

DRAFT (as of 9/16/09)

2010-11 County MFIP/CCSA Biennial Service Agreement

Minnesota Family Investment Program and Children and Community Services Act

January 1, 2010, to December 31, 2011



Minnesota Department of **Human Services**

Type of Service Agreement

Individual county submitting a:

Multi-county partnership submitting a:

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

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

County Name: **St. Louis County**

County Names:

County MFIP/CCSA Biennial Service Agreement

January 1, 2010, to December 31, 2011

CONTACT

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* * *

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

* * *

Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

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

The current poor economy with high unemployment rates and lack of job availability is posing to be the most significant challenge for MFIP clients. The jobs, for which most MFIP clients would apply, are now being filled by the general laid-off population, members of which usually possess more skills than the MFIP participants. Because of this, MFIP participants need more intensive services from the employment and training providers including: in-depth assessments, soft skills training, job coaching, budgeting, and work related workshops. Support service expenses continue to be utilized for transportation, car repairs, housing related issues like rental down-payments, rent, and utilities. Many MFIP clients are experiencing family problems and may need additional family services including affordable temporary or permanent shelter, utility hook ups, food, clothing, legal assistance, and medical/dental access. Other identified persistent needs include overnight and weekend child/infant care, issues around domestic violence, issues around mental and physical disabilities/restrictions, and telephones/telephone service.

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

Needs/Services	Caseloads		
	MFIP	DWP	FSS
Chemical/Substance	21%	19%	33%
Child Care	85%	78%	55%
Education	19%	11%	8%
Employment	91%	92%	25%
Housing	33%	58%	38%
Language	3%	5%	5%
Mental Health	35%	35%	63%
Support Services	57%	59%	73%
Transportation	57%	59%	65%
Other (state):	30%	30%	13%
Other (state):	%	%	%

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

The populations are getting more difficult to serve because of family stabilization and personal issues. Skilled workers laid-off from their employment are taking entry level jobs that many of our participants were accessing. Lack of affordable housing has increased because of the economic down turn. People losing their homes are now competing with low-income families for affordable housing. Participants are also in need of SSI Advocacy, PCA services (which are now more limited) and transitional services for post 60 months.

B. Strengths and Resources to Address Needs

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

Our Providers and St. Louis County have a long history of cooperation and collaboration on social service issues which results in close working relationship between staffs. Regularly scheduled provider meetings, joint staff meetings, MFIP joint orientations and overviews are some of the many joint meetings held together. This partnership continues with the co-location of the Office of Job Training, AEOA, Rehabilitation Services, Job Service, SSB, county, and private employment agencies in the local WorkForce Centers. Through the exchanges and cooperatives of the various staff, resources are integrated to meet the needs of MFIP participants. Specific resources also include:

- JARC Rural Rides Transportation Program
- E3, Supported Work Activity
- Office Works Computer Training
- Mental Health and CD programs
- Employability Measure
- Chemical issues – Center for Alcohol & Drug Treatment, Lake Superior Treatment Center, Arrowhead Center
- Child Care issues – County Social Services, Child Care Resource and Referral, Bethany Crisis Nursery
- Education – MRC Duluth, Lake Superior College, Fond du Lac Tribal & Community College, Duluth Business University, Mesabi Range Community & Technical College, Hibbing Community College, Ordean Foundation (Scholarships/grants)
- Employment – Duluth Workforce Development, Minnesota Workforce Center, SOAR Career Solutions, Duluth@Work project, Northeast MN Office of Job Training, Arrowhead Economic Opportunity Agency, Occupational Development Center
- Housing – HRA, Life House/Renaissance House, private rental subsidies through Thies and Telle, transitional housing
- Mental Health – HDC, SMDC, St. Lukes, Arrowhead Psychological Clinic, Hibbing Fairview, other small clinics/practitioners
- Support Services – DWD, NEMOJT, AEOA, Salvation Army, Life House, CHUM, ODC

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

A strong and supportive collaboration by the MFIP employment and training providers, community professionals, the religious community, and the county is necessary to address the persistent needs of the MFIP population, especially in the areas of basic needs for the entire family, mental health issues, chemical abuse problems, parenting issues, anger and violence management, soft skills training, support services, transportation, housing, and financial management. The MFIP families are not likely to succeed without the substantial efforts by all of the collaborating agencies to reduce or manage the serious and persistent barriers to employment and self-sufficiency. Poverty and unemployment can lead to a multitude of issues that seem to create insurmountable barriers to the MFIP families. Once the basic needs, such as food, clothing, and shelter are being met, the MFIP participant can start to build a trusting relationship with the staff from the employment and training providers. If this trusting relationship can be developed, the participant can admit and then address the problems they are experiencing.

While many supports are in place, such as transportation and supported work, we see a significant need for support with the FSS population. We need to take a holistic approach to case management for clients on FSS. Clients need a structured job prep curriculum as well as a change in their mindset as to the value of work. Other efforts include: Public Health Screenings, the Disparities Project involving partnerships with Community Action Duluth and Minnesota Chippewa Tribe, Innovative Services Project “Project Hope”, and TANF home visits.

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

With input from our community partners and community advocates we have changed our policy regarding expanded criteria for the Enhanced Crisis Funds. This allows more supportive interventions for our participants to access. We continue to communicate with our Providers to coordinate our joint efforts in managing the federal stimulus money. Supported work dollars and Homeless Prevention Rapid Re-Housing stimulus funds will also be accessed.

4. Family Stabilization Services

a. Contact information

Name of FSS staff contact:	Same as Providers – see below.
Contact phone:	

b. Service model

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

1. County determines eligibility and refers participant to the Workforce Center, ES provider assists.
2. Cases are managed by ES counselors through individual plans.

c. Challenges

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

One of the greatest challenges in serving FSS participants is to be able to communicate effectively with the participant enrolled; often this involves an unwillingness to disclose or document a disability. The E&T providers must develop a plan and identify the most appropriate path to employment, family stability, and reduce barriers to employment.

One step the Office of Job Training has taken is to conduct a monthly FSS Connections Group. The group meeting usually provides the attendees with information about various community programs and therapy. (Individuals in FSS generally have medical issues that prevent them from participating in work activities at the level required by MFIP.) Also, a monthly newsletter is sent to the FSS participant that explains the benefits of employment and self-sufficiency.

The medical opinion form has been restrictive in limiting activities for these participants. The county and employment providers have devised a new form that has opened up activity levels and encouraged work and greater participation with this population.

- Mental health advocacy – ARHMS workers and Social Workers have helped
- SSI/RSDI Applicants – takes average of 2 years to get final decision, advocacy is key
- Stabilization in housing – County emergency grant, Salvation Army, Safe Haven, Women’s Transitional Housing, Range Transitional Housing, Section 8 Housing, and LSS

5. Provider Information

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

Name and address	Contact person	Phone	Service provided?		
			MFIP ES	DWP ES	FSS
AEOA	John Pettinari	749-2912	X	X	X
NEMOJT	Ray Garmaker	748-2271	X	X	X
DWD	Don Hoag	218-730-5241	X	X	X
ODC	Clayton Liend	218-681-4949	X	X	
MCT	Don Hoaglund	218-786-0321	X	X	X

C. Outcomes and Measures

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

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

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

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

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

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

Analysis/assessment of current strategies/identification of new strategies: St. Louis County continues to work closely with its Providers. In addition to regular staff contact, the monthly Providers' Council is an opportunity to bring up issues and generate solutions before the issue becomes a problem.			
From the Apr. 08-Mar. 09 annualized data, check if your county is 'above' or 'within' its expected range and the percentage performance	<input type="checkbox"/>	Above	71%
	<input checked="" type="checkbox"/>	Within	
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10		78%
	Apr. 10–Mar. 11		80%

2. Counties below the expected range of performance

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

- [Performance Improvement Plan for the S-SI \[2010-11\]](#) **Not Applicable**

TANF Work Participation Rate (WPR)

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

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

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

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

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

Analysis/evaluation of current strategies/identification of new strategies: While Providers have attained many of the goals and action steps to improve the current WPR, many other factors have contributed to the continued struggle to increase the WPR, most of which are related to the extreme high unemployment rate. New strategies include targeting subgroups that may struggle with barriers related to ethnic/racial/immigrant issues. Increased monitoring of target goals by the Providers’ Council will keep us informed of the progress or lack of progress in attaining our action steps.		
Enter your county’s annualized Work Participation Rate target for Apr. 08 – Mar. 09		33.7%
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10	39%
	Apr. 10–Mar. 11	39%

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

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

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

Promoting Equity in MFIP Outcomes

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

WPR within your county (note: there are two sheets in the Excel file):

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

Counties with a performance gap in one or more subgroups

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

1. Self-support Index

Racial/ethnic subgroup	S-SI for whites	S-SI for sub-group	Percentage difference (gap)	Number of participants needed to eliminate gap
African-American	73.6%	58.9%	-14.7/13.5%	18
American Indian	73.6%	56.3%	-17.3/-15.2%	14
<p>Explain why the performance gap exists for each subgroup above: Many of the factors that affect our overall performance in this area are exacerbated for African-American and American Indian participants. In addition there are cultural and social barriers that need to be more effectively addressed in our agencies and community. The percentage differences have increased as the recession has grown, and we know that low-income job seekers are now competing with more skilled competitors. In addition, our county continues to work with its community partners in addressing hiring discrimination, racism, and social alienation.</p>				
<p>What existing and new strategies will your county use to eliminate or reduce the performance gaps? St. Louis County will continue to support the Disparities Project through the Duluth CAP agency and the MN Chippewa Tribe. We will continue to increase our awareness of the barriers that participants face through interaction with community partners. We will work with our providers to incorporate disparity strategies into their workforce. Recently, a new training program has been developed through Community Action Duluth which will be required for all job counselors in the county; this training will be extended to Financial Workers and other county employees as well. Also, county staff have been regularly attending Solutions To Poverty forums facilitated by current and former MFIP clients through Community Action Duluth.</p>				
<p>What action steps will your county take to implement strategies in the next biennium? Workforce job counselors will participate in disparities training. County workers are required to participate in diversity training on a yearly basis. The Providers Council will keep this issue as a focal topic and develop a plan to incorporate these ideas. We will continue to meet with our local tribal entities on a quarterly basis at the Collaborative Meetings.</p>				

2. TANF Work Participation Rate -- NOT APPLICABLE

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

Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

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

Children's mental health:

Children of all ages need appropriate and timely assessment of their mental health needs. They and their families need information about available mental health services and supports and the ability to access them. Providers of mental health services to children need to share information and coordinate services adequately to enhance access to needed services and improve outcomes for children and their families. Children need to have their mental health needs addressed through community-based services whenever possible so they can continue to live in their own home and community.

To address the above needs, priorities in the area of children's mental health will include:

- Completion of children's mental health screening in appropriate CW/CPS cases
- Prompt response to referrals for CMH case management
- Use of the CASII in CMH case management to assess service intensity needs and monitor progress toward improved functioning
- Continued advocacy and assistance to families for access to mental health services and supports, including CTSS, which support children's maintenance in and/or timely return to the community
- Continued efforts to coordinate care for children through good communication with other service providers, regular team meetings for children in out-of-home placement, and inclusion of families in all aspects of service planning
- Effective coordination with Managed Care Organizations for the provision of CMH targeted case management and facilitation of children's access to residential placement and other mental health services when needed
- Continued participation in the Minnesota Thrive Initiative and local Early Childhood Mental Health Resource Team to strengthen community collaboration to ensure the health social and emotional well-being of young children

Child safety: *

Increasing violence, reports of maltreatment and placements, reduction of resources. Loss of community supportive and preventive services. Number of staff directly affect agency's immediate response to child maltreatment capability – meeting of response standards. Increase in per capita of child maltreatment referrals, 30% low-income residents in Duluth.

Child permanency: *

Kids entering adulthood from foster care and kids that have been in foster care continue to fare badly after reaching independence. Literature states these kids are highly over-represented in homeless numbers, chemical dependency, psych units admissions, etc.

Jamming of courts and court times for children to get to permanency within timeliness. (Cutbacks in State funding for courts and Social Services.)

Child well-being: *

Community supports and prevention programs under financial pressure and cuts.

* Turnover of staff, continued training, continuity of service and skills are a challenge. High ratio of staff to supervisors. (Janet's position out for 3 months greatly exacerbates). Failure of nation's economy affecting funding levels. Decrease in primary prevention and community resources (i.e. Parks & Rec, libraries, skating rinks, etc.) Decrease in school programs for kids. Unallotment effects. Low participation by the State in funding children's services (Minnesota ranks near the bottom nationally in providing funding for child welfare services – leaving local government with mandates and the financial responsibility for essential funding of services.

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

During the 2010-11 biennium, St. Louis County will continue to develop and enhance community-based services using a best practices model for persons with disabilities. Crisis services for persons with developmental disabilities will be available 24/7. We will implement a new rate tool for MR/RC Waiver funded services. A waiver coordinator will continue to help effectively delivery integrated waiver funded services in St. Louis County. We will work to develop public and private community-based resources for adults with mental illness, which will allow them to remain in their local communities to receive the services they need. We will also partner with chemical dependency treatment providers to develop practices and resources that will be more effective in the treatment of methamphetamine addiction.

During the 2010-11 biennium, St. Louis County will be struggling with an increase in caseloads for guardianship with no increase in personnel, an increase in rep payee clients which is vital to keeping our clients in housing, and mental health referrals increasing with delayed hiring due to a hiring freeze. The waiting list for the DD waiver is extensive. Chemical Dependency requirements for employees are increasing. However, we continue to look at the most cost effective way to deliver services to the maximum amount of clients with the personnel and budgets available.

B. Strengths and Resources to Address CCSA Needs

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

- Motivated staff, agency's willingness to train new staff. Director's desire to maintain excellent service (Dream Dare Do) Best Public Health and Human Service agency in MN in 10 years.
- In danger because of need for financial cuts which would be in personnel or out-of-home placement budgets. Already 90 day delays in hiring and hiring freezes have

hurt services and ability to react in timely manner for foster care visits and home visits of parents and children in care.

- The agency has developed decision-making teams for consistency (intake meetings, pre-petition screenings, case assignments, decision-making teams (which program should respond, ICWA team meeting). At the critical decision points.
- ICWA unit specifically designed to respond to Indian Child Welfare cases and regular meetings with area tribes (Bois Forte and Fond du Lac).
- Children's Justice Initiative provides communication between agencies involved in Juvenile courts.
- Concurrency planning practices have been implemented and are being tracked.
- Foster care team meetings (every 60 days), Level IV placement reviews, and community meetings such as the Child Abuse Summit.
- Two Multi-Disciplinary child protection teams (also Child Mortality Review teams), 1st Witness team.
- Children's mental health has two local advisory councils.
- Truancy interagency review team.
- Staff Development calendar and coordinator.
- Shifting away from "child placement" solutions to agency and community supports for families to remain together.

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

- Children's Services – we are implementing Safety Oriented Practice – an enhanced child welfare/child protection engagement practice that partners with parents of children at risk of maltreatment or out-of-home placement to provide safety, permanency and well-being for children hopefully allowing more children to remain at home but if not possible to develop in a stable permanent home. The practice employs use of collaborative community resources to support families and work with each other.
- Foster care recruitment of more homes and homes matching the diversity of the children needing placement. Enhanced foster care training, evaluation and support of homes.
- External and internal support programs for children transitioning out of foster care are in place. Lutheran Social Services runs the "Oh No 18" program and we have a social worker assigned to do transitional planning.
- Medical reimbursement strategies. Use of new job classification and licensure.
- Expanded use of trial home visits.
- Meeting with Rule 5 providers to consider change in focus and length of care to reunite children back into the community sooner.
- Family Group Decision Making in north and south St. Louis County.
- Relationship with UMD graduate program and UWS, CSC undergraduate programs.
- Grant partner with the Visitation Center for federal OVW grant.
- Core of services remained similar but the agency has been more intentional in its practice and efficient use of limited resources (use of Family Assessment and traditional Child Protection investigation). The County still has Intensive Family Based Services, Family Outreach, and Extended Family Service.

- Whole Family Foster Care, Children in Need of Protective Services drug court, Public Health and Human Services in one agency.
- Continue to prioritize client need for services such as rep payee, DD waiver, MH services and CD evaluations.

C. CCSA Outcomes and Measures

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

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

1. County Performance

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

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

Federal Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
1. No repeat maltreatment within six months	94.6 % ↑	94.9%	91.2%		%	%
2. Re-entered foster care within 12 months	9.9 % ↓	26.1%	29.8%		%	%
3. Reunified within 12 months	75.2 % ↑	86.1%	81.8%		%	%
4. Adopted within 24 months	36.6 % ↑	50.3%	41.2%		%	%
5. Two or fewer placement settings	86.0 % ↑	86.1%	82.9%		%	%

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

State Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/Below	2010	2011
6. No repeat maltreatment within 12 months	100% ↑	91.5%	88.0%	%	%	%
7. Showed improved mental health *	**	40.7%	%	%	%	%
8. Received health exam within one year	63.2% ↑	55.7%	39.0%	%	%	%
9. Received mental health screening	**	43.6%	26.2%	%	%	%

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

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

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

Measure #: 1	Federal Measures – No Repeat Maltreatment Within 6 Months
Steps to improve performance: We are challenged by increased violence in society together with lowering of family income and quality of life due to the recession – societal factors that are beyond our ability to control or successfully influence. In spite of this, St. Louis County is engaging a different way of approaching families at risk for maltreatment that includes partnering with parents of vulnerable families using St. Louis County’s Safety Oriented Practice – our version of Signs of Safety developed by Andrew Turnell and others. This approach offers the ability to make more effective service plans and safety plans for children with the hope that it will reduce repeated maltreatment. The method of our intervention is based on partnering with families rather than litigating with them. The focus of our intervention is safety for the children. There has been extensive, intensive training of staff in this methodology.	

Measure #: 2	Federal Measures – Re-entered Foster Care Within 12 Months
Steps to improve performance: St. Louis County is using SOP mentioned above combined with Family Group Decision Making and extended family/community resources to bolster families so that children can return home sooner to a safer environment. The reunification plans include extended family and community members in the family’s environment to monitor the children’s safety and react safely with the hope of preventing second placements of children.	

Measure #: 5	Federal Measures – Two or Few Placement Settings
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Steps to improve performance: There is contrary forces in the initial placement of children: one in keeping children with family members so that children are not as seriously disturbed in placement but if relatives are not ultimately licensable this results in exceeding the expectation of two or fewer placement settings. Though relatives are extensively sought and used for good reason, they often are not as stable of a setting as established foster homes and placement disruption occurs. St. Louis County has developed procedures for support of foster homes to lower foster care disruptions.

3. All Counties (optional)

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

Measure #: 6	State Measures – Recurrence of Maltreatment Within 12 Months
Approaches and steps that are leading to positive outcomes: Steps to improve performance: We are challenged by increased violence in society together with lowering of family income and quality of life due to the recession – societal factors that are beyond our ability to control or successfully influence. In spite of this, St. Louis County is engaging a different way of approaching families at risk for maltreatment that includes partnering with parents of vulnerable families using St. Louis County’s Safety Oriented Practice – our version of Signs of Safety developed by Andrew Turnell and others. This approach offers the ability to make more effective service plans and safety plans for children with the hope that it will reduce repeated maltreatment. The method of our intervention is based on partnering with families rather than litigating with them. The focus of our intervention is safety for the children. There has been extensive, intensive training of staff in this methodology.	

Measure #: 7	State Measures – Showed Improved Mental Health
Approaches and steps that are leading to positive outcomes: N/A	

Measure #: 8	State Measures – Received Health Exam Within One Year
Approaches and steps that are leading to positive outcomes: In coordination with our recent Children and Family Service Review PIP, we will be addressing this performance standard. There will be training and assignment of staff to implement and monitor this aspect of performance.	

Measure #: 9	State Measures – Received Mental Health Screening
Approaches and steps that are leading to positive outcomes: In coordination with our recent Children and Family Service Review PIP, we will be addressing this performance standard. There will be training and assignment of staff to implement and monitor this aspect of performance.	

4. Performance by racial/ethnic subgroups

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

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

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

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

We have identified specific units who are working in collaboration with local tribes and American Indian families to reduce or avoid placements. We are committing more resources to identify relatives and complete home studies in a more timely manner. One of these resources is family group decision making which helps families more quickly identify potential relatives and facilitates the transfer of custody to relatives as needed.

The largest minority group in St. Louis County are American Indian clients. The implications of the Indian Child Welfare Act with required “active efforts” and tribal aversion to termination of parental rights result in more frequent placements and reunifications than in non-ICWA families. St. Louis County has developed an American Indian speciality unit that works to comply with ICWA and to work in a culturally competent manner to help American Indian families successfully reunite.

Section III: Integrating Services for Child Welfare and MFIP Families

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

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

County Size Small Medium Large

Type of coordination/integration

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

* St. Louis County has four office sites. Integrated intake is in place at the Hibbing office and the Ely office. Planning teams with architectural support are working toward implementing integrated intake in the Duluth office and the Virginia office by the end of 2010. With integrated intake all services provided by the Public Health and Human Services Department are or will be accessed at one central intake and reception area.

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

1. Departments/services integrated

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

Community corrections

Public transit

Energy assistance

Explanation/comments: St. Louis County is a combined Public Health and Human Services (Financial Assistance, including Child Support, and Social Services) Department. We are working on creating a centralized intake area in all locations. The Administration and Senior Management of the various service divisions meet regularly to coordinate efforts that would benefit client outcomes. Financial assistance, food support, and child care are co-located. Child Support shared documents and information with financial assistance staff on an ongoing basis. Regular meetings are held between financial assistance staff and employment/training providers.

2. Location

Same building

Different locations

Describe how location of different departments/services impacts service coordination/ integration efforts:

St. Louis County is Minnesota’s largest geographical county. We have three offices – Hibbing, Duluth, and Virginia that provide full services with a branch office in Ely that has limited service. Within each office there are attempts at coordination/ integration of services across our internal departments. This is more effective and efficient in the smaller offices. In the larger office-Duluth-departments and even units within departments are on different floors. We are moving towards Centralized Intake Areas in all of our locations. The intent is to co-locate high activity services. Hopefully this would also lend itself to a better coordination/integration of client services.

3. Data sharing

Same data system across multiple departments/services making data sharing easier

Different data systems are making data sharing difficult

Current data system is adequate to address the multiple needs of clients

Current data system is inadequate to address the multiple needs of clients

Other data-related issues/comments: Data sharing between departments has limited success as the data systems are unique and uncoordinated with each other. Staff in each department can access other data systems but it is limited. Within each department there is adequate data sharing with SSIS in Social Services and MMIS, MAXIS, and PRISM in the Financial Assistance Division. The Public Health and Human Services Department is currently installing an electronic document management system. This will allow us to capture and distribute documents within and between divisions.

4. Limitations/constraints

Short staff/workload

Assets and resources

More reactive than proactive

Data privacy

Other limitations/constraints or comments:

One limitation continues to be the existence of silos between social services and income maintenance, both on the local as well state level. Some of the barriers are external, based on technology limitations between systems, data privacy, and workload concerns. Some barriers are internal, based on philosophical and programmatic differences. Strengths include the ever prevalent commitment of all disciplines to seek the best outcome for our shared clients, summarized as client

focus; shared common values and goals within the counties of the region; good working relationships between counties, at all levels, from Directors to line staff; and a simple awareness of that silos exist and a determination to break down barriers whenever possible.

St. Louis County has experienced an increase in caseloads for financial assistance and child protection due to the economic downturn. At the same time our budget has been reduced and we are on a 90-day hold for all staff replacements. Having less resources and more work has moved us into a more reactive mode. Prevention efforts have been reduced or eliminated.

5. Strengths and Benefits

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

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

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

The most effective link between the two service areas is in the daily working relationships that develop between line workers – social workers, financial workers, and employment counselors – as they interact on individual cases. Specific programs also generate greater cooperation, such as ACT Teams and Drug Endangered Child program in St. Louis County. Experience has shown that every intervention adds to the potential for success for our families, so the joining of social services and income maintenance programs can lead to better outcomes; every interaction that is added contributes to the potential for success. Secondly, when financial stress can be lessened for a family then there is greater opportunity for healing and growth in other areas. Strategies include maintaining consistent and ongoing interaction on the line level between agency staff and between division staff within the county; continued awareness of the benefits of coordination at the administrative level when doing strategic planning; frequent and ongoing communication through regularly scheduled meetings among stakeholders.

6. Counties with Indian Reservations

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

Social Services and Financial Assistance are working more closely together to integrate services around specific clients. Some of the specific areas where Social Services and Financial Assistance are working more closely together include:

- Children and Family Services Division staff meet regularly with local tribes (Fond du Lac and Bois Forte) for case reviews and case consultations.
- Three ICWA social workers have been attached to the Department's Intake Unit to prevent the need for placements. This prevention effort includes culturally sensitive child abuse/neglect investigations and family assessments.
- Family Group Decision Making has been initiated in conjunction with Bois Forte, Fond du Lac, and Carlton County. This effort facilitates pre and post placement family support.
- The Department continues to work actively to employ racial/ethnic group social workers and support staff.
- Continued Circles of Support for development, headed by Community Action Duluth and Arrowhead Economic Opportunity Agency.
- Bois Forte and Fond du Lac Quarterly Collaborative Meetings/Cross-functional meetings.
- Undoing Racism required training for all Public Health and Human Services managers; annual cultural diversity training mandated for all county employees.
- Financial Workers attend the Tribal MFIP Conference.
- Income Maintenance collaborates with the Minnesota Chippewa Tribe on the Providers Council and as a part of the Disparities Project.

Section IV: Public Input

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

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

<input type="checkbox"/>	Public hearing
<input checked="" type="checkbox"/>	Newspapers
<input type="checkbox"/>	Community meetings
<input type="checkbox"/>	Radio announcements
<input checked="" type="checkbox"/>	County Web site
<input checked="" type="checkbox"/>	Others (specify): Input has been received from the St. Louis County Public Health and Human Services Advisory Committee. Input questionnaires will be distributed during the St. Louis County Human Services Conference.

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

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

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

<input checked="" type="checkbox"/>	Public input was received (<i>continue with the questions below</i>)
<input type="checkbox"/>	Did not impact the planning process/service agreement
<input checked="" type="checkbox"/>	Did impact the planning process/service agreement, particularly the:
<input checked="" type="checkbox"/>	Needs Statement section
<input checked="" type="checkbox"/>	Strategies and Outcomes section
<input type="checkbox"/>	Budget section
<input type="checkbox"/>	Other (specify):
	Briefly describe the changes made to the service agreement:
<input type="checkbox"/>	No public input was received

Section V: County Budget

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

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

COUNTY: Being developed.					
2010 MFIP	Budgeted Amount	Percent	2010 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$434,608	9.9%	Children’s mental health	\$513,880	12%
Employment services (MFIP)	\$2,150,000	48.9%	Child and family services	\$2,183,895	51%
Emergency services ¹	\$775,000	17.7%	Adult services	\$1,416,170	33%
Administration	\$553,330	12.6%	Other 1:	\$	4%
Income maintenance administration	\$360,000	8.2%	Other 2:	\$	%
Other 1: MFIP/WPR Trainer	\$62,500	1.4%	Other 3:	\$	%
Other 2: Disparities Program	\$60,000	1.3%	Other 4:	\$	%
2010 MFIP budget	\$4,395,438	100%	2010 CCSA budget	\$4,282,338	100%
2011 MFIP	Budgeted Amount	Percent	2011 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$434,608	9.9%	Children’s mental health	\$510,280	12%
Employment services (MFIP)	\$2,150,000	48.9%	Child and family services	\$2,168,705	51%
Emergency services ¹	\$775,000	17.7%	Adult services	\$1,403,280	33%
Administration	\$553,330	12.6%	Other 1:	\$170,097	4%
Income maintenance administration	\$360,000	8.2%	Other 2:	\$	%
Other 1: MFIP/WPR Trainer	\$62,500	1.4%	Other 3:	\$	%
Other 2: Disparities Program	\$60,000	1.3%	Other 4:	\$	%
2011 MFIP budget	\$4,395,438	100 %	2011 CCSA budget	\$4,252,362	100%

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

Administrative Cap Waiver

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

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

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

The budget change is to provide a focus for the disparity effort with the job counselors which will require additional administrative oversight. Administrative staff and administrative support staff will be required to address the planning and implementation of a Centralized Intake area.

2. What new activities or services will be provided?

We will be expanding our disparity efforts with the goal to integrate them into the provider services. This will require administrative time to oversee training and implementation requirements for staff activities. In addition we are looking at integrating Children’s Services and MFIP services into a Common Intake Area.

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

All clients will benefit from the integrated service arrangement. The target population for the disparity programs will be the African-American population and the American Indian population.

Emergency Services in Counties with American Indian Reservations

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

Emergency Services have been discussed at the Bois Forte/PHHS Quarterly meetings, at the Cross-functional meetings with Fond du Lac and with MCT at the Providers Council.

Section VI: Assurances

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

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

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

Contingency Planning

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

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

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

Section VII: Certification for Submission

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

Chair, county board of commissioners or authorized designee

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

Name (chair or designee)	Mailing Address	County
Dennis Fink	St. Louis County Courthouse 100 N. 5th Avenue West Room 202 Duluth, MN 55802	St. Louis

Date of Submission

Date:	
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