

2010-11 County MFIP/CCSA Biennial Service Agreement

Minnesota Family Investment Program and Children and Community Services Act

January 1, 2010, to December 31, 2011



Minnesota Department of **Human Services**

Type of Service Agreement

Individual county submitting a:

Multi-county partnership submitting a:

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

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

County Name:
Carlton

County Names:

County MFIP/CCSA Biennial Service Agreement

January 1, 2010, to December 31, 2011

CONTACT

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Date:	

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

* * *

Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

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

Locating Work Sites/Employers/Volunteer Sites - little luck on volunteer sites, but some progress on work sites; the local economy is a challenge for our unskilled workers, there is a need for sheltered workshops with job coaching availability.
Affordable Housing – ongoing problem that is largely out of county control; clients have very few low rent options and Section 8 Housing has long waiting lists. Accessible Child Care – sometimes a problem, little progress in finding more quality child care options. Some waiting lists exist. Transportation - ongoing problem in the rural areas and largely out of county control. Phones – about the same; cell phone usage is going up. Outstanding bills can be an issue. Criminal Records/Felonies – many MFIP clients with felonies and issues with obtaining employment. Mental Health Assessments – need for more timely access to Mental Health Professionals for assessments and ongoing treatment.

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

Needs/Services	Caseloads		
	MFIP	DWP	FSS
Chemical/Substance	35%	10%	35%
Child Care	95%	95%	95%
Education	50%	25%	50%
Employment	100%	100%	100%
Housing	70%	70%	70%
Language	0%	0%	0%
Mental Health	50%	50%	100%
Support Services	100%	100%	100%
Transportation	80%	80%	80%
Other (state):	%	%	%
Other (state):	%	%	%

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

ES provider is receiving training to work with ex-offenders on re-entry into employment.

B. Strengths and Resources to Address Needs

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

Carlton County continues to build new working relationships, and to strengthen formerly established relationships, between county government and other providers of human services. The collaborations continue to build new working relationships, and to strengthen formerly established relationships, between county government and other providers of human services. Monthly meetings with MFIP FWs and ES Job Counselors helps with communication on status of each MFIP client. Joint MFIP Financial orientations and ES overviews help to quickly connect the MFIP client with ES Job Counselors. Rehab Services is located in the Cloquet Work Force Center with our Employment Services Agencies which helps with the referral process. MFIP Supported Work dollars have funded MFIP recipients in job placements. ARRA stimulus dollars have funded MFIP recipients under the age of 24 in job placements of up to 40 hours per week of employment. More in depth assessments have been completed using the Employability Measure tool. Training dollars are available and being used by eligible MFIP recipients. Our CRISIS/Emergency Assistance policy has been amended to access ARRA stimulus dollars for emergency needs of MFIP recipients. Strength is in collaboration with other community resources making it a seamless process. New resources: Operation Community Connect is a yearly project which brings all county services together in one place on one day connecting people to the services they need. People are able to apply and receive services in one place on one day.

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

Needs in Carlton County include: Access to more affordable housing, access to child care assistance for weekend and evening hours and there is a great need for access to mental health services.

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

Maximizing Supported Work placements and revising the CRISIS/Emergency Assistance policy to access ARRA stimulus dollars.

4. Family Stabilization Services

a. Contact information

Name of FSS staff contact:	Jan Rabideaux
Contact phone:	218-878-2502

b. Service model

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

MFIP eligibility is determined by the FW. Referrals are done to the selected ES Agency. FSS eligibility determinations can be completed by the FW or by the ES provider. Documentation is shared with the the FW or ES provider depending on who first determines FSS eligibility. The ES provider develops the FSS EP and sends a copy to the FW for the MFIP file. ES reviews the FSS EP every 3 months and assists in gathering any documentation as needed. FSS participants are encouraged to participate with their EP up their abilities.

c. Challenges

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

There are concerns about the ability to enforce EP requirements and the ability to sanction FSS participants when not following the EP. Many times communication with the FSS participant is a challenge. Finding that being persistent in the message that there are benefits to following the EP.

5. Provider Information

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

Name and address	Contact person	Phone	Service provided?		
			MFIP ES	DWP ES	FSS
AEOA 702-3 rd Ave S	John Petanari	218-749-2912	X	X	X

Virginia, MN 55792					
NEMOJT 820 N 9 th St PO Box 1028 Virginia, MN 55792	Ray Garmarker	218-748- 2269-	X	X	X
MCT 525 Lake Ave, Suite 101 Duluth, MN 55802		218-786- 0321	X	X	X

C. Outcomes and Measures

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

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

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

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

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

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

Analysis/assessment of current strategies/identification of new strategies: Carlton County will continue to work more closely with Social Service Program staff – identifying and correcting persistently unaccounted for cases – identifying long term cases – identifying clients close to 30 hours per week of work hours to bring them over the threshold – identifying clients not working at all and insuring all available efforts have been attempted – identifying clients with small cash portions and discussing opting out of the cash portion in order to bank/reserve MFIP months that may be needed in the future – and referring clients to other possible/outside resources. We will also continue to working on using MFIP Data Reports to identify any areas of incorrect or incomplete system coding, unaccounted for cases etc to improve performance and participation rates.			
From the Apr. 08-Mar. 09 annualized data, check if your county is ‘above’ or ‘within’ its expected range and the percentage performance	<input type="checkbox"/>	Above	80.5%
	<input checked="" type="checkbox"/>	Within	
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10		85%
	Apr. 10–Mar. 11		85%

2. Counties below the expected range of performance

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

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

TANF Work Participation Rate (WPR)

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

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

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

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

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

Analysis/evaluation of current strategies/identification of new strategies:		
1.) Continue to utilize consistent and uniform policies related to employment plans, education plans, domestic violence waivers, and other aspects of the MFIP Program, 2.) develop volunteer work sites through our provider network within the region, 3.) refine the current referral system to expeditiously connect MFIP participants to partners and community resources, to include skills development and basic education, 4.) work more closely with social service programs within and outside the counties. 5.) continue with successful strategies from prior Biennial Agreement; work to maintain and improve the WPR through careful monitoring of employment plans, hours of work, and supplemental hours necessary to reach individual WPR goals, 6.) continue to meet monthly with ES Providers to discuss each case individually focusing on strengths and barriers.		
Enter your county’s annualized Work Participation Rate target for Apr. 08 – Mar. 09		37.0%
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10	45%
	Apr. 10–Mar. 11	45%

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

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

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

Promoting Equity in MFIP Outcomes

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

- [Two-year Performance Trend of Racial/Ethnic and Immigrant Sub-groups](#)

Counties with a performance gap in one or more subgroups

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

1. Self-support Index

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

2. TANF Work Participation Rate

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

Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

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

Children's mental health:

Carlton County actively addresses the mental health needs of children within the county. Carlton County Public Health and Human Services, Human Development Center, and Fond du Lac Behavioral Health work cooperatively to provide children's mental health services within the community. Social Workers from each of these agencies meet as a Children's Mental Health Team every other week to review new referrals and discuss case practice standards that are implemented consistently throughout the county. The capacity to provide Children's Mental Health Case Management has remained constant over the last 3 years and it is expected that this trend will continue. Due to funding challenges, there has been a decrease in the number of Carlton County social workers located in county schools providing mental health services. This decrease impacts outreach, early identification of mental health needs, and the ability to assist families to address these needs. During the last year, Carlton County Public Health and Human Services has worked with the Human Development Center in a School Linked Mental Health Grant which focuses on providing therapy within the school setting. The Children's Mental Health Team has been trained in the use of the CASII tool and has begun to record this information within SSIS. Respite services have been available for children who are receiving Rule 79 Case Management and over the last year use of these services has increased. Respite has provided needed support to parents who have children with significant mental health needs; as well as, provided opportunity for children to participate in activities that build on their interests and strengths. Certification of local CTSS providers has been occurring, which has increased in-home resources to address family issues and work on skill building for ED and SED children. Barriers continue to exist for families who have private health insurances that do not cover these in-home types of services. Carlton County has ongoing needs for psychiatry as the current wait to be seen by a psychiatrist is months long. Local day treatment and residential services are often not available when an immediate need exists due to capacity issues. Services are needed that adequately address the needs of children who have both developmental disability and mental health needs. The Children's Mental Health and Developmental Disabilities Units within Carlton County meet regularly to coordinate services and identify resources; however, there continues to be a limited array of services available within the area to meet the needs of children who have the dual issues of DD/CMH.

Child safety:

Carlton County maintains that children need to be protected from abuse and neglect while being maintained safely in their homes whenever possible. Carlton County uses a

daily “action team” process to review child protection intakes and determine appropriateness for Family Assessment Response or Traditional Child Protection Services. In the first half of 2009, of the maltreatment reports Carlton County Public Health and Human Services screened in, 78% of them were assigned to Family Assessment Response. Due to funding challenges, there has been a continued decrease in preventative and early intervention services throughout the county. It is expected that the number of maltreatment reports received by the agency will rise due to this decrease in prevention types of services. Parent Support Outreach Program (PSOP) services have been suspended due to budget constraints. Reinstating this program in order to assist families who have had a ruled out maltreatment report is a need. In home services are needed for families with safety issues who would benefit from family preservation services/parenting, but their child does not meet required criteria such as ED/SED.

Child permanency:

Carlton County believes that all children who enter foster care should have a safe, stable, and permanent living arrangement. Our first goal is to reunify the child with their family. If that option is unattainable, then we seek permanency as soon as we are able. Child Protection workers have made it the standard practice to check the Father’s Adoption Registry upon becoming involved with a case. Carlton County Public Health and Human Service uses the PPP process on all CHIPS cases in which parents have not entered an admission to the petition. This process has engaged families to work on child protection goals early in the process and facilitate timely reunifications, when possible. Barriers, such as court continuances, impact the ability to achieve permanency timelines on all cases. The CJI meets regularly to discuss and attempt to solve these court related barriers. Carlton County has begun working with the Probation Department, County Attorney’s Office, and Fond du Lac Social Services on a Restorative Justice Project that addresses out of home placements of youth who are delinquent. This project is looking at alternatives to placement for delinquent youth, such as using Sentencing Circles and monitoring systems. There is a need within the county to address delinquency behavior and maintain these youth within their home whenever possible.

Child well-being:

Carlton County believes in empowering families to meet the needs of their children. With reduction in preventive services such as Family School Support Workers (FSSW’s), Parent Support and Outreach Program (PSOP), and parenting programs it is a challenge to provide the early support that would benefit some families. Only three of seven county school districts, have FSSW’s available to provide outreach and early intervention service to families. Children who are identified to have mental health concerns are referred for Mental Health Case Management services. Due to a lack of capacity in the area of psychiatry there is a significant wait to address medication needs. Insurance issues (uninsured or underinsured) are barriers that impact whether mental

health services will be accessed by a family. Through the use of the Parallel Protection Process (PPP) and Family Group Decision Making (FGDM) families are involved in identifying their specific needs and planning for these needs. The standard that is followed for Child Protection and FAR workers, is to have all children who are in foster care referred for a child/teen check up and have a mental health screen completed. Child Protection and FAR workers coordinate with Public Health to enroll children in the follow along program or complete an ASQ-SE. With funding challenges Public Health may be less available to complete these screens. SSIS data entry of health check ups and mental health screens is sometimes delayed. Monitoring of SSIS data entry will occur in order to ensure that health check ups and mental health screens are entered into the SSIS system in a timely manner. Child Protection and FAR workers work closely with school staff to address the educational needs of children receiving child protection services. The Carlton County Children and Family Services Collaborative has monthly meetings which review programs that are beneficial to Carlton County families. Recently a Collaborative subgroup, Youth at Risk, was developed to look at issues and services that would benefit the needs of adolescent youth in the county.

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

B. Strengths and Resources to Address CCSA Needs

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

Funding challenges within the County Social Service System as well as throughout other community entities (i.e. schools, community counseling agencies, private programs, etc.) make it difficult to provide an array of services that adequately support families prior to maltreatment concerns being identified. Less prevention and early intervention services are available. Health insurance issues make it difficult for a family to pay for services they may find beneficial. Carlton County Public Health and Human Services continues to maintain a reduced level of early intervention and support services for families. Through the strong partnerships that have been developed between county and community agencies, Carlton County will continue to work with community providers and community teams to address the barriers and issues that are identified.

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

Carlton County has developed strong partnerships with community agencies. The Carlton County Children and Family Services Collaborative is active in looking at county needs and grant opportunities. The YES Grant, School Linked Mental Health Grant, Suicide Prevention Grant, Blue Cross/Blue Shield Foundation Grant have all been developed and carried out through collaboration between the CCPH&HS, County School

Districts, Fond du Lac, Human Development Center, County Attorney’s Office, etc. Community meetings such as Child Protection Team, Case Consultation, and Youth at Risk provide opportunity to coordinate service and identify gaps in service. Teams such as Children’s Mental Health include members from the county, FDL, and the Human Development Center in order to coordinate resources to children who have mental health concerns.

Carlton County Public Health and Human Services works cooperatively between county departments in order to provide an array of services. Joint meetings between departments will continue to occur to assist with identification of resources that meet the needs of a family whose child is at risk for maltreatment or has mental health challenges. The CJJ continues to meet regularly to address court issues for youth. This is an excellent forum to present concerns about timeliness, delinquency, and out of home placement issues.

C. CCSA Outcomes and Measures

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

- [CCSA Annual Performance Report: CY 2008 Data](#)

1. County Performance

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

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

Federal Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
1. No repeat maltreatment within six months	94.6 % ↑	94.9%	100%	Above	100%	100%
2. Re-entered foster care within 12 months	9.9 % ↓	26.1%	37.2%	Below	9.9%	9.9%

3. Reunified within 12 months	75.2 % ↑	86.1%	78%	Above	80%	82%
4. Adopted within 24 months	36.6 % ↑	50.3%	40%	Above	42%	44%
5. Two or fewer placement settings	86.0 % ↑	86.1%	86.3%	Above	87%	88%

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

State Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
6. No repeat maltreatment within 12 months	100% ↑	91.5%	100%	Above	100%	100%
7. Showed improved mental health *	**	40.7%	NA	NA	65%	70%
8. Received health exam within one year	63.2% ↑	55.7%	62.2%	Below	64%	65%
9. Received mental health screening	**	43.6%	53.4%	Below	70%	80%

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

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

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

Measure #: 2	Re-entered Foster Care within 12 Months
Steps to improve performance: Due to a reduction in the availability of support services (FSSW, parent provider) within the county there has been difficulty establishing a safety net once child protective concerns have been resolved. Child Protection Social Workers will maintain protective supervision for 1 to 3 months following the child's return home in order to monitor and assist family with accessing services that may be needed	
Measure #: 8	Health exam within one year;
Steps to improve performance: This standard will be reviewed with Child Protection Social Workers and Children's Mental Health Workers who are facilitating out of home placements. Social Workers will talk with Foster Parents about setting up a health exam for the child. SSIS will be monitored to ensure that data is entered correctly when an exam is completed.	
Measure #: 9	Received a mental health screening
Steps to improve performance: This standard will be reviewed with Child Protection Social Workers. Social workers	

will be encouraged to access Public Health when placing an infant, toddler, or preschooler in order to have an ASQ-SE completed. Education on when to enter an exemption into SSIS. SSIS will be monitored to ensure that social workers are entering this data into the SSIS system.

3. All Counties (optional)

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

Measure #:	
Approaches and steps that are leading to positive outcomes:	

4. Performance by racial/ethnic subgroups

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

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

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

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

Carlton County has a greater than 5% gap in two or fewer out of home placements for American Indian children. Carlton County will strive to provide more support services to FDL licensed homes such as respite care, PCA, Behavioral Management Aides, and CTSS. We will work closely with FDL Social Services to support relative foster care providers to help these relatives meet the needs of children in their homes.

Section III: Integrating Services for Child Welfare and MFIP Families

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

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

County Size Small Medium Large

Type of coordination/integration

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

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

1. Departments/services integrated

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

Explanation/comments: Financial assistance and child care services are integrated in the Financial Department. Children's mental health and child welfare/child protection

services attend joint meetings and reviews in order to provide complete services to families. Public Health attends child protection intake meetings in order to provide resources and information.

2. Location

- Same building Different locations

Co-location helps with communication.

3. Data sharing

- Same data system across multiple departments/services making data sharing easier
- Different data systems are making data sharing difficult
- Current data system is adequate to address the multiple needs of clients
- Current data system is inadequate to address the multiple needs of clients

Other data-related issues/comments: **SSIS and MAXIS are separate systems that make it difficult for each program to easily access information that may be helpful to provide services. MEC2 for child care is a different system than what is used to provide financial assistance.**

4. Limitations/constraints

- Short staff/workload Assets and resources More reactive than proactive
- Data privacy

Other limitations/constraints or comments:

5. Strengths and Benefits

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

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

Describe other benefits/impact your coordination/integration efforts are having on service delivery and clients: **Integration of services allows for services to be easily accessible to clients. When one department has identified needs to be addressed, the client's accessing services is felt to improve when referrals can be facilitated between departments. Another benefit that occurs when social workers, financial workers, and public health work are working closely together includes greater understanding of programs that may be available to a client.**

[Empty box]

6. Counties with Indian Reservations

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

Financial workers frequently work with Fond du Lac Adult Benefit Workers. These Adult Benefit Workers will assist FDL enrollees with forms and act as an authorized representative for a client. Social Service actively works with Fond du Lac Social Services and Behavioral Health. The child protection maltreatment intake process is done with Fond du Lac Social Services present to assist with process and offer services through Fond du Lac. Carlton County and Fond du Lac Social Services presence at Child Protection Team, Case Consultation, and dialogue meetings provide opportunity for needs of a family to be discussed and planned for. Children's Mental Health Team consists of case workers from both the Human Development Center and Fond du Lac Behavioral Health. Fond du Lac Social Services is one of many partners that is actively involved in application for various grants the Carlton County Collaborative pursues

Section IV: Public Input

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

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

<input type="checkbox"/>	Public hearing
<input type="checkbox"/>	Newspapers
<input type="checkbox"/>	Community meetings
<input type="checkbox"/>	Radio announcements
<input type="checkbox"/>	County Web site
<input type="checkbox"/>	Others (specify):

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

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

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

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

Section V: County Budget

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

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

COUNTY: _____					
2010 MFIP	Budgeted Amount	Percent	2010 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$25,000	5.6%	Children’s mental health	\$103,301	15%
Employment services (MFIP)	\$210,418	47.4%	Child and family services	\$334,242	48.53%
Emergency services ¹	\$71,877	16.2%	Adult services	\$251,131	36.47%
Administration	\$66,582	15%	Other 1:	\$	%
Income maintenance administration	\$70,000	15.8%	Other 2:	\$	%
Other 1:	\$	%	Other 3:	\$	%
Other 2:	\$	%	Other 4:	\$	%
2010 MFIP budget	\$443,877	100%	2010 CCSA budget	\$688,674	100%
2011 MFIP	Budgeted Amount	Percent	2011 CCSA	Budgeted Amount	Percent
Employment services (DWP)	\$25,000	5.6%	Children’s mental health	\$103,301	15%
Employment services (MFIP)	\$210,418	47.4%	Child and family services	\$334,242	48.53%
Emergency services ¹	\$71,877	16.2%	Adult services	\$251,131	36.47%
Administration	\$66,582	15%	Other 1:	\$	%
Income maintenance administration	\$70,000	15.8%	Other 2:	\$	%
Other 1:	\$	%	Other 3:	\$	%
Other 2:	\$	%	Other 4:	\$	%
2011 MFIP budget	\$443,877	100 %	2011 CCSA budget	\$688,674	100%

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

Administrative Cap Waiver

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

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

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

With the additional funds that will be directed toward the expansion of the paid work and volunteer activities, providers will be utilizing additional administrative time to provide oversight and monitoring of the expanded components. They will be shifting some of the minor tasks from employment specialists to administrative support staff, in order to focus more time in actually working with the clients. This would also allow expansion to work underserved areas as needed. Tasks that would be shifted would be items like tracking transportation costs, setting up transportation for clients if needed, etc.

2. What new activities or services will be provided?

Providers will expand services and will be implementing job skills/job retention skills classes for our clients. Additionally providers will enhance supported employment and community work experience/volunteer programs throughout the region. In conjunction with our volunteer centers and RSVP programs, providers would increase current limited capacity in Carlton County with paid and unpaid work activities and a possible client volunteer driver activity.

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

Clients who have completed structured job search and/or Job Club activities and now need volunteer/supported employment/unpaid work experience activities that meet work participation rate requirements and prepare individuals for unsubsidized employment and MFIP exiting. This includes those clients that are identified as particularly hard to serve by other providers and county staff. Included are clients with mental or physical disabilities, as well as other barriers to employment: no previous work experience, alcoholism, felons, etc.

Emergency Services in Counties with American Indian Reservations

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

The proposed Emergency Services Plan has been shared with staff at the Fond du Lac Reservation and input had been requested.

Section VI: Assurances

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

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

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

Contingency Planning

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

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

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

Section VII: Certification for Submission

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

Chair, county board of commissioners or authorized designee
 (state the name of the chair or designee, their mailing address and the name of the county)

Name (chair or designee)	Mailing Address	County

Date of Submission

Date:	
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