



Minnesota Department of **Human Services**

Biennial Service Agreement
Minnesota Family Investment Program
and
Children and Community Services Act

January 1, 2006 to December 31, 2007

Minnesota Department of Human Services
Children and Family Services Administration
July 29, 2005

MFIP and CCSA Biennial Service Agreement

January 1, 2006 to December 31, 2007

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Type of Service Agreement Submitted:

- Individual county submitting a:
 __x__ Combined MFIP/CCSA Agreement
 ___ MFIP-only Agreement
 ___ CCSA-only Agreement

County Name: Blue Earth___

- Multi-county partnership submitting a:
 ___ Combined MFIP/CCSA Agreement
 ___ MFIP-only Agreement
 ___ CCSA-only Agreement

County Names: _____

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Please complete all questions in the following six sections.

Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

1. During the next biennium (Calendar Years 2006-7), what do you think will be the most important service needs of the MFIP population in your county? (*Using the format below, list the types of service needs (e.g. transportation, childcare, etc.) and the percentage of MFIP participants needing these services. Participants may be counted more than once if they have multiple service needs.*)

Type of Service Needs	Percent Needing Services
__transportation ____	__85__ %
__child care____	__80__ %
__job search instruction	__50__ %
__interview/work clothing	__45__ %
__supported work____	__35__ %
__placement assistance	__45__ %
__ESL instruction____	__30__ %
_____	_____ %

2. In helping MFIP participants transition to economic stability during CYs 2006-7, what percentage would need: (must total 100 percent)

- Minimal support?	__20__ %
- Intermediate level of support?	__30__ %
- Intensive levels of support?	__50__ %

3. Do the needs of MFIP participants differ across racial/ethnic and immigrant groups in your county?

No
 Yes *If yes, briefly describe.*

75% of our non-English speaking refugees need very intensive services. Barriers encountered by this group includes, language and learning, cultural differences, lack of job skills and work history, domestic violence, inadequate housing, and lack of transportation. Along with these barriers are the underlying problems associated with post traumatic stress disorders and other mental health issues resulting from the horrors and tortures they experienced in their homelands and refugee camps.

4. What socio-economic conditions exist in your county that impact the needs of MFIP participants?

The socioeconomic conditions that impact our MFIP participants in Blue Earth County are many.

There are many post secondary institutions that attract a large number of students to our area. This student workforce offers more competition for the jobs available, and they come without the barriers of most of our MFIP participants. There is a continual need for employers willing to work with our hard to serve and diverse populations.

Blue Earth County is a regional retail center, and there is a need for employers who offer higher, more competitive wages and benefit packages.

A more efficient mass transit system is needed to offer reliable transportation to help secure and sustain employment. This system needs to include hours during the early morning and night time, and weekends. It is a challenge to find transportation during non-traditional work hours. Our advisory board commented that transportation should be viewed as a public service which may realistically be a cost center. We were encouraged to include additional support for public transportation in future budget planning. Additional comments were offered regarding possible cost effectiveness with public transportation due to gas prices increasing so dramatically.

Another challenge to our MFIP participants is finding child care that offers drop in, alternative hours, and weekend care.

Affordable housing for all families, and the need for more housing for large families, especially for our refugee population.

5. For the Diversionary Work Program (DWP) participants in your county, please answer the following questions:

- i. What do you think will be the most important service needs of the DWP population in your county during CYs 2006-7?

Type of Service Needs	Percent Needing Services
__transportation ____	__60__ %
__child care_____	__80__ %
__ Job search instruction	__50__ %
__interview/work clothing	__30__ %
_____	____ %
_____	____ %
_____	____ %
_____	____ %

- ii. In helping DWP participants transition to economic stability during CYs

and specialized service agencies such as refugee assistance and our local domestic violence shelter. These Team Meetings are scheduled and coordinated by the Job Counselor from the MFIP Employment Services Department that is working with the family. Ongoing monitoring between the team meetings is done by the ES Family Mentor, who meets with and stays in very close contact with the family to assure they are following through with the tasks assigned in the integrated plan.

Numerous CWEP and Supported Work Sites have been developed to assist participants in gaining work experience and the ES Department has a full time Job Placement Specialist who continues developing relationships with area employers to assist clients in gaining access to the local employment opportunities.

Blue Earth County has two bi-lingual speaking Job Counselors, and a bi-lingual Financial Worker who work with the refugee cases and assists other departments and agencies serving this population.

Strong partnerships have been developed with the Community Assistance for Refugee Office, (CAR), Adult Basic Education and South Central College (SCC) to implement intensive job skill training. Additional partnerships include our local Salvation Army, VINE (a faith-based volunteer driver network), Minnesota Valley Action Council, local HRA's, psychologists, therapists and other agencies to assist the participants with their many needs.

C. MFIP Outcomes and Measures

Under the MFIP Consolidated Fund and the overall outcome for MFIP—*Economic Stability for Poor Families*—state and county performance will be based on three indicators. Similar to the last biennium, DHS will provide county specific data, set performance standards and evaluate the results of these three indicators.

Indicator 1: Three-Year MFIP Self-Support Index

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

For more information on this measure, see the quarterly Management Indicators Reports located at:

http://www.dhs.state.mn.us/main/groups/Economic_support/documents/pub/DHS_id_004113_hcsp#MFIP. Each quarter, counties are notified of their performance on the three-year Self-Support Index as well as their ranges of expected performance on this measure. These ranges of expected performance level the playing field among counties by taking into account differences in caseload and economic characteristics.

Describe current strategies you want to continue and/or new strategies that you want to implement in order to ensure that the county's three-year Self-Support Index is either within or above the county's range of expected performance during CYs 2006-7.

Caseloads will be examined and evaluated to determine individuals factoring into the Self-Support Index, and those not working the 30 hours or who are close to being able to opt out of cash will be referred to our Placement Specialist to assist them in increasing their hours or wages. Staff from Employment Services (ES) and Financial Assistance (FA) have been fully trained in the factors and performance expectations and expected to encourage the clients in these expectations. Follow-up and retention issues are addressed by our Placement Specialist, Family Mentor, and Job Coaches.

Indicator 2: MFIP Work Participation Rate

Measure: Percent of non-exempt MFIP adults who meet the state work participation requirements.

For more information on this measure, see the quarterly Management Indicators Reports located at

http://www.dhs.state.mn.us/main/groups/Economic_support/documents/pub/DHS_id_004113.hcsp#MFIP.

Describe current strategies you want to continue and/or new strategies that you want to implement in order to achieve or maintain at least 50 percent on the MFIP Work Participation Rate.

Staff in both the Financial Assistance Department and Employment Services (ES) Department have been fully trained on the MFIP Work Participation Rate, and the Core/ Non-Core activities, and are expected to closely monitor their own caseload to assure the rate of 50% is met or exceeded. The MFIP ES Manager and Financial Assistance Supervisor also monitor the caseload participation, intervening when needed to make suggestions or corrections to the client's activities or requirements. Quarterly caseload reviews are held between each Job Counselor and the ES Manager to assure full activities are utilized. Again, the Family Mentor and Placement Specialist, along with the Program Assistants will have an active role in monitoring the client's progress, tracking and participation, using intervention and mentoring strategies to assure the rate is met by all.

We will continue to hold joint MFIP orientations, resulting in immediate engagement of the participant. The SKILL class along with intensive structured job search activities, required CWEP participation, and strict sanction policies will also continue to produce a MFIP participation rate of 50% or more.

Indicator 3: Promoting Equity in MFIP Outcomes

Counties with racial/ethnic and immigrant subgroups whose outcomes on the three-year Self-Support Index and MFIP Work Participation Rate fall at least 5 percentage points *below* the

county average are required to create an action plan. Counties are to team with community-based partners in a comprehensive effort to reduce racial/ethnic outcome gaps by the end of the CYs 2006-7 biennium.

Using the *MFIP Performance Measures by Racial/Ethnic or Immigrant Group and County, July 2005* report located at:

http://www.dhs.state.mn.us/main/groups/Economic_support/documents/pub/DHS_id_004113.hcsp#MFIP (under report topic titled Welfare Reform Outcomes of Racial/Ethnic and Immigrant Groups in Minnesota), is your county identified as having a gap of five percentage points or more below the county's overall rate in any racial/ethnic or immigrant subgroups on either the three-year Self-Support Index or MFIP Work Participation Rate?

No *If no, go to Section II.* Yes *If yes, answer the following four questions.*

- i) Using the *MFIP Performance Measures by Racial/Ethnic or Immigrant Group and County, July 2005* report, enter in the table below, your county's rate for the indicator(s) with an equity gap, state each racial/ethnic or immigrant group with the outcome gap, enter the July 2005 rate for each group and what anticipated rate you hope to achieve by the end of the CYs 2006-7 biennium?

Indicator 1: Three-Year Self-Support Index

County's rate 72.7 %

<u>Racial/Ethnic/Immigrant Group(s)</u>	<u>July 05 Rate</u>	<u>Anticipated Target</u>
<u>Somali</u>	<u>58.6</u> %	<u>68</u> %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %

Indicator 2: MFIP Work Participation Rate

County's rate 59.7 %

<u>Racial/Ethnic/Immigrant Group(s)</u>	<u>July 05 Rate</u>	<u>Anticipated Target</u>
<u>African American</u>	<u>47.2</u> %	<u>55</u> %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %
_____	_____ %	_____ %

- ii) What efforts has your county taken to date to acknowledge and address these outcome gaps?

Blue Earth County participated in the "Taking Action on Racial Disparities Workshop" that the Department of Human Services has offered and is in the planning process to help address these outcomes.

We have attempted to address the Somali outcomes by securing grants from the Department of Refugee Resettlement to provide intensive job seeking and placement activities to our newly arriving refugees and asylees. This grant has allowed the ethnic groups of the Somali, Sudanese, and other immigrant clients to gain greater assistance in the instruction of job seeking techniques, job keeping skills, knowledge of the American business culture and direct placement with employers.

Blue Earth County has two bi-lingual speaking Job Counselors and a bi-lingual Financial Worker who work with the refugee cases and assist other departments and agencies serving this population.

We continue to collaborate and partner with adult basic education to address the language barriers, which seems to be the largest barrier to improving the outcomes of this population.

The disparities in our African American population are being addressed by offering the SKILL (Seeking Knowledge in Life Long Learning) Class. This class offers people the opportunity to increase their skills in the areas of math, spelling, computer applications, but it also address life issues, like coping skills, understanding your learning style, attitude in the workplace, etc.

We will continue to work and plan through the “Taking Action on Racial Disparities Workshop” and our plan will evolve in this process.

- iii) What community-based partners has your county engaged to address these gaps and to what extent have these efforts been successful?

We continue to collaborate and partner with adult basic education, Community Assistance for Refugees, Salvation Army, VINE, Minnesota Vally Action Council, local and other community partners to help address the disparities in the outcomes of these groups.

- iv) What is your county’s plan to reduce these gaps?

We will continue to work and plan through the “Taking Action on Racial Disparities Workshop” and our plan will evolve in this process.

Improvements were made in the outcomes when comparing data from 2004 to 2005. We will build on the changes that we have already implemented, and continue to improve outcomes by making changes that support these

populations.

Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

1. During CYs 2006-7 biennium, what do you think will be the most important social services issues/needs of children who experience dependency, abuse, neglect, poverty, disability, chronic health conditions or other factors in the following four program areas?

Children's Mental Health:

There is a need in this community for psychiatrists that have an expertise in children and adolescents.

A barrier that some of our clients have is some of the current psychiatrists in the area cap the number of Medical Assistance patients they will have on their patient load. Quite often their patient loads are full.

There is a need in the community for therapists to be able to see a child and/or the family on a frequent, regular basis, such as every 2 weeks. Often they are booked out for more than a month and clients are only able to schedule a few appointments in advance.

Transportation to scheduled appointments can be a problem especially for those clients living in the more rural areas.

Children and families would benefit from having Children's Mental Health workers with smaller case loads. This would allow for a worker to work more intensively with a child which may avert an out of home placement.

The number of children being diagnosed with autism or are on the autism spectrum is increasing. There is a need for caregivers and those case managing these children to have more education and training regarding autism.

Children placed in Rule 5 and Rule 8 facilities need to understand the goals of their placement prior to the placement being made. The aftercare plan or at least the framework of the plan also needs to be in place prior to the placement being made. These plans need to be understood by child, family, service providers and workers.

Child Safety:

A safety issue that seems to be growing is the number of children living in homes where meth is being made. There is a risk of an explosion happening during the process of cooking meth. Our experience has been children living in homes with parents using meth are at a high risk of being neglected and abused due to the parents' obsession with meth. The children are often exposed to situations where

there is a potential for violence.

Treatment resources for these parents are limited and have had limited success. More effective treatment resources and more treatment resources need to be developed. The lack of treatment resources for the parents keeps children dependent on the foster care system for their basic needs.

Child Permanency:

Children need the court system to move as quickly as possible. This is especially true regarding permanency decisions. TPR hearings/trials are often scheduled out for several months due to judge's availability.

Children who are in foster care need more family members to become involved when reunification does not appear to be an option.

Children requiring an Interstate Compact to be placed permanently out of the state are currently waiting a considerable amount of time for the necessary paperwork to be processed between Minnesota and the receiving state. This process needs to move faster.

In a very similar sense the adoption process seems to take an inordinate amount of time to complete. This concern is specific to paperwork processing. Long response time from the state create frustration for prospective parents who are anxious to finalize an adoption of a new son or daughter.

To help avoid disrupting adoptions or long-term placements, social workers need to better educate the prospective families in advance, regarding any special needs the child may have. Workers also need to identify specialized resources in the community that may be helpful for individualized success in a placement.

Child Well-Being:

Children and their families often find it difficult to access dentists in the area who accept MA.

Children and their families who are low income need to have safe, affordable

housing. Whether they own or rent their home they are often in very poor condition. Often the family cannot afford to do the necessary upkeep, landlords are reluctant to make the needed changes, or the family cannot afford to move.

People who qualify for Section 8 are waiting up to a year to get to the top of the list for a certificate.

Parents and children need to have available to them appropriate, reliable, and affordable day care available to them. Parents who qualify for child care assistance are more likely to use licensed day care homes and facilities. It would be in the best interests of children that day care assistance be available to more families.

It is preferred that more family foster homes have at least one stay-at-home parent so that babies and very young children in foster care do not also have to go to day care.

2. For adults with developmental disabilities and other vulnerable populations in your county, what key issues will your county address in CYs 2006-7 biennium?

For adults with developmental disabilities, a key issue for the 2006-07 biennium is to work toward a collaborative response between DHS and counties regarding the recommendations that will come as a result of the Budget Allocation Methodology Comprehensive Study.

Downsizing and/or closure of ICF/MR beds in large facilities is an ongoing area of focus in 2006.

A final component for providing quality services in the next two years will be the management of multiple funding sources in order to best meet individual needs as they arise and change.

For other vulnerable populations key areas of focus include: continued collaborative efforts with area law enforcement agencies to implement best practice work in investigations, and communication with provider agencies to report incidents that occur within their facilities accurately and within appropriate timelines.

3. Do social services issues/needs of children differ across racial/ethnic groups in your county?

No Yes *If yes, briefly describe.*

Yes:

We have a small but significant population of Somali and

Sudanese families. Children of immigrant/refugee families are the first generation of their family to be raised in the American culture and generally are learning the English language and local customs much more rapidly than do their parents and grandparents. This can result in intra-familial conflict and frustration regarding parental expectations and parenting styles. These children still need the same types of educational and social experiences other children need, but they also need to understand their parent's culture so they can learn to walk in both worlds.

Blue Earth County is composed of 95% Caucasian individuals, with 1.8% Hispanic and 1.2% Black or African-American. We have had some Black mothers from inner-city backgrounds express to us that they would like to raise their children to appreciate the values they see in the Mankato community. Several of these mothers have also stated that they are not confident, based on their own experiences, how they should parent based on the local community norms. When their children run into problems with the law or difficulties in the school, it is difficult for them to accept guidance from people outside of their race/culture; they feel that only someone of their race/culture can understand them and what they are going through. We have very few professionals of any ethnic minority in this community, and we have had no black foster families.

In summary, we have a significant concern, for a relatively small part of our community. The small scale of our need, makes it difficult to develop programming using population-based strategies. We often accommodate individual needs by seeking assistance and resources outside of our county.

B. Strengths and Resources to address CCSA Needs

In the previous Service Agreement, you identified the strengths and resources available in your county to address the needs of CCSA participants. Describe the county's plan or current efforts to maximize these strengths and resources to address needs of CCSA families during CYs 2006-7.

Blue Earth County sincerely hopes that the 2006-2007 CCSA plan will be implemented during a period of economic recovery for our state and our country. The “ripple effects” of reducing key resources over the past several years, continues to show itself in the service continuum we offer in our community. We are significantly less able to fill gaps in standard program areas. There is a noticeable trend toward program admission criteria becoming more tightly defined. The flexibility and creativity we previously used to serve unique individual needs has been impaired by resource limitations. Our previous efforts to improve access to all services areas has in large part been offset by increasing limits for eligibility in many program areas (i.e. Tier II Chemical Dependency Treatment, reduced block grants, eliminating Projects of Regional Significance).

These economic realities have direct bearing on the dynamics between Human Services and our partner organizations. Prevention and early intervention efforts have been especially negatively impacted.

We are less able to pass money and other resources to our community-based providers for the purposes of direct service provision and program development. As we have all “tightened our belts”, we are all clinging to our core priorities. Even though we feel we still have much to offer, there is a tendency toward more of a silo effect between agencies and at times we need to sort through some emotional finger pointing and blame before we can make priority decisions about the resources that are available. A specific example of this dynamic is our Family Services and Children’s Mental Health Collaborative which has seen several rounds of resource and staff reductions. We are now facing even more dramatic reductions as the requirements for IV-E candidacy are being more strictly defined.

In a positive sense, we have been forced to find efficiencies and partnerships, which in better times, might not have been necessary. Examples of these efforts include: state, county, non-profit partnerships for supported housing; state, county, non-profit and private partnership for safety net redesign for mental health services (including development of a community-based crisis center and a tele-health communication network); and we have been actively partnering with the Open Door Health Clinic to see if their mission to serve low-income families can remain viable under significant economic pressures.

Our collaboration with VINE (a faith-based organization) for transportation and other community-based services has remained strong.

Within Blue Earth County, Human Service and Community Corrections staff have been meeting with a purpose to further strengthen service options for children in need of Out of Home Placement. Primary goals include better management of the decision-making process, increased accountability for all stakeholders, data tracking, actively managing placements (appropriate length of stays), and increasing our emphasis on supporting the “long-term functioning” of children and families we serve.

A final example of a project maximizing strengths and resources is Blue Earth County’s decision to move forward with MSHO. This project will create a service partnership with UCare, offering a new option and service set to individuals who meet eligibility for the Elderly

Waiver program.

The Blue Earth County Board continues to ask county departments to build efficient community-based partnerships and improve communications with outside agencies in order to avoid duplication, maximize available resources, and strive to improve the quality of services provided in our county.

C. CCSA Outcomes and Measures

Under the CCSA Consolidated Fund and the department's goal for CCSA—*keeping children safe and improving their well-being*—the overall state and county performance will be measured by ten CCSA measures. Following the issuance of this *Bulletin*, the department will publish the *CCSA Calendar Year 2004 Baseline Report (Bulletin #05-68-08)* on CCSA measures. After release, this *Bulletin* can be accessed by clicking on the following link under the topic Children's Services:

http://www.dhs.state.mn.us/main/groups/publications/documents/pub/DHS_id_048320.hcsp

Use this report to answer the next three questions.

1. The following table gives the national standards or state average for CCSA measures. A complete description of each measure is included in this *Bulletin*. From the *CCSA Calendar Year 2004 Baseline Report*, enter your county's baseline data for each measure in the "Baseline CY 2004" column. For any measure where your county did not meet the federal standard/state average, enter the anticipated target(s) your county plans to achieve at the end of the CYs 2006-7 biennium in the 'Anticipated Target' column. Leave the 'Anticipated Target' column blank for any measure where your county exceeds the federal/state standards.

CCSA Measures (abbreviated)		County		
		Fed/State Standards	Baseline CY 2004	Anticipated Target
Measure 1: Children who showed improved mental health				
Measure 2: Recurrence of child abuse/neglect	within 6 months	6.1 %	11.7%	9%
	within 12 months	8.4 %	18.3%	13%
Measure 3: Child maltreatment by foster parent		0.6 %	0%	
Measure 4: Re-entered placement within 12 months of a prior placement		8.6 %	28.3%	20%
Measure 5: Reunified within 12 months of placement		76.2 %	95.5%	
Measure 6: Adopted within 24 months of last removal from home		32.0 %	44.4%	
Measure 7: Transfer of legal custody to a relative within 12 months		70.8 %	0%	70.8%
Measure 8: Two or fewer placement settings		86.7 %	89.2%	
Measure 9: Received a health exam within one year				
Measure 10: Received mental health screening				

Note: On Measure 1, the department's Children's Mental Health Division will continue to work with counties to develop effective outcome measures for children's mental health. For Measures 9 and 10 (health exam and mental health screening), current data is being examined to ensure consistency across counties. Data on these measures will be published in subsequent reports as they become available.

2. For each of the measures for which your county *did not* meet the national or state standard in the preceding table, tell us what current strategies you plan to build upon and/or new strategies your county is planning to implement to improve these outcomes by using the format below. (If a Minnesota Child and Family Service Review was recently conducted in your county, it may be useful to integrate steps identified in that review to improve measures below the national or state standards).

Measure # 2___:

Strategy: Exceeding the standard for abuse/neglect recurrence rates is certainly troublesome to our agency. The establishment of this is outcome-based measure (with a baseline) is likely to serve as a useful tool in assuring that our agency is doing all we can to prevent and intervene with families whom have a history of maltreatment. Worthy of note is that many other mid-sized counties also exceeded the standard, which raises the question if there are demographic considerations worth studying. There may be variables that effect small, medium, and large counties differently. Understanding these variables might help improve overall performance. It is also interesting to speculate about the variance that might be seen between counties for determining maltreatment, emphasis on maintaining families of origin, and more generally, the impact of the changes to permanency timelines.

Given the significant reduction of resources we have available for prevention and early intervention services (FS / CMH collaborative), our ability to offer informal supports to families at risk of recurring maltreatment has also been significantly reduced.

Specific strategies for Blue Earth County include:

- The use of a professional social worker to screen all our Children's Intake calls and triage these initial calls for our intake meetings (quality assurance effort to maintain consistency of information gathering, information sharing, and ultimately the decision-making process for maltreatment determinations)
- Tracking recurrence data so we can review trends fluidly throughout the year rather than only annually
- Closer supervisory review of goals in case plans to assure that they address both current and *future* safety risks for children involved
- Better study and understanding of the factors that may lead to recurrence in our community (case study audits of recurrent families)
- Using any common behaviors/traits/patterns/symptoms that may be determined from local case studies, attempt to define a criteria set to identify those families most at risk for recurrence. These identified families could then be considered our highest priority for the limited follow-along and aftercare resources that may be made available (including skills training).
- We also hope to dramatically improve our use of Alternative Response which shows great promise for partnering with families who may be at risk for recurrence.
- We have also been told that we will be scheduled for a Minnesota Child and Family Services Review in the near future which may help us better quantify why we have a high recurrence rate.
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In order to set an obtainable target, our current performance percentages were averaged with the 6-month / 12 month benchmarks, and the mean percentages were used as the targets for the coming biennium.

Measure # 4___:

Strategy: Blue Earth County purposely uses a "step-down" model of care when placing a child out of their home. The first goal is functional stability (to assure that the child is not at

risk to himself/herself or others). This may be accomplished at a psychiatric hospital, RTC, or Rule 5 facility, when the severity of presenting problems are imminent. Once stability is achieved in a more restrictive setting, yet the need for out of home care is still warranted, care is “stepped-down”.

This happens as soon as possible, in a less restrictive setting such as a Rule 8 facility, Rule 4 or foster care. This stepping-down process can continue as long as progress is evidenced (no longer requiring the more restrictive setting *and* the child is still in need of care that cannot be provided in the child’s home).

This outcome measure can create a perverse incentive to leave a child in “one” more-restrictive setting longer than necessary if compliance to the measure was of utmost concern. In this scenario, there would be no “re-entry” per se as the child would *eventually* be returned home. Although this is clearly not the goal of the measure, it does send a message that we emphasize the “quantity of interventions” rather than emphasizing the quality (outcomes) of the intervention(s).

Evidence-based care, outcome-based care, flexible-care planning, managing lengths of stays, outpatient alternatives, and community-based care (especially with young people) all support a step-down philosophy. We would advocate that the measure be edited or re-written to reflect a measure beyond the single dimension of re-entry.

Blue Earth County has a customized system for tracking all placements, including a pre-authorization process for initial placements and a 30-day pre-authorization for longer-term placements (no placement is authorized beyond 30 days at a time, including foster care).

These practices emphasize the philosophy that children should not be raised in facilities and that we are purchasing a service that is measured by “progress on established goals”.

Even though we have put a great deal of emphasis on developing this system of care it is due for updating and we will be doing that over the next 1-2 years.

We will be working with our staff and our primary providers of care on cases that do not demonstrate acceptable progress, which result in true re-entry (not due to stepping-down). We expect that our systemic updates will specifically improve goals and outcomes for those cases. We will be asking all stakeholders to engage goals that will improve functioning over a *long-term* rather than a *short-term* perspective. We will still use short length of stays and step down techniques but we will be asking for more sophisticated aftercare planning which maps out goals and skill development for a 1-2 year time frame (short-term interventions with long-term results).

As the measure is currently, given the need to allow for step-down practices, we will set our target at 20%, which represents over an 8% reduction on the re-entry measure over the next biennium.

Measure # 7_____:

Strategy: We had a baseline of 0% for the Transfer of Legal Custody measure. Our sample size was one case that was not completed within the standard 12 month period of time. It is very difficult to draw any systemic conclusions due to the single case that is represented for this measure. We believe we know the case that was out of compliance and there were indeed case-specific extenuating circumstance. Our goal for this measure for the next biennium will be at or above the benchmark of 70.8%.

3. If your county has a racial/ethnic group that is five percentage points or more below the county rate on any measure in the baseline report, briefly described what steps your county will take to improve the outcome for this group by the end of the CYs 2006-7 biennium.

N/A

4. In the *CY 2004-5 Biennial Service Agreement* your county submitted to the department, your county described general strategies you had planned to use during 2004-5 to achieve positive outcomes related to CCSA measures. During the past two years, did you find any strategy, initiative or promising practice particularly effective in improving one or more CCSA outcomes that may be useful to share with other counties?

No

Yes

If yes, briefly describe.

Though the budget reductions have shifted our focus toward preserving core services, the following strategies have helped us from stagnating:

1. Customized “point in time” data has been useful in tracking trends (i.e. CAFAS data, maltreatment determinations, staff’s direct service percentages, etc.) Fluid reporting using key performance indicators has been a useful management tool.

It is important to note that tracking trend lines does not directly correlate to achieving desired outcomes (we continue to struggle with maltreatment recurrence).

2. Using training/provider meetings as a chance to learn from each other, as well as network in the community, has proven effective. Well thought out agendas help to dissipate rumors and relieve some tension with stakeholders (i.e. RTC – Safety Net Redesign, ICF-MR downsizing, Child Care providers, Labor Management Committee – targeted in-house trainings).

3. New Initiatives: Blue Earth County has been an intensive planning phase for a new jail. One component of this planning involves how we might provide effective Chemical Dependency and Mental Health Services to inmates in need. This project along with the establishment of Drug Court, Truancy Court, and a community-based Crisis Center have caused county departments and local agencies to come together, focus on efficiencies, and improve the quality of our local service continuum.

5. Is your county looking at integrating services for families who are receiving MFIP and

CCSA services?

No

Yes

If yes, tell us how.

Under the “Human Services” model we are continuing to look at ways for further integration of services between units. Specific to MFIP we have specialized roles and restructured operations to improve coordination for clients, but these efforts have also improved coordination with other Human Services Units. Increased diversity in our community has also created a need for improved coordination of individualized case plans across units. Data practices specific to Mental Health and Chemical Dependency (although important) can create natural barriers for communication and coordination efforts. Dedicated state resources for furthering coordination efforts between government divisions and guidance regarding streamlining data practices would be welcomed. Blue Earth County is one of several counties whom have a mental health center incorporated into our operations. We consider this an asset, but it also creates unique issues about accessing client information with MFIP staff (as well as between Public Health, Corrections, and the other social services units). The advantages of further integration would seem to strongly outweigh the technical complexities of implementing changes. It would help if these efforts could be approached broadly throughout the state using a common framework (for consistency). Individual differences could then be the focus at the local level, rather than each county designing an integrated model from the ground up.

Section III: Public Input

Counties must specify that the public was informed and input was sought for the use of federal Social Services Block Grant (Title XX) funds and state funds as required by federal and state laws provided through this agreement.

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

- Public hearing
- Newspapers
- Community meetings
- Radio announcements
- Others (specify) _website _____

2. Prior to submitting your Service Agreement to the commissioner, did your county allow at least 30 days soliciting comments from the public on the content of the agreement?

Yes No

3. Tell us about the public input received and how it impacted your planning process or the Service Agreement by selecting one of the following two options:

No public input was received

Some public input was received (*select one or more of the following options*)

Did not impact our planning process/Service Agreement

Did impact our planning process/Service Agreement, particularly the:

Needs Statement section

Strategies and Outcomes section

Budget section

Other *please specify* _____

Section IV: County Budget

In the tables below, indicate the amount and percentage for each item listed within the specific MFIP or CCSA Consolidated Fund for Calendar Years 2006-7.

2006 MFIP	Budgeted Amount	%	2006 CCSA	Budgeted Amount	%
Diversionsary Work Program-Employment Services	\$50,000	6.2	Children's Mental Health	\$150,000	12.1
MFIP-Employment Services	\$496,585	61.4	Child and Family Services	\$426,770	37.5
Emergency Services	\$74,000	9.1	Adult Services	\$574,497	46.5
Administration (capped portion limited to 7.5%)	\$60,688	7.5	Other 1: Child Care	\$47,500	3.9
Income Maintenance Administration	\$127,900	15.8	Other 2:	\$	
Other 1:	\$		Other 3:	\$	
Other 2:	\$		Other 4:	\$	
2006 MFIP Budget	\$809,173	100%	2006 Total CCSA Budget	\$1,234,767	100%

A portion of the final Calendar Year 2007 allocations to counties will depend on legislative actions regarding state fiscal year 2008 appropriations. Indicate the county's current anticipated Calendar Year 2007 budget. Counties must amend the agreement by re-submitting this page if the allocations are later adjusted.

2007 MFIP	Budgeted Amount	%	2007 CCSA	Budgeted Amount	%
Diversionsary Work Program-Employment Services	\$50,000	6.2	Children's Mental Health	\$150,000	12.1
MFIP-Employment Services	\$496,585	61.4	Child and Family Services	\$462,770	37.5
Emergency Services	\$72,000	8.8	Adult Services	\$574,497	46.5
Administration (capped portion limited to 7.5%)	\$60,688	7.5	Other 1: Child Care	\$47,500	3.9
Income Maintenance Administration	\$129,900	16.1	Other 2:	\$	
Other 1:	\$		Other 3:	\$	
Other 2:	\$		Other 4:	\$	
2007 Total MFIP Budget	\$809,173	100%	2007 Total CCSA Budget	\$1,234,767	100%

Section V: 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 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 to 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.

Section VI: Certification for Submission

Checking this box certifies that this Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes 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 their county)

Name (Chair or Designee)	Mailing Address	County
Tom McLaughlin	PO Box 8608 Mankato MN 56002	Blue Earth

Person Submitting Service Agreement

Robert W. Meyer
Name

Human Service Director
Title

(507) 304-4070
Telephone

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Email Address

October 18, 2005
Date