

Commissioner's Child Foster Care Work Group

Final Report and Recommendations

December 2015

Preamble

Foster care is a critical component of Minnesota's child welfare system. When the system operates well, foster parents provide safe, nurturing homes for children until they can reunite with their birth families, or become part of other permanent families.

But too often that's not how it happens. Short-term placements, and a lack of appropriate and timely services can create hardships and poor outcomes for children. In addition, a shortage of qualified providers, and a disproportionate number of African-American and American Indian children in foster care highlight the need for a comprehensive review of Minnesota's foster care system.

Whenever children are removed from their homes, it is traumatic. Meeting children's needs is paramount, and the child welfare system is currently not doing enough for them. Children who move in and out of foster care are more likely to experience poor outcomes: Linger in foster care as they await permanent families, performing poorly in school, experiencing poor socio-emotional health, developing insecure attachments, and dealing with stress due to instability and uncertainty in their lives.

When children don't become part of permanent families, they suffer. A national study of youth aging out of foster care found that:

- 25 percent were involved with the legal system
- 38 percent had emotional problems
- 50 percent had used illegal drugs
- 52 percent had not graduated from high school when they left foster care.

Children who spent long periods of time in multiple foster care homes were more likely, once they became adults, to face unemployment, homelessness, incarceration and early pregnancy.¹²

The cost of doing nothing or too little for these children is too great. We must focus on stabilizing foster care placements and providing better services, especially support for youth making the transition to adulthood, to improve foster care in Minnesota.

Recognizing the urgency of this issue, Minnesota Human Services Commissioner Lucinda Jesson appointed a work group to address these and other concerns in the foster care system. She appointed experts from a wide variety of fields to focus on keeping children happy and safe

¹ Courtney, M.E., and Piliavin, I. (1998). Foster youths' transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care. Madison: WI, School of Social Work, University of Wisconsin-Madison, 1998, cited in Pew Commission on Children in Foster Care. (2004). *Fostering the Future: Safety, Permanence, and Well-Being for Children in Foster Care*. <http://pewfostercare.org/>

² Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, 82(6), 727-746.

while making thoughtful recommendations on how to improve Minnesota's foster care system. This report is a compilation of those ideas.

Work group purpose

The commissioner's Child Foster Care Work Group advised the commissioner and Minnesota Department of Human Services (department) leadership on systemic and practice improvements in the child foster care system in Minnesota.

Assistant Commissioner Jim Koppel and the department's Inspector General Jerry Kerber co-chaired the work group. The group consists of members appointed by the commissioner including representation from the following:

- Minnesota Department of Corrections
- Minnesota Department of Education
- Minnesota Judicial Branch
- Tribal courts
- County and tribal child welfare agencies
- African-American child welfare service agency
- Private providers
- Law enforcement
- Foster youths
- Foster parents
- Parents
- The department's
 - Child Safety and Permanency Division
 - Community Supports Administration
 - Office of Inspector General Licensing Division

Work group charge

The work group reviewed the child foster care system to assess practices, especially at critical decision points, to ensure children are safe, improve their well-being, and help them find permanent homes.

The work group's initial recommendations are in the following areas:

- **Recruitment, application and licensing processes** for foster care homes overseen by county, tribal, and private agencies.
- **Policies on how children are removed from their homes**, with a focus on how to minimize and treat trauma, including keeping sibling groups together.
- **Quality and availability of staffing and resources**, including resources for case coordination to improve educational outcomes, medication management, screenings, and service referral/monitoring, family visitation planning, and reunification/permanency planning.

In addition, the work group will address:

- Northstar Care for Children
- Minnesota Assessment of Parenting Children and Youth (MAPCY)
- How youth can have a voice and best be informed about their rights and what standard of care they can expect from foster parents
- Protocols and processes that ensure children have a birth certificate, Social Security card, health insurance information, medical records, and a driver's license or equivalent identification card
- Child maltreatment reports in foster care (screening, investigation, licensing notification)
- Empowerment of foster children age 14 and older in planning for their own lives
- Curricula and training resources for foster care providers
- Practices that encourage involvement in extracurricular, enrichment, cultural and social activities while in care
- Reunification and aftercare support services
- Foster care re-entry
- Racial disproportionality in foster care
- Sex trafficked youth in foster care, including protecting missing and runaway children and youth at risk of sex trafficking

Logistics

The work group's initial recommendations and findings in this report go to the department's commissioner, department leadership, and the public by Nov. 1, 2015, and final recommendations by Mar. 1, 2016.

The commissioner and department staff provided general administrative and technical assistance support to the work group.

Background

While the vast majority of human services in Minnesota are provided by county and tribal partners, the department (at the direction of the governor and legislature) sets policies and directs payments for many of the services delivered. It provides funding for the cost of out-of-home care for children and sets policies for the care of those children.

There is a distinction between the terms "out-of-home placement" and "foster care." "Out-of-home placement" is a broad term which can refer to foster care, as well as certain residential or correctional placements. All foster care placements are out-of-home placements – but not all out-of-home placements are foster care placements. In Minnesota, more than 70 percent of children in out-of-home placement are typically in a foster care home setting.

Foster Care

In Minnesota, only law enforcement and the courts have authority to place a child in foster care. Most county agencies don't have social workers available 24/7 to respond to child protection emergencies, so law enforcement is potentially the only presence when a child is removed from their home for safety reasons.

The removal of a child from their home by law enforcement, especially in communities of color, is the first in a potential series of system-created trauma-producing events for not only the child or youth, but also their parents. Families are often not given an opportunity to talk about and understand the process and implications of a removal of a child from their home. They may not understand the type of placement setting a child is going to, who to contact for information, and whether they will be able to visit their child. They may not be given an opportunity to pack necessities and comforting objects children and youth hold close to them. Including local agency child protection staff as a team member during a removal provides expertise to minimize family trauma.

If a social worker believes a child already known to the agency needs to be placed for safety reasons, they can ask the parent(s) to sign a Voluntary Placement Agreement. If parents do not agree to this, workers can request that law enforcement place a child on a 72-hour hold, or they can file a Child in Need of Protection or Services (CHIPS) petition with the court. The CHIPS petition would seek either:

- Protective supervision
- Temporary legal custody of a child
- A court order that the parent(s) or caregiver participate in services.

When children enter out-of-home placement via a 72-hour police hold, the case is reviewed by child protection authorities in consultation with the county attorney's office. This practice varies by locale. If a 72-hour hold can be released prior to its expiration, the county attorney or law enforcement can release a child without the need of a court order.

In most cases, parents agree to work with child protection services. Social workers have 45 days to complete an investigation and make determinations regarding an allegation and whether services are needed. They are required to notify parents and the alleged offender of their decisions of whether maltreatment occurred and/or whether services are needed within 10 days of the conclusion of an assessment or investigation. Social workers have 30 days to develop a service plan with a family when services are needed. Plans include goals and steps to take to address identified issues. Most often, foster care is temporary and children are reunited with their parents within a short time.

Whenever possible, foster care must enable children to:

- Remain in their communities
- Remain with their siblings
- Maintain ties with other family members and friends
- Attend the same schools, team events, cultural and social activities.

In Minnesota, county and tribal agencies respond to approximately 18,000 accepted reports of child maltreatment annually. The majority of these reports are assigned to Family Assessment

Response, a comprehensive strength-based approach to working with families where there is concern of child maltreatment. Minnesota's Family Assessment Response ensures children's safety and family stability by building on families' strengths and responding to individual needs. Services for families may include counseling, parenting education, assistance in applying for financial benefits, helping a family access services such as early childhood or special education, and/or helping a family meet basic needs such as housing and food. Family Assessment Response is an intervention used for reports of child maltreatment that do not allege substantial child endangerment. For substantial child endangerment situations, agencies conduct a Family Investigation Response.

Relative Foster Care

When children must enter foster care, relatives and kin are sought to care for them. Preserving relationships with family members is crucial to a child's sense of safety and well-being. There are specific provisions outlined in the Indian Child Welfare Act and the Minnesota Indian Family Preservation Act for American Indian children enrolled in a tribe, or eligible for enrollment. These provisions ensure the safety and well-being of American Indian children is preserved.

Children in relative placements experience fewer moves while in care and have stronger attachments to temporary caregivers. Placement with relatives is helpful for maintaining a more culturally familiar environment for children, and a faster timeline to permanency if reunification is not possible.

When relatives and kin are not available, children are placed into county or private agency foster care settings. These providers undergo a licensing process similar to relatives and receive training to support their capacity to meet the needs of children placed with them. For assuring there are enough foster homes to meet the number of children placed into foster care, their cultural considerations, and other varying needs, recruitment is a key activity for county social service and private foster care agencies.

Another choice for placing children is with fictive kin: This term is used to refer to individuals that are unrelated by either birth or marriage, who have an emotionally significant relationship that would take on the characteristics of a family relationship.

Foster Families

Foster families play a critical role by caring for children and providing support to their families. This relationship can continue after children return home. Foster families provide a bridge of safety and stability for children while the local agency makes reunification efforts with birth parents. When reunification is no longer possible, foster families may be asked to make a permanent commitment to foster children by adopting them. Foster families provide:

- Temporary, short-term care to children in crisis
- Long-term care/stability during permanency planning
- Respite care to children with special needs whose families may need a short break from their daily routine.

Appendix A shows the number of foster families licensed to provide foster care in each Minnesota county, as of August 2015.

Permanency

All children need a permanent family. Children do best in permanent, safe, nurturing homes, where there are lifelong relationships with caring adults. Reunification is Minnesota's primary permanency plan for children in foster care, and the most common outcome.

One way of lessening the occurrence of children's movement from placement to placement is permanency planning, including Concurrent Permanency Planning. The purpose of Concurrent Permanency Planning is to develop an alternative plan in the event reunification is not possible. This practice ensures that children transition from foster care into permanent family homes as quickly as possible. Permanency planning is a policy, philosophy, and best practice created to return every child who enters foster care to the stability of a permanent family as quickly as possible.

Services

Removing children from their home is a traumatic event. Foster children need an array of services to address trauma. Foster children need care coordination for all their needs, from disability services or children's mental health, health care, child welfare, and more.

Children and teens may have received fragmented and sporadic health care prior to entering foster care. Often they enter foster care with a high prevalence of undiagnosed or under-treated chronic medical problems due to lack of consistent care. About half of children and teens entering foster care have chronic physical problems (e.g., asthma, visual or hearing loss, and neurological disorders), about 10 percent are medically fragile, and many have a history of prenatal substance exposure or premature birth. Children in foster care suffer a high incidence of developmental delays, as high as 25 percent in some age groups. Approximately 35 percent of children and teens enter foster care with significant dental and oral health problems.

Older foster youth: There's help for youth who are or were in foster care and want to live on their own. There's tuition assistance, job skills training, help finding work, housing and much more. County and tribal social services staff and a network of nonprofit agencies make it happen, including:

- Funding for post-secondary education
- Extended foster care for youth ages 18 through 21
- Healthy Transition and Homeless Prevention program
- Living supports
- Youth Leadership Councils

Preventing Sex Trafficking

Preventing Sex Trafficking and Strengthening Families Act of 2014 included requirements for states to improve opportunities for children in foster care. This includes developing reasonable and prudent parenting standards for children to participate in age or developmentally appropriate extracurricular, enrichment, cultural or social activities. This standard applies to any foster family home or residential facility receiving funds from Title IV-E of the Social Security Act. A special work group has been formed to implement these requirements.

Minnesota's Safe Harbor law is changing the way sexually exploited youth are helped to recover: Youth who are taken advantage of through prostitution, (known as sex trafficking) are treated as victims and survivors, not criminals. Recent changes in state law allow these youth to receive:

- Counseling focused on meeting needs and making their own choices
- Respectful and specialized support
- Safe housing
- Physical and mental health services
- Legal protection
- Substance abuse treatment.

Education

Children experiencing foster care face unique challenges that negatively impacts educational achievement. The possibility of changing schools, delays in transfer of school records, adapting to a new curriculum, and the stigma of being shunned as a new kid/foster child are challenges. At the same time, a child is emotionally trying to reconcile the events leading to their placement and the uncertainty and anxiety of an unknown future. The importance of maintaining a sense of satisfaction with school and keeping pace with peers is crucial to future academic and life success.

In order to address these problems, a multidisciplinary Educational Stability Committee to serve the educational stability needs of foster care students statewide has been established. The committee of state, county, and local agencies, and other stakeholders, uses data and information from nationally recognized experts and key stakeholders in Minnesota (Minnesota Departments of Education and Human Services, counties, school districts, etc.), and has adopted specific goals that increase educational successes of foster care students. To meet these goals, the committee has developed a best practice strategy that, if implemented, would provide comprehensive resources and legislative mandates.

Caseworker Visits

Caseworker visits are a critical component of child welfare system procedures for ensuring the safety of children and the well-being of birth and foster families. Caseworkers meet with children and families to:

- Monitor children's safety and well-being
- Assess ongoing service needs of children, families and foster parents
- Engage biological and foster parents in developing case plans
- Assess permanency options for a child
- Monitor family progress toward established goals
- Ensure that children and parents are receiving needed services.

At each stage of intervention, caseworkers, with the support of their supervisors and other key participants in a case, determine the type of supports that children and their families need to ensure that children are safe, are in or moving toward permanent homes, and have stable living arrangements that promote well-being.

Minnesota standards for the content and frequency of caseworker visits with children in foster care are outlined in Minn. Stat. 260C.212, subd. 4a. Monthly caseworker visits include, at a

minimum, a face-to-face visit with every child in foster care on a monthly basis in their residence.

During the 2015 legislative session, \$23,350,000 was appropriated annually to the department for allocation to county agencies for child protection staffing and services under Minn. Stat. section 256M.41. The intent of the legislation is to improve current child protection worker caseloads so that more timely case work will occur to support children in need of protection.

Northstar Care for Children

Northstar Care for Children consolidated child foster care Relative Custody Assistance and Adoption Assistance into a single program to support permanency for foster children. Before Northstar Care for Children, the monthly benefit to support children in foster care compared to the monthly benefit for children placed with a relative or adopted created a disincentive toward permanency. This was causing a barrier for foster children to be adopted or for relatives to accept legal custody. Typically, benefits were reduced by at least half, sometimes up to 70 percent, from the foster care benefit. As a result, children languished in foster care. This diminished a child's chance for permanency and contributed to increased racial disparities in foster care. The unequal rate largely affected foster children who were older, part of sibling groups, or who were American Indian or African-American. Northstar Care for Children provides county and tribal agencies with equalized benefits for permanent legal families.

There are three main benefits:

- Medical Assistance to age 18.
- Monthly basic payment, based on age, to support the costs caregivers incur to provide for a child's food, clothing, shelter and other personal needs.
- Monthly supplemental payments, to support the extra care and attention a foster parent provides, or gaps in specialized services otherwise provided by a professional to meet the individualized needs of a child. This is determined with the Minnesota Assessment of Parenting Children and Youth assessment tool.

Foster children are at risk of developmental delays and may qualify for special education services. Access to quality child care resources and early education opportunities are important to school success.

Prior to Northstar Care for Children, the state did not have a policy or funding for child care for children in foster care. Northstar Care attempted to standardize and support child care costs for children in foster care, though resources at inception of the program were limited. Lack of child care funding is a barrier to recruitment of new foster parents and relative caretakers who work during the day.

Recommendations

The Subcommittee to **Improve Recruitment, Application and Licensing Processes** for foster care homes overseen by county, tribal, and private agencies examined ways to improve:

- Application process/home study
- Training and support
- Consultation
- Child care support for foster care providers
- Recruitment
- Investigations

The following recommendations are made regarding recruitment, application and licensing process. These recommendations are the result of three listening tour/focus groups, and multiple group meetings to examine the issues:

A. Application Process/Home Study

1. Consolidate and streamline forms, using plain language. Some items, such as a notarized signature and Social Security number, are required in statute, but may be unnecessary and a barrier to licensure. Recommend adding the option to use an alternate identifying number. Request confidential and public information in separate documents to facilitate access to records.
2. These forms overlap and some information is requested multiple times.
 - a. Universal license application form-Some information requested on this form is not relevant to family-based child foster care homes
 - b. Supplemental application form
 - c. Individual household member information sheets.
3. Realign the process for obtaining sensitive information. It has been reported that questions on the form may cause otherwise quality foster care providers to self-select out. For instance, if they had a minor health issue or a decades old minor criminal conviction, they might withdraw from the process when those conditions would not necessarily cause the individual to be prohibited from providing foster care. Some information sought through the forms submission process would be better obtained during the home study discussion. Two examples: Information about a person's medical history and information about a person's criminal history. Information is collected through the:
 - a. Forms process
 - b. Home study interview
 - c. Home study inspection
4. Make all revised forms available online so they are:
 - a. Fillable

- b. Accessible in a format that allows partial completion and saving
 - c. Able to be electronically submitted to a county or private agency selected by the applicant, and
 - d. Visible to applicants so they can monitor progress through the approval process online.
5. Establish a referral process for inter-county requests for child foster care licensing.

B. Training and support:

1. For licensing staff, provide training on:
 - a. The foster care home study
 - b. Needs of relative foster homes
 - c. Coordination with child protection
 - d. Integrating and supporting foster parents in a child's case planning team.
 - e. Concurrent permanency planning and the needed support for relatives seeking licensure
2. Provide training to child protection workers on the licensing process.
3. Adjust content of training to address recommendations identified through the state child mortality review process.
4. Provide culturally based training for families who could become foster parents except for cultural barriers. Trainers must be from that culture.
5. For applicants and licensed providers:
 - a. Maintain current training topic areas, but create alternatives to classroom and in-person training to access online, through a training manual, video disk or community resources (e.g., local public health or public safety consultants)
 - b. Establish a directory of all available training, including required training, trauma-informed and evidence-based parenting training, and Web-based training.
 - c. Online preservice training to support the timeliness of meeting the training requirement for licensure
 - Current child welfare pre-service training offered by the department requires a minimum of eight participants to conduct training, which is often a barrier in greater Minnesota where families go through the process in smaller numbers
 - d. Online training history visible to foster care licensing workers to verify completion of training by potential foster families
 - e. Explore the viability of an independent section in the statute for consolidated training requirements for foster care, patterned after the current child care training statute
 - f. Work with the Minnesota Department of Public Safety to review car seat training options, including partial online training with a demonstration using the local fire department or law enforcement staff

- g. Explore options to provide child care when conducting state training sessions, perhaps through a state contract with a child care provider
- h. Explore free annual conferences to be held throughout the state
- i. Add one or more modules on court information, child protection, and school processes
- j. Explore the department's creation of a foster parent training handbook to be used if there are barriers to classroom and online training for foster parents.

C. Consultation

1. Create a consultation process through the department for relatives of children in placement, including:
 - a. How to be considered for placement.
 - b. How to navigate the licensing process. This would include family navigators who could assist and advocate for prospective foster care providers as they proceed through the licensing process.
 - c. Navigators to assist and advocate for relative needs after licensure.

D. Recruitment

1. The state should take leadership in recruitment activities.
2. Make the application process Web accessible.
3. Fund and hire culturally relevant county/regional recruitment/retention navigators.
4. Develop and provide funding in support of a partnership with county, tribal and child-placing agencies to construct a robust recruitment plan that supports a customer service approach, meets federal mandates, and reaches individuals and families with the mission to care for foster children.
5. Ensure the state's recruitment plan is consistent with federal law in terms of ongoing consistent recruitment efforts for new foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.
6. Employ an effective, culturally relevant recruitment campaign that includes:
 - a. Television and radio spots featuring positive stories by current and former foster care providers.
 - b. Newspaper articles focused on positive stories about foster care – former foster children, providers, etc.
 - c. A public Facebook page.
 - d. Billboards and bumper stickers.
 - e. A website.
7. Amend the moratorium on corporate child foster care licensure to allow development of programs that will specifically provide respite and emergency

placement options for children, and perhaps a more limited approach for corporate programs that would serve children with high behavioral or mental health needs.

E. Licensing Oversight, Death Investigations, and Maltreatment Investigations

1. Make the department responsible for investigating alleged maltreatment in foster care sites monitored by private licensing agencies.
2. Make the department responsible for investigating all deaths of children in foster care.
3. The department should continue discussion with stakeholders regarding changing the roles of Rule 4 agencies licensed by the department to provide support services for providers, assist counties with placements, and perform licensing oversight functions. The subcommittee did not have enough time to reach a resolution on this topic. Department staff is interested in removing licensing duties from private agencies and evaluating the appropriateness of increasing reimbursements and rates commensurate with expanded supportive services for relatives to be provided in collaboration with county and tribal social service agencies.
4. These agencies could be stronger advocates for license holders if their duties did not also include regulatory oversight.

F. Background Studies

1. Adopted children: Modify the background study system for foster children who are adopted by the foster care provider. As new family members, they become household members who require a background study, and sometimes these individuals have engaged in previously disqualifying behaviors. The background study law and practice appropriately allows for set-asides of disqualifications for these individual variances for foster care license holders; however, the timing of the notices can be an obstacle. While celebrating the permanency of adoption, the current system may send a (disturbing) notice of disqualification from being present in the home. A system change could intervene in these studies and process them differently.
2. Corporate foster care studies. Counties can be relieved of unnecessary burdens and the process can be expedited for studies completed on staff in foster homes that are not the residence of the license holder. The law should be amended so that corporate foster care studies are initiated by the provider and processed by the department the same as other studies, such as adult foster care.

G. Other

1. Develop a network of alumni foster children/youth graduates using the comprehensive, state funded, Massachusetts model.

2. Require safe cribs; explore making standard, safe cribs available free or at a reduced cost.
3. Explore funding to reimburse foster parents for car seats, cribs and other necessary equipment for baby or toddler care, consider the Initial Clothing Allowance as an option.
4. Develop and annual survey of licensed foster parents to measure satisfaction and identify emerging concerns.

The Subcommittee to **Improve Policies on how Children are Removed from Their Homes**, with a focus on how to minimize and treat trauma, including by keeping sibling groups together, examined:

- 24/7 Removal Response Teams
- Training
- Interagency workgroups
- Availability of records
- Additional tools for social workers
- A service worker model
- A shared parenting model
- Relative placement

The following recommendations are made regarding the policies on how children are removed from their homes:

A. 24/7 Removal Response Teams

Recommend requirement for 24/7 social worker response to accepted maltreatment reports. In most cases more resources are needed. A model utilized at White Earth Indian Child Welfare is one example of a 24/7 child protection worker removal response provided in a culturally specific way that minimizes trauma for a family. Wisconsin is one state with a 24/7 child protection worker removal model. The provision in its statute authorizes any person who provides intake or dispositional services for the court to have the same power as police officers and deputy sheriffs—only for the purpose of taking a child into physical custody to provide for immediate safety. The Minnesota Association of County Social Service Administrators (MACSSA) is completing an evaluation of local agency system resource capacity for a 24/7 child protection and removal response in Minnesota. Additional study of system capacity and resource needs will be required.

B. Training

1. Development of a regional or statewide conference or training for social services and law enforcement, mental health providers, educational professionals, foster parents, medical providers, and other stakeholders with an additional focus on the trauma of removal events. This is similar to the TEAM conference held in past years.

2. Training on the use of safety planning practices to prevent or plan for potential future removal.

C. Interagency Workgroups

To minimize trauma and support well-being, development of an intercounty and/or regional multidisciplinary approach using mental health crisis teams, public health, medical providers, education systems, law enforcement and child protective services in removals and ongoing case management.

D. Availability of Records

1. Provide social workers timely and remote access to paternity files in support of relative searches.
2. Provide social workers access to served, unserved and dismissed Civil Orders for Protection records and pre-sentence investigation reports.

E. Additional Tools for Social Workers

In consideration of moving towards a 24/7 removal model, supporting resources include:

1. Expanded use of wireless technology.
2. Real time remote access to the Social Service Information System (SSIS).
3. Remote access to local and state criminal records for immediate background checks of persons who are potential emergency placement resources.
4. Funding for tools for social workers for use away from the office on location, such as iPads or surface personal computers.

F. A Service Worker Model

1. The benefits of a child service worker model will require further examination. In a well-defined child service worker model, children retain one worker through their entire removal episode or re-entry into care and that social worker is part of the team to make recommendations in their case. The benefits of the child service worker model in Hennepin County, White Earth Human Services, and other models will be studied.
2. For families known to the child welfare system, recommend that case files include the names of those whom the family has designated to contact in case of an emergency.

G.A Shared Parenting Model

The shared parenting model calls for a shared parenting arrangement between a family and other supportive persons in their life who are willing to share voluntary parenting of children in the

family, if needed. As part of the safety planning process, this model allows for shared care that can prevent formal removal until further investigation, shared case planning, and provision of services for families can be arranged. This model allows for immediate safety and identification of placement and permanency resources. The model supports concurrent permanency planning and identification of supports to prevent removal of a child from their home. This process would also reignite the Family Group Decision Making conferencing model while broadening its scope to include important people in a child's life.

H. Relative Placement

1. Expand efforts to utilize placement with relatives in an attempt to reduce trauma.

Subcommittee for **Improving the Outcomes for Foster Children**, examined ways to improve:

- Resources for coordination of services
- Trauma-informed child welfare practices and services
- Health care
- Northstar Care for Children
- Prudent Parenting Standard
- Child care and early education resources
- Educational stability
- Transition to adulthood.

The following recommendations are made regarding policies on improving outcomes for foster children:

A. Coordination of services

The department's Children's Mental Health, Disability Services and Child Safety and Permanency Divisions, partnering with county and tribal agencies and other stakeholders, will work together to evaluate screening, assessment, treatment, case coordination and case management practices for children in foster care. This will include how to increase access to evidence-based practices and clinical services to address the trauma of children in foster care and to identify child welfare staff training needs and work together to access services and address barriers.

B. Trauma-informed child welfare practices and services

1. Screening and referral includes:

- a. Routinely screening children for trauma upon entry to the child welfare system, and periodically throughout involvement, using standardized measures.
- b. When trauma is indicated by screening, refer children for a comprehensive diagnostic assessment, including an assessment of development and trauma, by a certified trauma-informed mental health professional.
- c. When indicated by diagnostic assessment, refer children for developmentally appropriate trauma-informed and evidence-based therapies.

2. Child welfare practice change and evidence-based practices include:
 - a. Social service agencies refer children in foster care to mental health providers who are certified to provide trauma-informed evidence-based therapies.
 - b. Continue to develop and increase referrals to intensive treatment foster care services to better support children and their families whose needs indicate more intensive services.
 - c. Improve integration of trauma-focused evidence-based programs and substance abuse evidence-based programs due to the high co-morbidity of trauma and substance abuse.

3. Funding and Policy should:
 - a. Ensure all relevant policies support trauma-informed practice.
 - b. Identify opportunities for blending funding across child-serving systems for trauma-focused prevention and early intervention services.
 - c. Increase funding for ongoing training and certification of mental health providers in trauma-informed and evidence-based therapies to expand access to these services for children in the child welfare system.
 - d. Increase funding for trauma-focused and evidence-based substance abuse programs that allow young children to reside with their parents while in treatment.
 - e. Partner with the Children's Mental Health Division to increase Medical Assistance reimbursement rates for certified trauma-informed mental health professionals so the quality and sustainability of trauma-focused and evidence-based practices for children in foster care improves.

C. Health care for children in foster care

1. Children and youth in foster care should have an initial health screening visit within 72 hours of placement.
2. Children and youth in foster care should have a comprehensive health assessment, including a developmental screening if under age 6, and a dental and mental health screening within 30 days of placement.
3. Children and youth in foster care should have a follow-up health assessment within 90 days of placement.
4. Children and youth in foster care should have a well child visit with a health practitioner at least twice as often as children who are not in foster care:
 - a. Between birth to 6 months-every month
 - b. Between 6 to 24 months-every three months
 - c. Between 24 months to 21 years-every six months.
5. Standardize medical consent procedures for children and teens in foster care and clarify confidentiality standards so that health clinicians can access pertinent child case history information.

6. Develop online medical records for children and teens in foster care in order to facilitate continuity of care, maintain a comprehensive health history, disseminate and monitor recommendations, and monitor use of psychotropic medications.
7. Develop specialized foster care clinics or medical homes for children in foster care.
8. Provide training for foster families to support higher needs children, address barriers, and build supports that stay with a child when reunified with their birth family.
9. Facilitate collaboration between county and tribal agencies' health and child protection systems to follow the American Academy of Pediatrics recommendations for health care for children in foster care.

D. Northstar Care for Children.

1. Increased funding for families to provide for the basic needs of children. A 20 percent increase in the basic rate is recommended.
2. Additional training and quality assurance to ensure agency practice is consistent and fidelity to the program and assessment tool is adhered to.
3. Annual review of the impact of the preschool entry rate on achieving timely permanency for younger children eligible for Northstar Kinship Assistance.
4. Convene work group made up of county, tribes and private agency staff experienced in administering the MAPCY, and foster parents and other stakeholders to review the assessment tool and results. Recommendations for changes to the tool will be considered and adjustments made based on careful study of data and work group input.

E. Prudent Parenting Standard

1. Define a reasonable and prudent parenting standard in statute as careful and thoughtful parenting decisions are intended to maintain a child's health, safety, cultural, religious, and tribal values, and best interest while at the same time encouraging a child's emotional and developmental growth.
2. The department will provide guidance about the childhood activities and factors foster parents must consider when applying the reasonable and prudent parenting standards to a parenting decision. The factors must include:
 - a. A child's age, maturity and developmental level
 - b. Risk of activity
 - c. Best interest of a child
 - d. A child's cultural, religious and tribal values
 - e. Importance of experiences in the child's emotional and developmental growth
 - f. Importance of a family-like experience
 - g. Behavioral history of the child
 - h. Wishes of the legal parent or guardian, as appropriate.

3. Develop funding to support the cost of childhood activities for foster children through scholarships programs and SELF funds. Continue the funding for the activities when the child returns to their birth home.
4. Include in statute that foster parents and designated staff at residential facilities demonstrating compliance with the reasonable and prudent parenting standard do not incur liability in a civil action, if a foster child is harmed or injured because of participating in an extracurricular, enrichment, cultural and social activities.

F. Child Care and Early Education Resources

1. Ensure that children receiving child welfare services are categorically eligible for child care resources from birth for families who work regardless of income or permanency status (reunification, adoption, transfer of permanent legal and physical custody, etc.).
2. Ensure that children receiving child welfare services are categorically eligible for high quality early education programs from age 3 regardless of income and permanency status (reunification, adoption, transfer of permanent legal and physical custody, etc.).
3. Refer children in foster care to local school districts to assess children's needs for special educational services and supports.

G. Educational Stability

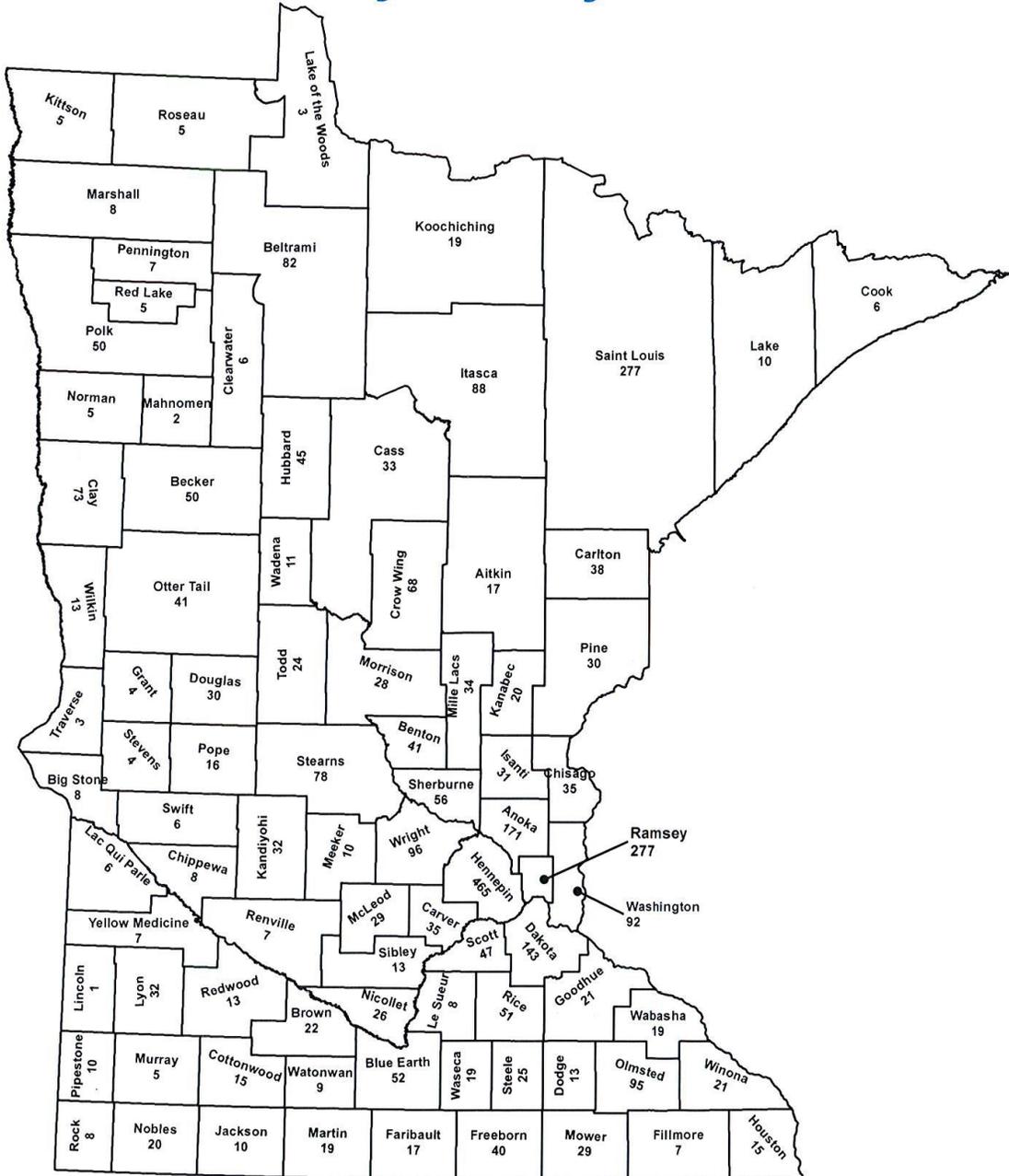
1. Funding for foster care liaison positions in schools/counties to address the specific needs of foster care students.
2. Funding for one staff position at both the department and Minnesota Department of Education to assist with and provide guidance to foster care liaisons.
3. Legislation that requires data sharing among county social service agencies and school districts, the department and MDE.
4. Legislation that protects foster care students' grades from being lowered if they are absent due to foster care placement changes and/or missed school to attend court-ordered activities.
5. Legislation requiring the awarding of credit for full or partial coursework completed at another school.
6. Funding to assist county agencies and school districts with transportation costs for students in foster care placements outside of the school district they attended when placed in foster care.
7. Formalize the work of the Educational Stability Committee in legislation.

H. Transition to adulthood

1. Protocols and processes that ensure children have a birth certificate, Social Security card, health insurance information, medical records, and a driver's license or equivalent identification card before aging out of foster care.
2. Update system generated forms and processes to assure youth get transition documents, and monitor whether it's been done. Engage courts to assist with monitoring. Create a check box in SSIS to remind social workers.
3. Develop assurances for youth before they leave foster care that foster child/youth bill of rights has been completed. Create safety net provision so youth can still access supports if they choose to leave foster care at age 18.
4. Extend the six-month limit on county being financially responsible if youth decide to return to foster care at a later time.
5. Training and oversight to ensure extended foster care is available to all eligible foster children aging out of foster care, consistent with Fostering Connections to Success and Increasing Adoption Act of 2008.

Appendix A

Child Foster Care by County



DHS-CSP-L. Ellingson (August 2015)