Executive Summary

The Parent Support and Outreach Program in Olmsted County ensures that families in this community have the ability to access services during a time when they need additional support rather than after an incident of abuse or neglect. According to Professor Eileen Munro, early intervention programs are “cost effective when current expenditure is compared with estimated expenditure if serious problems develop later.” Munro further states that “research evidence demonstrates how deficiencies in early childhood experiences have an enduring impact on the child or young person’s subsequent development and or opportunities in life.” (How Organisations Can Learn to Reduce Risk to Children, December 2011).

PSOP has been utilized as a way to ensure that families have access to services and support. Over time the program was used to engage families in services who had challenges related to the use of alcohol and other drugs or had a history of involvement with the agency that had resulted in the permanent loss of their parental rights. In 2013 it was noted that families with older children could also benefit from services with Parent Support and Outreach. Olmsted County requested and then subsequently received funding to bring in an additional staff person in order to expand the capacity of the program to work with families with children ages 0-18. PSOP is now able to engage families with older children in order to connect them with community resources as well as get them engaged in longer term supports and services within the community.

In 2014 PSOP received 538 intakes serving 1,855 unduplicated family members during the year. Of the 789 adults, 64% were white and 67% female. Services are short term. Of cases closed in 2014, assessments lasted an average of 20 days and case management services an average of 52 days.

2014 Highlights

Build the Community

* Continued work by staff to share information about CARE and PSOP with community partners by presenting at community forums.

* Increase in numbers of families served who are dealing with alcohol and other drugs.

* Began collecting risk assessment information on families receiving Child Welfare services.

Run the Business

* Added additional staff person to provide services to families with children over the age of ten.

* Presentation by staff and supervisors at both local and national conferences on the work done in PSOP.

* Collaboration with Youth Behavioral Health and Juvenile Probation around providing services to families with children over the age of ten.
PSOP Program Design

An Early Intervention Initiative

Many reports of possible child maltreatment are received by county and tribal social services but are “screened out” from further action because the reported incident does not reach the legal standard of abuse or neglect. However, in many of these cases there are factors that put children at potential risk.

In order to help these families, and possibly avert future incidents of child maltreatment, the Minnesota Department of Human Services implemented the Parent Support Outreach Program in 2005.

Olmsted is one of 30 Minnesota counties that provides early intervention, outreach and supportive services to families with at least one child under age 10 who are “screened out” from the child protection system or are otherwise at risk.

Support is voluntary

A key aspect of PSOP is that participation by families is entirely voluntary. PSOP workers are skilled in family engagement and collaboration techniques.

During the intake phase workers contact families by phone or letter to provide information regarding the concern.

Frequently face to face meetings are held to conduct a comprehensive assessment of family needs and strengths and to discuss what services or community-based resources can be accessed to support the family.

![Graph of incoming assessments: percent transitioned to case management](image)

While many counties contract out for PSOP services, Olmsted runs an internal program strongly embedded within the “front lines” of Child Protection Services.

Olmsted staff are skilled at engaging families as evidenced by the continued high rate of families that self refer to the program as well as those that accept voluntary case management services.
**PSOP Framework**

Olmsted County responds to a wide variety of community concerns regarding the safety and well-being of children and their families. If these concerns rise to the level of child protection, the agency responds with an assessment and sometimes ongoing services. If the concerns do not rise to the level of a mandated response, the family may be referred to one of the many Child Welfare Programs available, including the Parent Support and Outreach Program.

PSOP is embedded within the “front end” of child protection allowing the program to respond to screened out reports of child maltreatment. PSOP has four social workers who make contact with the family in order to engage them in a discussion around the reported worry or concern. Families are then given the opportunity to work on an ongoing basis with a social worker to address any child well-being concerns or needs the family may be experiencing.
How PSOP engages families

Families who are facing challenges related to parenting as a result of chemical dependency, mental health needs, poverty or isolation can see an offer of services as an intrusion. Social Workers in the program skillfully work to engage families in services.

The following Practice Principles are used by all social workers in Child and Family Services and are important for engaging and building partnerships with families.

- Respect all people as worthy of partnership (partnering with).
- Engage with the person, not the problem.
- Recognize that engagement is possible even where strategic use of authority is necessary.
- Recognize that all families have signs of safety
- Maintain a focus on safety, well-being and permanency.
- Learn what the individual wants.
- Always search for detail.
- Focus on creating change, one step at a time.
- Don’t confuse case details with judgments.
- Offer choices.
- Treat all interaction as a forum for change.

PSOP Trends: Number of Intakes

![Graph showing PSOP trends from 2009 to 2014]

Assessments only
Assessments transitioned to case management
Family Members Entered (unduplicated)

<table>
<thead>
<tr>
<th>Year</th>
<th>Assessments only</th>
<th>Assessments transitioned to case management</th>
<th>Family Members Entered (unduplicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1,647</td>
<td>265</td>
<td>251</td>
</tr>
<tr>
<td>2010</td>
<td>1,528</td>
<td>247</td>
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<tr>
<td>2011</td>
<td>1,513</td>
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<td>253</td>
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<td>2013</td>
<td>1,396</td>
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<td>265</td>
</tr>
<tr>
<td>2014</td>
<td>1,701</td>
<td>281</td>
<td>281</td>
</tr>
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</table>
Family Members Served 2014: Demographics

In 2014, 789 unduplicated adults were served; 67% were female, and 64% white, non-Hispanic.

There were 1,066 unduplicated children served during the year, 50% female and 52% white, non-Hispanic.

44% of adults served by PSOP were under age 30. 61% of youth were under age seven.

How PSOP provides effective early intervention

Social workers are given latitude to be creative with funding in order to best meet each individual family’s needs, approaches include:

- Assistance to build connections with relatives, friends and community members. Family Group Decision Making conferences are often used to achieve this goal.

- Supports to provide healthy, safe, nurturing homes for their children, including parent education, child development screens and referrals, and referrals/funds for therapeutic services.

- Flexible funds to help families meet basic needs, such as rental assistance, car repairs, clothing and grocery vouchers, school supplies, and utility bills.

- Other funds to pay for resources such as afterschool programs for kids, child care costs and family recreational opportunities that can help enhance child and family well-being.
Specialized PSOP Services

Alcohol and Other Drug Services (AOD)

Chemical dependency and mental health issues are the most common challenges faced by families served by PSOP. About one-quarter of cases concern an adult with a known disability, most often substance abuse or mental illness.

Typically about half of AOD referrals came from medical or mental health agencies. This year about 30% of the 68 families assessed for AOD services accepted voluntary case management demonstrating the ability of PSOP staff to engage families, often under difficult circumstances.

Specialized AOD services are provided to parents expecting a child who have issues related to addiction to alcohol and other drugs. The focus of this work is to engage these families within their networks of support to create plans for safety prior to the delivery of the baby if possible. Family Involvement Strategies such as Family Group Decision Making are frequently used to achieve this goal.

Efforts are made to support parent’s attendance in prenatal care and accessing chemical dependency services. Close collaboration with Olmsted County Public Health CRAFT program provides service to women who have problems with alcohol/drugs and who are pregnant and/or parenting children two years of age or younger.

* The length of services for AOD case management has decreased over the past four years, with a slight uptick in 2014.
* In 2014 the average AOD case management stayed open 146 days compared to 52 days for traditional PSOP case management.
CARE is an early intervention program that stands for Child Adult Relationship Enrichment Program and is designed to serve parents diagnosed with Severe and Persistent Mental Illness and their children. The focus is to serve families of young children ages 0-5 and is a private/public partnership between Olmsted County Child and Family Services and Zumbro Valley Mental Health Center. The program is voluntary and extensive, lasting up to two years, with an objective to increase parenting skills, monitor and meet child wellbeing needs and improve family stability and safety.

### Alcohol and Other Drug Services (AOD)

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>76%</td>
<td>83%</td>
<td>70%</td>
<td>76%</td>
</tr>
<tr>
<td>Black</td>
<td>16%</td>
<td>6%</td>
<td>16%</td>
<td>10%</td>
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<tr>
<td>Hispanic</td>
<td>3%</td>
<td>1%</td>
<td>5%</td>
<td>3%</td>
</tr>
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<td>Asian</td>
<td>0</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Multi-ethnic</td>
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<td>6%</td>
<td>7%</td>
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<tr>
<td>Other</td>
<td>0</td>
<td>1%</td>
<td>1%</td>
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</table>

#### 2014 AOD Served

**Adults:**

76% White, non-Hispanic, 69% female and 68% under age 30

**Children:**

64% White, non-Hispanic, 48% female and 66% under age seven

### Serious and Persistent Mental Illness (CARE)

CARE is an early intervention program that stands for Child Adult Relationship Enrichment Program and is designed to serve parents diagnosed with Severe and Persistent Mental Illness and their children. The focus is to serve families of young children ages 0-5 and is a private/public partnership between Olmsted County Child and Family Services and Zumbro Valley Mental Health Center. The program is voluntary and extensive, lasting up to two years, with an objective to increase parenting skills, monitor and meet child wellbeing needs and improve family stability and safety.

<table>
<thead>
<tr>
<th>CARE Adult Race/Ethnicity</th>
<th>2014 n=15</th>
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<tbody>
<tr>
<td>White</td>
<td>12</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2</td>
</tr>
<tr>
<td>Black</td>
<td>1</td>
</tr>
</tbody>
</table>

12 cases open under CARE worker, 36 family members (15 adults and 21 children)

- Adults: 80% White, non-Hispanic, 80% female and 47% under age 30
- Children: 48% White, non-Hispanic and 81% under age seven

Two cases closed in 2014 and were open an average of 2.2 years.

### Services provided by CARE Program Counselor:

**Child Welfare Targeted Case Management:** focuses on child’s well-being needs (Medical, Dental, Social/Emotional, Educational, Mental Health, Developmental, Vocational, and Recreational) through assessments, developing case plan goals, referring to and coordinating provider services, assisting families with access and assuring continuity of needed services.

**Parenting Education:** uses teaching, modeling, and coaching skills to assist parents in developing positive, age appropriate parenting skills and promote the healthy development of their children. Works with parent on identifying and labeling child’s cues, anticipating and adapting to each developmental change, and teaching appropriate expectations child’s behaviors.

**Healthy Attachment:** works with each Parent/Child relationship to minimize the impact of Parent’s mental illness on the development of the child. This may be accomplished by discussing ways mental illness can impact development, identifying and practicing nurturing techniques to increase parent/child bond, utilizing positive praise, and healthy communication skills.

**Community Support:** helps each family to access supports within the community by making referrals to services that will meet the family’s long term goals.

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Partnering for the safety, well-being and stability of children, youth and families in Olmsted County
PSOP 2014 Expenses:

Program Expenses:
- Salaries: $356,104
- Indirect Costs: $9,030
- Direct Client Costs: $12,177
- Direct Service Contracts: $50,767
- Case Management Contracts: $111,035

Total Program Expenses: $539,114

Administrative Expenses: $87,789

Total Program & Administrative Expenses: $626,902

PSOP 2014 Revenue:
- Service Revenue: $118,116
- Grants: $155,109

Total Revenues: $273,225

Tax Levy/Reserves: $353,677

Total Revenues and Tax Levy/Reserves: $626,902

Cost of Service Comparison: PSOP versus Child Protection Services

PSOP: 538 workgroups open in 2014
- Cost: $626,902

Child Protection: 838 workgroups open in 2014
- Cost: $5,872,544

Includes total program and administrative expenses
CP workgroup numbers from SSIS Case List Report

Manage the Resources: Maximize

Secure Grant Funds
- $100,000 grant cycle 2013-2014

Targeted Case Management Recapture Rate [Target =90%]
- PSOP Rate: 2012- 93%, 2013- 96%, 2014- 74%

Partnering for the safety, well-being and stability of children, youth and families in Olmsted County
Minnesota Counties are asked to utilize the Strengths and Needs Tool as well as the Child Wellbeing tools when conducting case planning with families. Olmsted County also utilizes the Structured Decision Making tool to assess the level of risk for families in Child Protection. In 2014, PSOP along with the other Olmsted County Child Welfare programs, began using a Structured Decision Making tool designed specifically for families in Child Welfare. Like the Structured Decision Making tool used in Child Protection cases, this tool assesses the likelihood of future risk of harm.

<table>
<thead>
<tr>
<th>Year</th>
<th># Closed Cases</th>
<th>High CM</th>
<th>Moderate CM</th>
<th>Low CM</th>
</tr>
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<tbody>
<tr>
<td>2007</td>
<td>189</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>229</td>
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<tr>
<td>2009</td>
<td>212</td>
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<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>257</td>
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</table>

### Child Placement

**Cases Closed 2013, n=257**

- 99.6% of PSOP case management cases with no placement during case management services.
- 98% of PSOP case management cases with no child placement one year follow up from discharge.
- 6 cases (6 PSOP and 0 AOD) with 9 children placed during one year following discharge.
In Conclusion

The Parent Support and Outreach Program in conjunction with other supportive child welfare programs within Olmsted County continue to demonstrate positive outcomes in terms of low rates of repeat maltreatment, reports of maltreatment and out of home placement of children away from their parents and/or caregivers. Many families within the program experience the same risk factors that are present within open child protection cases. As a result of these risks PSOP has been embedded within the Child Protection team that assesses reports of abuse and neglect. Workers within PSOP utilize the same decision making framework used within child protection cases, attend the same case consultation groups and have access to the same types of supports and resource.

Being able to engage with families prior to an incident of abuse and neglect yet be mindful and attentive to the level of risk that increases the likelihood of abuse and neglect of the children in these families provides this agency with the unique opportunity to do preventative work with high risk families.

We continue to look ahead and be mindful of ways to improve our practice. In the coming year we look forward to the following:

* Collaboration with Youth Behavioral Health and Juvenile Corrections in order to ensure we are being responsive to the needs of families with older children


* Mentoring other counties within Minnesota who are working to implement PSOP.

* Enhancing our work with families impacted by alcohol and other drugs in order to ensure we are utilizing up to date research and best practices.

* Continued use of a survey with program participants to monitor satisfaction with the program.

For more information on MN PSOP programs: http://www.dhs.mn.us/main, see “Parent Support Outreach”

Challenges

Many of the families that the Parent Support and Outreach Team work with are impacted by poverty. Families are employed but often do not earn a living wage. They face significant challenges in meeting basic needs such as food, securing affordable housing and paying monthly expenses.

PSOP is able to assist on a one time basis but families need longer term solutions.

In addition to needing stable and safe homes, children also need access to safe childcare and enrichment activities. Families within our community have limited resources in terms of affordable childcare. The waiting list for child care assistance can be long and at times be closed. As a result families may utilize childcare arrangements that present safety and wellbeing concerns for their children.

While early childhood programs in our community have been expanded through Head Start these centers often fill quickly so not all children are able to access these opportunities.