

Executive Summary

In September 2014 the Minneapolis Star Tribune published a front page story on the tragic death of a four year old in southwestern Minnesota. Since that time the Minnesota Child Protective Services (CPS) and CPS out-of-home placements have changed dramatically. Numerous newspaper articles and the highly public work of the Child Protection Task Force has raised the public's awareness of the need to report any suspected abuse or neglect of children. In Minnesota from 2014 to 2015 the number of intakes and investigations increased by 22%.

The use of Multi-Disciplinary Teams in decision-making, especially at the point of screening a child protection report, was a critical element of the 93 recommendations made by the Governor's state task force to improve CPS. Olmsted County has a longstanding experience in the use of multi-disciplinary teams in decision making. The RED (Review, Evaluate, & Direct) Team meets at the beginning of each business day to screen child protection reports. The RED team was established in 1999 to provide both structure and process in the review of alleged child protection reports. The use of a group process for decision making is a key principle underlying the practice; it supports the view that it is an agency decision, informed by the available information.

During 2015, presentations at state and national conferences allowed staff to share their work on Safety Planning and Olmsted County's long standing commitment to Differential Response (Family Assessment) and Family Group Decision Making as part of a system based on Safety Organized Practice.

SKILLED WORKFORCE

The heart of a child protection system's capacity to improve children's safety lies in the quality of service that front line workers offer to families. Procedures and monitoring are important, but they have little value unless agency practitioners have the skills to:



Think through family strengths and dangers, enabling explicit risk assessments



Lead explicit decision making about the best course of action for children



Engage with families to help them to change

Child Welfare Vol. 92, No. 2200
https://www.regonline.com/custimages/320000/320878/1662_SC12Turnell.pdf

2015 LEGISLATIVE SESSION

Revision of Minnesota Child Protection Laws

In Olmsted, and across the state, the number of reports screened in for investigations during 2015 dramatically increased over 2014 as a result of legislative changes to MN statute. Olmsted investigations increased by 82% during this time period.

Appointment of Legislative Taskforce

In March 2015, the Child Protection Task Force's final report concluded and outlined 93 recommendations to improve Minnesota's Child Protection system. These recommendations included statutory language change allowing for collateral contacts to occur at the point of screening a child protection report.

New Appropriation of Funding to Support Increased CP Staffing

Additional county dollars were appropriated to increase child protection staff. Olmsted County utilized these funds to add a supervisor in the Ongoing CP unit and another in the Domestic Violence Response Team. It was also used towards staffing in the CP Assessment and Investigation unit.

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Response to Child Safety Concerns

What We Know

Child maltreatment disrupts children's current development and if not addressed appropriately, can have long-term consequences on the development, health and well-being of children. Research has shown that child abuse and neglect negatively impacts communities, schools, economy and future generations as the cycle continues from one family to the next.

Poverty is a well-known risk factor that increases the amount of parental stress to sometimes toxic levels, making it more difficult to parent effectively (Maguire-Jack, 2015). The percentage of Minnesota children living in poverty has increased from 9% in 2000 to 15% in 2014. Families living at or below \$15,000 per year are 22 times more likely to experience child maltreatment compared to those families making \$30,000 a year. Poverty affects rate of child placement as well. Research has demonstrated that increasing financial support to low-income mothers can reduce significantly the probability of their children being placed into out-of-home care.

In Minnesota and in Olmsted County children who are African-American and who identify with two or more races are disproportionately involved in maltreatment reports.

In 2015, Minnesota Native American children were 5.5 times more likely to be involved in accepted maltreatment reports than white children, while African-American and children with two or more races were 3 times more likely.

Race and Ethnicity of 2015 Olmsted CP Families		
	ASSESSMENT/INV (N=548)	CASE MANAGEMENT (N=283)
White, non-Hispanic	53%	52%
Multiple	26%	30%
Hispanic	9%	10%
Black	11%	7%
Asian	1.5%	1%

The latest 2016 National Kids Count Data Book rated Minnesota first on the overall child well being index based on indicators of economy, health, education, community and family. However, this rating does not hold when dissecting the index by race and ethnicity. In fact, Minnesota has some of the worst disparities in the country

with African-American and Native American children having far fewer opportunities than their white counterparts. (Minnesota's Child Maltreatment Report 2015).

What We're Doing

In Olmsted County, every call made to Child and Family Intake is documented and counted. There are a wide variety of calls from citizens and professionals and can include everything from asking about information on community resources or program referrals, to caregivers reporting custody matters or callers reporting suspected abuse or neglect of a child or vulnerable adult.

After considering MN Rules, Statutes and Agency Guidelines, calls that report child safety concerns may get referred to workers with an already open case, to other agency/community programs, or may be referred to the Child Protection RED Team. This team reviews the concern to determine if it meets the criteria for child protection involvement.

2015 Child Protection Reports	
NEGLECT	347
PHYSICAL	176
SEXUAL	88
EDUCATIONAL NEGLECT	22
MENTAL INJURY	8

57% (369) of Olmsted reports are for neglect (compared to 66% in MN)

This number includes calls referred on for CP Assessment/Investigation

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Olmsted County works closely with community groups to build awareness of reporting child maltreatment including providing training on the criteria for mandated reporting. In 2015, three out of every four reports were from mandated reporters with the majority from law enforcement, social services, health agencies and schools.

The number of calls screened for safety concerns as well as CP intakes is trending upwards. In 2015, 771 reports were sent to the RED Team due to concerns of child maltreatment with 603 (78%) accepted for a child protection assessment or investigation. Intakes not sent to RED team or that are screened out are usually referred to voluntary early intervention programs like Parent Support and Outreach (PSOP). In fact, these voluntary services are offered to anyone who calls in for assistance, and in 2015, 549 families were served by PSOP.

2015 Child Protection Calls				
771				
INTAKES REVIEWED AND REFERRED BY RED TEAM				
Family Assessment	Domestic Violence (FA)	CP Investigation	Voluntary CW Services	No Referral or Already Open
40%	21%	17%	10%	12%

Structured Decision Making

During the CP response process, the social worker collaborates with law enforcement, medical personnel, and other agency staff working with the family as well as extended family members and friends. In addition to the SDM assessment results, the social worker uses clinical judgment, professional experience and knowledge of research to guide the intensity and type of CP services needed. These factors are also considered when making decisions on the removal or return of children to their families. At the conclusion of the assessment or investigation process a determination is made on whether or not ongoing CP services are needed.

Structured Decision Making

Structured Decision Making (SDM) tools help workers assess the risk and safety levels of the families served. SDM plays a substantial role in guiding critical decisions about safety, risk of future maltreatment, and service needs of the family throughout the life of a case. The use of SDM tools are required by Minnesota statute and rule.

Safety

The Safety Tool assesses for the likelihood of immediate or near-term harm. It guides in the removal or return of children to family. A safety plan is required when a child is deemed "unsafe."

Risk

The Risk Tool assesses for the likelihood of future abuse or neglect. It determines if there is a need for and intensity of Child Protection Services. It guides case closure and minimum contact standards per MN Statute.

Family Strengths and Needs

The Strength and Needs Tool identifies critical needs and strengths within the family. It ensures objective and consistent consideration of needs and strengths for case plan as well as helps to plan effective service interventions.

SDM Tools

Domestic Violence



FACTS

- An estimated **85-90%** of domestic violence victims are female
- Females are victims of intimate partner violence at a rate about **5x** that of males
- Females between the ages of **16-24** are most vulnerable to domestic violence
- Females account for **39%** of hospital emergency department visits for violence-related injuries, and **84%** of persons treated for intentional injuries caused by an intimate partner
- 50%** of men who frequently assaulted their wives also abused their children
- Studies demonstrate that perpetrators of domestic violence who were **abused** as children are more likely to physically harm their **children**
- Witnessing domestic violence is the single best predictor of juvenile delinquency and adult criminality for males (Windom, 1989)

[https://www.child.welfare.gov/pubPDFs/domesticviolence2003.pdf#page=12&view=CHAPTER 2 The Overlap Between Child Maltreatment and Domestic Violence](https://www.child.welfare.gov/pubPDFs/domesticviolence2003.pdf#page=12&view=CHAPTER%20The%20Overlap%20Between%20Child%20Maltreatment%20and%20Domestic%20Violence)

Response to Domestic Violence

What We Know

An estimated 3.3 to 10 million children a year are at risk for witnessing or being exposed to domestic violence, which can produce a range of emotional, psychological, and behavioral problems for children.

Studies consistently have found the presence of three categories of childhood problems associated with exposure to domestic violence:

Behavioral, social, and emotional problems—higher levels of aggression, anger, hostility, oppositional behavior, and disobedience; fear, anxiety, withdrawal, and depression; poor relationships; low self-esteem.

Cognitive and attitudinal problems—lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem-solving skills, acceptance of violent behaviors and attitudes, belief in rigid gender stereotypes and male privilege.

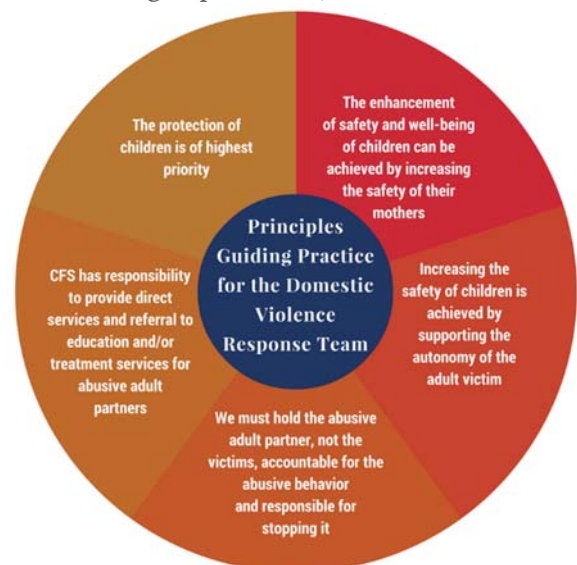
Long-term problems—higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships

What We're Doing

The **Domestic Violence Response Team (DVRT)** recognizes that the safety of the child is best assured through enhancing the safety of the victim. The primary focus of intervention in domestic violence cases is to continually assess the risk posed to children by the presence of domestic violence and by the perpetrator of this violence. In 2015, the DVRT team worked with 163 families and 329 children.

Services include support, treatment and education groups for men, women and children provided by Family Services Rochester (FSR) through a collaborative effort with Olmsted County Child and Family Services (CFS) and the Women's Shelter.

The Family Access Center is operated via contract between Olmsted County and FSR. The center offers a safe and secure setting for children to maintain relationships with parents and other significant adults. Trained staff provide supervised parenting times, monitored parenting times and supervised exchanges.



CPS Case Management



Safety



Kinship Care



Family Involvement

What We Know

The future prosperity of our community depends on the ability to foster the health and well-being of the next generation. Olmsted County CFS has been at the forefront of using innovative programming designed to reduce and prevent child abuse and neglect.

CFS staff value keeping children with kin and family if at all possible. A variety of family engagement strategies are used to involve kin and relatives in safety plans, family group decision making and case planning, supervising visits and placements when needed.

Research overwhelmingly supports kinship care as a way to preserve child relationships and connections to culture and values. It also works to increase stability of care, and to reinforce a sense of identity, self-esteem and belonging for the child. We know that all aspects of a child need attention –cognitive, emotional and social capacities affect each other in the developing brain. Thus interventions and supports for children and families must attend to the development of all three domains.

When we don't attend to these important attributes of development, there are serious consequences later. By investing in programs and supports that promote nurturing, protective relationships and appropriate experiences for children early in life, CFS is reducing the need for costly deeper end services down the road which make positive outcomes harder to achieve.

CPS CASE MANAGEMENT

STATS:

289

workgroups open in 2015

130

workgroups closed in 2015

431

average number of days open

CHILDREN PLACED IN KINSHIP CARE

research shows that children placed in kinship care experience:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ■ Increased placement stability (both fewer placements and fewer disruptions) ■ Increased likelihood for relatives to assume guardianship ■ Increased likelihood of reporting positive emotional health ■ Increases in adaptive behaviors | | <ul style="list-style-type: none"> ■ Decreases in internalizing and externalizing behavior problems ■ Decreased risk of re-entry into the child welfare system ■ Decreased likelihood of experiencing abuse or maltreatment while in care ■ Decreased odds of experiencing mental illness |
|--|--|---|

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What We're Doing

Child and Family Services uses an organized practice approach designed to keep a clear focus on assessing and enhancing child safety at all points during the life of a case.

Research demonstrates that:

*For the average family involved in the child welfare system, it is more than **3.5x** as expensive to keep the family's children in foster care as it is to provide housing assistance and other stabilizing supports to keep the family together.*

“helping children and families involves working with them: and therefore the quality of the relationship between the child and family and professionals directly impacts on the effectiveness of help given.”
(Professor Eileen Munro- How organisations can learn to reduce risk to children).

Family Involvement Strategies (FIS) is a critical tool used to support building positive outcomes for children – safety, stability, and timely establishment of permanency.



The use of Case Planning Conferences and Family Group Conferences helps in the early identification and engagement of family members and assists in keeping children safe while maintaining family connections.

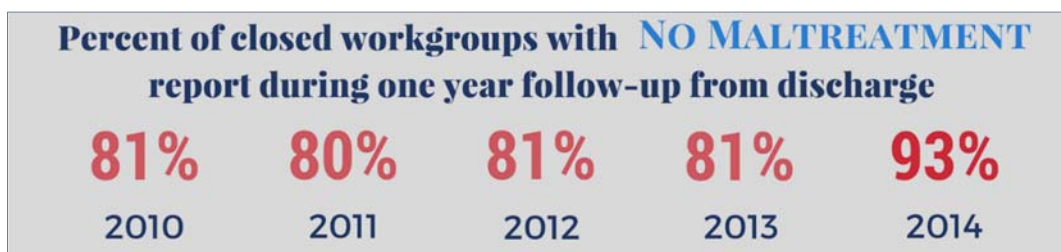
From 2013 to 2015, the number of conferences referred by CPS/DV staff has increased 56% for Case Planning and 38% for Family Group.

Outcomes for CP Case Management

Child Safety

Risk of future maltreatment is measured through Structured Decision Making at intake with reassessments at regular intervals while open for case management. For the 130 CM cases closed in 2015, 74% decreased their risk score from entry to discharge and the percentage of cases at high risk went from 71% (93) to just 12% (16).

The Continuous Improvement and Analysis (CIA) Unit conducts annual follow-up monitoring to assess child safety post discharge from CP case management. Of the 115 cases closed in 2014, 93% did not have a repeat assessment or case management during the follow up year. This is a significant improvement over prior years.



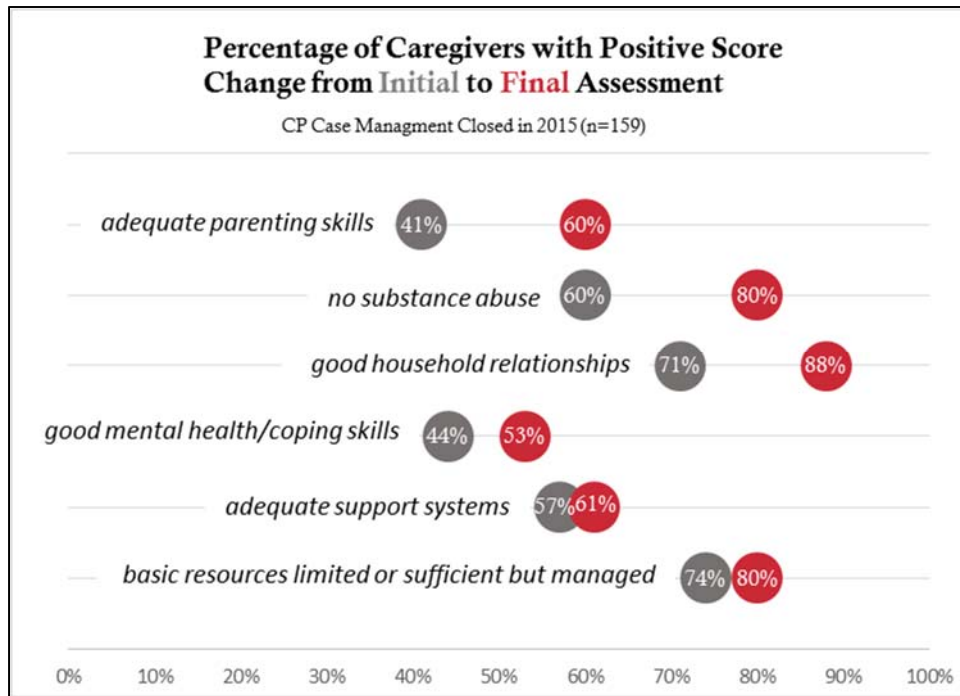
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Family Well-Being

A Strength and Needs assessment tool (SN) is part of the Structured Decision Making (SDM) process. The initial assessment is completed within the 45-day assessment period with reassessments while open for case management. The SN is completed on the primary caregiver, secondary caregiver if applicable, and each child living within the household. Priority needs are identified and should be reflected in the family service plan.

Change in Caregiver Needs

The analysis below compares the percentage of primary caregivers with positive scores at initial and final assessment for each item on the SN assessment.



Most improvement occurs with parenting skills, substance use and household relationships.

Less change occurs with mental health/ coping skills and adequate support systems.

Data illustrates need for community networks offering mental health, parenting and social

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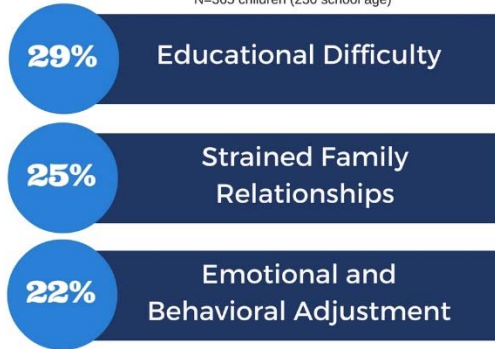
Child Well Being

Every child in the household of a family receiving CP case management is scored individually on the child SN assessment at intake and during the life of a case.

There were 365 children (230 school age) with an initial and final SN for CP case management closed in 2015. The top three areas of need were education, family relationships and children's mental health.

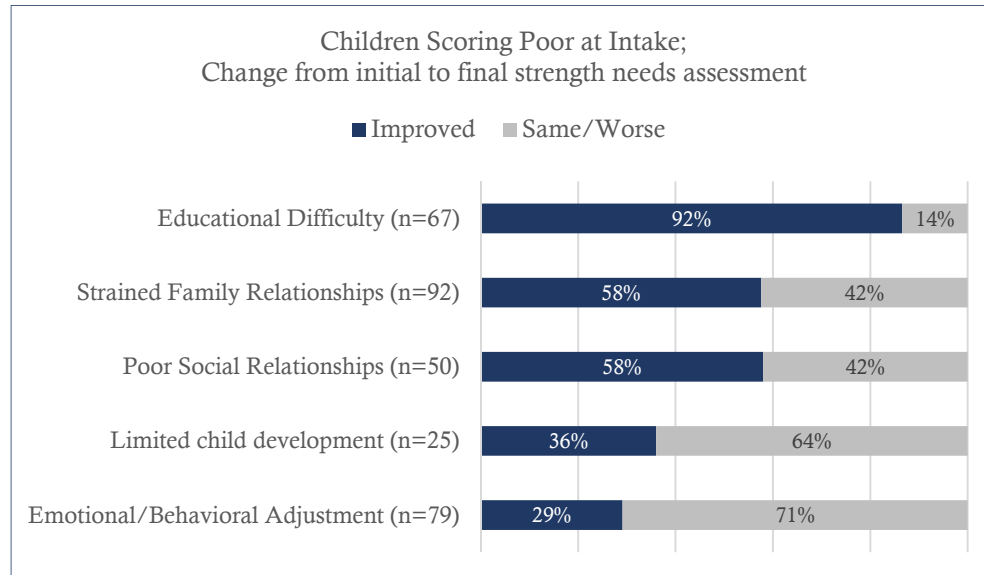
Top Three Needs for CP Children

N=365 children (230 school age)



Change in Child Needs

The analysis below compares change from initial to final assessment for those children who scored poorly on an item at intake.



There is dramatic improvement for those children experiencing educational difficulty.

But there is limited improvement for children experiencing emotional and behavior problems, supporting the need for ongoing mental health and trauma informed care.

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