



Minnesota's Family First Prevention Services Act Title IV-E Five-year Prevention Plan

September 2022



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Section 1 – Introduction

Child Welfare Vision for Placement Prevention in Minnesota

Children are best served when raised by their families. As a society and system, Minnesota Department of Human Services (department) staff has a moral and ethical obligation to provide families and communities supports they need to raise healthy children. Historical and current systemic, institutional, interpersonal and individual racism, and associated violence, has resulted in inter-generational trauma creating additional, and sometimes insurmountable barriers, towards becoming thriving families.

The child welfare system refers to state, county, tribal, and community agencies providing a continuum of services and supports for families, intended to serve as a safety net for children experiencing abuse and neglect, ensuring families have necessary supports to care for their children, promoting family and community well-being. The system's focus is providing services so children can remain at home, or if necessary, can remain in the least restrictive placement setting, when possible, providing supports so families can thrive.

The child welfare system has racist foundations, and has often been a source of trauma for families and communities, especially for American Indian/Alaskan Native, African American/Black, and those identifying as two or more race families and communities. Poverty and lack of resources affects families across Minnesota, serving as risk factors for maltreatment reporting and entry into the child welfare system. Lack of services and resources is particularly evident in greater Minnesota. Child welfare has few tools to reduce poverty and racial inequities that bring children into care, a deficit-based intervention causing further harm to children, families and communities.

Ultimately, to promote health and well-being for children and families, work must start much earlier than when families are reported, meeting criteria for child welfare involvement. By the time families encounter child welfare, they have often faced significant barriers that could have been addressed through a robust social safety net, including prevention and early intervention services and supports. Instead, families encounter a reactive system intended for times when families are in crisis.

Work must focus on building a comprehensive prevention continuum able to meet the needs of all children and families, especially American Indian/Alaskan Native, African American/Black, and those identifying as two or more races, as they are most disproportionately represented. Doing so requires building a continuum that is culturally responsive, providing an array of services, supports and opportunities – one that can effectively meet the needs of children and families, removing barriers, especially for the aforementioned over-represented groups, providing services before they are in crisis, and child welfare involvement.

It should be noted that American Indian/Alaskan Native tribes have a unique political relationship with the federal government, creating an equal status with the state. This unique political status of American Indian/Alaskan Native people is not based on race. Tribes are recognized as sovereign nations and membership is a political status, not race-based. To recognize this sovereignty, the department utilizes a government-to-government consultation process. In addition to the consultation process, the "Vision for ICWA in Minnesota in 2030" (2019), a 10-year strategic plan was created by tribal child welfare leaders and the Minnesota Indian Child

Welfare Act (ICWA) Advisory Council, in partnership with the department. The tribal visioning plan was utilized to guide and inform this plan.

The department recognizes that the Family First Prevention Services Act (FFPSA) is only one part of developing a comprehensive prevention continuum. Coordination with other systems, programs, and initiatives to build a robust prevention continuum is required to realize the true vision of prevention across Minnesota.

To develop Minnesota's Family First Prevention Services Act, Title IV-E Five-year Prevention Plan (prevention plan), the department, with stakeholders and partners, defined and developed values, objectives and goals, providing the framework and vision.

Values

- Children belong with their families; the child welfare system has an obligation to support and partner with families, communities, organizations and systems. This plan honors that value by:
 - Developing a continuum of services that supports family unity, well-being and permanency, ensuring that children remain safely in their homes and communities, especially those more likely to be removed from their homes in the past.
 - Focusing service delivery at the earliest possible point of engagement for families
 - Ensuring all services are trauma-informed.
 - Honoring guidance provided by cultural knowledge-keepers in non-white communities, including African American/Black, Native communities.
 - Ensuring meaningful engagement with tribal nations for guidance, cultural knowledge, and supporting tribes' approaches to prevention-based child welfare.
- Use a family-focused or family first approach, including:
 - Focusing and building on family strengths.
 - Working to de-center agencies and re-center families (re-centering families as the ones who know best).
 - Ensuring all families are treated with dignity and respect.
 - Leveraging extended family systems and traditional Indigenous families as defined by tribes as a proponent of child and family well-being, creating strong networks to support families.
 - Building strategic ways of engagement for those with lived experiences at the state, tribal, federal, and local levels, working purposely and intentionally to create space for families at the table (i.e., shared power, influence, etc., not just a seat at the table).
- Center equity in practice, including:
 - Centering equity includes race, ethnicity, sexual orientation, gender identification and expression, and socio-economic equity.
 - Centering race equity and looking at historical and present-day individual experiences of racism, discrimination, and other systemic inequities, and how that impacts individual and family identities and needs.
 - Understanding families' needs, both through an equity and socio-economic framework.
 - Ensuring children and families have equitable access to services meeting their needs, specifically accessing culturally responsive services.

- Developing services and programs to address disparate outcomes, with a focus on building a continuum specific to Minnesota’s families and needs delivered by providers reflecting families being served.
- Working to build the evidence-base for culturally responsive services.
- Ensuring that funding is sufficient statewide to promote equity for all regions, tribal lands and counties, including expanding availability and access to services and programming.
- Ensure coordination, collaboration, and innovation in family preservation services delivery, including:
 - Ensuring collaboration across county, tribal, department, providers, community, and those with lived experience to ensure building out what is possible, to the greatest capacity possible under FFPSA
 - Implementing a communication plan for FFPSA to be shared across systems, tribes, agencies, communities and families, treating everyone with dignity and respect. The reciprocal relationship exists when treating people with love and kindness.
 - Ensuring all those engaged with Minnesota’s prevention plan are invested in it and its outcomes, and can see themselves and their role in the plan and its successful implementation.
 - Integrating strategies developed by Minnesota tribal child welfare leaders in the 10-year Tribal Visioning Plan to enhance service delivery to American Indian children and families through funding and legislative initiatives, as well as consultation with tribal nations.
 - Committing to long-term change, building what is needed now so it can continue building into the future.
- Ensure the child welfare workforce is prepared for successful implementation of family preservation services to support a family-centered approach to keeping children safely at home, including training the workforce:
 - In implicit bias and recognizing and tackling their own biases, as well as those that are institutional and systemic.
 - For implementation of FFPSA, including policy and practice.
 - Comprehensively on the Indian Child Welfare Act and Minnesota Indian Family Preservation Act, training the workforce to expand cultural awareness, including cultural best practices, traditional family systems, cultural protective factors, and use of adaptations for evidence-based practices reflecting individual needs of families.
 - On methods to engage with families more effectively, in meaningful and authentic ways, and treating families with dignity and respect.

Objectives

Knowing when goals are reached include:

- Child welfare practice standards are clear and applied consistently
- A shared understanding of best outcomes for children
- Prevention services are culturally responsive, expanded, and improved to better meet the needs of families, especially those most over-represented in the child welfare system.
- Services are family-driven with a focus on increasing family capacity to care for child/ren
- Partnerships among child-serving agencies are strengthened

- Effective prevention services are coordinated, aligned, and integrated across systems, and
- Prevention services are evaluated for effectiveness, and providers are held accountable for high quality service.

Objectives will be measured through the Continuous Quality Improvement (CQI) process outlined in this plan in Section 6: Evaluation Strategy and Waiver Request, and Section 7: Child Welfare Workforce Training and Support.

Goals

When incorporating the above values and objectives, this will result in:

- Improve the health and well-being of families
- Reduce incidents of maltreatment and keep children with their families
- Reduce initial entry and re-entry into foster care
- Respond to and eliminate the disproportionate number of American Indian/Alaskan Native , African American/Black, and children identifying as two or more races in the child welfare system
- Strengthen and standardize expectations and policies for Minnesota’s child welfare safety practices to ensure practice is followed
- Expand service availability and array in a culturally responsive and coordinated way, and
- Create an accessible and sustainable system of family preservation services that strengthens families and improves outcomes for child/ren.

The Department’s Ongoing Efforts to Build a Continuum of Service and FFPSA

The department has employed multiple strategies to build a continuum of care that effectively meets the needs of all children and families under the direction of Governor Walz. The Minnesota Children’s Cabinet was established in 1993 through statute, which is a broad interagency partnership utilizing a whole family approach to support healthy development of children. It focuses on bringing efficiency and effectiveness to state government efforts to improve child and youth outcomes. The Children’s Cabinet also involves collaboration with county agencies, tribal nations, local communities, and other stakeholders. Under Governor Walz and Lieutenant Governor Flanagan, the Children’s Cabinet focuses on a broad range of issues and challenges, informed by children, families, and community priorities.

Through this work, goals and strategies to meet objectives and values are being developed and implemented across all state agencies touching the lives of children and families, including the department. The continuum of care includes community- and government-provided services and supports, specific to placement prevention; voluntary child welfare system services and supports include supportive in-home services. The following provides a detailed description of services and supports provided within each of the categories, and how the department is supporting those efforts.

Community Services and Supports Provided

The department supports multiple initiatives under the umbrella of the Children's Cabinet focused on supporting communities by providing services children and families need to thrive, including the Minnesota Preschool Development Grant (PDG) and Whole Family Systems (WFS).

The PDG focuses on responding to families' and communities' call for increased access to supports and services. This work is an interagency partnership among the Minnesota Departments of Education (MDE), Health (MDH), Management and Budget (MMB), and the department. PDG work is centered on building policy and systems supports at the state and local level so families have increased access to programs and services. Projects of the PDG include:

- **Help Me Connect** – the universal goal is to improve access to programs and services for pregnant and parenting families with young children. The Help Me Connect database includes several different areas of service, including developmental and behavioral health, child care, screening and support, tribal-specific resources, cash and financial support. This approach aids in person-to-person consultation, supporting local providers that have direct connections and trusted relationships with young families. It also addresses the need for transition support between programs to scaffold services for families, referring them directly to programs, including the transitions toolkit. When coupled with Bridge to Benefits, it also determines eligibility for cash and food benefits.
- **Community Solutions for Healthy Child Development** – The Community Solutions for Healthy Child Development grant funds 23 grantees to: improve child development outcomes related to the well-being of children of color and American Indian children from prenatal to grade 3 and their families; reduce racial disparities in children's health and development from prenatal to grade 3; and promote racial and geographic equity.
- **Community Resource Hubs** - in collaboration with the Minnesota Departments of Education and Health, department staff are leveraging PDG and Community-based Child Abuse Prevention (CBCAP) funding to offer community-based grants to support 12 community resource hubs (Hubs). Hubs support pregnant and parenting families with young children up to age 8. Grantees are working to develop partnerships within their communities to facilitate ease of navigation, referrals, and families getting what they need in a timely way. Grantees are supporting families and communities experiencing inequities due to race and ethnicity, wealth, and geography – as determined by data, for their focus population.
- **Building technology supports** – creation of a data portal that allows and supports data sharing among community and county agencies, and the department to help agencies operate more efficiently, reducing paperwork burdens that families face when providing income information to multiple agencies.
- **Supporting the workforce** – offering mental health consultation, workforce recruitment, a trauma-informed toolkit and more.

The department leverages CBCAP to support each Hub through funding infant and early childhood mental health training and consultation for each navigator. Infant and early childhood mental health consultation is a prevention service focused on building adults' capacity to support children's healthy emotional development through reflection, training, and supported skill-building. Department staff developed a model that includes culturally appropriate and trauma-informed approaches to support professionals working with families. CBCAP

funds are also being leveraged to support department staff in managing Community Resource Hubs and Whole Family System grants (described below), providing programming and technical assistance.

Through a combined Children and Family Services Administration effort, Whole Family Systems grants are aimed at co-creating solutions to pernicious challenges facing communities, especially those communities experiencing the greatest inequities based on race and ethnicity, income and geography. This effort is funded through a combination from Temporary Assistance for Needy Families (TANF), Child Care Development Fund (CCDF), and state-appropriated disparity grant funding. Eight grantees are working with their communities and the department to co-develop solutions to program and system barriers for families, determining if those solutions are scalable. Solutions being explored and piloted include:

- **Fond du Lac Tribal College:** The college's Ojibwemotaadidaa Omaa Gidakiiminaang language immersion program is partnering with the department, Child Care Aware, and Fond du Lac Social Services to plan and implement *Grandma's House*. It is a language nest where infants and toddlers, with the help of their parents, elders, and language staff will grow up immersed in the Ojibwe language and culture in a rich, home-like environment to convey a sense of identity, responsibility, and spiritual relationship to all creation.
- **Minneapolis American Indian Center (MAIC):** With its partners, including families, and the center's Bright Beginnings program, MAIC will develop individual and systems-level solutions to barriers faced by American Indian women who experienced substance use, and at risk of or have a history of child welfare involvement, helping them develop a stable, nurturing environment for their children. The project incorporates cultural teachings and seeks additional cultural resources for working with families.
- **People Serving People (PSP):** With partners, PSP will explore issues related to accessing child care and quality early childhood education, and ways to prevent recurrence of family homelessness. PSP developed and implemented a prototype for a fellowship aimed at actively involving families experiencing homelessness as part of a team of core partners working to systemically identify and address structural racism, including practices, programs, and policies resulting in higher rates of homelessness in American Indian and African American/Black populations. A stipend was offered; the fellowship requires an average of 10 hours per month for two years. PSP is also developing and piloting an ethnic/multi-cultural curriculum in an early learning center that helps children and families celebrate their culture and identity.
- **City of St. Paul:** Through partnerships with financial institutions, community-based agencies, and early childhood providers, St. Paul is expanding and building off its college savings account initiative to improve economic stability, as well as early childhood health and well-being outcomes for children and families experiencing disparities. St. Paul is piloting a universal income program targeted to Black, Brown and Indigenous children and families. It began providing an additional \$500 per month for 24 months to families, evaluating the impact of these funds on the financial stability of these families, and developmental outcomes of children, including child welfare involvement.
- **NorthPoint Health and Wellness Center:** NorthPoint staff is working with hospital systems and health care providers to better understand barriers to accessing prenatal care for mothers of African descent, and coordination of services for these women when there are concerns regarding misuse of illicit or controlled substances. They are identifying possible pilots to address these barriers.

- **Intercultural Mutual Assistance Association (IMAA):** Because of the pandemic, IMAA identified digital equity as a key barrier to education success for immigrant and refugee families receiving public benefits and have young children. It is prototyping strategies to increase access to both computers and the internet for these families, identifying systemic barriers to digital equity, and impact on educational readiness of children.
- **Comunidades Latinas Unidas en Servicio (CLUES):** Will address disparities, particularly during ages birth to 5, faced by children in Latino families regarding school readiness as a result of systemic failures, engaging the whole family in services to enhance well-being. CLUES will partner with Latino parents and system partners to create community-based solutions, implementing recommendations to best meet multiple needs, including a cohort-based culturally grounded learning academy for families and Family, Friend and Neighbor care providers.

The department is also supporting early Intervention with American Indian families through a grant program. The purpose of the Early Intervention grant is to provide culturally appropriate services and resources to assist American Indian families in overcoming issues that place them at risk of entering the child welfare system. Resources may include help with rent, utilities, transportation, medical, behavioral and chemical health care, household items and cultural activities to reduce the risk of child welfare involvement. Early Intervention grants were awarded to three tribal nations and three urban Indigenous-led organizations in 2021. In the first year of programming, services were offered to approximately 300 American Indian families, including 684 children. As a result of receiving early intervention services, 282 families avoided out-of-home placement. This is a promising approach the department will continue to explore for expansion in the future to address disproportionality.

Government Services and Supports Provided

Local county and school districts, and many tribal nations, administer many federal services for families, including but not limited to: Temporary Assistance for Needy Families; Minnesota Family Investment Program (MFIP); Supplemental Nutrition Assistance Program (SNAP); Part C Early Intervention Services; Women, Infant and Children Nutrition Program (WIC); Public Health Home Visiting; Child Care Assistance Program (CCAP) and Medicaid (Medical Assistance) State agencies, specifically MDH, MDE, and the department, provide oversight and supervision of these services; funding from federal, state, and local levels contribute to operation of these services. These services comprise a significant component of available publicly funded social safety net for families in the U.S., when meeting specific eligibility requirements.

Voluntary Child Welfare System Services and Supports Provided

Families needing some additional support, or whose children need behavioral health or developmental disability services are also able to request services, or be referred through their local social service agency. A range of case management services are offered, such as general child welfare (CW), children's mental health (CMH), developmental disabilities (DD), minor parents, or Parent Support Outreach Program. Families can request these services, or children can be referred for these services. Each program area has specific requirements or thresholds that may need to be met for families and/or children to receive services. See Table 1 for information on race and ethnicity of children who received these services in 2019.

Table 1. The number and percent of children with new cases and child population in 2019 by race/ethnicity

Race/ethnicity	General child welfare	Parent support outreach program	Children's mental health	Developmental disabilities	Minor parent	Child population
African American/Black	1,010 (17%)	2,316 (32%)	573 (13%)	343 (19%)	12 (6%)	137,021 (11%)
American Indian/Alaskan Native	740 (13%)	433 (6%)	164 (4%)	24 (1%)	10 (5%)	27,534 (2%)
Asian/Pacific Islander	202 (3%)	678 (9%)	60 (1%)	78 (4%)	5 (2%)	81,811 (6%)
Two or more races	845 (14%)	978 (13%)	567 (13%)	120 (7%)	27 (13%)	73,566 (6%)
White	2,842 (49%)	2,523 (35%)	2,766 (61%)	1,049 (59%)	129 (64%)	983,225 (75%)
Unknown/declined	199 (3%)	361 (5%)	387 (9%)	152 (9%)	19 (9%)	N/A
Total	5,838 (100%)	7,289 (100%)	4,517 (100%)	1,766 (100%)	202 (100%)	1,303,157 (100%)
Hispanic (any race)	699 (12%)	836 (11%)	570 (13%)	135 (8%)	66 (33%)	117,582 (9%)

Parent Support Outreach Program

The department leverages both federal CBCAP funds with state funding to support PSOP. It provides voluntary support, both case management and concrete supports, for at-risk families identified through screened out child maltreatment reports, community or self-referrals. A 2009 evaluation of the program showed that when families in poverty were given access to services addressing basic needs, they were significantly less likely to experience a subsequent report to child protection. County agencies serving relatively large numbers of families through PSOP in relation to their child protection services caseload experienced a significant reduction in the number of accepted child maltreatment reports between 2006 and 2008. Funding levels and eligibility requirements for PSOP and other early intervention support services requires additional investment to see increased services to at-risk families. Department staff will continue to work on creating a system with equitable opportunities.

To be eligible for PSOP services, families must meet the following requirements:

- Have at least one child age 10 or younger, or be pregnant
- Be exposed to two or more child maltreatment risk factors, including but not limited to:
 - Poverty
 - Domestic violence
 - Alcohol and drug problems

There were 7,289 children involved in new PSOP cases opened in 2019. White children comprised 35% of those served, while African American/Black, children were 32%, American Indian children 6%, Asian/Pacific Islander 9%, those of two or more races 13%, and who identify as Hispanic 11%. Children who identify as two or more races, are African American/Black, American Indian/Alaskan Native, Asian/Pacific Islander, and children who identify their ethnicity as Hispanic comprise a greater percentage of PSOP cases than is expected, based on their percentage of Minnesota's child population.

Child Protection In-home Services and Supports

Minnesota is a state-supervised, county and tribally administered child welfare system. Several tribal nations exercise jurisdiction over tribal members in child welfare cases. In-home child protection case management for families is provided by caseworkers employed at local county and tribal child welfare agencies. While it is recognized that parents want to keep their children safe, sometimes circumstances or conditions interfere with their ability to do so. When this occurs and a child maltreatment report is made and screened in, a child protection assessment is conducted, either through the Family Assessment Response (FAR) or a Family Investigation by the local child welfare agency. Following a child protection assessment, a family with ongoing barriers to achieving safety and/or with significant risk of future maltreatment may be opened for in-home child protection case management services. Children reunified with their families may also receive in-home child protection case management. Within these services, Minnesota's safety framework, built on the child welfare practice framework, revised in 2018, indicates families are best served when agencies:

- Address immediate safety concerns and ongoing risks of child maltreatment
- Engage families' protective capacities and factors
- Recognize and employ family strengths
- Maintain community and cultural connections
- Authentic and meaningful engagement with Tribes.

Minnesota's disparities in outcomes, including placement of children in out-of-home care, contradicts the notion that the safety framework is implemented for all families equitably. The following data outlines disparities experienced by families:

- There were 11,700 children served through in-home child protection services in 2019.
- White children comprise 47% of those served through in-home child protection case management, while African American/Black children are at 17%, American Indian/Alaskan Native children 16%, Asian/Pacific Islander children 6%, those identifying as two or more races 16%, and who identify as Hispanic are 12%.
- African American/Black children were 2.5 times and American Indian/Alaskan Native children 13.5 times more likely to enter out-of-home care than were their White peers in 2019.

- Although re-entry is above federal standards for all children, African American/Black and American Indian/Alaskan Native children are more likely than white peers to have a re-entry episode (the percent of children with a re-entry episode per the federal measure was 19.4%, 17.7% and 14.1%, respectively for African American/Black, American Indian/Alaskan Native, and white children).

In recent years, the department continued to invest in building on Minnesota's safety framework to better support all children in safely remaining in their homes, including African American/Black and American Indian/Alaskan Native children. Two key activities have been part of this work: Development of Safety Practice Profiles, and redesign of the Structured Decision Making safety assessment tool. Future plans include revalidation and updates to the risk assessment and risk reassessment tools. Combined, these efforts are aimed at supporting the workforce in assessing and addressing risk and safety needs of children and families, doing so in a way that is both equitable and family-centered. Both the safety assessment tool and Safety Practice Profiles are in development and piloting stages, planning for implementation statewide in 2023.

Safety Practice Profiles were designed to support implementation of the safety framework and detail each core component of the framework (i.e., information gathering, identifying safety threats and protective factors, involving safety networks, and ongoing safety assessment and planning), with expected caseworker behaviors on how to carry out core activities. Safety Practice Profiles are a tool for defining safety-related interventions, describing how they work in everyday practice across the life of a case, for child protection workers supported with supervisor coaching. When Safety Practice Profiles are implemented with validated assessment tools, and robust practice and policy guidance, can improve consistency and equity in decision making.

The revalidation of the risk assessment and redesign of the safety assessment are activities undertaken periodically to ensure that these tools continue to provide useful, valid, and equitable information about safety of children and risk of future maltreatment. These tools are designed to be used as part of a decision-support system for workers related to the immediate safety of children, the need for safety planning, and risk of future maltreatment. The revalidation of the risk assessment tool was completed in 2017; the study was designed to address concerns regarding equitable outcomes of the Structured Decision Making tool. Department staff has heard concerns regarding elevated risk determinations among marginalized communities. The safety assessment redesign currently underway has similar aims regarding equity and validity. As the redesign continues, department staff will continue to engage with marginalized communities in the redesign.

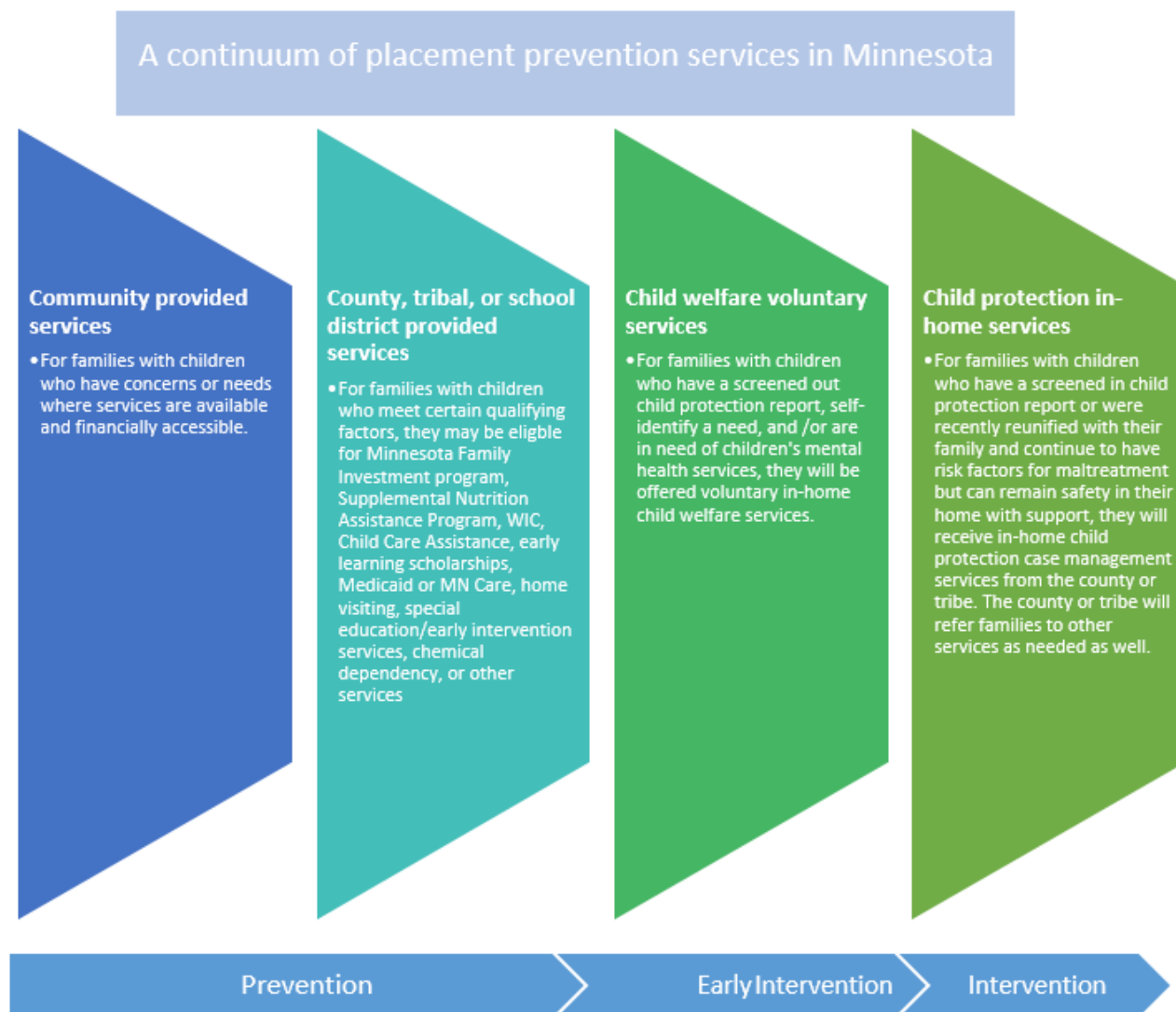
There is little data to track access to family preservation services beyond case management for children receiving in-home child protection services. However, of the limited indicators available, and based on stakeholder reports, access to services is variable and, in some places, limited. Tribal nations shared concerns that Indigenous families may not engage in voluntary county-based services over fear of the child welfare system. Department staff recognize a need to support expansion of more community-based interventions and prevention services that increase accessibility and comfort level among Indigenous families through FFPSA and outside of FFPSA.

FFPSA provides an opportunity to invest more deeply in family preservation services so children who become involved in child protection can get services they need to support them remaining safely in their homes with their families. The law allows Title IV-E agencies to use Title IV-E funds, historically only available to reimburse child welfare systems for care of income-eligible children in Title IV-E approved out-of-home care placements, to

pay for specific evidenced-based services for children and their caregivers, regardless of income, at imminent risk of placement, but who can safely remain in their homes with provision of these services.

As each part of Minnesota’s continuum is developed, a focus will be on supporting family unity, well-being and permanency, ensuring that children will remain safely in their homes and communities, especially those more likely to be removed in the past, is essential (see Figure 1).

Figure 1. Minnesota’s continuum of placement prevention services



Collaboration, Consultation and Coordination with Partners in Development of Minnesota's Prevention Plan

To achieve Minnesota's child welfare vision for placement prevention, department staff engaged intentionally in collaboration with a variety of child welfare stakeholders, including key family-serving systems, state agencies, tribal and county agencies, courts, communities, families and youth. As a primary vehicle for ensuring cross-system collaboration and decision-making, staff created a governance structure for developing and implementing a comprehensive prevention plan (see Figure 2). As a state supervised, county and tribal administered child welfare system, with several tribal nations exercising jurisdiction, both county and tribal nation staff were invited to participate in developing the plan.

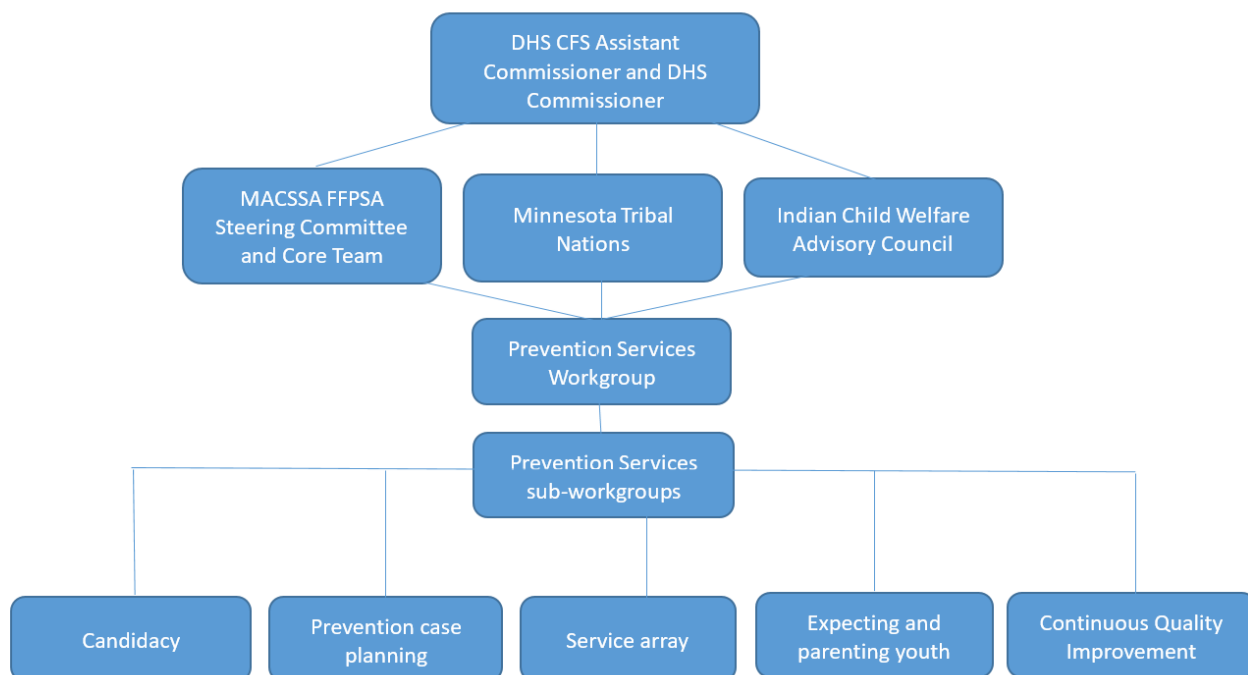
The department held a series of information meetings with tribal social service programs for engagement purposes in mid-2021. Formal government to government consultation occurred between the department and tribal nations in late 2021. Significant concerns regarding FFPSA were shared in various meetings, including lack of culturally supportive services in the Title IV-E Clearinghouse eligible for reimbursement, and potential for negative fiscal implications to tribal child welfare agencies. Tribal staff also shared concerns about lack of inclusion of tribal voices throughout the plan development process. Moving forward, department staff will continue to work on improving the engagement and consultation process with tribal nations and the ICWA Advisory Council, ensuring their voice and vision is fully captured and integrated in Minnesota's Prevention Plan.

The Minnesota Association of County Social Service Administrators (MACSSA) is an association comprised of human services administrators statewide representing Minnesota's 87 counties. MACSSA members formed the FFPSA Steering Committee, focusing on key components of the act. The Steering Committee selected several county child welfare leaders to be part of a core team, a collaborative decision-making group comprised of county child welfare leaders and department staff. This group helped to guide selection of FFPSA prevention services, reviewed recommendations, and gathered additional information to support development of the plan.

To engage individuals with lived experience with the child welfare system, communities and providers, a Prevention Services Work Group was formed providing oversight and review of recommendations from targeted sub-work groups. Department staff recognizes a need to continue to improve on how engagement from individuals with lived experience occurs, and a plan for ongoing engagement to ensure that their voices and experiences are included. The five sub-work groups focused on key prevention plan components: Target population, service array, case planning practice and policy, pregnant and parenting youth in care, and continuous quality improvement (see Figure 3 for representation of work group structure). Members of the Prevention Services Work Group include representatives from MACSSA; ICWA Advisory Council; American Indian Mental Health Advisory Council; American Indian Advisory Council on Chemical Dependency; Minnesota Department of Health, Family Home Visiting section; Minnesota Department of Human Services, Behavioral Health and Child Safety and Permanency divisions; Minnesota Child Welfare Training Academy; Minnesota Public Health Association; community stakeholders, providers, and individuals with lived experience in child welfare, including foster youth, and others with expertise in related topics; were invited to participate in sub-work groups. Descriptions of sub-work groups and purpose follows:

- **Candidacy Sub-work Group:** Made recommendations using data to identify those characteristics most common among children in foster care who entered care within the previous 12 months, along with short-stayers, defined as imminent risk of foster care, to be Title IV-E prevention candidates.
- **Service Array Sub-work Group:** Made recommendations using data on potential Title IV-E prevention candidates and their service needs to include in the Title IV-E prevention plan to best serve those children and their families.
- **Prevention Case Planning Practice and Policy Sub-work Group:** Made recommendations regarding development of a prevention case plan that would promote well-being for children and their families, meeting federal requirements for FFPSA.
- **Pregnant and Parenting Youth in Care Sub-work Group:** Made recommendations regarding the definition of pregnant and parenting youth, a categorically eligible population in statute, and special requirements regarding case planning and service needs for that population.
- **Continuous Quality Improvement Sub-work Group:** Made recommendations regarding the process to be used to conduct continuous quality improvement for implementing the Title IV-E prevention plan.

Figure 2. FFPSA prevention services governance structure



As the department continues moving forward to implementation, plan oversight, and future planning, continued ongoing collaboration and partnership is a priority. The department has multiple family-serving divisions and sections that oversee prevention and child welfare services where on-going partnerships are necessary. The

primary FFPSA Prevention Services Team is nestled in the section that oversees most of Title IV-B, along with CBCAP programming, as well as other programs supporting family preservation and prevention, making collaboration inherent. Outside the division, ongoing consultation and coordination with the Behavioral Health Division will support service array development for mental health and substance use programming. Partnership with the Department of Health will be vital in planning for in-home parenting programming.

As the department moves into a new phase of plan implementation, a revised governance structure is needed, with planning underway to develop this revised structure. This includes membership and/or involvement and collaboration with key family-serving systems, tribal and county agencies, courts, communities, families and youth, as well as other state agencies with multiple family-serving divisions, Minnesota Department of Health, MCWTA and TTCP. The revised governance structure will support implementation, future prevention services planning, and plan oversight.

Collaboration with Minnesota Tribes

The U.S. government and the department have a unique legal relationship with federally recognized tribal nations, as affirmed by the U.S. Constitution, treaties, statutes, and case law. It recognizes and supports the unique status of Minnesota tribal nations and their right to existence, self-governance, and self-determination, as evidenced initially through the governor's Executive Order 19-24, [Affirming the Government to Government Relationship between the State of Minnesota and Minnesota Tribal Nations: Providing for Consultation, Coordination and Cooperation, 2019] and later Minn. Stat. 10.65. [Government-to-Government Relationship with Tribal Governments, 2021]

Minnesota has 11 tribal nations that will be uniquely impacted by implementation of the prevention plan. Three tribal nations participate in the American Indian Child Welfare Initiative (AICWI), a program developed to empower tribal child welfare systems financially and through policy to improve outcomes for Indian children by supporting tribal self-governance over family wellness, transferring roles and responsibilities from counties to the three tribes. Tribes participating in the AICWI may access federal reimbursements for eligible child welfare costs, including Title IV-E. Another tribe is in the process of planning for an AICWI agreement and engages in a Title IV-E agreement with the department for foster care, kinship and adoption services. The remaining seven tribal nations do not participate in AICWI and do not have Title IV-E agreements. For these tribes, county agencies remain responsible for Title IV-E operations and oversight, including determining eligibility, documentation, and Title IV-E monitoring. None of the 11 tribal nations operate under a direct Title IV-E agreement with the federal government. According to FFPSA program instructions, ACYF-CB-PI-18-09, tribes with state-tribal Title IV-E agreements providing prevention services may participate under Minnesota's Prevention Plan.

The American Indian Child Welfare Advisory Council, existing under Minn. Stat. 260.835, met with tribal leaders, ICWA professionals, and state staff in 2019 to develop a 10-year strategic visioning for Native children and their families. This plan includes a strong emphasis on supporting tribal culturally based prevention services, keeping families out of the formal child protection system, ensuring that communities have access to traditional cultural healing practices as a prevention practice. When FFPSA was being introduced in Minnesota, the AICWAC expressed strong interest in participating in development of the prevention plan, indicating tribal consultation

was necessary to address high disproportionality of Native children involved in child protection and out-of-home placement.

During discussions with the council and tribal nations, department staff heard many concerns regarding FFPSA, its limitations, and lack of cultural responsiveness. It was learned that much more consideration needs to be given to tribally specific issues in FFPSA implementation, including use of qualified individuals, cultural prevention practices, reimbursement differences for tribally provided prevention services in SUD and mental health, non-Title IV-E tribes, Title IV-B tribes, and other issues elevated by tribal partners. Department staff shares these concerns. In response, the department, as the state Title IV-E agency, submitted a letter to the Children's Bureau requesting a waiver to allow American Indian tribes with Title IV-E agreements with the department to be classified as tribal Title IV-E agencies under program instruction, ACYF-CB-PI-18-10. The waiver request was denied. Department staff hope that the waiver continues to gain traction at the federal level as tribal voices begin to be heard and understood regarding limitations within FFPSA language, and hardships this creates on already marginalized and over-represented families. Federal FFPSA language creates barriers for communities that use traditional cultural healing practices that do not meet evidence-based standards as defined under FFPSA, but are known to be effective by communities that utilize them. Staff will continue to advocate for federal change supporting tribal culturally based prevention services and explore opportunities to support traditional cultural healing practices within and outside of FFPSA.

Department staff remains concerned that FFPSA's intent and goal of family preservation is not sufficiently afforded or actualized as an opportunity for American Indian children, families and tribes, given the structure of federal guidance referenced above. Currently, there is only one approved American Indian culturally based prevention service in the Title IV-E Prevention Services Clearinghouse, Family Spirit, an in-home parent skill-based program rated as promising. However, the department is only including practices that are rated as well-supported by the Title IV-E Prevention Service Clearinghouse for initial submission of the prevention plan and will not include Family Spirit at this time. Family Spirit will require further exploration in partnership with tribes.

Using federal dollars granted to the department to support implementation of FFPSA, tribal leaders requested \$1,500,000, the proportionate share of federal dollars for American Indian children in out-of-home placement in Minnesota. In November 2020, tribal leaders requested this proportionate share be set aside to support development of a tribal FFPSA plan which included evidence-based tribal practices, examination of limitations and concerns impacting tribes with FFPSA implementation, an environmental scan of successful tribal prevention practices, literature review, and ongoing implementation guidance through assistance of the University of Minnesota-Duluth's Center for Regional and Tribal Child Welfare Studies (CRTCWS). This is a university program within the Social Work Department employing Indigenous staff who possess the expertise required in performing this work, in partnership with tribal nations. The department executed a joint powers agreement with the CRTCWS in June 2022 for \$816,000. With time limitations, the evaluation of current tribal practices to elevate to the Clearinghouse level is not achievable, however, the remaining tasks are being initiated. With the remaining amount, individual allocations are being made to five tribes to do this work. The goal is to develop tribal-specific recommendations to be incorporated in the state's prevention plan. Once complete, the department, tribal nations, and the council will work together to re-submit Minnesota's Prevention Plan, revised with the Tribal Prevention Plan incorporated.

In another phase of engaging tribal partners, department staff invited child welfare agencies from all 11 tribal nations to individual meetings to learn about initial recommendations from sub-work groups on key

components of FFPSA requirements for prevention services. Separately, the department's Children and Family Services assistant commissioner and Office of Indian Policy staff, met with tribal leaders met to discuss FFPSA.

Department staff heard concerns from tribal nations and committed to ongoing discussions, prevention plan amendments, and legislative amendments that meet the best interests of tribal families to safely maintain children at home, and include tribal participation in prevention planning and other areas of FFPSA implementation. Staff is committed to working with American Indian tribes and federal partners to improve access to culturally responsive prevention services, thereby reducing over-representation in the child welfare and foster care systems, driving equitable outcomes.

Section 2 – Eligibility and Candidacy Definition

Child and Family Eligibility for Title IV-E Prevention Services

To be eligible for prevention services under FFPSA, individuals must be in one of the following categories:

- Children who are candidates for foster care
- Youth in foster care who are pregnant or parenting, or
- Parents or kin caregivers of candidates for foster care, or
- Pregnant and parenting youth in foster care.

According to federal guidance, children are “candidates for foster care” when identified as being at imminent risk of entering or re-entering foster care, if not for receipt of prevention services. This term also includes children whose adoption or guardianship arrangements are at risk of disruption or dissolution. The federal Children’s Bureau, which administers Title IV-E programs, is not further defining the phrase “candidate for foster care” or the term “imminent risk”, so jurisdictions have flexibility in how they choose to define and apply federal criteria to populations they serve.

Although pregnant or parenting youth in foster care are not candidates for foster care, they are eligible to receive prevention services under FFPSA. Once children are eligible, child/ren, parent/s or kin caregiver/s may be recipients of applicable services to prevent foster care, or enhance parenting capacity, if services are identified in a child-specific prevention plan ahead of services being provided.

Defining Candidacy and Eligible Populations in Minnesota

To develop recommendations for Minnesota’s definition of a Family First prevention candidate, and better understand what characteristics relate to being at imminent risk of foster care, the sub-work group charged with defining candidacy reviewed the following 2019 data from the Social Service Information System (SSIS), data on all children:

- Entering foster care

- Who entered foster care and had a previous placement end within 12 months of their re-entry (re-enterers)
- Exiting foster care within 90 days of entering foster care (short stayers).

For each data set, the sub-work group reviewed data on reason/s for removal and discharge, all disaggregated by race, ethnicity, age and geography, identifying themes that would support earlier identification of children and families who may be at imminent risk of removal and would benefit from evidence-based services to prevent placement in foster care.

There were 5,939 children under age 18 who entered out-of-home care in 2019. Of these, 15.6% were African American/Black, representing only 10.5% of the overall child population in Minnesota; 12.1% were American Indian/Alaskan Native representing 2.1% of the child population. As for age, about 25% of children who entered out-of-home care were under age 3, 17% were between ages 15 and 17. These were the age groups representing the greatest percentage of children in out-of-home care. Of children who entered care in 2019, about 75% (or 4,325) had a previous maltreatment report in the prior 12 months. Of those children who entered care and had a previous screened in maltreatment report:

- A total of 41% entered for reasons related to parental drug or alcohol use, 37% for abuse or neglect, 9% for child behavior problems, and 5% for caretaker physical/mental health reasons.
- Parental drug/alcohol use was disproportionately likely to be selected as the primary removal reason for American Indian children in urban counties; it was much less likely to be selected for African American/Black children statewide.
- Children under age 6 were disproportionately likely to have had parental drug/alcohol use as the primary reasons for their placement across all racial and ethnic groups.
- A total of 94% had a risk assessment score of moderate or high on the maltreatment report closest to their removal; the likelihood of a high-risk rating was highest among the youngest children with allegations of maltreatment. American Indian/Alaskan Native children and those identifying as two or more races also had a greater proportion of high-risk ratings.
- About 80% of children were rated as conditionally safe or unsafe in the maltreatment report closest to their removal.

Of those who entered care in 2019, 15%, or 893 children, had a previous removal that ended within 12 months of a removal in 2019 (re-enterers); 24%, or 1,403, were discharged from care within 90 days of being removed (short stayers). The overall pattern of removal reasons for re-enterers and short stayers was similar, with more children being removed for child behavior problems than were in the overall population of children who entered care in 2019. Children who re-entered out-of-home care were especially more likely to have been in care under a voluntary placement agreement.

Based on the above data, the finding show that three out of four children who entered care had been an alleged victim in a maltreatment report. The population of children with screened in allegations of maltreatment will be included in Minnesota's prevention services candidacy definition. The department is not including children and families being served through voluntary child welfare services in the initial foster care candidacy definition due to concerns related to unintended consequences of risk and safety assessments, case plan, and data reporting requirements in FFPSA; this is especially for African American/Black and American Indian/Alaskan Native

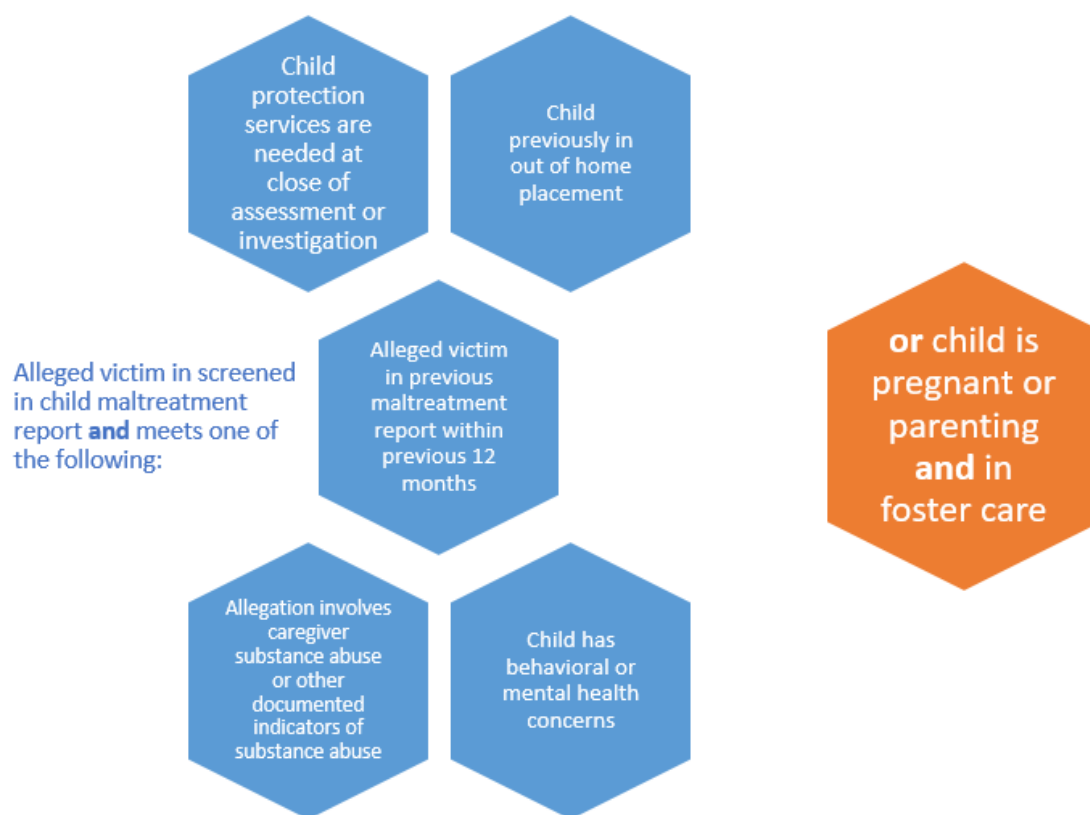
children and families for whom over-monitoring has frequently resulted in deeper-end child protection involvement. There are also limitations in the department's capacity to expand voluntary case management services without additional state investment. This population may be considered in future iterations of the prevention plan, but more analysis is needed to avoid unnecessary consequences of bringing more families to the attention of child welfare. Department staff encourages the Children's Bureau to consider legislative action to remove these surveillance and reporting requirements to allow more families access without fear of deep end child protection involvement.

Children must have one of the following additional indicators of imminent risk of removal to be considered prevention services candidates:

- Have an identified need for child protective services at case closure of a child protection investigation or assessment
- Previous out-of-home placement, especially one less than 90 days, or a voluntary placement agreement
- Was an alleged victim in a previous maltreatment report that closed within the previous 12 months
- Have allegations involving caregiver substance abuse or other documented indicators of substance abuse
- Have child behavioral or mental health concerns, or
- Is pregnant or parenting and in foster care (see below).

Federal criteria for FFPSA prevention services allows Title IV-E reimbursement for pregnant or parenting foster youth. [Section 471(e)(2)(B) of the Act] In Minnesota, based on the recommendation of the pregnant and parenting youth sub-work group, the definition for pregnant and parenting foster youth will include expectant and parenting youth, regardless of gender, in foster care. This group will be the sixth category eligible for prevention services through FFPSA for Title IV-E reimbursement to support keeping their children out of foster care, and to improve parenting capacity of youth.

Figure 3. Minnesota’s prevention services candidacy



Discussion of Minnesota Family First Eligible Populations and Eligibility Processes

Using the definition for prevention candidates above, approximately 29,000 children and their parents and/or kin caregivers, will be potentially eligible to receive evidence-based services through FFPSA in Minnesota, based on 2019 data. Of those children, 32 were expecting and parenting female youth in care, though the department expects this number may increase based on new tracking mechanisms and the expanded definition to include youth in care of any gender. The remaining eligible candidates will be drawn from the population of children who are alleged victims in screened in child protection reports. There were 38,298 alleged victims involved in 29,736 completed assessments or investigations following screened in child maltreatment reports in 2019. American Indian/Alaskan Native children were about five times more likely to be involved in completed maltreatment assessments/investigations than white children, while children identifying with two or more races, and African American/Black children were both approximately three times more likely to be involved in a screened in child protection report. Children ages 8 and younger represented the majority involved in completed maltreatment assessments/investigations (57.5%).

Of the children with a screened in child protection report, 24,317 were assigned to Family Assessment Response, 14,924 were assigned to Family Investigation, with the remainder assigned to a Facility Investigation for children with alleged maltreatment in family foster homes or family child care homes.

The following provides additional information on each category to be included in foster care candidacy for prevention services, including the estimated population size of eligible candidates (see Tables 2, 3 and 4 for a breakdown of prevention services candidates based

on 2019 data by imminent risk category, race/ethnicity and age). Department staff is exploring ways of system notification of prevention candidacy for alerts of potential eligibility for prevention services.

Child protection services needed: At the close of child protection assessments, a determination of whether ongoing in-home child protection services are needed for a family is made. Determinations are made using information gathered during the assessment, including results of the SDM risk and safety assessments. If the risk assessment indicates moderate to high risk of future maltreatment and/or the safety assessment indicates that a child is conditionally safe at home, guidance indicates that the family should be offered and opened for child protection services.

Estimated size: In 2019, 9,780 children who were alleged victims in screened in child protection reports were identified as needing in-home child protection services, and would be prevention services candidates using Minnesota's definition.

Previous maltreatment report: Any child with a screened in child protection report who was an alleged victim in a previous screened in child protection report will be considered at imminent risk of removal. Data on previous involvement in a screened in child protection report is in SSIS.

Estimated size: In 2019, 13,108 children who were alleged victims in screened in child protection reports had been alleged victims in a previous maltreatment report, and would be prevention services candidates using Minnesota's definition.

Previous out-of-home care episode: Any child with a screened in child protection report who had a prior out-of-home care placement, will be considered at imminent risk of removal. Data on previous involvement in an out-of-home care episode is in SSIS.

Estimated size: In 2019, 4,580 children who were alleged victims in screened in child protection reports had been in a prior out-of-home care episode and would be prevention services candidates using Minnesota's definition.

Parental substance use indicator: Any child with a screened in child protection report who has an allegation of maltreatment that indicates parental substance use, or where parental substance use is indicated during the assessment will be considered at imminent risk of removal, and a prevention services candidate.

Estimated size: In 2019, 19,329 children who were alleged victims in screened in child protection reports had a parent or caregiver with an indicator of substance use disorder, and would be prevention services candidates using Minnesota's definition.

Child behavioral health concern indicator: Any child with a screened in child protection report where there is a diagnosed behavioral health concern, or where during the course of the assessment a behavioral health concern is identified, assessed and/or diagnosed for child, will be considered at imminent risk of removal and a prevention services candidate.

Estimated size: 13,733 youth who were alleged victims in a screened in child protection report had a diagnosed behavioral health concern, or a behavioral health concern requiring services, would be prevention services candidates using Minnesota's definition.

Table 2. Number of prevention services candidates in 2019 by indicator

Candidacy category	Number	Percent
Child protection services needed (either indicated or opened following assessment close)	9,780	23.7%
Previous (screened in) maltreatment report (ever)	13,108	31.5%
Previous out-of-home care episode (ever)	4,580	11.9%
Indicator of parental substance use	19,329	46.5%
Indicator of child behavioral health concern	13,733	33%
Expecting or parenting youth in care	5	>1%
Total (unique count of children across all categories)	28,909	74.8%

Table 3. Number and percent of prevention candidates for prevention services and in the population in 2019 by race/ethnicity

Race/ethnicity	Number of prevention candidates	Percent of prevention candidates	Number in the population	Percent in the population
African American/Black	5,096	17.6%	137,021	10.5%
American Indian/Alaskan Native	2,258	7.8%	27,534	2.1%
Asian/Pacific Islander	589	2%	81,811	6.3%
Two or more races	5,127	17.7%	73,566	5.6%
White	14,802	51.2%	983,225	75.4%
Unknown/declined	1,037	3.6%	N/A	N/A
Total	28,909	100%	1,303,157	100.0%
Hispanic (any race)	3,124	10.8%	117,582	9.0%

Table 4. Number and percent of prevention candidates for prevention services and in the population in 2019 by age

Age	Number of prevention candidates	Percent of prevention candidates
Birth-2	3,065	10.6%
3-5	4,843	16.8%
6-8	5,466	18.9%

Age	Number of prevention candidates	Percent of prevention candidates
9-11	5,746	19.9%
12-14	5,496	19%
15-17	4,293	14.9%
Total	28,909	100%

Determining Eligibility

Child protection workers at the local county and or Initiative tribe level who assess allegations of maltreatment during a Family Assessment Response or Family Investigation, or family preservation workers providing ongoing child protection case management, including case work staff providing out-of-home case management to expecting or parenting youth, will determine if a child meets the definition of prevention services candidate, and whether they are at imminent risk of removal based on criteria previously outlined. Tribes with Title IV-E agreements may also assess allegations of maltreatment, provide preservation or case management services, and may determine whether a child meets a definition of prevention candidate and is at imminent risk of removal.

Department staff is working with Minnesota Information Technologies (MNIT), which operates Minnesota's IT systems, to automate this process with a worker verification component. If a child is determined to be a candidate and family and caseworker agrees to in-home services, a family preservation worker, or for expecting or parenting youth, foster care caseworkers, will meet with family to identify if any of the eligible Title IV-E prevention services are a good fit with their needs and complete the child-specific prevention plan imbedded in the family support (child protection) plan, or other child-specific prevention plan utilized by tribal nations.

Eligibility Documentation

The family preservation worker or, for expecting and parenting youth, foster care caseworker, will verify candidacy eligibility in Minnesota's CCWIS, the Social Service Information System, or a data base utilized by participating tribal nations, and the child-specific prevention plan, as described in Section 4 of this plan. For expecting and parenting youth in foster care, eligibility will be documented in youth's case plan. The date that eligibility is determined and re-determined, if applicable, will also be tracked in SSIS or a tribal data base system.

Section 3: Title IV-E Prevention Services Description and Oversight

Selection Process

Eligibility for federal reimbursement requires prevention services to be in at least one of the categories of mental health, substance use, or in-home parenting skill-based. Prevention services must be evidence-based, trauma-informed, and be rated as *well-supported*, *supported*, or *promising* by the Title IV-E Prevention Services Clearinghouse prior to inclusion in a state prevention plan. The department is working with tribal nations and federal partners to determine cultural adaptations, interventions, and cultural prevention practices that may be accepted as reimbursable prevention services.

To select evidence-based practices for Minnesota's Prevention Plan, data and qualitative information gathered from the group tasked with developing service array recommendations was used to guide discussions. To ensure prevention services were identified that would meet the needs of eligible children and families, the services array sub-work group used the following process to develop recommendations:

- Assess existing prevention service array in Minnesota, while prioritizing services relevant to FFPSA
- Identify services that would meet the needs of candidacy populations across age spans
- Promote equity and accessibility statewide by identifying services that would address existing gaps and needs, with a special focus on culturally responsive services
- Assess existing infrastructure of services and prioritize those able to meet FFPSA requirements (feasibility).

In analyzing data on service needs of the candidacy population, including information on maltreatment allegations, removal reasons, and information in the SDM risk and safety assessments, the sub-work group identified services that were needed, including :

- Are culturally responsive to the needs of African American/Black and American Indian children and families, and children and families that identify as two or more races in all service areas (mental health, chemical dependency, and parenting supports)
- Address substance use with caregivers who have children of all ages, but especially young children, and in particular for American Indian caregivers
- Utilize a multi-generational approach and emphasize supporting/enhancing/repairing the parent-child relationship
- Address interpersonal partner violence, especially with African American/Black families and those identifying as two or more races
- Support older youth and their caregivers with mental and or behavioral health needs.

Service recommendations brought forward by the Expecting and Parenting Sub-work Group were considered and aligned with developed recommendations. Other criteria used to recommend services were those that would benefit from expansion, were flexible, and utilized within counties, able to reach a broad age spectrum,

evidence of demonstrated effectiveness in reaching outcomes that may address identified needs of children and families, and are culturally responsive to African American/Black and American Indian children and families. Cultural responsiveness was analyzed using national data, and qualitative data from sub-work group participants with experience implementing or administering selected services. The Service Array Sub-work Group recommended seven potential services to be included in the prevention plan: Motivational Interviewing (MI), Healthy Families America (HFA), Parents as Teachers (PAT), Family Spirit, Trauma-focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), and High-fidelity Wraparound services. The Prevention Services Work Group reviewed recommendations and provided additional input, including a recommendation to include a parent mentor program in the service array, in particular for African American/Black and American Indian/Alaskan Native children and families, and ensure services include fathers, and are able to be used flexibly by families.

The FFPSA MACSSA Steering Committee, MACSSA/department Core Team, and the department's Leadership further reviewed these recommendations and approval for moving forward with service exploration of specific services. Consideration was given to which existing infrastructure, capacity, service needs, and populations who would benefit most from family preservation services. Selected services were also reviewed by tribal leadership. A concurrent process is ongoing where tribes are continuing to explore additional services. Over time, as capacity is improved, the department will continue to add services to the plan to ensure the plan is responsive, meeting the needs of families.

Looking at foster care trends recently, the most notable driver of entry into foster care has been parental drug use. The percentage of removals where parental drug use was a contributing factor almost tripled from 14% in 2010 to 40% in 2019. This has been especially true for young children. Of all children under age 6 who entered out-of-home care, 55% of removals involved parental drug use compared to 27% of children age 6 or older. For American Indian children who are disproportionately likely to be in foster care, parental drug use was especially likely to be a contributing factor in removals. Therefore, services that could meet the needs of children with parents struggling with drug use, and especially young and American Indian children were critical to include. Department staff is aware of tribal practice-based evidence of SUD programs that are effective in Minnesota's tribal communities providing family treatment while supporting family preservation. These are models that need to be explored further and potentially added to future state plan amendments.

One in four children who entered out-of-home care were under age 3, while one in five were between the ages of 15-17 in 2019; services to meet the needs of those age groups were imperative. Within those age groups, African American/Black children, who are disproportionately likely to enter out-of-home care, had abuse and neglect as the most common contributing factor to removal for children under age 3, and behavioral health issues for older youth; services that could address those needs were also important.

The feasibility of implementing recommended services from the Prevention Services Work Group was considered through the review and approval process. Prevention services with high feasibility were those that met criteria below:

- Are likely to qualify for an evaluation strategy waiver because of the strength of their evidence
- Possess existing fidelity and outcomes metrics by the proprietor or developer, and

- Already include a robust in-state infrastructure, including resources to collect and share fidelity and outcomes information.

Due to Minnesota's expansive Medicaid program allowing for many of the FFPSA Clearinghouse approved services to be billable under Medicaid, services were prioritized that are not entirely eligible under Medicaid. Trauma-focused Cognitive Behavioral Therapy (TF-CBT), and Child Parent Psychotherapy, two evidence-based mental health programs recommended by the Services Array Sub-work Group were found to be largely funded by Medicaid or other state or federal funding, therefore were not considered for further service exploration. FFPSA designates Title IV-E as the *payer of last resort*, which would mean services already largely funded under Medicaid and other state or federal funding, would see little Title IV-E reimbursement. High Fidelity Wraparound was rated as *promising* after selecting initial services, and not explored further for initial implementation due to evaluation requirements. Department staff continue to explore funding opportunities and creative ways to coordinate funding streams.

Based on selection criteria after considering options, and final approval by department staff, county and tribal leadership, staff has selected two EBPs for initial implementation in Minnesota's Prevention Plan where the department will be claiming Title IV-E (described in Table 5 below).

Table 5. Prevention services for implementation in Minnesota

Title IV-E service, rating, service area	Target population	Service description	Expected proximal outcomes	Rationale for inclusion	Target child prevention candidate population categories
Parents as Teachers (PAT) , well-supported, in-home parent skill-based.	Children ages birth - 5 and their parents or caregivers.	In-home parent skill-based; serves children from prenatal stages to age 5 and their caregivers. PAT goals are to improve parenting skills, supporting families with a history of substance use and new parents.	Improved parenting practices and capacity Increased community connections and referral to services Increased health and developmental screenings for children.	PAT is identified as a service that meets the needs of young children (birth-5) and their caregivers, including expectant and parenting youth. PAT is a newer service model in Minnesota with 12 affiliates implementing the model. There is potential to expand the pool of providers from the	Any child with previous out-of-home placement, or who is an alleged victim in a screened in child protection report where there is: An identified need for child protective services at case closure; previous maltreatment report closed within the prior 12 months; allegations of drug

Title IV-E service, rating, service area	Target population	Service description	Expected proximal outcomes	Rationale for inclusion	Target child prevention candidate population categories
		Note: Child eligibility for Title IV-E may not begin before birth or prevention plan development.		community they are serving, and minimize provider barriers such as education level.	abuse; youth who are expectant or parenting and in foster care.
Motivational Interviewing well-supported, substance abuse (cross-cutting)	Parents and caregivers of children after development of a child-specific prevention plan.	Substance abuse treatment and services; MI is used to increase engagement and intrinsic motivation to change behavior and resolve ambivalence to change. MI is a brief intervention provided over one to three one-hour sessions.	Improved ability of workforce to engage families Improved self-determination/initiative/motivation for families. Improved retention of families in services.	MI was identified as a brief intervention service. It is broadly applicable, and is planned for use as a cross-cutting service beyond substance abuse, and an engagement tool for child welfare workers. MI is shown to be effective with populations reflective of Minnesota's target population for this service. MI is used statewide, implementing MI in the prevention plan provides opportunities to enhance service delivery.	Any child with previous out-of-home placement; any child who is an alleged victim in a screened in child protection report where there is: An identified need for child protective services at case closure; previous maltreatment report closed within the prior 12 months; allegations of drug abuse; youth behavioral health concerns ; youth who are expectant or parenting and in foster care.

Kinship Navigator Programs

With only one kinship navigator program approved by the Title IV-E Clearinghouse, the department continues to explore options and strategize with stakeholders and partners. Department staff hopes to maximize support to kinship families by providing services both within and outside of the child welfare system. The department is contracting with a provider who has developed their own kinship navigator model, with plans to evaluate the model. Staff will continue to explore and analyze kinship programs and models approved by the Title IV-E Clearinghouse to determine if they are a good fit for Minnesota, and meet the needs of children and families.

Service Description and Implementation Plan

The following section describes prevention services selected for Title IV-E reimbursement in the prevention plan, including intended outcomes of services, the population and service needs being targeted with a service, and statewide availability. For the initial prevention plan, the department will implement practices rated as well-supported; an evaluation waiver may be requested. Services were selected because they address some of the most urgent needs of prevention candidates, expectant and parenting youth in foster care, and caregivers of candidates. There is also an existing service implementation infrastructure for both MI and PAT with an opportunity to further enhance each service. The logic model shows how each service will help achieve the identified proximal and distal outcomes. Compelling evidence for effectiveness of MI and PAT as well-supported practices, and continuous monitoring requirements supporting the evaluation waiver request are expanded on in Section 6: Evaluation Strategy and Waiver Request of this plan. A process to identify future services to include in the prevention plan will be developed in implementation planning. The CQI plan outlines how selected services will be monitored to ensure they are addressing the needs of candidates and their caregivers, pregnant and parenting youth in foster care, and how each service is addressing equity in service availability and cultural appropriateness.

Implementation teams will be convened to focus on each selected service, Motivational Interviewing and Parents as Teachers, and general child welfare workforce learning needs. Each team will create an implementation plan for selected services, and include key implementation components that further outline how FFPSA prevention plan requirements will be met, roles and responsibilities of identified key partners, roll-out and expansion strategy. Key partners include but are not limited to: Current service providers, state and local administrators of services, county child welfare staff, tribes, and department staff. The training implementation team will focus on general FFPSA learning needs for the child welfare workforce to implement the prevention plan, and any training needs identified in the PAT and MI Implementation teams. Implementation planning will address initial and ongoing needs.

The department will use Family First Transitional Act funding to support initial implementation of selected services, general FFPSA prevention plan training needs, and data-system changes. Staff will work with county, tribal, and other key partners and stakeholders to develop a feedback loop so concerns in implementation of the prevention plan can be shared with and addressed by needed appropriate levels of authority.

Motivational Interviewing

Motivational interviewing (MI) is a client-centered practice designed to decrease substance use disorder, enhance clients' intrinsic motivation to change behavior, and increase family engagement and retention in services. MI can be used with both adolescents with behavioral health needs, and parents or caregivers with substance use disorder. MI has also demonstrated its effectiveness in being integrated in casework practice. [Sterrett, Jones, Zalot, & Shook, 2010; Damashek, Doughty, Ware, & Silovsky, 2011] MI was identified by the Service Array Sub-work Group using quantitative and local qualitative data as a service that engages clients, is effective for populations of different races and ethnicities, and is widely used. Department staff is planning to implement MI as a cross-cutting service used with youth and adult parents and caregivers with substance abuse concerns, as a client engagement tool for caseworkers to use when other safety concerns are present, and engage parents or caregivers in safety planning and services, when appropriate and where eligibility has been established and a child-specific prevention plan has been developed. MI is used within multiple disciplines statewide, including child welfare, juvenile justice, mental health, and family home visiting. There is not an existing statewide process for training, CQI, fidelity monitoring, and tools for collecting data to support implementation and oversight of MI in child welfare agencies. Implementing MI within Minnesota's Prevention Plan provides an opportunity to enhance service delivery and build a statewide infrastructure that monitors fidelity, providing an ongoing CQI process.

The Motivational Interviewing Network of Trainers (MINT) is an independent network of MI trainers, MINT members receive formal training to become trainers of MI. MINT does not recommend specific trainers or training events, and there is no national certification process for MI providers. To implement MI statewide, training will be provided by MINT trainers using the curriculum and manual reviewed by the Clearinghouse. [Miller, W. R., & Rollnick, S. (2012), *Motivational Interviewing: Helping people change* (3rd ed.), Guilford Press]. Staff is exploring options to develop the initial MI curriculum, which will later be imbedded within the Minnesota Child Welfare Training Academy (MNCWTA) structure. Eventually, MI curriculum will be available for on-going support to caseworkers and supervisors who will be providing MI to prevention candidates.

The target population is parents and caregivers of prevention services candidates where a child-specific prevention plan has been developed. Staff will continue to work with the MNCWTA, implementing in county and tribal agencies, and key partners identified during planning and implementation. The department and identified partners will use existing local and state-level infrastructure to develop additional infrastructure, as necessary, to fully implement MI as a FFPSA service and tool for caseworkers and supervisors to utilize that lead to expected proximal outcomes of improved:

- Ability of workforce to engage families
- Self-determination/initiative/motivation for families
- Retention of families in services.

Further analysis is underway to determine if, and how, MI might be added to existing services to further improve family preservation practice. The department, in partnership with county and tribal agencies, will explore how to best utilize MI in practice. The infrastructure to be developed with key partners, including the MNCWTA will support implementation and have a plan to ensure fidelity to the EBP model, and a CQI plan and process to determine how measured outcomes will be used to refine and improve delivery of MI. The department plans to

use surveys, focus groups, data collection instruments, and the Child and Family Service Review (CFSR) as tools to measure outcomes. Feedback loops will be developed to ensure communications with key internal partners, Minnesota Child Welfare Training Academy, Tribal Training and Certification Partnership (TTCP), as well as members of the revised governance structure under development.

Parents as Teachers

Parents as Teachers is a home visiting program in which home visitors, referred to as Parent Educators, serve children from prenatal to entering kindergarten and their caregivers. The four core components of the PAT model are:

- Personal home visits
- Group connections
- Child health and developmental screenings, and
- Community resource referrals.

Goals of the PAT model are to:

- Increase parent knowledge of early childhood development
- Provide early detection of developmental delays and health issues
- Prevent child abuse and neglect
- Increase children's school readiness and success.

PAT was implemented in Minnesota in 2018. There are 11 PAT provider sites in Minnesota located primarily in metro counties of Hennepin and Ramsey. For initial implementation, staff will focus on engaging with agencies currently providing PAT to determine which agencies to choose for implementing necessary FFPSA changes, while exploring opportunities for expansion with system partners.

PAT is provided by local public health agencies and local nonprofits. PAT providers choose their target population; staff will continue to engage with providers to determine which ones will be serving children and families that meet candidacy criteria, where there is a developed child-specific prevention plan. The Minnesota Department of Health allocates federal Maternal Infant Early Childhood Home Visiting (MIECHV) funding, and state Evidence-based Practice Home Visiting (EBHV) funding to PAT provider agencies. PAT providers receiving state and federal funding allocation must meet federal and state funding requirements; one requirement being providers must become program affiliates. The PAT National Center (PATNC) supports and guides providers throughout the process of becoming an affiliate. The PATNC provides direct implementation support and technical assistance to PAT affiliates, fidelity monitoring, and CQI planning. Parent educators that will be delivering PAT services must meet minimum qualifications of having a high school diploma or equivalency, and two years of supervised work experience with young children and/or parents. Parent educators must complete the Foundational and Model Implementation Trainings before delivering PAT. Parent educators utilize the evidence-based Foundational and Foundational 2 Curriculum during home visits. Parent educators must renew their certifications with the PAT National Center annually. New supervisors are also required to attend the Foundational and Model Implementation Trainings.

To monitor fidelity and CQI processes, affiliates submit annual data to PATNC on service delivery. Staff will work with the PAT National Center, PAT providers, and key partners to develop the FFPSA implementation infrastructure and CQI processes to measure how PAT is expected to improve the following proximal outcomes for children and families:

- Improved parenting practices and capacity
- Increased community connections and referral to services, and
- Increased health and developmental screenings for children.

The CQI plan includes how services being provided to prevention candidates and their parents or caregivers and expectant and parenting youth will be monitored to ensure fidelity to the EBP model. The department plans to use surveys, focus groups, data collection instruments, and the CFSR as tools to measure outcomes. Feedback loops will be developed to ensure communications with key internal partners, PAT providers, as well as members of the revised governance structure under development. Outcomes measured in the CQI process will be used to refine and improve delivery of PAT. The CQI process is expanded on in Section 6: Evaluation Strategy and Waiver Request.

Trauma-informed Framework

To ensure that services and family preservation case management services are trauma-informed, staff will build on the existing framework within the child welfare practice framework, and supports available for the workforce through the Minnesota Child Welfare Training Academy and Tribal Training and Certification Partnership (TTCP) related to trauma-informed care and workforce well-being. A critical component of trauma-informed practice is an understanding of the impact of historical and intergenerational trauma on American Indian/Alaskan Native, as well as African American/Black children, families and communities.

Every child protection worker needs to complete child welfare Foundation training within the first few months of hire at a county agency. During Foundation training through the MNCWTA, in partnership with the TTCP, workers are grounded in key principles of trauma-informed care, which are to:

1. Maximizing physical and psychological safety for children and their families
2. Identifying trauma-related needs of children and families
3. Enhancing resilience and well-being with children
4. Enhancing resilience and child well-being with families
5. Enhancing resilience and child well-being with those working in the child welfare system
6. Partnering with youth and families
7. Partnering with child-serving agencies and systems.

In the above training, workers receive information on the different types of trauma, the impact of trauma on development, adverse childhood experiences, historical and intergenerational trauma, resiliency, and how to incorporate this information into trauma-informed practice with children and families during casework and case management. Critical to practice supporting trauma-informed care of children and families is also supporting the workforce in understanding racial bias, both implicit and explicit, and how institutional and systemic racism contributed to trauma experienced by Black, Brown, and Indigenous communities in this state and country.

Implicit and explicit bias ties to one's own values, and worldview which shapes and influences how one sees the world and reacts to it. Bias can look and be carried out in many ways. Holding judgement or assumptions based on one's worldview and bias brought to families and cases is integrated throughout training opportunities. Trauma-informed practice aligns with this work of acknowledging one's own bias, and centering others' voice and experience.

In the process of considering prevention services for the prevention plan, a key requirement for selection was that the service model itself had a trauma-informed approach. Staff has ensured that training models and curriculum for each selected prevention service included trauma-informed elements throughout. Providers will be expected to implement all prevention services to fidelity, which includes monitoring of trauma-informed elements in practice.

Section 4: Child-specific Prevention Plan

Case Management

In-home child protection case management for families is provided by family preservation workers employed at local county and tribal child welfare agencies. Eligible candidates for prevention services will receive services through in-home child protection case management, provided following a Family Assessment Response or traditional Family Investigation; this may occur regardless of whether a maltreatment determination was made. Tribal family preservation case management occurs after an assessment of need and eligibility by tribal staff. Case management and service planning are expected to focus on a family's strengths and needs, while also enhancing child safety, reducing risk of future maltreatment, all with a focus on placement prevention and family preservation. Services may be voluntary, or court ordered, encompassing an array of interventions and supports provided directly by, or on behalf of, the local child welfare agency to all children in a family, ensuring safety and promoting well-being.

When children are identified as an eligible prevention candidate, and an eligible service is identified during the case planning process, caseworkers will complete supporting documentation through SSIS, or tribal data collection system, and complete a child-specific prevention plan. The child-specific prevention plan is embedded within the Family Support Plan, required regardless of prevention services eligibility.

During child protection case management and prevention services, best practice and federal guidance is that family preservation workers are to meet with families and see children a minimum of once a month, although it may be necessary to meet with them more frequently, depending on family's circumstances and in accordance with risk assessment policy. The frequency of visits with a family is based on many factors, such as risk level, safety concerns, and their needs. Per Minn. Admin. Rule 9560.0228, subp. 4, child welfare agencies shall monitor provision of services to assure compliance with written protective services plans, and coordinate with service providers at least quarterly. Written services plans should be adjusted at least quarterly, or when there is a change in family circumstances or service provision.

It is proposed that pregnant and parenting youth also include expectant and parenting fathers in foster care. Youth may enter foster care or out-of-home placement by court order or voluntary placement agreement. For

children in foster care, it is required that caseworkers complete an out-of-home placement plan (OHPP) for children or youth in foster care. Caseworkers should uphold the same level of engagement with youth, family, and identified supports to complete a family-centered OHPP. The OHPP focuses on individual goals, and services addressing safety, permanency, and well-being for children. For youth age 14 or older, an independent living plan shall be developed in consultation with youth. [Minn. Stats., sections 260C.212, subd. 1 (c)(12), and 260C.452, subd. 2]

Process for Assessing Need; Developing Child-specific Prevention Plans and Case Plans

Once children are determined to be eligible for prevention services, and those services are available and accessible to them and their family, family preservation workers, or other assigned agency workers, confirm eligibility information in SSIS or in tribal child welfare data collection systems. Documentation in SSIS will establish that children meet the state's definition of candidate for prevention services, or an expectant or parenting youth in foster care, and date children were identified as eligible candidates (to monitor the 12-month time frame, and re-determine candidacy, if necessary). Children and families may become eligible to receive prevention services at any point during child protection case management. The child-specific prevention plan and appropriate documentation will be developed or reviewed when an eligible child or family participates in an eligible service under the prevention plan. The child-specific prevention plan includes a prevention strategy and services to be provided to or on behalf of children to ensure success of the prevention strategy so they may remain safely at home, or with kin, as long as prevention services are provided. Prior to beginning an eligible prevention service, caseworkers, or other assigned agency workers, need to document approved services in SSIS. This step will only be completed following meeting with families and developing a service plan, together selecting appropriate placement prevention services and placement prevention strategy.

Throughout the assessment or investigation, and throughout child protection case management, caseworkers collect information and assess for families' strengths and needs, assess safety and risk, with close attention to abuse or neglect concerns in achieving family preservation or placement prevention. Once caseworkers meet with a family, they develop a written Family Support plan, including the child-specific prevention plan components through partnership with family, their identified supports, tribes, community and service providers. Family Support Plans are also known as *child protection services plans*. Tribes may have different names for this same type of plan. It is best practice for the Family Support Plan to be simple and accessible for families, outlining clear and measurable goals for families, connecting them with collaborative, comprehensive, community-based networks and supports.

For expectant and parenting youth in foster care, the child-specific service plan will be developed and embedded in expectant or parenting youth's OHPP. Additional data input in SSIS is required for expectant or parenting youth in OHPP, including: List of services to be provided to or on behalf of youth to ensure they are prepared or able to be a parent, and a placement prevention strategy for any child born to them.

Family preservation workers partner with families from a strength-based, family-centered, trauma-informed approach to improve engagement, empowering families in the child protection process. Service plans should be

culturally responsive and highlight strengths grounded in culture, race and ethnicity. Cultural practices are seen as a strength.

Families may have a difficult time talking about their strengths and needs during a period when they are upset or under stress due to involvement with child protection. Family preservation workers use a strength-based, trauma-informed approach with active listening to help promote collaboration and family engagement. Gathering information about family strengths, protective capacities, safety, support networks, and existing resources helps caseworkers assess their strengths, identify their needs, enhance child safety, and reduce the risk of out-of-home placement. Successful family engagement can help support them throughout child protection involvement and beyond.

Description of Processes to Ensure Appropriate Service Referral and Oversight

As previously mentioned, during the process of child protection case management and prevention services, family preservation workers must visit families a minimum of once a month, or more frequently if necessary, based on many factors such as risk level, safety concerns, and needs of family. [Minn. Rule 9560.0228, subp. 4] During these meetings, family preservation workers talk with families about services their family is receiving, what is helpful, and learn if there are concerns. Family preservation workers communicate with service providers regarding family's participation in services, successes, and help addressing ongoing concerns. Regular, ongoing meetings with families, tribe, identified safety and support network; service providers are best practice to assess family's success, participation, or concerns. These ongoing family meetings, home visits, and collateral contacts allow opportunities to make modifications to services and Family Support Plan, as needed. The Family Support Plan, with embedded child-specific prevention plan, needs to be reviewed with family and in SSIS minimally every quarter, or at the start of a new service or change in service delivery. [Minn. Rule 9560.0228, subp. 5]

Effective and supportive supervisors are an essential part of successful outcomes for children and families involved with the child protection system. Child protection supervisors provide ongoing support and supervision for family preservation workers, including ongoing supervision and case consultation. This process assists family preservation workers and supervisors to determine relevance, and help evaluate effectiveness of services, including FFPSA prevention services.

Coordination with other Services Provided to Children and Families under Minnesota's Title IV-B Plan

Minnesota's Prevention Plan is just one tool in addressing the varying needs of children at risk of foster care placement, expecting and parenting youth in foster care and their families. Department staff will ensure the partnership among programs and organizations receiving Title IV-B funds, another source of federal funding for prevention and child welfare services, continues in support of coordinated services for children and families.

The department uses a portion of both Title IV-B subparts 1 and 2 funding through a statewide allocation to counties and participating tribes to meet the basic needs of families, such as housing, clothing, food, supplies and transportation. Family preservation workers or agency caseworkers assist families with services that can support their participation in prevention-related services, providing support for overall family well-being. Tribal programs provide a wide range of services to children and families utilizing tribal funds, including mental health and SUD programs, child care and others. County agencies provide a range of services utilizing county funds. While these funds are limited and have not seen a substantial increase in federal funding, staff will assess how Title IV-B funds are being utilized to maximize prevention efforts, inclusive of all Minnesota tribes, and how to best utilize funds overall to meet concrete needs of families not realized under FFPSA.

The department allocates Title IV-B, subp. 2, funding to four primary service areas, with a federal requirement that at least 20% of funds go to each of the following categories of service: Family support services, family preservation, family reunification, and adoption promotion and support services. The focus of these funds is preventive services through family preservation and support, and stability through reunification, adoption promotion and support services.

The department supports Family Group Decision Making with Title IV-B, subp. 2 funding. These conferences are conducted for many children to avoid placement, to implement safety plans, include family participation in case planning, identify resources, expectations, and transition planning for reunification, or for development of alternative permanency options. FGDM is a model that can be effective in different cultures with adaptations and culturally responsive approaches. Efforts are made to be inclusive of different cultural approaches and providers through funding and FGDM facilitator training. FGDM can be an effective resource that links directly to prevention efforts and timely reunification. It is just one example of supporting families in the child welfare system. Efforts to coordinate these funding streams will take place at the department and within an established consultation structure.

Section 5: Monitoring Child Safety

Approach to Monitoring and Overseeing Child Safety

The department uses Structured Decision Making (SDM) tools to assess and monitor safety and risk of children and families in child protection cases. SDM tools also identify family's strengths and needs related to service planning. These tools monitor and assess safety for children receiving FFPSA services. Some tribes created their own safety, risk, strengths and needs tools that guide decision making and service planning. However, tribes that have Title IV-E agreements with the department utilize SDM tools.

SDM Safety Assessments completed by counties in all child protection responses and is not designed to be used in child welfare responses. The purpose of the SDM Safety Assessment is to help assess whether children are likely to be in immediate danger of serious physical harm. The SDM Safety Assessment is completed during the assessment phase and documented in the case management system within three working days of making initial face-to-face contact to assess safety. Safety is to be considered throughout the life of a case, which may include

completion of additional SDM Safety Assessments. At any point that an unsafe factor becomes observable, a new safety assessment is completed.

SDM Risk Assessments are completed in all child protection responses but is not designed to be used in child welfare responses. SDM Risk Assessments identify the likelihood of future maltreatment, from low to high risk. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families, and they are more often involved in serious abuse or neglect incidents. The SDM Risk Assessment is finalized prior to case closing during the assessment phase and is considered in making a determination regarding the need for ongoing services. When utilized for case management purposes, an SDM Risk Assessment is used as a guide to determine how frequently caseworkers should meet with a family.

SDM Family Strengths and Needs Assessments (FSNA) is completed in all child protection responses and in some child welfare responses. The SDM FSNA is used to evaluate presenting strengths and needs of children and families and assists in planning effective service interventions. The SDM FSNA assesses areas of functioning, including but not limited to, mental health/coping, substance use, and parenting skills. Priority needs are to be reflected in goals, objectives, and interventions in service planning to improve safety and reduce risk of maltreatment for children, as well as recognize and utilize protective factors already existing in families. A Family Strengths and Needs Assessment can build on protective networks, natural supports, and build community supports and connections for families. It can empower families by recognizing strengths and positive factors, which in turn builds rapport and engagement. A FSNA can be a vital tool in FFPSA-based prevention work with families. All workers will be trained on successful utilization of this assessment tool during Foundation training.

SDM Risk Reassessments are completed for all in-home child protection responses but is not designed to be used in child welfare responses. SDM Risk Reassessments are completed quarterly, or whenever there is a significant change in a case. It is used to guide decision making following provision of services to clients and case management duration. Together with the Family Strengths and Needs, reassessment, and progress made in service plans, assists in determining required resources, service level intensity, and need for case management services. Policy outlines high risk cases remain open for case management, unless risk can be mitigated on an on-going basis.

In addition to the SDM tools, monthly caseworker visits are required for all child protection and child welfare cases. Monthly face-to-face visits are required between children and caseworkers, as well as between parents and/or caregivers and caseworkers. The purpose of these visits is to assess ongoing service needs; engage parents and children, when age and developmentally appropriate, in developing case plans; ensure that children and their caregivers receive and benefit from necessary services; monitor safety and well-being, and progress toward established case plan goals.

Section 6: Evaluation Strategy and Waiver Request

Minnesota's Overall Approach to Evaluation and Continuous Quality Improvement of Preventive Services

Under FFPSA, section 471(e)(5)(B)(iii)(II), a state's prevention services plan must include descriptions of (1) How implementation of services or programs selected will be continuously monitored to ensure fidelity to the practice model, and determine outcomes achieved, and (2) How information learned from monitoring will be used to refine and improve practices. A waiver may be requested for evaluation requirements if a selected service has received an evidence-rating of *well-supported* by the Title IV-E Prevention Services Clearinghouse, and the department provides compelling evidence of evidence-based practices (EBPs) effectiveness, and meets CQI requirements. The department is only selecting evidence-based practices rated as well-supported for initial implementation of the prevention plan. It is requesting an evaluation waiver for programs selected for the prevention plan; compelling evidence for effectiveness of each program is provided in this section.

The department convened a FFPSA CQI Sub-work Group to develop recommendations for a CQI framework, including fidelity monitoring, continuous quality improvement, and evaluation plan components for inclusion in Minnesota's Prevention Plan. The sub-work group's recommendations are incorporated in this plan and will guide implementation. While not required, the sub-work group developed a logic model and theory of change to frame CQI work, and provide a framework for implementation.

The proposed logic model (see Appendix A) defines specific goals and target outcomes of each selected service and illustrates how selected evidence-based services will meet the prevention plan goal of preventing children at risk of entering foster care from entering out-of-home placement by building a comprehensive prevention continuum able to meet the needs of all children and families. The CQI structure and processes for the prevention plan and each selected prevention service will be built on existing CQI activities. The CQI processes will include key partners and stakeholders at state and local levels that include county and tribal child welfare staff, and community agencies providing services. The CQI process will include a plan for how the voices of those with lived experience will be incorporated and used to improve how services are delivered. The overall CQI strategy, structure, and processes for the prevention plan, and each selected prevention service, is provided in this section.

Compelling Evidence for Prevention Services Effectiveness and Waiver Justification

Motivational Interviewing Compelling Evidence of Effectiveness

The evidence of effectiveness of MI is compelling, demonstrated by findings of multiple studies, and evidence ratings by prominent clearinghouses. The Title IV-E Prevention Services Clearinghouse rated MI evidence of effectiveness as well-supported in the service area of substance abuse treatment and programs. The California Evidence-based Clearinghouse (CEBC) for Child Welfare gave MI a rating of well-supported, and a rating of

medium for child welfare relevance in the topic areas of motivation and engagement programs, and substance abuse and treatment for adults.

MI is an intervention that identifies ambivalence for change and increases motivation by helping adults or youth progress through five stages of change: Pre-contemplation, contemplation, preparation, action and maintenance. The evidence supporting MI led the department, partners, and stakeholders to believe that MI would lead to achieving the identified target proximal outcomes for MI in Minnesota's Prevention Plan through improved communication and engagement with families. These include improved:

- Ability of workforce to engage families
- Self-determination/initiative/motivation for families
- Retention of families in services.

MI will provide support in achieving the following target distal outcomes in the corresponding areas of:

- Healthier children and thriving families
- Reduced child maltreatment rates
- Reduced foster care entry rates.

Improve the health and well-being of children and families, including:

- Strong systems
- Decrease disproportionality in the number of American Indian/Alaskan Native and African American/Black children in Minnesota's child protection system
- Services are readily available and offered in a culturally responsive and coordinated way.

Supportive, well-resourced communities, including:

- Families know about and can access services in their community that meet their needs without child protection/child welfare system involvement

The Title IV-E Prevention Services Clearinghouse Summary of Findings include a review of 75 eligible studies that indicated favorable effects in the target outcomes of adult well-being: Parental/caregiver substance abuse (Table 6).

Table 6. Title IV-E Prevention Services Clearinghouse summary of findings for Motivational Interviewing (2019)

Outcome	Effect size and implied percentile effect	N of studies (findings)	N of participants	Summary of findings
Child well-being: Substance use	-0.01 0	5 (33)	1634	Favorable: 0 No effect: 33 Unfavorable: 0

Outcome	Effect size and implied percentile effect	N of studies (findings)	N of participants	Summary of findings
Adult well-being: Parent/caregiver mental or emotional health	0.00 0	3 (5)	1464	Favorable: 0 No effect: 5 Unfavorable: 0
Adult well-being: Parent/caregiver substance use	0.16 6	15 (109)	6066	Favorable: 16 No effect: 91 Unfavorable: 2
Adult well-being: Parent/caregiver criminal behavior	-0.01 0	2 (7)	1610	Favorable: 0 No effect: 7 Unfavorable: 0
Adult well-being: Family functioning	0.10 4	1 (1)	777	Favorable: 0 No effect: 1 Unfavorable: 0
Adult well-being: Parent/caregiver physical health	0.00 0	4 (10)	2158	Favorable: 0 No effect: 10 Unfavorable: 0
Adult well-being: Economic and housing stability	-0.02 0	1 (1)	777	Favorable: 0 No effect: 1 Unfavorable: 0

Note: For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group, and a negative number favors the comparison group. Effect sizes for some outcomes were not able to be calculated by the Prevention Services Clearinghouse.

Department staff is looking at implementing MI as a service and tool for caseworkers in the child welfare field to use when engaging families. In Minnesota, MI is used as a tool across multiple disciplines beyond its initial use of clients with substance use issues. Similar findings have been found in the child welfare field. The Child Welfare Information Gateway (2017) published a fact sheet on MI, highlighting the benefits of its use in the child welfare field; the following is from the publication:

“The method has been shown to help engage clients and enhance their motivation to use and complete services—including those related to child welfare—that can support them in making positive life changes. [Sterrett, Jones, Zalot, & Shook, 2010; Damashek, Doughty, Ware, & Silovsky, 2011] Using motivational interviewing also may help caseworkers assess families’ readiness to change and assist families in better understanding the steps necessary for changes to occur.” [Child welfare Information Gateway 2017, pg 2]

Other findings for use of MI in child welfare include a review of 12 studies by Shah et al. (2018) where it was found that MI effectively improved outcomes in the areas of parenting skills, parent/child mental health, retention in services, substance use and child welfare recidivism.

One primary goal of Minnesota's Prevention Plan is to improve outcomes of American Indian/Alaskan Native and African American/Black children, and children of two or more races who experience disproportionate rates of child welfare/protection system involvement. MI is adaptable across different cultures, ethnicities and languages, and successfully delivered in a wide variety of locations and settings. Motivational Interviewing was found to be effective with different racial and ethnic backgrounds from different countries, including those of Mexican origin [Bernstein, 2017], American Indian [Gilder, 2017], and South Africa. [Rendall-Mkosi, 2013]

Parents as Teachers Compelling Evidence of Effectiveness

The evidence of effectiveness of PAT is compelling, demonstrated by findings of multiple studies, inclusion in multiple prominent clearinghouses, including the Title IV-E Prevention Services Clearinghouse, California Evidence-based Clearinghouse (CEBC) for Child Welfare, and the Home Visiting Evidence of Effectiveness (HOMVEE). The Title IV-E Prevention Services Clearinghouse rated PAT evidence of effectiveness as well-supported in the service area of in-home parenting skill-based programs. The California Evidence-based Clearinghouse for Child Welfare gave PAT a promising evidence rating, and a rating of medium for child welfare relevance in the topic areas of Home visiting programs for child well-being and prevention of child abuse and neglect (primary) programs. PAT meets the criteria for an *evidence-based early childhood home visiting service delivery mode* under HOMVEE by the Department of Health and Human Services (HHS).

PAT provides intervention services with proven effectiveness in serving the needs of new and expectant parents and children at risk of maltreatment until they enter kindergarten. The evidence supporting PAT led department staff to believe that PAT will achieve the identified target proximal outcomes for the prevention plan, including the following:

- Improved parenting practices and capacity
- Increased community connections and referral to services
- Increased health and developmental screenings for children.

The use of PAT as an intervention will support Minnesota in achieving the following target distal outcomes in the corresponding areas of:

- Healthy children and thriving families
- Reduced child maltreatment rates
- Reduced foster care entry rates.

Improve the health and well-being of children and families, including:

- Strong systems
- Decrease disproportionality in the number of AI/AN and AA/B children in the child protection system
- Offering services readily available and offered in a culturally responsive and coordinated way.

Supportive, well-resourced communities that include:

- Families know about and can access services in their community meeting needs without child protection/ welfare system involvement.

The Title IV-E Prevention Services Clearinghouse Summary of Findings included a review of six eligible studies indicating favorable effects in the target outcomes of child safety and well-being, reducing child maltreatment, improving child social functioning, and improving child cognitive functions and abilities (Table 7).

Table 7. Title IV-E Prevention Services Clearinghouse summary of findings for Parents as Teachers (2019)

Outcome	Effect size and implied percentile effect	N of studies (findings)	N of participants	Summary of findings
Child safety: Child welfare administrative reports	-0.05 -1	1 (4)	4560	Favorable: 2 No effect: 2 Unfavorable: 0
Child permanency: Out-of-home placement	0.16 6	1 (1)	4560	Favorable: 0 No effect: 1 Unfavorable: 0
Child well-being: Social functioning	0.12 4	1 (6)	375	Favorable: 3 No effect: 2 Unfavorable: 1
Child well-being: Cognitive functions and abilities	0.13 5	2 (12)	575	Favorable: 2 No effect: 10 Unfavorable: 0
Child well-being: Physical development and health	0.08 3	1 (3)	375	Favorable: 0 No effect: 3 Unfavorable: 0
Adult well-being: Positive parenting practices	0.27 10	1 (1)	203	Favorable: 0 No effect: 1 Unfavorable: 0
Adult well-being: Family functioning	-0.03 -1	1 (9)	375	Favorable: 0 No effect: 8 Unfavorable: 1
Adult well-being: Economic and housing stability	-0.09 -3	1 (10)	366	Favorable: 0 No effect: 9 Unfavorable: 1

Note: For the effect sizes and implied percentile effects reported in the table, a positive number favors the intervention group, and a negative number favors the comparison group.

The Home Visiting Evidence of Effectiveness (HomVEE) reported that PAT was found to have favorable impacts on measures of child development, school readiness, positive parenting practices, and reductions in child maltreatment, in a published review. [September 2019] These align with the target outcomes of Minnesota's Prevention Plan in the areas of: Improved parenting practices and capacity, increased health and developmental screenings for children, and reducing child maltreatment. Separate studies demonstrated effectiveness of PAT in reducing child maltreatment substantiations with families determined to be at-risk. [Chaiyachati et al, 2018]

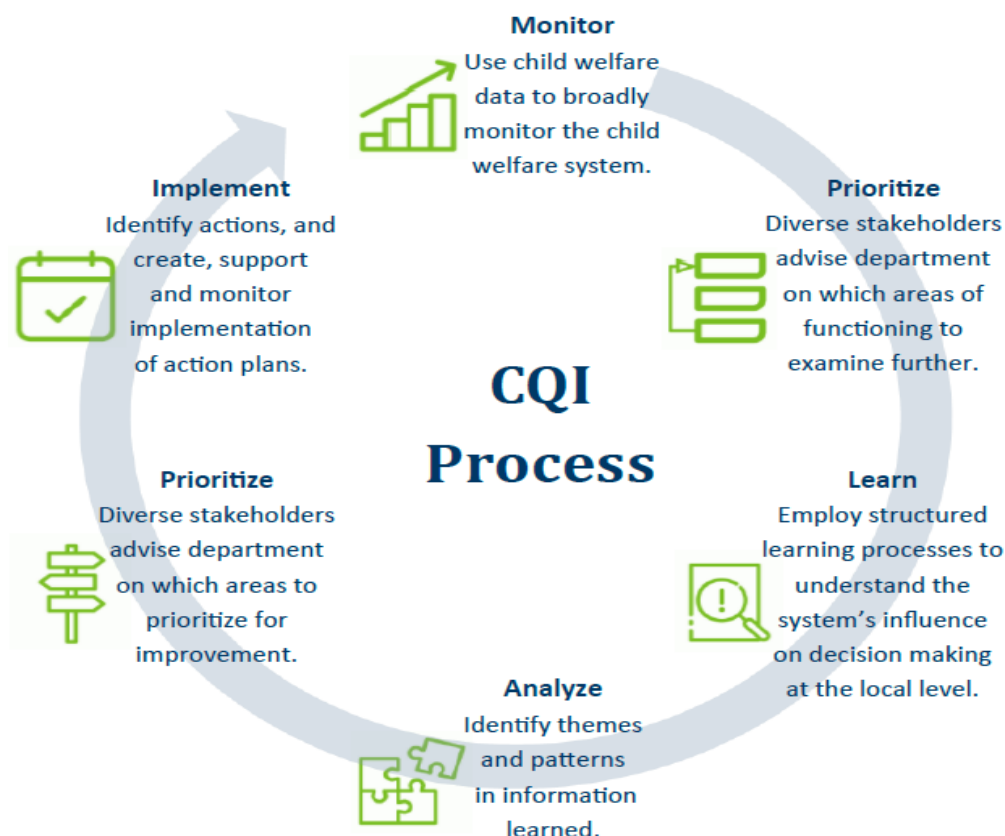
Continuous Quality Improvement Framework

As referenced earlier, the Prevention Services Continuous Quality Improvement plan is based on a logic model (see Appendix A) that defines specific goals and target outcomes for each selected service. It illustrates how selected services will meet the prevention plan goal of preventing children at risk of entering foster care from actually entering out-of-home placement by building a comprehensive prevention continuum able to meet the needs of children and families.

Department staff will continue to work with key partners at the local, tribal and state levels to develop and implement CQI processes outlined in this section, utilizing existing child welfare CQI framework. The graphic below (Figure 4) is an illustration of the department's current child welfare CQI framework, including the following steps:

1. **Monitor:** Develop reports and processes for monitoring outcomes
2. **Prioritize:** Select which measures to focus on first
3. **Learn:** Collect data (quantitative and qualitative)
4. **Analyze:** Review data, identify areas where strategies are needed to improve outcomes
5. **Prioritize:** Select which areas to focus on first
6. **Implement:** Identify and Implement strategies targeted at improvement.

Figure 4. Minnesota’s Continuous Quality Improvement Framework



Prevention Services Continuous Quality Improvement Plan

To implement the EBP specific CQI processes, department staff has begun planning for, and will convene implementation work groups to ensure compliance with FFPSA requirements. The implementation work groups will focus on implementation needs for each selected service, and general learning needs. Each implementation team will include a CQI component. The service-specific implementation teams will develop a plan to measure the outcomes outlined in this CQI section, as well as a plan for ongoing fidelity monitoring and evaluation of services.

Proximal Outcomes

The CQI Sub-work Group engaged in a collaborative process to identify and prioritize proximal outcomes and measures for each service. Proximal outcomes were chosen that align with current CQI measures in place for each service.

Parent, child, and family functioning improves by achieving desired outcomes of each intervention, including:

- Parents as Teachers:
 - Improved parenting practices and capacity
 - Increased community connections and referrals to services
 - Increased health and developmental screenings for children.
- Motivational Interviewing, including improved:
 - Ability of workforce to engage families
 - Self-determination/initiative/motivation of families
 - Retention of families in services.

Fidelity Measures

Fidelity monitoring will utilize existing infrastructure, measures, and tools in place by program developers and other EBP sites. Continued exploration of fidelity monitoring tools and processes with key stakeholders will occur, described for each EBP in this section.

Distal Outcomes

Distal outcomes were informed by prevention plan outcome goals previously developed by the Prevention Services Work Group. The CQI Sub-work Group further refined these goals into distal outcomes that align with the logic model, and organized them into three focus areas: Healthy children and thriving families, strong systems, and supportive and well-sourced communities. These outcomes are noted below:

- Healthy children and thriving families, including:
 - Reduced child maltreatment rates
 - Reduced foster care entry rates
 - Improved health and well-being of children and families.
- Strong systems, including:
 - Decrease disproportionality in the number of AI/AN and AA/B children in the child protection system
 - Readily available services offered in a culturally responsive and coordinated way.
- Supportive, well-resourced communities:
 - Families know about and can access services in the community meeting their needs without child protection/ welfare system involvement.

Specific CQI processes for prevention services are described below.

Parents as Teachers

For initial implementation, the department will partner with the PAT National Center, Minnesota Department of Health, and providers who have already implemented PAT to determine which existing providers will be implementing prevention services to candidates. Staff will continue to work with key partners to ensure that fidelity measures and outcomes are met by PAT providers serving prevention services candidates, and will establish necessary data-sharing agreements for data collection, and ongoing CQI and fidelity monitoring.

PAT provider sites that receive funding from MDH are required to become program affiliates. The PAT National Center directly collects data from providers to ensure fidelity and CQI measures are met, referred to as the Essential Requirements and Quality Standards. Annually, providers go through the PAT Quality Endorsement and Improvement Process (QEIP), which includes a review of Essential Requirements and Quality Standard measures to ensure minimum fidelity measures are being met. PAT National Center provides direct support to providers throughout the CQI process. PAT providers reach Affiliate status once all Essential Requirements and Quality Standard benchmark measures are met; if benchmarks are not met, providers receive status as a *Provisional Affiliate*.

Fidelity Measures

Department staff will work with the PAT National Center and utilize CQI processes and fidelity monitoring standards and methods currently being used by the PAT National Center and providers. The CQI process includes outcome measures to ensure PAT providers are meeting staff supervision, training, and workload requirements. Outcome measures for service delivery include family visits, group connections, health and developmental screenings, and resource connections. Staff will work with partners to monitor implementation, fidelity, and measure PAT specific outcomes.

Motivational Interviewing

For initial implementation, the department will seek partners to implement MI in the child welfare worker training framework. Motivational Interviewing is being explored as a tool for caseworkers and supervisors to use when working with prevention candidates. Currently, no statewide CQI process is in place to monitor fidelity and outcomes for MI. Staff will work with key partners to establish a CQI process to monitor fidelity and outcomes that will be used to improve service delivery. A training and certification process will be developed using MINT trainers and the specific EBP manual that was reviewed by the Title IV-E Prevention Services Clearinghouse. Developed curriculum will be infused in Minnesota's Child Welfare Training Academy as a permanent training curriculum. Data-sharing agreements will be developed, as necessary. Results of outcomes and fidelity measures from the CQI process, once established, will be used to refine and improve MI practice by caseworkers and supervisors.

Fidelity Measures

The CQI Sub-work Group identified the following measures to monitor fidelity for Motivational Interviewing, percentage of staff::

- Utilizing fidelity metrics
- Trained, and
- Coached and supervised.

Specific fidelity measuring tools and methods will require further exploration with key partners. Department staff is exploring tools with partners that include the use of coaching circles, and coding software that uses measures used in well-known coding instruments of Motivational Interviewing Integrity Instrument (MITI), and Motivational Interviewing Skill Code (MISC).

Section 7: Child Welfare Workforce Training and Support

Prevention Services Provider Workforce

Department staff will work with state, county, and tribal partners to ensure that EBP providers are qualified to provide services consistent with the evidence-based practice model training requirements, and delivery of services is trauma-informed.

Parents as Teachers

Potential PAT providers working towards becoming an affiliate must complete the affiliate plan; once officially an affiliate, they complete required training provided by PATNC. Training for parent educators and supervisors is delivered online through self-paced modules and live sessions. The department will partner with Minnesota PAT providers and the PAT National Center to ensure providers complete required training, and have the capacity to deliver EBP to fidelity. Training for providers is dependent on age of children served, the manuals are: Foundational Curriculum: Prenatal to 3 years, [Parents as Teachers National Center, Inc. (2016)], and Foundational 2 Curriculum: 3 Years through Kindergarten. [Parents as Teachers National Center, Inc. (2014)] Initial implementation will focus on working with current PAT providing agencies, ensuring that current PAT providers are meeting model fidelity. Staff will develop a process to explore methods of expanding PAT providers in the future, ensuring new PAT providers meet qualifications.

Motivational Interviewing

Department staff will partner with the MNCWTA and utilize Motivational Interviewing Network of Trainers (MINT) to grow capacity of trainers, and deliver training to child welfare/protection caseworkers and supervisors. Training will support implementation of MI in the child welfare training framework for new caseworkers and supervisors, and those who are experienced. The experienced child welfare workforce, including county and tribal staff, intending to provide MI as a prevention service will be required to participate in several training sessions, coaching circles, followed by an assessment to demonstrate proficiency. Caseworkers must demonstrate proficiency prior to delivering and claiming MI as a Title IV-E service. Ongoing training and skill development opportunities will be explored and implemented to ensure that caseworkers continue to develop and retain skills for providing MI. Trainers will utilize the curriculum that uses the manual approved by the Title IV-E Clearinghouse. [Miller, W.R. & Rollnick, S. (2012) Motivational Interviewing, Third Edition: Helping People Change. Guilford Press] MI training may be delivered online or in-person; staff will

continue to work with key partners that includes county agencies and tribal nations, to determine the best methods that meet workforce needs. Training for MI will be trauma-informed.

Child Welfare Agency Workforce

Building from a trauma-informed training system, Minnesota is currently in implementation phases of the Minnesota Child Welfare Training Academy, a joint powers agreement between the department and the University of Minnesota. Passed and funded in May 2019, the MNCWTA serves as the primary training agency for county child welfare. Central priorities in the establishment of the MNCWTA include:

- Development of regional hubs to administer delivery of targeted training needs of county regions, in addition to standardized statewide trainings
- Enhanced training methodologies best suited to meet knowledge to skill application requirements, including interactive online training, coaching, mentoring, simulation, and paced learning based on one's position in a specialized track
- A competency-based, trauma-informed training certification based on curriculum aligned with the Minnesota Child Welfare Practice Framework, developed to meet the child welfare initial training requirements for child welfare workers and supervisors
- Multi-disciplinary approaches embedded within the structure of content and delivery, reflecting communities served by the child welfare system, with a focus on both child safety and evidence-based understandings that maintain family relationships and prevent out-of-home placement are essential to child well-being.

Minnesota has statutes in place to ensure new workers have the knowledge and skills necessary to conduct and carry out prevention plans, assessments, and engage with families to identify appropriate services to mitigate risk, address safety, promote well-being, and ensure services meet individual needs of children and families. All new workers complete a required training series, currently being revised, from six to 12 months, based on feedback from child welfare stakeholders statewide. New Worker curriculum is developed as a comprehensive learning experience paced over time for workers to integrate knowledge and skills into practice. It combines self-paced online modules with in-person components to apply skills essential throughout the life of a child protection case. New Worker training is grounded in worker reflection, and tenets of engagement and awareness with families through a trauma-informed lens. FFPSA-specific content will be incorporated into this curriculum, along with other relevant training to support family preservation efforts.

New workers are trained in screening, assessment, and investigation from processes and steps outlined in online modules, to application through a case study and practice. Workers conduct risk and safety assessments, analyze safety threats, and protective factors; they learn the application of Structured Decision Making tools, including how these relate to providing FFPSA prevention services. Skills in interviewing and engaging families are practiced to support ongoing partnerships and safety planning. Practice exercises and a case study are incorporated that address safety, risk, engagement, assessment, strengths and needs, culture, service plan development, and child well-being. ICWA and its application are covered as it relates to ensuring active efforts and implementation of ICWA provisions for eligible cases.

In addition to the MNCWTA there is the Tribal Training and Certification Partnership (TTCP), established in 2019 and supported in Minnesota Statutes in 2021. The intent of the TTCP is to enhance county worker knowledge of Indigenous families, tribal nations, historical and contemporary trauma, cross-cultural understanding and communication, application of the ICWA and MIFPA. This is a mandatory component of New Worker Foundation training and certification. The TTCP is also established to serve as the primary tribal child welfare training center, utilizing Indigenous experts in the field of child welfare knowledgeable about tribal customs, practices, family systems, sovereignty and courts, application of policy, and relationship-building with Minnesota's tribal nations. The TTCP works to provide tribal child welfare worker training, and will also be utilized in development of training and implementation for tribal workers. The TTCP is considered a partner in workforce development training to improve outcomes for Indigenous families, whether served by a tribal or county agency.

Case management, permanency processes, and functions are trained in MNCWTA New Worker training, focusing on essential steps in case planning, including administering child-specific prevention plans, engaging families in case planning to promote family stability and well-being. As New Worker training is currently being restructured to meet worker and agency needs, with a re-emphasis across the training series to align with FFPSA, will focus on assessing risk throughout a case, family preservation, placement prevention, and permanency planning.

Themes from work groups highlighted an emphasis and embrace a practice shift statewide to ensure that FFPSA components are not incorporated independent of their purpose. In addition to the training in place and planned in preparation for FFPSA, the MNCWTA is partnering with policy specialists and stakeholders to formulate FFPSA-specific training and modules to equip the existing workforce, including county and tribal staff, with the knowledge and skills to carry out processes related to prevention services, and the larger systems focus on family preservation. This will include caseworkers and fiscal staff, as appropriate, to carry out prevention services related activities. Learning experiences will take the format of specific services or skills, such as determining candidacy, case planning, documentation, and overview training, modules and visuals. Development of overview training that provides narrative to the purpose and impact of new functions and practices will support outreach and messaging toward practice shift, and broader understanding of FFPSA across agencies and tribes. Trainings will be required for staff administering any part of FFPSA prevention services, including determining candidacy, case planning, documentation, and in-home safety planning. Along with training, supportive documentation is being prepared to serve as a resource for workers completing functions and documentation screens, readily accessible for statewide reference.

Assessing fidelity to learning interventions regarding FFPSA will take place as part of the training evaluation plan. The MNCWTA evaluation framework includes gathering data to assess knowledge attainment, skill transfer and demonstration. Workforce impact data may be collected through use of self-report surveys, observations, simulations, workforce data related to retention, and data related to credentialing. MNCWTA evaluation processes are being developed to support assessment efforts. The evaluation team will work with the curriculum and delivery teams to carry out data collection. Specific time frames will be determined. For example, after six months or six-eight training offerings, outcomes will be assessed to determine if adjustments are needed related to trainer delivery, curriculum, or field application.

MNCWTA Evaluation framework will use principles of universal design and culturally responsive methods to obtain information that will guide continuous improvement work. The framework will also utilize input from

intended users and evaluation resources to guide evaluation design, data collection, analysis, reporting, and use of evaluation findings. Evaluation findings will inform future training, support, and technical assistance needs to support the existing workforce on an ongoing basis.

Section 8: Prevention Caseloads

Caseload size is a factor to consider in effective case management for families and children receiving preventive services. A manageable caseload allows child welfare caseworkers to spend more time engaging and supporting families, leading to better outcomes for children and families. For the initial phase of implementation, staff determined that family preservation caseloads can be covered by current capacity, since prevention candidates will initially be limited to the population of children who currently receive in-home services and pregnant and parenting foster youth.

The prevention caseload standard for all family preservation workers will be set at a ratio of 1:12 cases. This applies to both county and tribal caseloads. Further assessment will be needed to fully understand workforce needs and adjust suggested caseload ratios to improve family preservation service delivery and outcomes. Supervisors at local agencies will monitor caseloads for caseworkers and assign cases accordingly. Department staff will monitor caseload ratios as part of overall monitoring and reassess accordingly.

Section 9: Assurance on Prevention Program Reporting

Minnesota provides an assurance in Attachment I that the department will report to the Secretary the required information and data regarding provision of services and programs included in Minnesota's Title IV-E Prevention Plan. Data will be reported as specified in federal guidance. [Children's Bureau 2019, 2020] See Attachment I, State Title IV-E Prevention Program Reporting Assurance.

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Appendix A: Minnesota Family First Prevention Services Act Logic Model

FFPSA Logic Model

Preventing children at risk of entering foster care from entering out-of-home placement by building a comprehensive prevention continuum able to meet the needs of all children and families in Minnesota

