



CHILDREN AND FAMILY SERVICES
Department of Social Services
2022 Update



What We Do

Social Service's Children and Family Services staff deliver a variety of voluntary and involuntary services to assess and reduce risk, increase safety, and connect families to their communities for long-term supports. In all that we do, we strive to ground our work in the guiding principles of inclusion, diversity, and equity; trauma-informed responses; integrated service delivery; and safety, permanency, and well-being frameworks. Below is a brief description of the programs and services within Children and Family Services.



❖ Intake, Screening, Information and Referral

Mandated reporters and concerned community members make reports of child maltreatment and requests for Children's Mental Health services. A screener takes these calls and reports and using state guidelines determine whether there is a need for further assessment of a situation. For those that do not need further assessment, screeners provide information and referral to community resources.

❖ Child Protection Assessment

Screened in child maltreatment reports are reviewed by either the Family Investigation or Family Assessment units. The decision as to which track to assign is made based on the nature of the report. All egregious harm and sexual abuse reports go to the Investigative unit. Screened in maltreatment reports, most of them involving neglect or non-egregious harm, go to the Family Assessment unit. Families are offered support, guidance, and resources and most cases are then closed. Some families, those with child safety concerns or whose children are at high risk of maltreatment, are referred for case management services.

❖ **Child Welfare Service: Parent Support Outreach**

Families with child maltreatment reports that are screened out for further assessment are offered to voluntarily participate in the Parent Support Outreach Program (PSOP) if there is a child in the home under the age of 12. If a family agrees to services a Parent Support Outreach case manager is assigned to work with them on goals they would like to achieve to increase stability in their family and reduce risk of maltreatment of their children.

❖ **Child Protection Case Management and Services**

County child protection staff work with families to prevent further child maltreatment and address and mitigate safety concerns or, in some cases, work with the courts and law enforcement to remove children from the home if they are at imminent risk of harm. The goal is always to return children safely to their homes.

❖ **Foster Care Licensing**

Children who are unable to safely return home are placed in foster care; often relatives or kin can be their foster care provider. Foster parents are as diverse as the children they care for. A foster parent may be single or married, or partnered, have children, or not have children, and rent or own their home. What they share is a concern for children and a commitment to support them through tough times. They provide critical temporary care and nurturing to children in crisis.

❖ **Adoption and Permanency**

Adoption is the preferred permanency option for children in foster care who cannot be safely or timely reunified with their parents. Children who cannot be safely reunified with their parents find permanency through adoption or transfer of permanent legal and physical custody to a relative. Youth who are in foster care on their 18th birthday may qualify for extended foster care services and payments. This may mean they can stay in their foster care setting longer, live on their own with additional support or request to return to foster care until they are 21. Youth in foster care and youth who left foster care are at greater risk of being homeless and other negative outcomes as adults. Social workers support youth to have successful transitions from foster care to adulthood.

❖ **Children's Mental Health Assessment**

Children are referred for CMH services by family, county partners, and community partners. During the period of "presumptive eligibility" a social worker determines whether the child meets eligibility criteria for CMH case management. While in this assessment period, the child and family receive short-term services to connect them to supportive and therapeutic resources in their community.

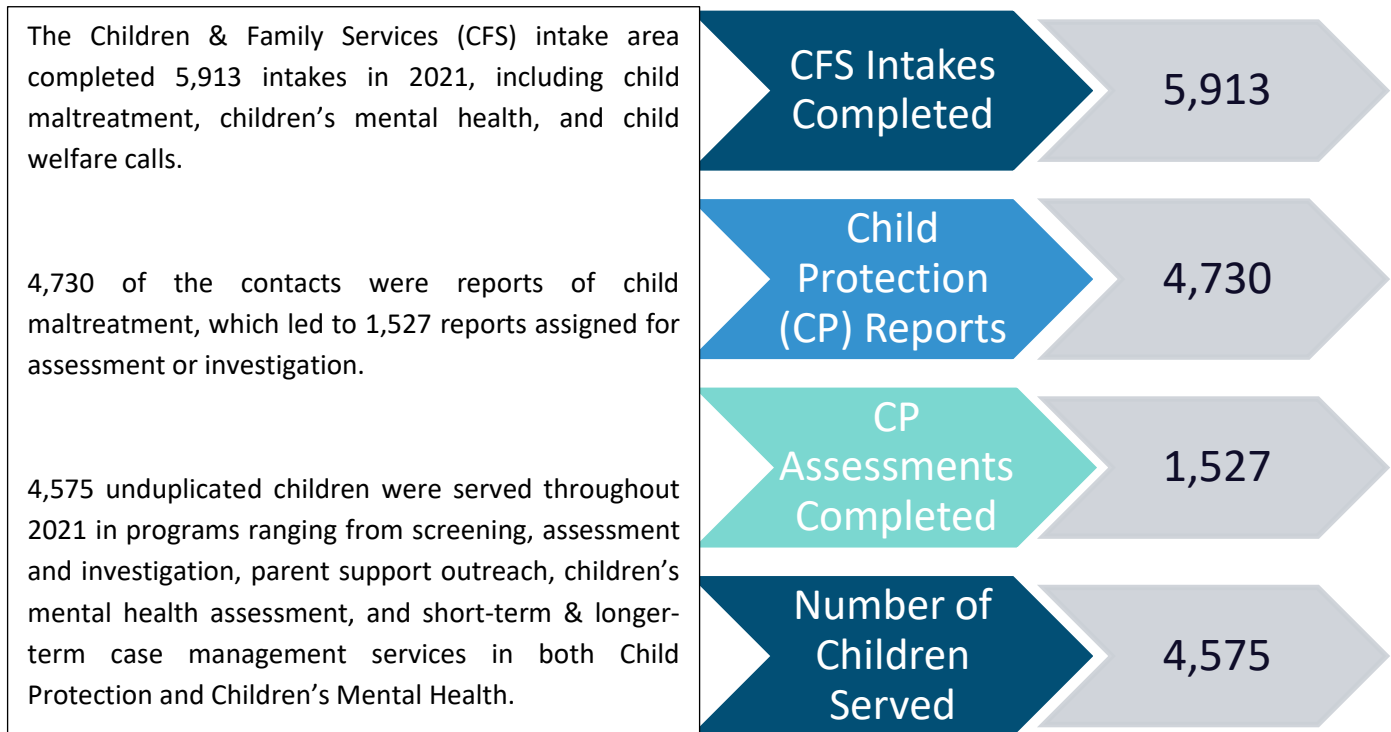
❖ **Children's Mental Health Case Management**

Case managers help children and youth with severe mental illness and their families get the help they need. Case managers assess a child's needs and help connect the child and family to appropriate community resources, such as mental, educational, health, vocational, recreational, social, and other necessary services.

❖ **Program Coordination and Collaborative Groups**

Children, youth, parents, and Social Services staff engage with a variety of supportive programs and services, such as Early Childhood Screening, Family Dependency Treatment Court, Family Decision Making Meetings, Career Success for Youth, and Early Childhood Mini Grants. In addition, internal and external stakeholder groups are convened for facilitated discussions about existing programs, services, and practices, including but not limited to the Dakota County Integrated Children's Mental Health Collaborative, Dakota County Interagency Early Intervention Committee, Child Protection Committee, Safety Practice Model Advisory Committee, Juvenile Screening Team, Safe and Healthy Start Prenatal Exposure Collaborative, and the Dakota County Community Transition Interagency Committee.

How much did we do?



How well did we do it?

Below are highlights of how Dakota County performed related to statewide child protection standards in 2021, as well as county data for Children's Mental Health, Truancy, and the Parent Support Outreach Program (PSOP).

"Number of days in Relative Care": Measures the preferred practice of placing children with relatives when out-of-home placement is necessary. Dakota County's percentage of days in relative care was 53.8% in 2021, compared to the state performance standard of 36%.

"Caseworker visits" with children in out of home placement: Measures compliance with standard for monthly, face-to-face visits between children and their case manager. Dakota County met this standard in 93.7% of cases in 2021 compared to the state standard of 95%. Dakota County outperformed the statewide average of 85.8% in 2021.

"Maltreatment Re-Reporting": Of children in Dakota County who had a maltreatment report in the prior year, 12.8% had a subsequent report of maltreatment within 12 months in 2021. This is less than the state performance measure of 15.2% and less than the average state-wide performance of 18.4%.

Children's Mental Health (CMH):

- 335 youth were served in CMH Assessment (15% increase compared to 2020); 15 of those youth were placed for voluntary treatment services.
- 80% of caregivers reported that their child gets along better with friends and other people because of services.
- 100% of parents/caregivers requesting services were contacted within 3 business days and offered appointments to meet with a social worker.

Truancy:

- 28% increase in referrals for 2021-2022 school year.
- 54 youth (16%) waiting over 30 days for assignment to Truancy social worker due to capacity issues.
- 47% closed successfully from Truancy program during 2021-2022; 124 youth unable to close due to continued absences. Note: Rate of successful closure has been decreasing in recent years due to increased complexity of cases and difficulty getting community-based services in place to address underlying issues. See below table for details.

Percentage closed successfully	School Year	# of youth unable to close
47%	2021-2022	124
67%	2020-2021	128
58%	2019-2020	138
84%	2018-2019	87

Parent Support Outreach Program (PSOP):

- 31% of families referred accepted services.
- July 2021 PSOP started to accept self & community referrals with parental consent.
- In 2022, 18% of referrals are self/community referrals.
- In 2022, 82% of referrals are screened out CP Reports.
- Highest engagement is among self/community referrals with families reporting multiple needs.

Is anyone better off?

Children and families in our community are better off with child protection staff working to respond to family crisis and facilitate child safety and well-being. The goal of child protection is to keep children in their homes whenever possible and when it is safe to do so. If it is unsafe for children to remain in their home, children are placed in foster care, ideally with a relative. While the child is placed out of the home, workers assist families to resolve safety concerns and reunify them with their children as soon as possible while reducing the risk of future maltreatment. For families with a screened out child protection report, Parent Support Outreach Program provides voluntary assessment and short-term services that identify issues impacting safety, self-sufficiency, and health; facilitates access to needed services and supports, both formal and informal; decreases the risk of future incidents of child maltreatment.

Since the pandemic began, rates of psychological distress among young people, including symptoms of anxiety, depression, and other mental health disorders, have increased and youth have struggled with the return to in person/in building learning. Our social workers help families by meeting the growing demand for services, assessing and opening new cases timely to appropriately meet the needs of the child's mental health crisis, meeting the increased requests for dual case management and/or consultations and support of children open to other services such as child protection, and coordinating services due to the current lack of availability of community-based services.