” Some staff also fear retaliation if they speak up, and that they were cautioned during the trainings to be very careful when expressing themselves to superiors.

A positive change that was identified was that staff now have clerical help to download and enter documents into the electronic files. A negative change is the significant decrease in the number of CMAs (case management assistants) who performed much of the transporting of clients, meaning staff workers now have the added responsibility of shuttling clients to appointments which compounds an already heavy work load.

4. Retention:

Retention is a very significant issue within the department. In past studies performed by the Citizen Review Panel, other agencies working with Hennepin County Child Welfare often reported that consistency within County staff is a significant problem. Staff workers change positions regularly or quit their job with the county altogether. We were hopeful that the new induction training might alleviate this problem. When we asked staff, who have gone through the new training “How long do you intend to stay at Hennepin County Child Welfare,” 23% of the 42 respondents said they were planning to leave soon because of the workload, and 40% reported having looked for a new job in the past 6 months. A higher pay scale for new employees has a number of more experienced employees concerned about pay inequity and are looking for work elsewhere as a result.

Caseload size along with perceived lack of respect from supervisors exacerbates the retention problem. Many of the experienced staff, including the induction trainer, see a direct correlation between staff that do not regularly office with people they know and high turnover. Working near co-workers encourages staff to talk with one another informally and helps new employees find seasoned staff that can provide guidance. Unassigned office space does not provide this.

5. Other:

As Panel members doing this study we also experienced the disorganization and lack of consistency that were reported as major issues of the staff. We were unable to calculate a response rate to the survey we designed. We requested that the survey be sent to only staff that had participated in induction in the past 1-1/2 years. Instead it was sent out to some people who have been at HC for over 16 years. We attempted to observe some of the induction sessions. Scheduling changes and slow response times to our requests resulted in no inductions sessions being attended by the CRP members. Finally, in November we were given the name of a new contact for induction, Sabrina Jones, the Child Protection Induction Unit Supervisor. When we contacted her in December, she had not been informed about our study or our requests to observe the training. She has responded, and we will be observing training after the first of the year.

V.D. RECOMMENDATIONS

1. Induction:

a. Induction training is a vital part of getting new staff ready for difficult work. Training must be a priority and providing a dedicated space for this to happen is important. Other groups sometimes now take priority over the induction training scheduling and the result is the training is forced to reschedule and cancel sessions regularly. This sends a message that the training is not vital to the organization.

b. Continue to assign new staff members one or two cases during induction training to allow them to apply the skills they are learning. This will also allow an opportunity for supervisory staff to observe and provide feedback. *(The last session of induction training included this and plans are to continue doing so).*

c. Continue to provide opportunities for shadowing veteran workers during the induction process (*The last session of induction training has included this and plans are to continue doing so*).

d. Provide social workers with increased in-service trainings on community resources for clients.

e. Training on the file review protocol prior to having cases assigned could enhance new worker's induction experience. This would give them a detailed picture of what is required for compliance with all case management expectations and requirements.

2. Retention:

a. It is understandable that newly hired employees who feel ill-prepared for their tasks and responsibilities results in high turnover rates. This emphasizes the need for a more rigorous induction process. New staff need to have a support system within the agency. Open office space does not encourage or enable new staff to find support. Some units meet regularly to develop a strong team, others do not.

b. Time and time again we heard it takes 3 to 5 years to become skilled in this work. Assigning mentors to all new employees for a period of several years would provide support from a skilled worker that is not the person's supervisor. This would encourage more frank discussions allowing new staff to ask questions and share concerns with a more skilled worker.

c. Feedback that new employees provide should be valued and respected with serious consideration given to changes they recommend.

3. DHS Training Requirements:

We recommend that DHS eliminate its backlog of training so that new employees complete the majority of the state mandated training during the induction period rather than when they are assigned to their jobs and have a full caseload. This should enhance their feelings of preparedness for the job at hand.

V.E. SUMMARY

Working in child protection is a challenging, difficult and sometimes dangerous job. We were therefore shocked and dismayed at the response to the question "What is the most difficult part of your job?"

Only one response named the actual work with clients as the most difficult. The rest of the responses stated caseload size, lack of consistency and lack of direction within the department and constant staffing and supervisory changes are the most difficult and discouraging aspect of the job. These are things that the county has the ability to change.

VI. 2017 PROJECT REPORT: HOW AND HOW EFFECTIVELY IS KINSHIP CARE BEING USED IN HENNEPIN COUNTY?

VI.A. OVERVIEW

We are conducting a two-year project—to be completed at the end of 2018—examining kinship care. The specific focus of our project is:

Exploring how and how effectively Hennepin County is using kinship care to achieve the goals of safety, permanency, placement stability, reduced disproportionality and racial disparities, and well-being for children in out of home placement. We're also providing insights and ideas from research and best practices from other states to help Hennepin County and Minnesota continue to improve.

VI.B. CONTEXT AND BACKGROUND

1. *Research on Kinship Care:*

The Adoption and Safe Families Act of 1997 (ASFA) encouraged child welfare agencies to place children in need of out of home placement with relatives (kin) whenever possible. Following the passage of ASFA the number of children placed with kin has increased. According to the 2005 census, more than 2.5 million children were living with relative care givers. This was a 55% increase from the 1990 census (Ruben et.al., 2008). In 2011 approximately 25% of foster care children were placed with relatives and in some states the percentage was around 50%. (Casey Family Programs, 2011) Interestingly, ASFA was passed with little research evidence comparing the benefits of placing children with kin rather than in non-kin foster homes. Since the passage of that act, there has been ongoing research looking at the effectiveness of kinship care on the well-being of children placed out of the home.

In looking at any out of home placement, one needs to consider what the goals of out of home placement should be. Research then can compare kin vs. non-kin on how well the different placements meet these goals.

Safety: Most research findings suggest that children placed with kin are as safe or safer than children placed in non-relative foster care. A study by Winokur, Holtan, and Batchelder (2014) found that children in non-relative foster care were 3.7 times more likely to be maltreated than children placed with kin. Multiple studies have also reported that children placed with kin are less likely to re-enter care (Casey Family Programs, 2011).

Placement Stability: A large majority of children entering the child welfare system have experienced trauma from abuse or neglect. They are then further traumatized by the removal from their home and parent(s). Unfortunately, children placed out of the home often experience multiple placements. We know from research that frequent changes in caregivers negatively affects the emotional, social and psychological development of children. Thus, stability of placement is an important factor when placing children. Numerous research studies indicate placements of children with relatives are more stable than those of children placed in non-

relative foster care. Children in kin placement experience fewer placements. (N.C. Division of Social Services, 2014). However, it is also important to note that children placed in kinship care tend to have fewer emotional and behavioral problems at the time of placement (Casey, 2011). Thus, it may be that the placements of children placed in non-relative foster care disrupt more because the children are presenting more challenging behaviors which the caregivers find difficult to manage.

Permanency: Research comparing the achievement of permanency for children in relative vs. non-relative placement is varied. Many studies have found that children placed with kin remain in care longer (Casey, 2011). However, a study from 2014 (Winokur et.al.) found no difference in the length of time children spent in out of home placement or rates of reunification. Overall, research has found that children in non-relative foster care obtain permanency through adoption while children placed with kin tend to achieve permanency through guardianship (Winokur et. al, 2014).

Well-Being: It is important to note that studies looking at the well-being of children tend to focus on short-term benefits. There have been few studies that followed children in kinship care into adulthood to determine how well these children are doing as adults. Research does suggest that at least in the short-term, kinship care is beneficial to children in several respects. Children placed with kin are more apt to remain in their schools (however, children in both types of placement often have to change schools), are more apt to be placed with siblings, are more apt to have visits with or maintain contact with their birth parents, and are more likely to maintain cultural connections (Casey, 2011). When we look at data on mental and behavioral health outcomes for children in the two types of placement, the findings are mixed. Generally, there were no reported differences in mental/behavioral health problems by type of care. However, a study by Ruben et. al., 2008, found that kin foster parents were less likely to report behavioral problems of children in their care. Additionally, children placed with kin tend to receive less services than children placed with non-relative foster parents. This is an important factor when assessing the developmental, educational and mental health needs of the children. There is some evidence that children placed with kin may have lower academic achievement than children placed in non-relative foster homes (Ruben et.al, 2017). Also, it is important to note that children in both types of placements experienced greater mental health and behavioral health problems than children not in placement.

Caregiver Challenges: Both kin foster parents and non-kin foster parents are apt to experience challenges in the parenting of children placed in their care. As noted above, children placed in care have experienced the trauma of being removed from their homes and separated from their parents and have generally experienced either neglect or maltreatment. In addition, children placed out of their homes tend to come from impoverished backgrounds, may have developmental or cognitive delays, and have increased risk for mental or physical health problems.

In looking at characteristics of kin vs. non-kin caregivers, kin caregivers tend to be single, older, poorer, less educated, have lower employment rates and to have poorer physical and mental health. In addition to these characteristics which could make parenting children more difficult, kin caregivers are less likely to receive assistance, (including financial support), and services

both for themselves and for the children in their care. The Casey Foundation (2011) states that “as a result, kinship caregivers may lack the capacity to adequately provide for children and youth with specific challenging needs). Studies have also found that social workers visit kin providers less frequently and are less clear about their role in working with these families (N.C. Division of Social Services, 2014).

2. Policy Priority and Guidance on Kinship Care:

Both federal and state policy prioritizes placing children who are in foster care with relatives. One of the federal laws that makes this priority clear is the federal Fostering Connections to Success and Increasing Adoption Act of 2008. This law included a requirement that state child welfare agencies conduct due diligence to find and give notice to all adult grandparents and other relatives of each child within 30 days of the child’s entry into out-of-home care. As part of giving this notice to relatives, the child welfare agency must provide information on the requirements for becoming a licensed foster parent and on the support and services available to children in foster care.

As stated in the Minnesota Department of Human Services (DHS) bulletin #16-68-01:

“For all family foster care placements, relatives are to be given first consideration for placement. Relatives include persons related by blood, marriage, adoption, the legal parent or guardian of a child’s siblings, or those with whom a child has previously lived or had a significant relationship. For an Indian child, a relative includes members of a child’s extended family as defined by their tribe. [Minnesota Statutes, sections 260.771, subd. 7, 260C.212, subd. 2; section 471 (19) of the Social Security Act, and 25 US Code 1903 and 1915]”

VI.C. OUR PROJECT’S WORK—YEAR ONE OF THE TWO-YEAR PROJECT

1. 2017 Completed Activities and Approach:

Our first year of this project has been spent reviewing research and policies, interviewing numerous people involved in some way with kinship/relative care placement, and obtaining data regarding out of home placement of children in Hennepin County. We interviewed staff from both Hennepin County Child and Family Services as well as staff from agencies who in some way work with Hennepin County to support kin placements. Our interviews included: Department of Human Services staff, Hennepin County Child and Family services staff, a recently retired Hennepin County worker with experience in kinship licensing, Hennepin County Indian Child Welfare Act staff, Northpoint Health and Wellness Center staff, African American Workgroup on Child Protection members, and Lutheran Social Services staff. Through these interviews we have been able to identify a number of areas of concern that will be explored further in the second year of our project. Some of the concerns identified include:

- Licensing requirements/disqualifiers and the cumbersome paperwork involved in becoming licensed as a kin placement
- Difficulty in recruiting relatives for placement and the difficulty of meeting the training requirements in a timely fashion
- Relatives interested in having children placed with them often find it difficult to understand the overall process and timelines

- Assessing the needs of children and the capability of caregivers to meet those needs and how to best match the strengths of the caregivers with the needs of the child being placed
- Ongoing assessment of children's needs and whether needs are being met during placement
- Finding better ways to support kin placement caregivers (especially since often kinship caregivers are not anxious to be involved with "the system")
- Linking families and children to services (education, health, mental health, transportation etc.)
- The increasing number of very young children entering child protection and the difficulty of finding kin placements for these children (partially due to Northstar and the lack of childcare subsidy)
- Disproportionate number of children of color in out of home placement
- Financial barriers that prevent relatives from being able to provide kinship care

As we've worked on our project and as we prepare for our next year of work, we are being intentional about connecting with other relevant efforts and workgroups that are addressing many of the same topics we are exploring. For instance, we are in touch with and following the work of the National Association for the Advancement of Colored People (NAACP) committee, the African American workgroup, work being conducted by Lutheran Social Services on kinship care, and pilot projects in Hennepin County on the family group decision-making approach and partnerships with police.

VI.D. INITIAL HIGHLIGHTS OF DATA ON HENNEPIN COUNTY OUT OF HOME PLACEMENTS

We requested data on various aspects of out of home placement yearly from 2012 to 2017 (data through October, 2017) from the Child Well-being Data Unit of Hennepin County Health and Human Services Department. We would like to acknowledge the excellent support and cooperation we received from the Child Well-being Data Unit. We were able to briefly review data obtained to date. A full analysis of the data will be done in our final report next year. In this report we highlight several areas of interest and concern that we will be following up on during the coming year.

- The number of children in placement has increased markedly between 2012 and 2017. In 2012 the duplicated count of children in placement was 2369 and through October of 2017, the number of children was 3390. (Duplicate count represents the number of out-of-home placement occurrences thus children with more than one placement are counted multiple times).
- The largest cohort of children in out of home placement are children in the 0 to 2 age range. In 2017 43% of all placements involved children in that age range. The next largest cohort was children aged 3 to 5 at 16.5%. The percentage of children 0 to 2 in placement has increased from 34% in 2012 to 43% in 2017. Given the difficulty of finding homes for young children and their special needs, this is of great concern.
- As of October 31, 2017, there were 1610 children currently in placement. Of these children 37.6% were identified as African American and 14.6% were identified as Native American. Altogether, children of color (including Asian and multi-racial) comprised

70.9% of the children in placement. This is very disproportionate to the racial demographics of Hennepin County. In 2016-17, 74% of the county was white, 11% were African American and less than 1% were Native American.

- For all children currently in placement, 61% are with relatives. These percentages are similar for African American children, while the percentages are slightly lower for Native American children in placement. Hennepin County's percentage of children placed with relatives is higher than the national average but there is certainly room for improvement.

VI.E. KNOWN BARRIERS: FOSTER CARE LICENSING AND CHALLENGES FOR RELATIVES GETTING LICENSED

Current foster care licensing disqualifiers appear biased in nature and outdated, such as citing "food stamp fraud" as a means to disqualify. While there are waivers available for such disqualifiers, the county's licensing unit makes the recommendation/application to the state regarding relative licensing. In the event that a relative is denied at the county level (i.e., a waiver isn't submitted to the state), as far as we have been able to determine in our project so far, there is no county or state system in place to track the denial. This leaves the decision to the discretion of the county. Should the child(ren) languish in foster care there is no system supported method to revisit previous relative placement options that did not make it to the state level of licensing. Moreover, we have not found evidence that there is a clear process in place to educate/inform relatives denied at the state level of the possibility of a waiver or variance.

1. Disproportionate Impact on African American Children and Families:

Minnesota ranks 2nd in the country for racial inequality. Current child protection trends are consistent with the state's standard. Racial disparities are found in the entire child protection process, from reporting and screening, to assessment and discharge from the system.

The most egregious of these disparities is the out of home placement and removal rate of African American children. In Hennepin County as of October 31, 2017, there were 1,610 children in out of home placement. Of that count, 616 were African American and 407 "Multi Racial." Per the Minnesota Department of Human Services, most children in the 2 or more races/multiracial categories have a black and a white parent and identify as black. This differentiation skews child welfare data as to the most accurate count of African American children in care.

In Minnesota, for every 100,000-people arrested; 111 were Caucasian, compared to 1,219 African Americans. Research done by the Department of Justice and American Civil Liberties Union (ACLU) shows that people of color are more likely to be arrested and serve longer sentences for similar crimes in comparison to their white counterparts. One consequence of this racial disparity is a disproportionate number of African Americans barred from fostering a child due to their criminal record. This is especially troubling as the number of children in out-of-home placement is up 65% from 2014; leaving these children with very limited options for not only culturally appropriate placement options but kin placement as well.

In consideration of this state's ongoing fight for racial equity, our project will continue to examine key questions such as: Are we doing all that we can to ensure that members of

marginalized communities are afforded the same opportunity to care for their kin as their Caucasian counterparts? This project will explore the county and state’s kinship search, licensing, and placement policies and procedures and their practicality in relation to children of color, who make up the majority of children in out of home placement. This project will work to identify ways in which we intentionally reduce/eliminate barriers to kin placement for all children regardless of race.

VI.F. INSIGHTS INTO BEST PRACTICES AND EXAMPLES FROM OTHER STATES

Our project seeks to highlight best practices and ideas from other child welfare systems that Hennepin County—and Minnesota as a whole—can use to strengthen its use of kinship care as a strategy to achieve positive outcomes for children in foster care. We anticipate identifying additional ideas and best practices during the second year of our project, but also want to highlight the following insights and ideas in this report.

- *Option for not requiring relatives to be licensed*—Some states, such as Washington State, do not require relatives to be licensed, although they may encourage licensure.¹
- *Supporting and expediting licensing for relatives*—Some child welfare agencies provide various options to help relatives get licensed, including using strategies such as: deploying staff to conduct expedited emergency licensure within the first day or two after a child enters out-of-home care and is placed with a relative or providing additional assistance (e.g., kinship navigator) to help relatives understand how to work with the child welfare system, complete the required paperwork, and navigate through the licensure process.

In addition to specific individual strategies, there is extensive information available about ways to infuse prioritization and valuing kinship care into a child welfare system. One great resource is a recent post on wikiHow that highlights seven fundamental steps to creating a kin-first culture in a child welfare system. Developed and written by Child Focus, Generations United and the American Bar Association Center on Children and the Law, the article provides detailed suggestions on how to implement each step and includes examples of promising policies and practices being used by child welfare agencies across the country. The full article is available online at: www.wikihow.com/Create-a-Kin-First-Foster-Care-System. The seven steps are listed below.

How to Create a Kin First Foster Care System: 7 Steps

1. Lead with a Kin First Philosophy.
2. Develop written policies and protocols that reflect equity for children with kin and recognize their unique circumstances.
3. Identify and engage kin for kids at every step.
4. Create a sense of urgency for making the first placement a kin placement.
5. Make licensing kin a priority.

¹ Washington State Department of Social and Health Services. *Fact Sheet: Foster Care Licensing for Relatives*. #22-1493. Revised September 2017. Available at: <https://www.dshs.wa.gov/sites/default/files/SESA/publications/documents/22-1493.pdf>

6. Support permanent families for children.
7. Create a strong community network to support kin families.

VI.G. PROPOSED ACTIVITIES FOR 2018

During the coming year, our committee will be analyzing more fully the data obtained from Hennepin County regarding out of home placements as well as obtaining updated data through October of 2018. We will also be reviewing the relative placement practices of other states to see if there are policies, practices, and other ideas that might be effective in Hennepin County. Although we have interviewed a number of people, we have others that we still need to interview to more fully understand the strengths and concerns of Hennepin County's current kinship practices. We also plan on interviewing kinship families—both the caregivers and the children placed with them. Our focus will be on learning what is working with kin placements and what changes could help with the process. If at all possible, we would also like to interview relatives who wanted to have children placed with them but were unable to meet licensing requirement as well as interview kin caregivers who were unable to continue caring for the children placed with them. Such interviews could provide suggestions as to how to improve the overall kinship program at the county and state level. We will need to develop standardized interview formats in order to obtain the most useful data and work with Hennepin County to obtain the names of potential families to interview.

Research Reviewed

Casey Family Programs. Does Kinship Care Work Well for Children? A Summary of the Research, April, 2011

N.C. Division of Social Services and The Family and Children's Resource Program. Research on Kinship Care: Implications for Practice. Vol.20, No. 1, December, 2014

Rubin, D, Downes, K, et. al. Impact of Kinship Care on Behavioral Well-being for Children in Out-of-Home Care. Archives of Pediatric Adolescent Medicine, Vol 162 (No 6), June, 2008

Rubin, D, Springer SH, Zlotnik S, et. al. Needs of Kinship Care Families and Pediatric Practice. Pediatrics. 2017, 139(4) 2017

Winokur, Holtan and Batchelder. Kinship Care for the Safety, Permanency and Well-being of Children Removed from the Home for Maltreatment. Online publication, 2014

VII. CRP FOLLOW-UP PROPOSAL

The CRP has developed a plan for revisiting past reports and determining the extent to which the recommendations contained therein were implemented by Child Protection Services in Hennepin County and the State of Minnesota.

This procedure for this follow-up program will be:

- Each year, the committee will go back to the recommendations from 2 to 3 years previous for review (e.g., in 2018, we will review recommendations in the 2015 and 2016 reports). After that, we will review recommendations from two years previous and also any follow-up on earlier recommendations that we may choose to revisit.
- The review will consist of one or more interviews with the relevant staff of each agency.
- The interview will be based on an open-ended inquiry into the agency's response to each recommendation followed by specific questions intended to ascertain the extent of implementation of both the recommendations and their intent.
- The committee will then report back to the CRP on its findings.

The committee anticipates that there will be a number of observations coming from this process. Our hope is to identify outcomes from our recommendations and also gain insight into the workings of the Hennepin County system. It is our intention to seek accountability to citizen concerns within the system and to discern the rationale behind decision making at the state and county. On the other hand, we want to improve our CRP capability in researching and writing, making the recommendations more specific where needed, broader where needed, and more directly helpful in moving forward with improvements in the Child Protection Services system.

It is our goal to work cooperatively with Hennepin County, supporting what we can and providing constructive criticism and recommendations where we feel it is necessary. We recognize that the county, state, and the CRP have the same goal—to provide safety and security for children.

VIII. PANEL MEETINGS

Our panel met on the second Monday of each month, with the exception of August. Smaller groups of panel members met at numerous additional times throughout the year to research specific projects for the panel.

IX. PANEL MEMBERS

Our full panel for 2017 consisted of:

Lisa Ashley
Susan Dragsten (co-chair)
Alicia Groh
Kelis Houston
Rianna Johnsen
Ila Kamath
Julie Maxa
Janet Pladson
Mary Sheehan (co-chair)
Vicki Underland-Rosow

Recruitment Efforts to Add Panel Members

The Citizen's Review Panel has worked very hard to recruit new members for the panel. A major focus has been to add more diversity to the panel by recruiting people of color and/or people who had been involved with the child protection system in the past. We were able to interview a number of very promising candidates for the panel but unfortunately, the background check process (including the lengthy time it took to get background checks completed) proved to be a deterrent in our ability to add new members. We feel fortunate to have been able to add one new member, Suzanne Renfroe, to our committee for 2018.

X. PANEL MEMBERS' ONGOING DEVELOPMENT—TRAININGS AND EVENTS WE ATTENDED

In addition to participating in specific meetings, interviews, and other events for our specific projects, panel members participated on committees for the state or county, and also attended many workshops/conferences to continue learning about relevant work pertaining to children and child protection. These included:

- Member of State Mortality Review Committee (Monthly meetings)
- Member of Hennepin County Child Well-being Advisory Committee (Bi-monthly meetings)
- Five members participated in Hennepin County's Children and Family Service case reviews (two days)
- Two members attended the 16th National Citizen Review Panel Conference in Anchorage, Alaska (Three-day conference)
- Prenatal to Three Policy Forum at the University of St. Thomas
- Our Two-Spirit Youth: Walking the Path to Discovery and Acceptance
- Ten of Ten Conference on reimagining child welfare (Three-day conference)
- Ten of Ten Unsummit Conference on child welfare
- Indian Child Welfare Education Day, "Recognizing Unconscious Bias: Strengthening the Spirit of ICWA"
- Collaborative Safety Regional Training Workshop
- Indian Child Welfare Education Day, "Trauma, the Brain, and Culture Healing"
- New member training for the Citizen Review Panels
- Successful Collaboration in Action workshop; keynote by R.T. Rybak
- Annual Child Safety and Permanency Volunteer Meeting

XI. LOOKING AHEAD TO 2018

Two of our projects begun in 2017 were two-year projects, so we will continue to work on these in 2018. We will be selecting one or two new projects for 2018 as well as beginning to follow up on past reports to determine the extent to which recommendations were considered or implemented. We will also continue to try and recruit members with diverse backgrounds to our committee.

XII. ACKNOWLEDGEMENTS

Our panel would like to extend its appreciation and gratitude to the following individuals for their support and assistance: Janine Moore, Michelle Lefebvre, Casey Schmig, Stacy Rudnick, Sam Patnoe and other Hennepin County Children’s Service staff who were interviewed for our projects. We also thank Mary Doyle, Minnesota Department of Human Services representative to the Citizen’s Review Panel. Without their help and assistance, this report would not have been possible. We wish to thank Daniel Rogan, Civil Division Manager in the Hennepin County Attorney’s Office who spoke to us about the class action lawsuit against Hennepin County and DHS. We also wish to thank The Honorable Anne McKeig, Associate Justice of the Supreme Court of Minnesota, who spoke to our panel on her experience working with the child protection system.

We also thank all of the community agencies/private agencies and individuals who spoke with us for our projects, and child protection staff who responded to our questionnaire. The feedback, insights, and perspectives that these key stakeholders provided were crucial to our panel’s work and our ability to provide meaningful findings and recommendations for Hennepin County and DHS. In addition, we wish to acknowledge and appreciate the ongoing work of the child protection and child welfare staff in Hennepin County. We recognize the intense pressures and expectations involved in child welfare work and we are deeply aware of the ongoing demands and scrutiny on this important work as both Hennepin County and the state of Minnesota seek to make significant changes to how child welfare/child protection work is done. While much attention—including within our report—focuses on areas in need of improvement, we also applaud the devoted staff who are working to achieve positive outcomes for children and families while working within immense constraints including having extremely high caseloads. We look forward to continuing our partnership with Hennepin County staff; continuing the good work, and building on the many successes and strengths that already exist.

**Response to the Citizen Review Panel's (CRP)
2017 Annual Report**

March 14, 2018

I. Introduction

Hennepin County welcomes and appreciates its partnership with the Citizen Review Panel and our shared commitment to ensuring the best possible outcomes for children and families. The feedback and recommendations offered in the CRP's annual report continue to inform and strengthen our policies and practice.

II. Background

Following several deaths of children involved in child protection in MN counties, the *StarTribune* did a series in 2014 that exposed serious gaps and inequities in the state's CP systems. Recognizing that these problems also existed in Hennepin County, our board commissioned an outside evaluation from the Casey Family Foundation to identify issues specific to Hennepin. At the same time, Governor Dayton established a task force to investigate and further regulate child protection systems. These new regulations led to an unprecedented increase in the number of child protection reports, investigations, and open child protection cases and a significant increase in the number of children in out-of-home placement, particularly in foster care.

The 2015 Casey report told us that Hennepin's front door was too narrow: in our efforts to keep our caseloads manageable, we were screening out families that could have benefited from supports and intervention. The board responded by allocating \$13 million to scale up staffing in our screening and investigation units. It also established a Child Protection Oversight Committee to develop recommendations in response to the Governor's Task Force-led legislation. The Child Protection Oversight Committee dug deeper into the reasons behind our high staff turnover and identified six areas of urgent concern.

In response, in 2016, we addressed these areas of concern. We:

- Created a 24/7 response team
- Addressed office space issues
- Audited our contracts with partners
- Set up an early intervention unit
- Established a Child Protection data unit
- Did a social worker workload study

In 2017, we accomplished the following:

- Researched and started implementing national best practices like the Collaborative Safety Framework which builds an internal culture of safety around case reviews (details below).
- Hired Director of Child Well-Being Michelle L. Farr and a transformation team of content experts.
- Started expanding upstream supports such as piloting Family Group Decision-Making in a high Child Protection-reporting school and creating a new, in-house Parent Support Outreach Program unit to handle high-risk cases.

- Used data to identify and address pain points (like adding another foster care licensing unit to relieve the backlog of children lingering in out-of-home placement).
- Hired KVC, national consulting firm to help us build our child well-being model and develop new operations, practices and processes that support it. KVC is introducing the Safe and Connected Consultation and Information Sharing Framework® which will provide a common way for staff to think critically about, discuss and document the challenges of children reported to child protection.
- Started holding forums with communities of color and indigenous communities.
- Decreased our average caseload distribution to 15 cases/worker and further increased staffing (from 301 staff in 2013 to 647 in 2017, a 115% increase).
- Experienced stabilization of maltreatment reports at approximately 22,000/year.

In 2018, we're seeking regulatory relief from the Minnesota Legislature by proposing to partner with DHS to research, develop, and implement a child protection safety and risk-based framework response system grounded in research and evidence-based practice. We'd work with other counties selected for the project to support our successful adaption of the child well-being practice model, including the safety and risk-based framework response system and an evaluation of outcomes for children. The project would authorize DHS to exempt Hennepin County and participating counties from some of the regulatory and legal requirements that force inefficient deployment of resources not related to the safety of children.

We're also introducing the Collaborative Safety (CS) Framework into our case review process. CS uses critical incident reviews not to assign individual blame but to find opportunities for agency growth and systemic change. CS improves staff engagement with the larger organization, staff retention, worker well-being, and, most important, outcomes for children and families. If our implementation of Collaborative Safety is successful, child protection workers will not only feel comfortable and safe participating in (voluntary) case reviews but also feel valued as contributors to a rich decision-making context.

III. Overarching themes and recommendations

"We continue to be concerned about the caseload size of Hennepin County child protection workers . . ."

Maltreatment reports from 2016 to 2017 have remained stable at approximately 22,000/year, and staffing has increased from 301 staff in 2013 to 647 in 2017, a 115% increase. Average caseload distribution has decreased to 15 cases/worker (target is 10-12/worker) but we recognize that the work is still unevenly distributed between old and new workers. Our newest workers completed their induction in December 2017, however: as they increase their capacity, we expect average caseload distribution to even out. As in most jurisdictions nationally, turnover remains high in Child Protection Field, and we experienced significant staff losses in December.

We share CRP's concerns about Child Protection caseload sizes. However, we think the answer to reducing Child Protection caseload sizes lies in moving upstream within the larger Children and Family Services area to prevent families' entry into Child Protection in the first place. We're working extremely hard at all levels to implement policies and practices that support child well-being:

- In April, a new in-house Parent Support Outreach Program (PSOP) unit will increase Hennepin's ability to connect families at high risk of child maltreatment (and involvement with Child Protection) with resources and long-term community support networks. This unit will also mentor contracted providers and use data to evaluate outcomes.
- Through a new early identification, intervention and prevention partnership with a high child-protection reporting school (Lucy Laney), mandated reporters will share with our PSOP staff their concerns about risk factors that rise to the level of a child welfare response. PSOP staff will team with an external Family Group Conferencing (a type of FGDM) facilitator and a school representative to address cultural considerations and social determinants affecting the family's stability. Our goal is to address the mandated reporter's concerns, support the family with community

providers' services, keep children safe, and keep families intact by using poverty-relieving support and solutions. If successful, we'll expand this approach to other high-reporting schools.

- We're rolling out KVC's "Safe and Connected" Consultation and Information Sharing and group supervision frameworks in April, starting in our ICWA Child Protection unit. We expect that implementing CWB practices and processes in ICWA first will help Hennepin take a big step toward addressing our most persistent racial disparities; identify the snags in the CWB roll-out before we broaden its scope; help us understand what the timing, sequencing, and integration of CWB implementation will look and feel like over the next couple of years; and, ultimately, reduce caseload sizes.

"We remain concerned that Hennepin social workers lack awareness of the roles and functions of agencies that they either work with, or should be working with, to help serve child protection clients . . ."

Hennepin is working on several broad fronts to better engage community, contracted providers, and staff in two-way conversation about our complementary roles:

- In January, we held the first of six (ongoing) forums with communities of color and indigenous communities to increase HC's transparency with communities that have been disproportionately represented in Child Protection cases, share our hopes for advancing child well-being, and engage in conversation about how Hennepin County and communities can work together better to support families and children. The first was attended by 50 people. One participant said, *"I appreciate open, honest communication. These are difficult conversations which hopefully will become easier over time."*
- In April, we'll hold the first annual forum with CFS contracted providers to build stronger, more transparent relationships. We'll share CWB vision and updates, engage in two-way conversation about opportunities and challenges, use immediate feedback to inform CWB contracting process, and maintain conversation and feedback loop long-term.
- Our partnership with African-American Coalition on Child Protection (AACCP, fiscally-sponsored by NorthPoint) on three DHS-funded racial disparities projects continues to inform our work. Hypatia is intergroup dialogue between CP workers and African-American community members. Cultural Navigators – through The Neighborhood Hub – aim to help 70 African-American families from North Minneapolis meet the requirements of child protection case plans, shorten the duration of out-of-home placements, and reduce racial disparities. In the first three months, 12 families have been referred, 5 are engaged and the target is 7-14 at any given time. The Kinship Project provides support and guidance to African-American kin/relatives identified as potential placement options through LSS/Children's Home Society of MN (CHSM). LSS/CHSM kinship workers assist kin with licensing and supports them post-placement.
- We acknowledge that we need to help staff increase their knowledge of community resources. One of the goals of our in-house expansion of the Parent Support Outreach Program is to better engage our seven contracted providers of PSOP and use our improved habits of internal communication to educate our social workers about PSOP's extended community resources and about what supports referred families receive through these resources. We're also exploring the possibility of holding an annual "agency fair" during the summer, not just for the induction process but for all staff.

"Social work staff frequently change jobs or move to new work areas and this makes it challenging to develop ongoing working relationships with families and community partners . . ."

We agree. One well-known study found that with one caseworker, the chance for a child to achieve a permanent and stable living situation was 74 percent. If a child had two caseworkers in one year, the odds dropped to 17 percent. With three caseworkers, it was a mere 5 percent. Our response to this urgent matter of reducing staff turnover is grounded in our larger transformation to a Child Well-Being framework: starting in April with ICWA, Hennepin will gradually implement KVC's "Safe and Connected" Consultation and Information Sharing Framework as the basis for decision-making at all levels.

Safe and Connected has been proven to build in shared accountability and mutual ownership, creating a safer-feeling work environment and richer opportunities to improve practice through better relationships with colleagues. Everyone will use the same guiding principles and practice standards to make team decisions. Also, reducing racial disparities, building cultural competence, and engaging the communities we serve are priorities that will infuse all levels of decision making. Ongoing, consistent, supportive worker training and onboarding will be a key part of this implementation. In other words, we believe and are acting on our belief that child well-being starts with worker well-being.

"The Citizen Review Panel struggles to recruit people from diverse cultures and backgrounds, especially as Hennepin's required background checks deter some prospective applicants . . . We are hopeful that in the coming year that the process can be expedited."

We share this goal and are working to expedite the background check process.

"When it is necessary to reduce county budgets, staff retention in child protection services should be considered nonnegotiable due to the extreme and long-lasting consequences of cuts."

We agree. Hennepin's Board of Commissioners is unwavering in its political and financial commitment to retaining its CFS workforce, super-sizing its upstream prevention efforts, and reducing racial disparities.

IV. Recommendations on the intersection of domestic violence and child abuse

"We recommend that Child Protection Services bring in representatives from law enforcement and domestic violence to provide cross-training on their issues and requirements in their specialty areas and the impact on children . . ."

This issue is on our radar, and we anticipate that our Child Well-Being lens will amplify and focus our efforts to better engage and work together with law enforcement.

We're working with the Brooklyn Park police department to develop a Safety Plan. BPPD Chief Enevoldsen became aware that patrol officers were being dispatched to domestic violence situations but not learning until later that families had an open child protection case (in which one of the adults posed an immediate threat). Now, Hennepin and BPPD have a new system: when Investigations puts in place a safety plan for a Brooklyn Park family, we send it to BPPD and they upload it into their dispatch system. When a patrol now gets a call, the safety plan is delivered as part of the computerized alert before they enter the home. If the safety plan states that the boyfriend, for example, should not be in the home if the child is present, the officer knows ahead of time to have the boyfriend leave or remove the child. We hope to expand this pilot to surrounding cities: the Brooklyn Center Police Department Commander has been attending our 72-hour hold meetings.

Also, our Investigations supervisors serve on case review committees at local hospitals including U of M, Children's, HCMC, and North Memorial which often include law enforcement. When domestic violence is involved, it is always part of the discussion. Moving forward, these meetings present as built-in opportunities to make sure law enforcement and domestic violence shelter representatives are regular members of these teams, and to make domestic violence considerations a more explicit part of our staff trainings.

". . . Because evidence of domestic violence is now identified as an inherent form of child abuse due to its implications for childhood trauma and future behavior, all domestic violence cases that involve children should be identified as child abuse and should be reported as such for evaluation and/or investigation by Child Protection Services . . ."

We acknowledge the child-centered intent of this recommendation but believe that it underestimates the challenges facing (and inherent tension between) child welfare workers and domestic violence providers serving families experiencing the co-occurrence of domestic violence and child maltreatment. It also overstates the legal power of Child Protection to intervene in domestic violence cases.

David Mandell, a domestic violence expert and developer of best practices around improving systems' responses to domestic violence when children are involved, describes this tension: "While child welfare has been uneasy about the

philosophy used by domestic violence agencies of empowering victims to make decisions for themselves and children, domestic violence providers, in turn, have been concerned that child welfare workers potentially place domestic violence victims at greater risk when they want the victim to leave the relationship in order to keep the children safe."

Mandell's Safe and Together Model is our guide as we explore alternate responses that don't add to children's trauma via automatic involvement with Child Protection. We anticipate that our child well-being implementation (which will include staff training on concurrent domestic violence and child maltreatment) will build a proactive system in which our workers will have more tools to help families heal.

"Evidence of domestic violence should be presented at all court hearings on child protection cases, including evidence of police actions and past court appearances having to do with domestic violence."

Please see above response. Hennepin is committed to following emerging best practices in cases of concurrent domestic violence and child maltreatment.

"Hennepin County should consider establishing a court that specializes in domestic violence."

We're not yet in a position to say "yes" or "no" to this recommendation. We're working with our courts to shorten the average time period between a child's removal from their home and finding permanency. Our main barriers are funding and court system capacity. System analysis may guide us on the pros and cons of establishing a future domestic violence court.

"We need to reframe the language we use to talk about the offender and the custodial non-offender to place less blame on the victim and more accountability on the perpetrator."

We agree. We anticipate that staff trainings in KVC's Consultation and Information-Sharing Framework will incorporate the use of best practices in language around domestic violence.

V. Recommendations on workforce retention and secondary trauma

"Induction training is a vital part of getting new staff ready for difficult work. Training must be a priority, and providing a dedicated space for this to happen is important . . . We recommend that DHS eliminate its backlog of training . . ."

We're building our training capacity for new staff via two new partnerships. First, we're working with DHS to begin conducting their core trainings in-house. This new Training Academy will be a win-win: our staff will receive training more quickly and have ongoing opportunities to shadow veterans and practice on 1-2 cases. And DHS will be able to relieve some of their six-month backlog. Second, we're partnering with Cornerhouse to train new staff on their forensic interview process. Our new and improved induction process will also likely include a unit on our new case review framework, Collaborative Safety.

Again, we acknowledge that CFS must do a better job of offering social workers in-service trainings on community resources for clients. These opportunities now vary depending on the unit's supervisor. We anticipate that the addition of a new in-house Parent Support Outreach Program (PSOP) unit will not only increase Hennepin's ability to connect families at high risk of child maltreatment (and involvement with Child Protection) with resources and long-term community support networks, but will help us be more intentional about educating our workers about these resources.

"Retention: new staff need to have a support system within the agency which open office space does not encourage. Assign mentors to all new employees."

High turnover is an inherent part of Child Protection in every jurisdiction, nationally. We acknowledge that this has a negative effect on child outcomes. That said, our staff turnover is decreasing. In 2015, it was 15%. Now, CFS' staff turnover rate is 8.4% in Children's Services and 8.8% in Child Protection. Our goal for both is 7% but we're exceeding by far the national average of 20%. In December, we had a number of staff leave CP Field and we are working to rebuild this capacity quickly.

Mentoring is a long-term goal but we don't yet have the capacity as the majority of our staff are new. In the meantime, we're implementing group supervision. The research shows that as workers shift from compartmentalized activities, tasks, and functions to integrated activities that lead to and support a common outcome, the daily workload gets lighter, building staff morale and retention.

Finally, we're building transparency and two-way conversation into our communications with staff via a monthly email update that reflects on recent activities, invites and answers staff questions about current work, and previews the slow roll-out of child well-being transformation work. Supervisors report that it's valuable to them, and the level of engagement between leadership and workers is increasing with each issue.

VI. 2017 Project report: how and how effectively is kinship care being used in Hennepin County?

We welcome CRP's examination of Hennepin's use of kinship care and anticipate that CRP's recommendations could be of use to county residents as well as to our service area. We know that children do better when they're placed with kin instead of strangers.

Our latest data shows that Hennepin places 58 percent of children with kin. That's up from 41 percent in 2014 and 23 percent above the state requirement. This percentage is consistent for all racial groups and suggests that kinship placement is an area in which we're gaining on racial disparities.

We are hopeful that the CRP's kinship research project can ultimately help children, their families and the Department all do better. But we also want to affirm that Hennepin already does as well or better than other counties in terms of our percentage of relative placements. We can always improve but hope that the CRP's focus on kinship care doesn't create a perception that this is an area in which Hennepin is performing poorly. Rather, we hope that the 2018 report finds that Hennepin is already doing well in this area and that if we took specific, recommended steps, we could do even better.

A few other thoughts:

We're concerned that CRP's emphasis on the caseload size of Child Protection workers misses the impact that the increased volume of reports has had – and continues to have – on not just on Child Protection workers but on all workers in the Children's Service area (especially those in Kinship, Foster Care, and Adoption). Hennepin County has not yet committed the same level of resources to the Children's Services area as it has to the Child Protection area. We are now, more than ever, experiencing growing pains associated with the dramatic increase in number of children in out-of-home care and an explosion in the number of Child Protection workers (nearly double what it was five years ago). We now have a much larger pool of potential referral sources who are handling a much larger volume of cases.

We appreciate that CRP hopes to inform both Hennepin County and DHS of promising practices and strategies to improve our work related to kinship and relative foster care licensing. This has been a topic of attention of the Minnesota Association of County Social Service Agencies (MACSSA). Hennepin County is partnering with other counties to propose legislation that includes piloting a change that would align foster care licensing background check disqualifying charges with those for adoption.

Regarding emergency relative placements, the paperwork involved has actually become less complex over the past year and a half. Hennepin County has been working with DHS to streamline the process for relative foster care licensing applicants.

Finally, Hennepin County does conduct expedited emergency licensure within the first day or two after a child enters out-of-home placement. In fact, an increasing number of cases are entering the system through OIC-Rs, already in relatives' homes. Our kinship social workers and foster care licensing workers do a great job helping most relatives understand how to work within the system, complete the required paperwork, and navigate through the licensure process.

HENNEPIN COUNTY

MINNESOTA

COMMITTEE MINUTES

BOARD OF HENNEPIN COUNTY COMMISSIONERS HUMAN SERVICES COMMITTEE

TUESDAY, APRIL 17, 2018
1:30 PM

Chair: Debbie Goettel, District 5
Vice-Chair: Mike Opat, District 1

Members: Linda Higgins, District 2
Marion Greene, District 3
Peter McLaughlin, District 4
Jan Callison, District 6
Jeff Johnson, District 7

Commissioner Debbie Goettel, Chair, called the meeting of the Human Services Committee for Tuesday, April 17, 2018 at 3:37 PM. All Commissioners were present.

1. Minutes From Previous Meeting

A. 04/03/2018 Human Services Meeting Minutes

APPROVED

Commissioner Marion Greene moved to approve the Minutes from the Previous Meeting, seconded by Commissioner Jeff Johnson and approved - 7 Yeas

2. New Business

Routine Items

A. **18-0142**

Human Services & Public Health resolution, including contracts and amendments to contracts with HUMAN SERVICE providers – Report 1806

CONSENT

Commissioner Linda Higgins moved to approve, seconded by Commissioner Peter McLaughlin and approved - 7 Yeas

3. Adjourn

There being no further business, the meeting of the Human Services Committee for Tuesday, April 17, 2018 was declared adjourned at 3:38 PM.

Yolanda C Clark
Deputy Clerk to the Board

HENNEPIN COUNTY

MINNESOTA

Board Action Request 18-0157

Item Description:

Human Services & Public Health resolution, including contracts and amendments to contracts with HUMAN SERVICE providers – Report 1807

Resolution:

BE IT RESOLVED, that the contracts, contract amendments and administrative actions of the Human Services and Public Health Department and Department of Community Corrections and Rehabilitation made pursuant to Chapters 256E and 393 of Minnesota Statutes, as detailed in Human Services and Public Health Contract Report 1807 be approved; that the report be filed in the Contract Administration Office; that the Chair of the Board be authorized to sign the contracts, contract amendments and administrative actions on behalf of the County; and that the Controller be authorized to disburse funds as directed. Such contracts are subject to ministerial adjustment, when such adjustments are done within the constraints of the approved Hennepin County Budget and when signed by the County Department Director or Designee.

Background:

The contracted dollar amounts are based on estimates of program costs and/or utilization during prior periods. Funding for each contract is provided for within service categories in the Human Services and Public Health Department and Department of Community Corrections and Rehabilitation approved annual budgets. Occasionally new services are implemented which are not in the budget but which are fully funded under state or federal grants or other new funding.

Contracted dollar estimates are based upon prior year usage and are subject to fluctuation in placement patterns, service need, and cost shifts. Therefore, it may be necessary to process ministerial adjustments to contracts to increase or decrease contract amounts or to make minor service changes consistent with the department budget and strategic plan. Placement agreements are also processed administratively.

Contracts include services in the following areas: adult mental health; developmental disabilities; chemical health; adult housing; early intervention and family intervention services, day treatment services; emergency shelter; day care; training and employment services, interpreter services, health services, welfare advocacy, and various other human services. Expectations for ongoing outcome measurement are included in all new, renewal, or extended contracts. Outcome measures are developed by the county and contracted providers. Typically they include measures of client service recipients condition or functioning level. Outcome information is used to modify or improve programs as well as to evaluate effectiveness of different types of intervention and providers. A detailed listing of the specific actions requested by this BAR and an explanation of all unusual items is reflected in the summary of the report.

ATTACHMENTS:

Description	Upload Date	Type
Rpt 1807	4/26/2018	Backup Material

Human Services and Public Health Department - Human Services Contract Report #1807

Date: 4-26-18

To: Clerk of the County Board

From: Human Services and Public Health Department

Subject: BAR Number 18-0157

Board Action Date: 5-8-18

[Electronic Provider File \(EPF\)](#)

[HSPH Board Reports page](#)

Summary of Contract Actions

New Contracts			Renewed Contracts			Amended Contracts: Increase; (Decrease); Service Changes		
Service Area	Number	Amount	Service Area	Number	Amount	Service Area	Number	Amount
None			CS	2	\$0	ABH	1	\$88,154
						CS	1	\$15,292
						ICA	1	\$117,725
						LTSSAP	1	\$0
Human Services Total	0	\$0	Human Services Total	2	\$0	Human Services Total	4	\$221,171
DOCCR Total	0	\$0	DOCCR Total	0	\$0	DOCCR Total	0	\$0

Administrative Actions Description	Contract #	Service Area List and Key
None		ABH = Adult Behavioral Health CS = Children's Services ICA = Initial Contact and Access LTSSAP = Long Term Services and Support and Adult Protection

Vendor	Contract #	Service/Description	Service Area	Term	Previous Annual NTE	New Annual NTE	Funding Source	Notes
New Contracts								
None								
Renewed Contracts								
Elizabeth Hackbarth d/b/a North Crow Home	HS00000090	Out of home placement for adolescent females experiencing emotional and/or behavioral issues.	CS	5/1/18 - 4/30/22	\$0	\$0	County	
Independent School District No. 279	A178182	Provide administrative and/or case management services for families and children at risk of foster care and/or in need of children's MH services.	CS	1/1/18 - 12/31/22	\$0	\$0	Federal/State	Local Collaborative Time Study (LCTS).
Amended Contracts								
Avivo	A141139	Counseling, resources, case management, career and training services for men and women age 18 and older with chemical and mental health issues, unemployment and involvement with the criminal system.	ABH	1/1/15 - 12/31/18	\$88,154	\$176,308	County	Extend the contract 6 months to 12/31/18 and establish NTE for 7/1/18-12/31/18.
Regents of the University of Minnesota	UM0513	Education support services for students, youth and their families in Hennepin County who lack sufficient support in their lives to succeed in school.	CS	7/1/13 - 6/30/18	\$68,000	\$15,292	County	Extend the contract 6 months to 6/30/18 and establish NTE of \$15,292.
Fraser	A121152	Early childhood respite in home or center for children with a wide variety of special needs ages 16 months to 5 years.	ICA	1/1/13 - 12/31/18	\$117,725	\$117,725	County	Extend the contract 6 months to 12/31/18 and create an annual NTE of \$117,725.
Rise, Incorporated	A140624	Services to adults with developmental disabilities.	LTSSAP	6/1/14 - 12/31/18	\$0	\$0	County	Extend the contract for the period 6/1/18 - 12/31/18.
Administrative Actions								
None								