

2010-11 County MFIP/CCSA Biennial Service Agreement

Minnesota Family Investment Program and Children and Community Services Act

January 1, 2010, to December 31, 2011



Minnesota Department of **Human Services**

Type of Service Agreement

Individual county submitting a:

Multi-county partnership submitting a:

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

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

County Name:

WASECA

County Names:

County MFIP/CCSA Biennial Service Agreement

January 1, 2010, to December 31, 2011

CONTACT

Contact Information:

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Date:	

* * *

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

* * *

Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

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

Lack of employment opportunities, soft skills, high school diploma/GED, and work history are the most persistent needs. We also see that participants do not have specific occupational skills that will lead to better paying jobs.
 FSS – most families served by the FSS program are dealing with mental health issues of either the parent(s), the child(ren) or both

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

Needs/Services	Caseloads		
	MFIP	DWP	FSS
Chemical/Substance	10%	5%	10%
Child Care	80%	80%	20%
Education	25%	20%	20%
Employment	95%	95%	40%
Housing	30%	30%	20%
Language	5%	5%	10%
Mental Health	40%	20%	85%
Support Services	90%	90%	95%
Transportation	90%	90%	25%
Other (state):	25%	20%	25%
Other (state):	%	%	%

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

Interviewing skills, assistance completing applications and resumes, and soft skills to be successful on the job.
 FSS has increased use of Vocational Rehabilitative Services for those persons who need supportive employment opportunities. This has been successful for a majority of the clients referred for this service.

B. Strengths and Resources to Address Needs

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

ES provides regular work readiness workshops and job club to keep participants engaged and assist them develop the skills necessary to get and keep a job. ES works closely with ESL, ABE, area high schools for basic skill development and diploma/GED attainment. ES staff collaborate with County Human Services mental health professionals, Waseca medical center, Public Health, higher education, income based housing, transportation programs, and other service providers and programs. Strong linkages also exist with local business and car servicing garages for employment opportunities and car repair.

FSS: We have many services available in our community or nearby for clients to access. The FSS social worker is embedded in the Children's unit of Waseca County Human Services so is able to work closely and utilize the expertise of the supervisor and other social services staff. In addition she is located in close proximity to the income maintenance staff which allows for strong communication and collaboration.

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

The ES provider will continue it's collaboration with ABE and other education/training institutions to increase the basic and occupational skills of participants. The programs available through the WorkForce Center will be utilized as appropriate. ES will utilize Supported Work resources to develop good work skills which will prepare participants for future employment. Innovative funds will be used to address transportation needs. FSS: The social worker makes diligent efforts to encourage the people she works with to access the mental health case management services available for both children and adults. In addition, with a close working relationship with the local mental health center, there is ongoing contact with specialists to work to align client needs with the appropriate level of service.

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

Our MFIP ES provider is a core partner in the areas WorkForce Center system and provides WIA services. Our provider is also the local Community Action Agency and brings a variety of resources to our MFIP/DWP clients.

4. Family Stabilization Services

a. Contact information

Name of FSS staff contact:	Sarah Ruley	
Contact phone:	507-835-0580	

b. Service model

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

- 1) Eligibility is determined by Employment Services through their intake assessment according to state guidelines
- 2) Case Management – case management is driven by the goals set in the FSS plan, plans are monitored by the FSS worker through at least monthly contact and review of the plan every 6 months or more often if needed. Cases are closed when the client no longer qualifies according to guidelines for the program.

c. Challenges

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

Mental health issues in the home presents the greatest challenge. Clients with mental Health issues tend to have difficulty following through with appointments which causes them to have to change providers, taking medication as prescribed, and agreeing to other services such as Adult Mental Health Case Management. The FSS worker continues to offer services that would address these needs and encourage compliance. The worker will set up the appointments and the transportation to eliminate the barriers.

5. Provider Information

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

Name and address	Contact person	Phone	Service provided?		
			MFIP ES	DWP ES	FSS
Minnesota Valley Action Council	Nancy Haag	507-345-2405	Yes	Yes	No

C. Outcomes and Measures

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

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

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

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

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

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

Analysis/assessment of current strategies/identification of new strategies: ES meets monthly with County Financial Workers to insure that all coding is correct in WF1 and Maxis. Staff utilizes the monthly state client reports to identify issues to be resolved. Daily work readiness workshops and job club keeps participants engaged and increases their employment skills. The ES provider will provide focused services utilizing Supported Work and Innovated funds. ES Works closely with County Human Services to insure appropriate services and expectations for clients so together we move families forward.			
From the Apr. 08-Mar. 09 annualized data, check if your county is ‘above’ or ‘within’ its expected range and the percentage performance	<input type="checkbox"/>	Above	%
	<input checked="" type="checkbox"/>	Within	
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10	81.9%	
	Apr. 10–Mar. 11	82%	

2. Counties below the expected range of performance

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

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

TANF Work Participation Rate (WPR)

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

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

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

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

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

Analysis/evaluation of current strategies/identification of new strategies:		
Enter your county’s annualized Work Participation Rate target for Apr. 08 – Mar. 09		%
Enter annualized targets your county hopes to achieve for the periods:	Apr. 09–Mar. 10	%
	Apr. 10–Mar. 11	%

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

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

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

Promoting Equity in MFIP Outcomes

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

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

Counties with a performance gap in one or more subgroups

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

1. Self-support Index

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

2. TANF Work Participation Rate

Racial/ethnic subgroup	WPR for whites	WPR for subgroup	Percentage difference (gap)	Number of participants needed to eliminate gap

Explain why the performance gap exists for each subgroup above:				
What existing and new strategies will your county use to eliminate or reduce the performance gaps?				
What action steps will your county take to implement strategies in the next biennium?				

Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

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

Children's mental health:

- Child psychiatric care. There is a lack of child psychiatrists in our area.
- Support groups for kids and parents with mental health issues
- Community education on treatment of children with mental health diagnosis
- Therapy, both traditional and in-home, for non-English speaking families

Child safety:

- addressing the multiple needs of families facing economic hardships and helping them find ways to meet the basic needs of food, shelter and clothing
- working with parents through their mental health or chemical dependency issues so they can provide for their children

Child permanency:

- finding adoptive homes for older kids with very complex needs
- working through the issues of Transfers of Custody versus TPR. With a transfer of custody, the parent has the ability to go back to Family court to try to get custody back. There is not a good system in place for the courts to notify Human Services when this happens. Also, in some cases the custodial person allows a great deal of contact with the parent(s) which can be confusing for the child(ren).
- Preparing potential adoptive parents for parenting children with special needs.

Child well-being:

- Working with parents with developmental delays or serious and persistent mental illnesses and addressing when the child's well-being is compromised too much by the parents disability, i.e. when is the child's care too much for the parent(s) to handle because of their own issues that limit their ability to parent?
- How do we address the lack of dental providers who accept MA?
- Being able to address concerns relating to children proactively versus reactively. We need to explore methodologies for being able to look at early intervention and prevention in a time when the economy has is hindering our ability to be more proactive.
- Lack of non-English speaking service providers

- Addressing custody issues through intake to avoid repetitive reports that are not a child protection issue but a communication breakdown between parents. These issues can tie up a great deal of staff time that is better spent on addressing serious child protection concerns.
- Working with parents through their economic hardships to assure that children's basic needs are being met.
- Limitations on consequences for truants

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

Explore new service options for individuals who are currently receiving services through CADI (both individuals with developmental delays and those with mental health diagnoses) but may no longer be eligible due to changes in criteria.
 Work with local resources to explore new employment options for individuals with disabilities.
 Address increased need for guardianship for persons with disabilities with more in depth exploration of process and policy changes to manage the increased need.
 Address increased requests for Mental Health Hold Orders and payment for these services.
 Increased referrals for persons under the Vulnerable Adult statute who have been financially exploited or who are in self neglecting situations.

B. Strengths and Resources to Address CCSA Needs

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

In the children's/family service area we are looking at:

- Continue to promote and expand the PSOP (Parent Support Outreach Program) to work with families on a proactive basis
- Use the resources we have including grant money wisely; making it a priority meet the basic needs of food, shelter and clothing before other needs
- Continue to work with community/county interdisciplinary teams to address community issues

In the adult with disabilities and other vulnerable adult areas we are looking at:

- Increasing our utilization of case management contracts with private vendors that allow prompt access to case management.
- Co-location with Public Health has allowed increased informal consulting regarding individuals with complex needs.
- We currently contract for adult guardianship with a variety of community resources. This gives us some choice and contract options.

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

In the children/family area we will:
 Expand on support groups already in place to include other diagnoses or support
 In the adult services area we will:
 Work on policy revisions in the areas of waiver priorities, guardianship and hold orders.
 Coordinate with mental health region to develop a consistent billing policy on Hold Orders.
 Coordinate services with the local mental health agency, who also provides case management, in order to reduce the need for Hold Orders.
 Review persons at risk of waiver loss due to changing standards and access other programs to address their need.
 Develop an approach with other county offices to address financial exploitation in the Vulnerable population.

C. CCSA Outcomes and Measures

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

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

1. County Performance

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

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

Federal Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
1. No repeat maltreatment within six months	94.6 %↑	94.9%	100%	Above	%	%
2. Re-entered foster care within 12 months	9.9 %↓	26.1%	42.1%	Below	26%	26%
3. Reunified within 12 months	75.2 %↑	86.1%	90%	Above	%	%
4. Adopted within 24 months	36.6 %↑	50.3%	0%	Below	50%	50%

5. Two or fewer placement settings	86.0 %↑	86.1%	100%	Above	%	%
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A **blue** font indicates that state performance exceeds the federal standard for that measure. **Red** means the state performance is below.

State Measures

Measures (abbreviated)	Standard	State/county Performance			Anticipated targets	
		State	County	Above/ Below	2010	2011
6. No repeat maltreatment within 12 months	100%↑	91.5%	100%	Above	%	%
7. Showed improved mental health *	**	40.7%	50%	Below	55%	60%
8. Received health exam within one year	63.2%↑	55.7%	33%	Below	63%	75%
9. Received mental health screening	**	43.6%	44%	Below	63%	75%

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

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

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

Measure #: 2	Re-entered foster care within 12 months
Steps to improve performance: Review new definition of foster care with other agencies/service providers including Law Enforcement, Schools and therapists to work collaboratively regarding families. Increase use of home based services such as Electric Home Monitoring, In-home therapy as well as on-going respite to avoid crises that lead to short term repetitive placements. Utilize Family Group Decision Making (FGDM) Conferences to support families coming up with their own plan for crisis intervention Continually monitor cases in staff meetings, one on one's and in consultation with county attorney's to develop plans that are proactive and family centered that don't rely on placement as a means to control a child's behavior.	

Measure #: 4	Removal to adoption is less than 24 months
Steps to improve performance: Contract with a private adoption initiative agency to provide child centered recruitment for adoptive families for hard to place children Continually monitor cases and consult with county attorney's regarding cases where little progress is being made to reach the children when they are younger. Utilizing FGDM early on in cases to identify family or friends that are permanency	

resources. Also utilizing these conferences to assist the parent(s) in making a plan for their children without needing court action or termination.

Measure #: 7	Showed Improved Mental Health
<p>Steps to improve performance: Continue the transition to exclusively using the CASII as the functional assessment in CMH cases. This will give us more data for the reports. Input all the CASII scores into SSIS on a timely basis Continue to offer services to support families and address their needs</p>	

Measure #: 8	Health Examination within one year
<p>Steps to improve performance: Review with case managers to work with the foster parents to complete an annual physical and to input the information into SSIS Add this to the list of annual reminders for case managers</p>	

Measure #: 9	Received Mental Health Screening
<p>Steps to improve performance: Supervisor receives monthly report off of SSIS and uses this to remind case managers of the children who need to complete this screening.</p>	

3. All Counties (optional)

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

Measure #: 5	Two or fewer placement settings
<p>Approaches and steps that are leading to positive outcomes: Use of Safety planning using the Signs of Safety approaches and tools Use of FGDM for the families to develop their own plan Using relative placements as much as possible has really cut down on the need to move children.</p>	

4. Performance by racial/ethnic subgroups

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

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

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

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

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Section III: Integrating Services for Child Welfare and MFIP Families

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

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

County Size Small Medium Large

Type of coordination/integration

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

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

1. Departments/services integrated

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

Explanation/comments: The human services department has worked diligently to develop and maintain an integration between the various units, i.e. child and adult

social services with financial assistance and child support. The reality that we have an FSS social worker embedded in the children's services unit of social services has been very positive for the integration of services. In addition in 2008 human services and public health moved into the same building and intentionally placed staff working with adult programs in close proximity to one another and the staff in public health and social services working with children/families close to one another. The income maintenance unit is embedded in the center of all services. The two directors, public health and human services, have their offices located next door to each other for easy accessibility. In addition, as a management tool, we have monthly joint management team meetings with the public health and human services managers meeting together to address concerns and issues that are common to both departments.

2. Location

Same building

Different locations

Describe how location of different departments/services impacts service coordination/ integration efforts: Being in the same building and having workers serving similar or the same clientele has enhanced our ability to serve clients as well as increased the ease that clients have in being referred to other services. For example, if someone comes in to apply for MFIP/family health care/food support the worker who handles WIC is just down the hall.

3. Data sharing

Same data system across multiple departments/services making data sharing easier

Different data systems are making data sharing difficult

Current data system is adequate to address the multiple needs of clients

Current data system is inadequate to address the multiple needs of clients

Other data-related issues/comments: we have complex data systems that do not talk well with one another. It would be beneficial to have an improvement at the state level in the data systems, especially MAXIS, to enhance the ability to serve our residents.

4. Limitations/constraints

Short staff/workload

Assets and resources

More reactive than proactive

Data privacy

Other limitations/constraints or comments: With the budget difficulties that are being faced by counties we are seeing an increased workload, especially in the income maintenance unit, at a time when we are facing challenges in trying to even merely replace staff. Our primary assets in service provision are our staff and we reach a point where we simply cannot do more with less without it ultimately impacting that staff. This is a serious concern. In addition with the loss of state funding we are having to stretch financial resources that support numerous programs. Ultimately, we become more reactive than proactive and that is a concern in areas particularly where we know that if we could intervene early and do more preventative work we save money in the long run as well as save in terms of the impact on the people we serve.

5. Strengths and Benefits

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

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

Describe other benefits/impact your coordination/integration efforts are having on service delivery and clients:

Working together whether it be our FSS model, working cooperatively with Public Health, the care coordination model for our clientele served by our county based purchasing MCO, SCHA, we see that the ability to work more holistically has the ability to provide services more seamlessly vs. fragmented service delivery.

We have the PSOP program, family life skills workers, healthy start in Public Health, and involvement in IEIC and are able to provide better continuity of care and work with families on accessing resources that can benefit their family member(s) early on. Being in the same building just makes it easier for referrals to flow and for clients to access services.

We have staff who have been in the county for a long time which has allowed them to become knowledgeable about resources and working with one another.

6. Counties with Indian Reservations

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

Section IV: Public Input

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

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

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

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

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

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

<input type="checkbox"/>	Public input was received (<i>continue with the questions below</i>)
<input type="checkbox"/>	Did not impact the planning process/service agreement
<input type="checkbox"/>	Did impact the planning process/service agreement, particularly the:
<input type="checkbox"/>	Needs Statement section
<input type="checkbox"/>	Strategies and Outcomes section
<input type="checkbox"/>	Budget section
<input type="checkbox"/>	Other (specify):
	Briefly describe the changes made to the service agreement:

<input type="checkbox"/>	No public input was received
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Section V: County Budget

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

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

COUNTY: Waseca					
2010 MFIP	Budgeted Amount	Percent	2010 CCSA	Budgeted Amount	Percent
Employment services (DWP)	49,977\$	18.96%	Children’s mental health	124,292\$	32%
Employment services (MFIP)	158,259\$	60.03%	Child and family services	186,438\$	48%
Emergency services ¹	16,000\$	6.07%	Adult services	77,682\$	20%
Administration	17,400\$	6.60%	Other 1:	\$	%
Income maintenance administration	22,000\$	8.34%	Other 2:	\$	%
Other 1:	\$	%	Other 3:	\$	%
Other 2:	\$	%	Other 4:	\$	%
2010 MFIP budget	263,636\$	100%	2010 CCSA budget	388,412\$	100%
2011 MFIP	Budgeted Amount	Percent	2011 CCSA	Budgeted Amount	Percent
Employment services (DWP)	49,977\$	18.96%	Children’s mental health	124,292\$	32%
Employment services (MFIP)	158,259\$	60.03%	Child and family services	186,438\$	48%
Emergency services ¹	16,000\$	6.07%	Adult services	77,682\$	20%
Administration	17,400\$	6.60%	Other 1:	\$	%
Income maintenance administration	22,000\$	8.34%	Other 2:	\$	%
Other 1:	\$	%	Other 3:	\$	%
Other 2:	\$	%	Other 4:	\$	%
2011 MFIP budget	263,636\$	100%	2011 CCSA budget	388,412\$	100%

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

Administrative Cap Waiver

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

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

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

2. What new activities or services will be provided?

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

Emergency Services in Counties with American Indian Reservations

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

Section VI: Assurances

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

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

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

Contingency Planning

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

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

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

Section VII: Certification for Submission

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

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

Name (chair or designee)	Mailing Address	County

Date of Submission

Date:	
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