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HENNEPIN COUNTY
MINNESOTA

Child Protection and Child Well-Being

Purpose of the Briefing

- Provide background on recent actions pertaining to our child protection system by the Oversight Committee and Workgroups established by the Board
- Provide an update on the June 2015 Board Action Resolutions including current data
- Review final recommendations from our Child Protection Oversight Committee
- Identify next steps



Background

February 2014 - Board directs Comprehensive Review of Children and Youth Services in BAR 14-0067; the Comprehensive Review resulted in a request for an assessment of Hennepin's Child Protection System by Casey Family Programs

September 2014 - Governor's Task Force on Child Protection established

June 2015 - Board receives the Casey Report and Recommendations issued as a result of the assessment of our Child Protection System

July 2015 - Board allocates money for additional staff in BAR 15-0239, establishes Oversight Committee in BAR in 15-0244R1 and creates Workgroups in BAR 15-0269R1

Key Casey Recommendations

1. Re-vision our CPS system so that it meets standards of excellence “without regard to current resource deficits”
2. Provide assigned workspace for Children and Family Services units to enable more effective operations
3. Staff screening and investigative units to match case volume and re-examine policies and procedures with the goal of freeing up case workers to spend more time with children and parents; complete a workload study

Board Action Created, Child Protection Oversight Committee

- Twelve experts with a variety of experience
- Met 13 times from October 2015 to October 2016
- Focused on:
 - re-visioning and establishing a new Child Well-Being Practice Model
 - current issues in child protection
 - recommendations from Workgroups
- Child Well-Being Practice Model approved in April 2016
- Final recommendations discussed in October 2016

Oversight Committee - Recommendations

1. Implement a Child Well-Being Practice Model in Children and Family Services (CFS)
2. Hire staff to reasonable caseload levels
3. Support CFS space configurations in ways that support the Child Well-Being Model and improved outcomes for children
4. Build prevention and early intervention practices and services that reduce risk to children
5. Establish an independent data unit
6. Establish a permanent successor to the 2015-2016 Oversight Committee

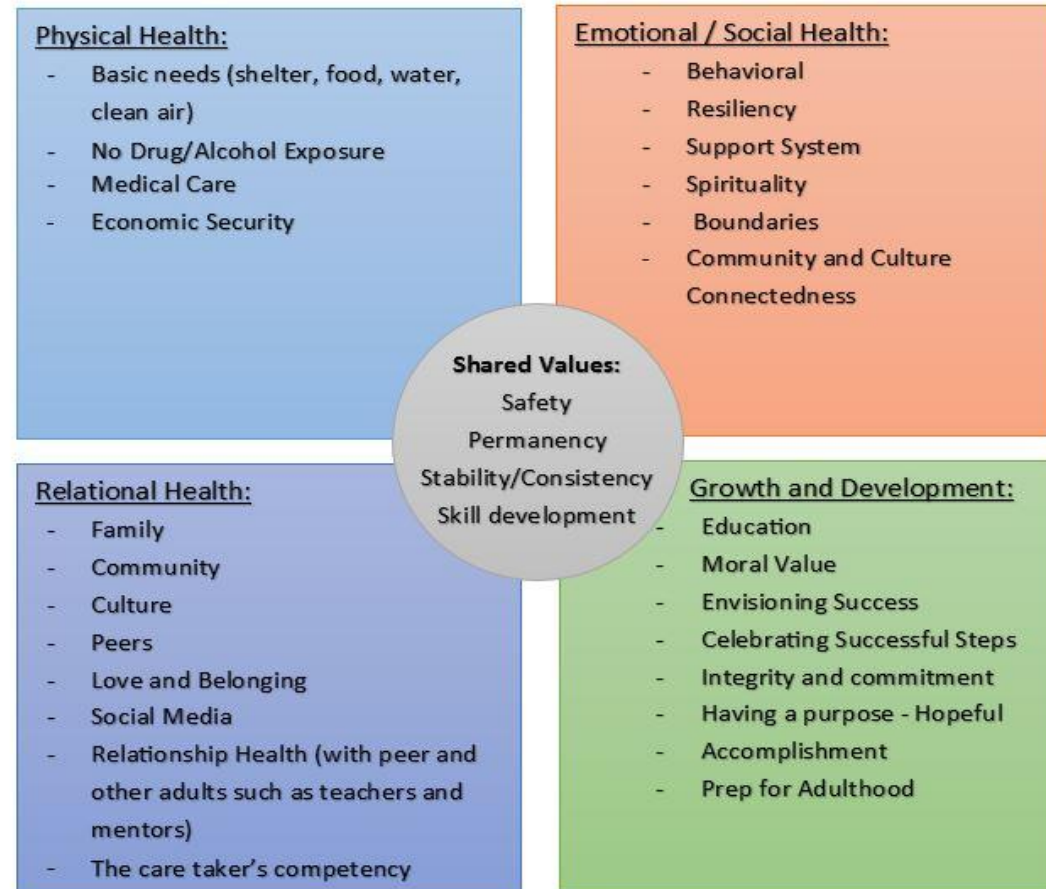
Board Established Child Protection Oversight Workgroups

- 24/7 Child Protection response
- Space and staffing
- Contracts
- Early intervention and chronic neglect
- Data unit
- Workload study



CHILD WELL-BEING

The Framework identifies four basic areas of well-being: (a) Physical Health, (b) Emotional/Social Health, (c) Relational Health, and (d) Growth and Development. Within each area, the characteristics of **healthy functioning** related directly to how children and youth **navigate their daily lives**: how they **engage in relationships, cope with challenges** and **handle responsibilities**.



24/7 Child Protection Response

- Implemented new DHS screening guidelines January 2016, per State statute
- Screening and investigation services offered 24/7
- Substantial report trends
- Adding a dedicated evening, weekend, and holiday unit
 - 2 Supervisors and 5 Child Protection Social Workers

Space and Staffing

- Reassigned staff to 4 principal community locations
- Workspace 2.0 under development
- Developed recruitment and retention plans
 - ✓ Currently 205 Child Protection positions with 8 vacancies
- Training expansion – 90 day induction unit
- Diversity in workforce (38% in Child Protection, 28% in CFS)
- Instituted weekly Children and Family Services team updates



Contracts

Key findings:

- Diverse array of services
- \$3.5 million spent on contracted providers; does not include children's mental health services or out-of-home placement services

Challenges

- Data privacy and sharing of information is problematic; impacts ability to measure outcomes and use predictive analytics
- Short-term interventions, how do they impact long-term outcomes

Opportunity:

- Leverage contracts to focus on all needs of the family, not just the maltreatment issue

Early Intervention and Chronic Neglect

Accomplishments

- Public Health Nurses completing mental health screenings for children 5 and younger
- Teen parent coordinator hired in Public Health
- SSIS access to providers
- Developed recommendations to build early intervention practices and a unit to specialize in chronic neglect families

Recommendations for Future Implementation

- Parent support outreach
- Be@School contracted service providers
- Child well-being outcomes for all providers
- Referral of high risk families to community providers
- Chronic neglect unit
- Trauma assessment tool
- High quality child care

New Data Unit

- Assigned a data coordinator to support decision making and work across all county departments serving children
 - Identify data availability and usability
 - Identify data gaps and needed improvements
 - Set data agenda for improved practices and outcomes for children

Workload Study

Completed a workload study to determine reasonable caseload standards and assignment of new investigations/assessments

- Screening: No caseload recommendation;
 - All Child Protection Reports must be screened within 24 hours of receipt. Appropriate staffing must meet the volume to adhere to the standard.
- Investigations: Maximum of 2 cases per week
- Case Management: Maximum of 11 cases
 - Governor's Task Force recommends 8 – 10 cases
 - This recommendation was based on an assessment of the tasks required, the time to complete those tasks, and the number of work hours available per month.

Significant Work Remains

- Caseloads remain double the national standard especially for field case management
- Designated space is assigned but ease of access for colleague consultation remains a challenge
- Enhance front door and back door supports to shrink the child protection necessity
- Shelter issues remain

Current Volume of Work

| Child Protection Screening Reports | Up 96% since 2008 |
|---|----------------------------------|
| Child Protection accepted reports | Up 10% Since 2013 |
| Child Protection investigations | Investigations up 74% since 2014 |
| Opened for Case Management services | Up 28% since 2014 |
| Out of Home Placements | Up 65% since 2014 |
| Staffing numbers | Up 46% since 2014 |
| Budget | Up 39% since 2014 |

Statistics

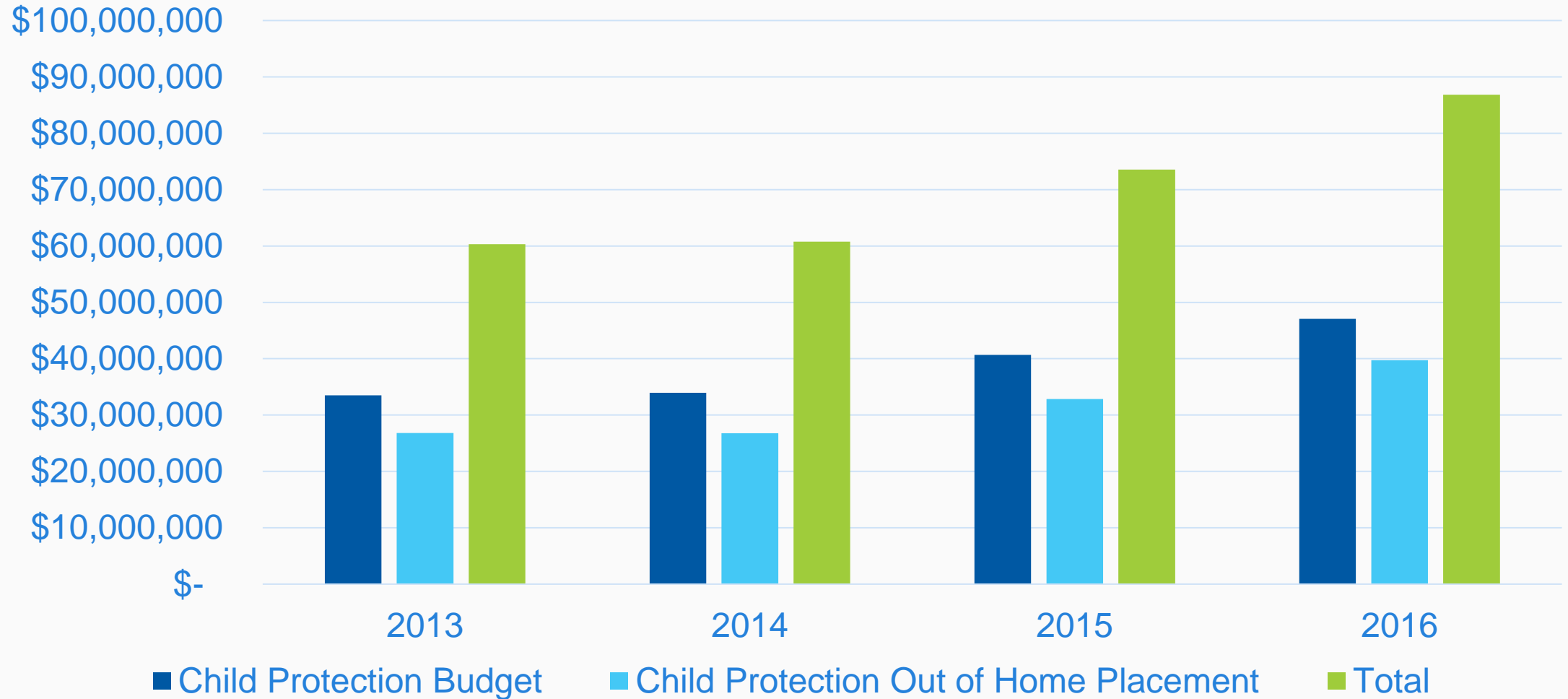
| | <u>2009</u> | <u>2016</u> <u>(projected)</u> | % of increase |
|---------------------------------|-------------|-----------------------------------|---------------|
| Child Protection reports | 10,900 | 21,400 | 96% increase |
| Screened in | 4,210 | 9,190 | 118% increase |
| Maltreatment findings | 1,423 | 2,870 | 99% increase |
| Children available for adoption | 94 | 339 | 260% increase |
| Kids in foster care | 788 | 1572 | 99% increase |
| Finalized adoptions | 77 | 100 | 29% increase |
| Child Protection staffing | 122 | 206 | 69% increase |



Staff Turn-Over Rates

| Child Protection Staff | 2015 | 2016 |
|-------------------------------|-------------|-------------|
| Intake and Investigations | 15.9% | 13.5% |
| ICWA Case Management | 50.0% | 15.2% |
| Case Management | 23.4% | 19.0% |

Child Protection Costs



Awareness of our Children's Needs

Abandonment

Chemical Abuse

Domestic Abuse

Medical Neglect

Mental Health

Physical Abuse

Sexual Abuse



The Proposed Hennepin Model

Profound and Sustained Transformation:

- Improve outcomes for children and families
- Provide our staff with the tools and supports to excel
- Dramatically increase public awareness and engagement
- Partner to build community supports

Metrics to Monitor:

- Reduce maltreatment of children
- Reduce out of home placements
- Reduce re-entry rates
- Reduce repeat maltreatments
- Reduce length of time to permanency
- Improve youth outcomes (graduation rates, well-being metrics)

New Jersey Child Welfare Services - Consults

Successful System Transformation

- Lowered child protection referrals
- Improved early intervention and preventions services
- Reduced out of home placement by 60%
- Reduced the number of court-involved Child Protection cases
- Reduced the number of Terminations of Parental Rights
- Stabilized their workforce, down to a 6% turnover rate
- Took 13 years and significant financial investment
- Utilized an Implementation Team for careful planning and sustainable change



The Proposed Pathway

- Create a transformation team
- Leverage best practices around the nation
- Create a 3 to 5 year prioritized plan of action with metrics
- Early emphasis on upstream and downstream supports
- Parallel investment model



Recommendations 3 - 5 year plan

| Recommendation | Costs | FTEs | Comments |
|---|---------------------|------------|---|
| 1. Expand PSOP | \$ 617,000 | 6.0 | Includes \$50,000 to fund family needs |
| 2. Create Chronic Neglect Unit | \$ 906,000 | 9.0 | Includes \$50,000 to fund family needs |
| 3. Add a Community Connections Coordinator | \$ 120,000 | 1.0 | Focused on families screened out of normal child protection services |
| 4. Establish a Child Well-Being Data Unit | \$ 421,000 | 4.0 | Initial investment |
| 5. Add staff to match volume/demand | \$ 21,526,323 | 217 | Staff functions |
| 6. Create Transformation Team | \$1,275,600 | 7.0 | Includes \$500,000 for expert consult |
| 7. MH Assessments | 0 | 3 | Revenues cover functions |
| 8. Fund community based early intervention programs | \$ 950,000 | --- | Vendors selected by RFP with services prior authorized by the county. |
| 9. Staff space 2.0 | \$ 250,000 | --- | |
| Total | \$26,065,923 | 247 | |



Recommendations Years 1 - 3

| | 2017 | 2018 | 2019 | Total |
|---------|---------|--------|--------|---------|
| FTEs | 122 | 83 | 42 | 247 |
| Funding | \$13.3M | \$8.6M | \$4.2M | \$26.1M |

- Phase-in would allow for:
 - Opportunity to see the impact of early intervention services
 - Verify if current case load increase will continue
 - Allow workforce planning, development, and mentoring supports

Profound System Transformation

Create Practice Standards

- That will, ensure equitable practice, positive outcomes, promote healthy children and improve the overall health of the Children and Family Services

Child Well-Being Focus

- Meeting the physical, emotional social, relational, growth and development needs of all children

Prevention and Early Intervention

- To reduce the number of children being maltreated; support and promote healthy families

Shared Values

- Safety Permanency Stability Consistency Skill Development

Questions and Discussion

