

NUMBER

#18-68-05C

DATE

June 20, 2018

OF INTEREST TO

County Directors

Social Services Supervisors and
Staff

Tribal Directors

Tribal Social Services
Supervisors and Staff

ACTION/DUE DATE

Please read information and
prepare for implementation

EXPIRATION DATE

March 28, 2020

Corrected #18-68-05: Parent Support Outreach Program (PSOP)

TOPIC

PSOP implementation, guidance, funding reformulation and allocations.

PURPOSE

Provide county and tribal agencies with updated information on statewide Parent Support Outreach Program implementation and calendar year 2019 allocations. This bulletin replaces bulletin 16-68-04.

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SIGNED

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TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Introduction

This bulletin provides policy guidance to county and tribal agencies in continued implementation of the Parent Support Outreach Program (PSOP). PSOP is implemented across the state and tribal nations with varying service delivery methods. This bulletin focuses on minimum requirements for implementation and service delivery.

A. Background

The Parent Support Outreach Program provides voluntary support for at-risk families identified through screened out child maltreatment reports, community referrals, or self-referrals.

PSOP was piloted in 38 counties from 2005 to 2008. The pilot tested the efficacy of early intervention services for families reported for child maltreatment, but screened out for a child protection response. The pilot initially targeted families with children ages 5 and under, but quickly expanded to include families with children ages 10 and under. Eligibility was also expanded beyond those families referred from screened out child protection reports to include community referrals and self-referrals.

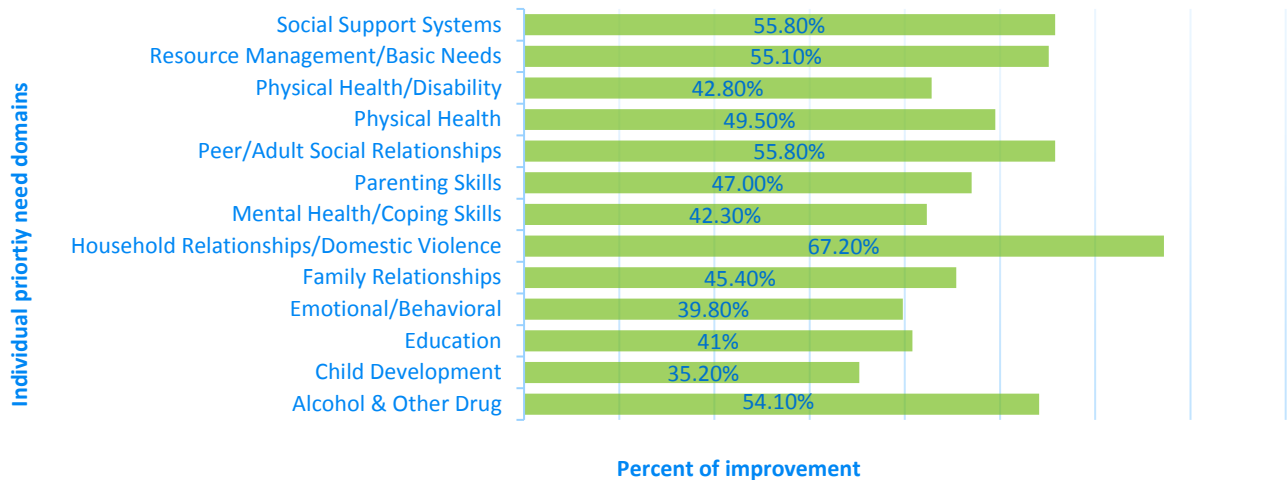
The Institute of Applied Research conducted an evaluation of PSOP during the pilot phase. The PSOP evaluation final report is on the evaluator's website: [2009 PSOP Evaluation](#). Instrumental outcomes included access to a wide array of services, especially those addressing poverty. When families in poverty were given access to services that addressed basic needs they were significantly less likely to experience a subsequent report to child protection. A decrease in subsequent reporting was also seen in families receiving substance abuse services. In addition, counties 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.

The 2013 Minnesota Legislature appropriated funds for statewide expansion of the Parent Support Outreach Program beginning July 1, 2013. Since the expansion, PSOP continues to serve a high number of at-risk children and families, such as in:

- 2014, 1,368 families opened PSOP case management, with 3,155 children receiving services
- 2015, 2,725 families opened PSOP case management, with 5,928 children receiving services
- 2016, 2,713 families opened PSOP case management, with 5,993 children receiving services.

Families and caseworkers report improvements in needs pre and post PSOP services. The chart below shows the improvement of need domains formulated from data taken from the first Standardized Decision Making Family Strengths and Needs assessment completed with families compared to the same assessment at the end of PSOP services.

Comparison of priority needs, 2016



B. Eligibility

To be eligible for Parent Support Outreach services a family 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
 - Mental health concerns
 - Past history of child protection involvement, and
 - Homelessness.

These requirements should be clearly documented in the Intake workgroup in which the PSOP assessment is initiated. An agency must be able to accept screened out child maltreatment reports, community referrals and self-referrals into PSOP.

As PSOP is designed to be an early intervention program, it is not appropriate for families already involved with child protection or child welfare programs able to meet their service needs. If a family currently participating in PSOP is later opened for a child protection investigation/assessment, PSOP services can continue throughout the investigation/assessment phase provided it makes sense within the context of a situation. An investigation/assessment must be completed by appropriate staff and a decision made by that worker whether child protection services are needed ongoing. If it is determined that child protection services are not needed, an investigation/assessment can be closed and the PSOP

case remains open. If it is determined that child protection services are needed, a PSOP case should be closed.

Similarly, PSOP is not appropriate for families immediately following closure of child protection case management.

C. PSOP Service Delivery Model

County agencies and the American Indian Child Welfare Initiative tribes of White Earth Nation and Leech Lake Band of Ojibwe use various service delivery models. Some county/tribal agencies have designated PSOP staff who deliver services directly, while others contract with community-based agencies. Agencies are supported in delivering PSOP services using the model that best suits community needs. Agencies are also supported in determining their policies and procedures related to length of open case management or number of times families can access PSOP services.

D. PSOP Staff Qualifications

The skill set for a PSOP worker is comparable to that of a case manager claiming Child Welfare – Targeted Case Management funding (CW-TCM). According to Minnesota Statutes, section 256F.10, a case manager claiming CW-TCM must have:

- (1) skills in identifying and assessing a wide range of children’s needs;
- (2) knowledge of local child welfare and a variety of community resources and effective use of those resources for the benefit of the child; and
- (3) a bachelor’s degree in social work, psychology, sociology, or a closely related field from an accredited four-year college or university; or a bachelor’s degree from an accredited four-year college or university in a field other than social work, psychology, sociology, or a closely related field, plus one year of experience in the delivery of social services to children as a supervised social worker in a public or private social services agency; or
- (4) been authorized to serve as a tribal child welfare case manager certified by a federally recognized tribal government within the state of Minnesota, pursuant to Minnesota Statutes, section 256B.02, subdivision 7, paragraph (c), as determined as meeting applicable standards.

There is no substitution for having a bachelor degree unless a case manager is employed by a tribal agency, as tribal agencies can determine their own qualifications. A case aide with a bachelor’s degree in the required or related field could claim CW-TCM. Student interns cannot claim CW-TCM, as case managers have to be employees.

Case aides are not qualified or trained to provide early intervention services and supports to families to reduce risk of child maltreatment. Since there are no minimum worker requirements to enter time records, case aides may enter time records under the PSOP BRASS codes.

II. Parent Support Outreach Program Ideologies

A. Meaningful Short-term Engagement and Community Collaboration

Over the past decades, child welfare systems have been making a philosophical shift in practice toward strength-based, family-focused collaborative work with families, away from the interventionist, expert approach. PSOP is an example of a program that the department has developed in conjunction with this philosophical and cultural shift in child welfare practice. PSOP provides meaningful short-term engagement for families who voluntarily participate in the program.

Engaging families begins with their first contact with an agency and their caseworker, which is critical to achieving positive outcomes. County and tribal agencies are encouraged to enhance engagement efforts beyond mailing a letter or making a phone call.

Family engagement is the process of partnering with a family to help them:

- Stabilize their situation when they are in crisis
- Determine what their family needs to strengthen and support positive outcomes
- Make well-informed decisions about their child's safety and well-being, and what resources they need, and
- Identify how family and community supports can be used to enhance and preserve family stability and well-being.

Effective family engagement is based on establishing trust through open communication, mutual respect, and honesty throughout the process. It includes the following:

- Ongoing dialogue with a family, focused on their strengths as a way to manage challenges
- Helping families develop and sustain skills that they can apply throughout their life to keep their children safe and their family stable
- Encouraging a family to actively participate as a partner in developing a solution
- Respecting family structure, roles and relationships
- Empowering families to take responsibility for themselves and to become self-sufficient, and
- Being sensitive and responsive to cultural differences.

PSOP workers may provide direct service support in addition to connecting families to needed community services. Creating linkages and coordinating services with local resources is an effective method to better meet the needs of families. Some families may need assistance accessing community programs, and others may be unaware of local resources.

Having access to social supports increases the ability of families to positively improve their outcomes. It is important that PSOP workers link to local resources, which may include, but are not limited to:

- Family home visiting.
- Adult and children's mental health.
- Minnesota Community Action Partnership.
- Supplemental Nutrition Assistance Program (SNAP) and other food assistance programs.
- Minnesota Family Investment Program (MFIP).
- Child Care Assistance Program.
- Early childhood programs.
- Public health.
- www.minnesotahelp.info.

Sometimes provision of adequate housing or child care is sufficient for a family to be successful. In other situations, basic needs must be met first so that a family is able to focus on addressing more complex issues related to parenting, relationships, mental and behavioral health.

B. Connecting and Reconnecting Fathers through Engagement

There is growing recognition of the need to support fathers' (and other male caregivers) involvement in their children's lives. This includes fathers who are living with their children but would like to be more engaged with them, fathers who are not living with their children full time, and/or who are incarcerated.

Evidence demonstrates the numerous long-term benefits fathers' involvement has for children, as they provide:*

- Support related to the safety, permanency, and well-being of their children
- Consistent child support and interaction with their children which benefits the whole family
- Additional leadership and guidance
- Mentoring and are role models
- Other supports which contribute to their children becoming healthy, successful adults, and
- Their children with an ability to display enhanced social skills, develop and demonstrate greater problem-solving skills, demonstrate increased cognitive and verbal abilities, and have higher academic achievement.

Greater father involvement:

- Promotes healthy child development
- Creates more informal supports in the family systems
- Facilitates concurrent planning, and
- Enhances outcomes regarding family involvement evaluated by Child and Family Service Reviews.

*Source: National Fatherhood Initiative's Father Facts: www.fatherhood.org

PSOP workers should provide support to both mothers and fathers, as this contributes to overall family stability and well-being.

C. Provision of Case Management Services

PSOP is voluntary on the part of families and is intended to provide early intervention services to address the needs of families at risk of child maltreatment. Services for families are designed to reduce or remove barriers to child safety and family and child well-being.

Service decisions are based on the needs assessment of a family and their interest in specific services. Service options include, but are not limited to, case management, counseling, parent education, and activities that enhance parent-child interaction. Also included is the provision of basic needs of food, clothing, and shelter to address risks of future child maltreatment, such as neglect.

Family-centered intervention is the most effective model for early intervention services because it focuses on the whole family system. It addresses family functioning, problem-solving, communication, role performance and behavior management. It is delivered in the context of parental involvement and recognizing and supporting family strengths.

Consent for Services and Privacy Notice

Completing a social service application is best practice for any human service program and is appropriate for the Parent Support Outreach Program. The application establishes the parents' voluntary consent to services and is a definitive point in time to establish formal enrollment in the program. County or tribal agencies or community providers are able to use other formats to document a family's interest and consent to services. If the social service application is used, the financial section of the form is not to be used to qualify for services, as there is no income eligibility standard for PSOP.

A Tennessean and HIPAA notice is required in PSOP case management cases.

Structured Decision Making (SDM©) Family Strengths and Needs Assessment

The family strengths and needs assessment is used to evaluate presenting strengths and needs of each family. This tool is used to systematically identify critical family strengths and needs, and it helps plan effective service interventions. The strengths and needs assessment serves several purposes, including:

- Ensures that all caseworkers consistently consider each family's strengths and needs in an objective format when assessing need for services.
- Provides an important case planning reference for workers and supervisors.
- The initial assessment, when followed by periodic reassessments, permits caseworkers and their supervisors to easily assess changes in family functioning, thus assess the impact of services on a case.

- In the aggregate, strengths and needs assessment data provide information on issues facing families served by the department. These profiles can be used to develop resources to meet client needs.

Workers should familiarize themselves with the caregiver child domains of a family strengths and needs assessment and definitions. The definitions start on page 29 of the Structured Decision Making System for Child Protective Services Policy and Procedures Manual: [SDM Policy and Procedures Manual](#). The structure of the assessment ensures that the same areas of functioning are consistently assessed with each family, and that responses to these items lead to specific service planning activities. It is critical that the assessment be used in the context of sound social work and family-centered practice to collect information from a child, caregiver and/or collateral sources.

The family strengths and needs assessment should be completed with all families accepting PSOP services and documented in SSIS. A second strengths and needs assessment should be completed at closing for all families opened for PSOP case management for more than 30 days.

Service Planning

A PSOP service plan should be completed within 30 days of all cases open for PSOP case management. The family strengths and needs assessment should be used to identify the priority needs of caregivers, therefore, inform goals of the service plan. Strengths should be incorporated into the service plan to the greatest extent possible, as a means to address identified needs.

PSOP service plans should be created, reviewed, and signed by the parents and children of appropriate age. A copy of the service plan should go to the family, and a copy stays with the caseworker. The PSOP service plan goals should be reviewed with a family regularly, and updated minimally every three months. Previous guidance suggested a case plan review every six months, however, given the short-term nature of PSOP, three months is now the recommended time frame.

Family Contact

Regular contact is necessary for assessing risk, safety, and well-being on an on-going basis. Caseworkers should have a minimum of monthly face-to-face contact with children and parents involved in PSOP case management services. Contacts with a family should include discussion of the service plan and progress toward goals. Documentation of face-to-face contact and additional contacts is required in SSIS.

Quality contacts provide important opportunities for caseworkers to:

- Ensure child safety and well-being
- Make personal connections and develop trusting relationships with family members
- Understand and address specific needs of children, youth, parents and caregivers, and identify opportunities to provide support
- Observe children, youth, and families in their home settings
- Work collaboratively with families to identify strengths, resources, challenges and needs, and to problem solve, and

- Develop service plans jointly with a family and assess ongoing progress toward case goals.

Since PSOP is voluntary, families may participate at varying degrees, making continued engagement difficult at times and/or regular face-to-face contacts challenging. Caseworkers are encouraged to enhance efforts to keep families engaged in services, and to provide support to remove barriers that may be inhibiting participation in PSOP services.

Closing Narrative Summary

Upon closing of PSOP case management, services provided should be documented in a narrative summary and entered in SSIS. A closing narrative summary should include the dates of involvement with a family, strengths and needs identified, services and/or funding provided, and the reason for closing PSOP case management. An example template is attached as Appendix A.

Minnesota Indian Family Preservation Act (MIFPA)

PSOP is a voluntary service provided by a social service agency or an agency's contracted service provider. If at any time services are being provided, an agency is required to inquire about tribal affiliation and provide a Minnesota Indian Family Preservation Act notice to a tribe, if known. Inquiry and notice should be accomplished using the following guidance:

Minnesota Statutes, section 260.761, Social Services Agency and Private Licensed Child-placing Agency Notice to Tribes.

Subdivision 1. Inquiry of tribal lineage.

The local social services agency or private licensed child-placing agency shall inquire of the child, the child's parents and custodians, and other appropriate persons whether there is any reason to believe that a child brought to the agency's attention may have lineage to an Indian tribe. This inquiry shall occur at the time the child comes to the attention of the local social services agency.

Subdivision 2. Agency and court notice to tribes.

b) When a local social services agency has information that a child receiving services may be an Indian child, the local social services agency shall notify the tribe by telephone and by e-mail or facsimile of the child's full name and date of birth, the full names and dates of birth of the child's biological parents, and, if known, the full names and dates of birth of the child's grandparents and of the child's Indian custodian. This notification must be provided so the tribe can determine if the child is enrolled in the tribe or eligible for membership, and must be provided within seven days. If information regarding the child's grandparents or Indian custodian is not available within the seven-day period, the local social services agency shall continue to request this information and shall notify the tribe when it is received. Notice shall be provided to all tribes to which the child may have any tribal lineage. If the identity or location of the child's parent or Indian custodian and tribe cannot be determined, the local social services agency shall provide the notice required in this paragraph to the United States secretary of the interior.

The required notice includes a phone call with a follow up e-mail or fax to the tribe. These efforts and contact made to notify a tribe, as well as any learned tribal affiliation, should be documented in SSIS.

For more information, go to: [Minnesota Statutes, section 260.761.](#)

The department's website has information and resources useful for PSOP caseworkers. See [DHS - Indian child welfare: Program overview.](#)

Minor Parent

When a minor parent referral is made to an agency (pregnancy, after a birth, or a Minnesota Family Investment Program referral), agencies are required to offer services to the family, therefore opening a minor parent case management workgroup in SSIS.

If, after an assessment, it appears that a family meets eligibility criteria for PSOP, and funding is available to purchase services, it would be appropriate for an agency to close the minor parent case management workgroup and open in PSOP. Agencies would choose "referred to other services" in SSIS as closing reason, and document in SSIS that case was referred to PSOP.

Within the PSOP case management workgroup, agencies should follow bulletin guidance for PSOP, and complete the case plan and other documentation as required. If a parent is a minor, agencies should include goals as laid out in a typical minor parent case plan in the PSOP case plan document (i.e., address paternity, housing, financial support, employment, education, parenting skills and child care, transportation, health care and insurance, and social support).

Within the PSOP case management workgroup, agencies can claim CW-TCM funding as they would in a minor parent workgroup if they assess and complete the eligibility node in SSIS. Because there is more than one individual to claim CW-TCM for, agencies should complete CW-TCM plans for each individual within the workgroup to clarify the differing needs and services for both the child and parents. Enter BRASS code 193 or another CW-TCM claimable service code for staff time and activities in SSIS. Agencies are still required to complete the PSOP case plan in addition to the CW-TCM plan(s).

If within the PSOP case management workgroup, an agency chooses not to claim CW-TCM funding, it should enter the PSOP case plan with the above minor parent specifics and claim PSOP funding for staff time as per bulletin guidance (BRASS Code 167).

Agencies could decide to provide case management services through a minor parent workgroup, provided a family does not qualify for PSOP, or agency staff makes a decision to not utilize PSOP funding for direct purchased services or case management time.

D. Best Practice Resources

The department periodically distributes guidance about best practice for work with families involved with child welfare and child protection programs. Although PSOP is a voluntary program, the following guides and resources may be beneficial for PSOP caseworkers as they connect with and support families.

- Minnesota's Best Practice Guide for Responding to Prenatal Exposure to Substance Use: [Prenatal Exposure Guide - 2017](#)
- Minnesota's Best Practice Response to the Co-occurrence of Child Maltreatment and Domestic Violence: [Bulletin 18-68-01](#)

- Sex Trafficked Children and Youth Investigative Protocols: [Corrected bulletin 17-68-09C](#)
- Additional fact sheet regarding sexually exploited youth: [Identifying Sexual Exploitation and Sex Trafficking](#)
- Engaging Families in Voluntary Child Welfare Services Practice Guide: [DHS-5881C](#).

III. Funding

Funding will be distributed in an annual calendar year allocation to all county agencies and the two American Indian Child Welfare Initiative (AICWI) tribes. Allocated funding may be used for case management, basic needs and/or professional services. Funding must be used to support the needs of families. Funding may not be used to support administrative costs, training, or staff development. PSOP funding does not accumulate as it is specific to each calendar year. All unspent allocations at calendar year-end are returned to the state general fund. It is preferred these funds be maximized for use to better serve families and their children who are at risk for child abuse or neglect. Agencies have discretion to determine their own policies and procedures on what and how to spend PSOP dollars based on community and family needs. A list of example funding expenditures is in Appendix B.

The department's Financial Operations Division sends payments to county and tribal agencies quarterly (up to the allocation maximum), based on expenditures reported or submitted in SEAGR under the correct BRASS code. County and tribal agencies are able to claim PSOP dollars for past services rendered for up to one calendar year.

A. Allocation Reformulation

Per the previous bulletin 16-68-04, 2018 allocations were formulated using the following:

- \$5,000 base per county/AICWI tribe
- 25 percent weighting using demographic data as to child population
- 75 percent weighting using the number of opened PSOP case management workgroup in SSIS during calendar year 2016.

The 2018 PSOP allocation is at: [2018 PSOP Allocations](#).

Similarly, the allocation formula for calendar year 2019 is as follows:

- \$5,000 base per county/AICWI tribe
- 25 percent weighting using demographic data as to child population
- 75 percent weighting using the number of opened PSOP case management workgroups in SSIS during calendar year 2017.

The calendar year 2019 annual allocations by county/tribe will be sent to agencies once finalized. Department staff has not made decisions on the funding allocations formula for 2020.

B. PSOP Brass Codes

The following two BRASS codes are used for PSOP:

BRASS Code 167x (Parent Support Outreach Services)

Services to families designed to reduce or remove barriers to child safety, family and child well-being. Service decisions are based on the needs assessment of the family and the family's interest in specific services. Service options include case management, counseling, therapy, education, and activities that enhance parent/child interaction. Also included is the provision of basic needs of food, clothing and shelter.

All reimbursable expenditures should be submitted using BRASS Code 167 only. Reimbursements are only made in BRASS code 167 when it is determined that families are PSOP eligible and start using services. It is at this time that the department reimburses county and tribal agencies for services rendered through the SEAGR system.

BRASS Code 106x (Parent Support Outreach Assessment)

The department does not reimburse for 106. The rationale is that a county or tribal agency is required to provide this service as part of its service array. Activities include reviewing child maltreatment reports for eligibility for PSOP, documenting child maltreatment risk factors present in a report, and engagement efforts such as contacting a family to offer services. These services are administrative costs to a county or tribal agency to determine eligibility for PSOP.

C. Child Welfare Targeted Case Management

PSOP is financed, in part, by federal funding sources, including Title IV-B, 1 and 2, and Minnesota's Children's Trust Fund. Child Welfare Targeted Case Management (CW-TCM) is another federal funding source. County and tribal agencies cannot bill CW-TCM for a service that is already funded by federal dollars.

PSOP cases could be eligible for CW-TCM funds without running into the problem of utilizing two streams of federal funds. Doing so will require county and tribal agencies to pay close attention to accounting and other procedures. There are two ways for county and tribal agencies to bill for CW-TCM for PSOP cases, as follows:

1. Agencies can choose to use the PSOP allocation for purchased services or needs, using funds for only hard services, such as rent assistance, other bill paying, or purchasing services such as parent education or family counseling. The agency can then bill CW-TCM for case management services provided by a county worker or contracted agency worker for eligible cases.
2. A county or tribal agency should track its accounting very closely, and once it has utilized its full PSOP funding for the year, it can begin to bill CW-TCM for eligible cases. The department is not

able to track each county or tribal agency close enough to assist with this option; agencies are fully responsible for this.

There are several key points to keep in mind if a county or tribal agency chooses to use one of the above methods, including:

- Cases must meet all CW-TCM eligibility requirements. Not all PSOP cases are CW-TCM eligible. The CW-TCM bulletin describes in detail requirements at: [CW-TCM bulletin](#).
- Case managers must meet CW-TCM qualifications, including having at least a bachelor's degree in social work or closely related field.
- Case managers must document a child's eligibility on the CW-TCM eligibility screen in SSIS.
- Services being provided by a case manager must be eligible activities, as defined by the federal government.
- PSOP service plans must meet all CW-TCM requirements. The current PSOP service plan in SSIS needs to be modified in order to meet the requirements.
- If a county or tribal agency chooses option one above, it is strongly encouraged to utilize its entire funding amount to provide services to families. Much of the billing for PSOP (as with other types of cases) is for case management time. If a county or tribal agency is not going to bill for case management time using PSOP funds, all of the funding will be available for paying for services and meeting families' basic needs.
- Department staff will continue to send quarterly updates on PSOP expenditures. These updates are delayed by about two months, and it would not be appropriate to rely on these if option two is chosen. Agencies that choose option two must track billing and expenditures closely. Agencies need to be aware of when they have utilized PSOP funding in full, at which time they could begin billing for CW-TCM for eligible cases.

It is important that agencies choosing to bill CW-TCM in eligible PSOP cases follow requirements as outlined in the bulletin. Periodically, the federal government reviews cases for CW-TCM compliance, and in the past, some agencies had to reimburse funding for billing on ineligible cases. In addition, the CW-TCM program consultant at the department audits agencies for CW-TCM compliance. If it is decided to claim CW-TCM for case management on PSOP cases, enter BRASS code 193.

IV. SSIS

A. Data Entry

When opening a PSOP case, the agency must:

- Complete PSOP case opening as an assessment
- If no acceptance of services, close assessment workgroup in SSIS with appropriate reason code
- If family agrees to services, open as PSOP case management

- Complete a Structured Decision Making (SDM©) Family Strengths and Needs Assessment (FSNA) for all families accepting services
- Complete a PSOP service plan within 30 days of case management service opening for all families accepting services and activate the PSOP service plan in SSIS.

On an ongoing basis, caseworkers should:

- See a family, as needed. At least once a month there should be face-to-face contact with parents and children. This contact should be documented in SSIS.
- Review the family service plan, as needed, but at least every three months.
- Assume meaningful time-limited engagement to connect families to community resources and services that can be accessed, when needed.

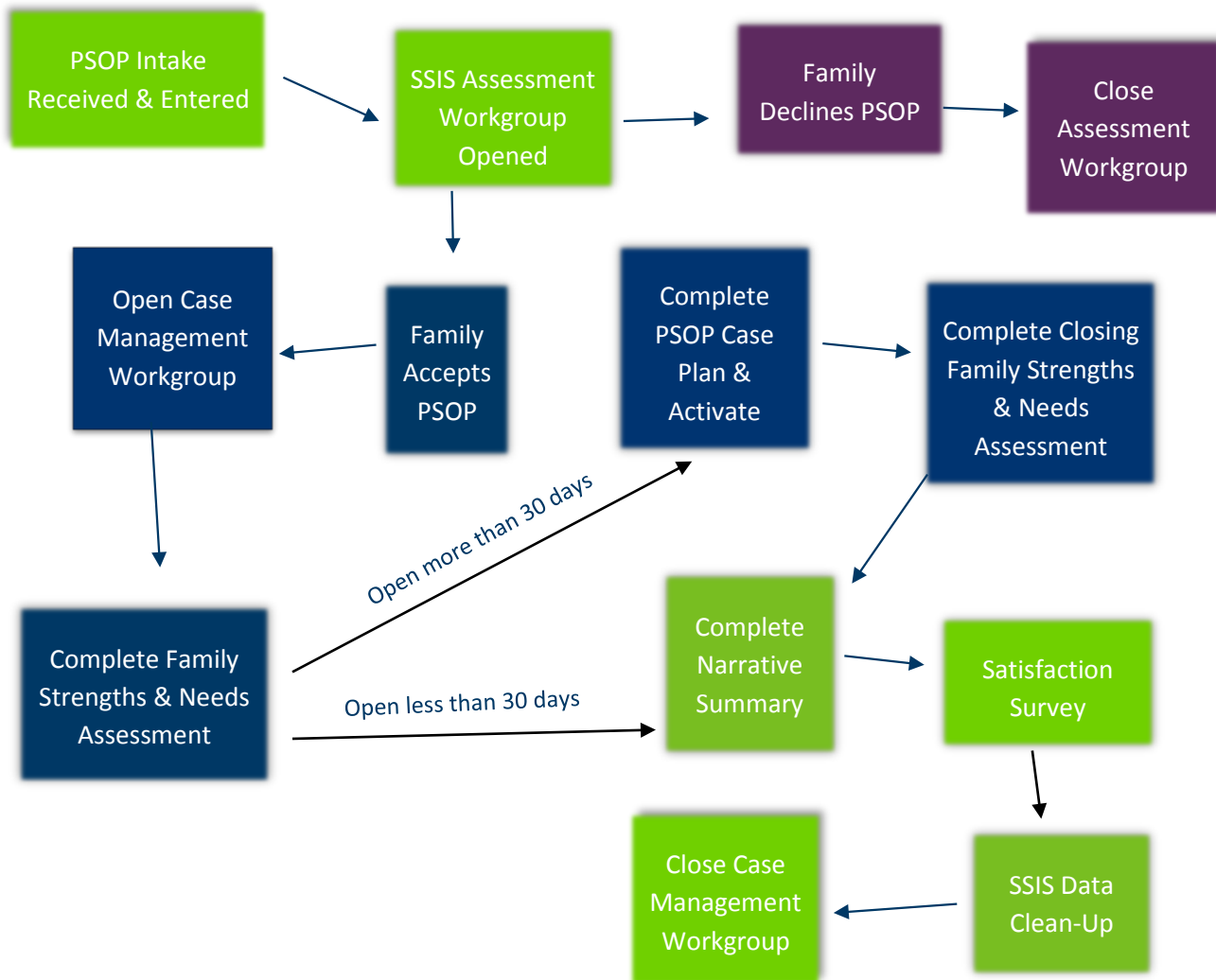
At case closing, the agency must:

- Complete a second SDM© FSNA for families served more than 30 days
- Document services provided in a narrative summary
- Forward a client satisfaction survey to families' served
- Complete data clean-up in SSIS to ensure necessary data entry
- Close PSOP case management workgroup in SSIS with appropriate reason code.

If transitioning a screened out child protection report to a PSOP referral, the agency should:

- Complete the Child Maltreatment Report (CMR) in the Intake workgroup as with all child protection intakes.
- Change the program to Parent Support Outreach Program on the main page screen of intake in SSIS.
- Close the Intake workgroup with reason code Open for Assessment and complete the assessment workgroup setup.

B. SSIS Data Entry Sequence



C. Data Retention

PSOP records and data, at a minimum, should be retained in accordance with the following Minnesota Statutes:

Minnesota Statutes, section 626.556, subdivision 11c. Welfare, Court Services Agency, and School Records Maintained

Notwithstanding sections [138.163](#) and [138.17](#), records maintained or records derived from reports of abuse by local welfare agencies, agencies responsible for assessing or investigating the report, court services agencies, or schools under this section shall be destroyed as provided in paragraphs (a) to (d) by the responsible authority.

(a) For reports alleging child maltreatment that were not accepted for assessment or investigation, family assessment cases, and cases where an investigation results in no determination of maltreatment

or the need for child protective services, the records must be maintained for a period of five years after the date the report was not accepted for assessment or investigation or of the final entry in the case record. Records of reports that were not accepted must contain sufficient information to identify the subjects of the report, the nature of the alleged maltreatment, and the reasons as to why the report was not accepted. Records under this paragraph may not be used for employment, background checks, or purposes other than to assist in future screening decisions and risk and safety assessments.

V. Evaluation

Evaluation is important to assure positive outcomes for children and families. Currently, the department conducts ongoing program evaluation of PSOP through:

- Quarterly reporting on the number of families enrolled by county agencies and American Indian Child Welfare tribes.
- Comparing areas of need within the Structured Decision Making Family Strengths and Needs Assessment© instrument to observe improvements across areas of need. This instrument is completed after family involvement begins and at service closing.
- Parent satisfaction surveys sent to parents/guardians/caregivers after a service case has been closed.
- The Child and Family Service Review (CFSR) process.

County/tribal agency role in evaluation includes:

- Review rate of completion for the Strengths and Needs instrument. Completion of the assessment instrument is required at the beginning and at closing when serving a family for 30 days or more.
- Distribute parent satisfaction surveys to service recipients and submit aggregate results at the end of each quarter to the department.
- Ensure accurate documentation of family strengths and needs, contacts, service plan goals and outcomes, and the narrative summary.

A. Parent Satisfaction Survey

PSOP is partly supported by federal Community-based Child Abuse Prevention funds, a requirement of which is parent satisfaction surveys. Each county or tribal agency is expected to distribute surveys at the close of working with each family.

It is required that parent satisfaction survey data is reported quarterly to the department for all cases closed during the quarter. Aggregate answers from PSOP participants are compiled using a five point scale from the following five questions:

- When I contacted the Parent Support Outreach Program social work staff, they quickly responded to my call

- I was treated with respect
- The social worker listened to me
- I received services I needed that were helpful to my family
- I know where to go in the future for help.

Parent satisfaction surveys should be anonymous; parents are not required to identify themselves, or be identified by a coded survey card. The completed surveys should go to someone other than a PSOP worker in the county/tribal agency for compilation. Supervisors may share aggregate results with PSOP workers. A \$5.00 gift card may be offered to participants; funds from the PSOP allocation can be used to pay for this.

Quarterly aggregate results from the parent satisfaction surveys are forwarded to the department for cases closing during that quarter. For the first quarter of a year (January 1 – March 31), the first quarterly report is due April 15.

Information should be emailed to Char McDonald at charlotte.mcdonald@state.mn.us, or reports can be mailed to:

Charlotte McDonald
Child Safety and Permanency Division
Minnesota Department of Human Services
P.O. Box 64943
St. Paul, MN 55164-0943

B. Child and Family Service Review (CFSR)

Federal law and regulations authorize the Children's Bureau, U.S. Department of Health and Human Services, Administration for Children and Families, to administer the review of child and family services programs under Titles IV-B and IV-E of the Social Security Act.

The Child and Family Service Reviews enable the Children's Bureau to: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; and (3) assist states in enhancing their capacity to help children and families achieve positive outcomes. The reviews are structured to help states identify strengths and areas needing improvement within their agencies and programs. Ultimately, the goal of the reviews is to help states improve child welfare services and achieve positive outcomes for families and children in safety, permanency and well-being. Targeted areas for PSOP cases should include a focus on safety and well-being.

Because PSOP is financed in part by federal funding sources, including Title IV-B 1 and 2, and the Children's Trust Fund, cases serviced by this program are eligible to be reviewed under the CFSR process. Additional information on the review is on the Children's Bureau's website at <http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews>.

C. Department Support

The Child Safety and Permanency Division has dedicated a staff person to assist with successful implementation of PSOP through provision of technical assistance, training for county and tribal agency staff, and peer-to-peer consultation through quarterly regional meetings and VIDYO consultation.

Contact information:

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Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-4670 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Appendix A

PSOP Closing Narrative Summary Template



PSOP Closing Narrative Summary

Family Name:

Assigned Caseworker:

Dates of Involvement:

Family Strengths:

Family Needs/Concerns:

Summary of Services Provided:

PSOP Funds Expended:

Reason for Closing:

Appendix B

Example Funding Expenditures

Example PSOP Funding Expenditures

Food

Shelter

- Rent
- Damage deposit
- Hotel stay
- Housing applications
- Moving expenses
- Minor household repair

Transportation

- Gas card(s)
- Car repair
- Bus card(s)

Bills

- Utilities
- Past due medical
- Medical or prescription copays

Household cleaning expenses

- Bed bugs/lice treatment
- Dumpster
- Cleaning services
- Laundry services

Family activities

- Community center/YMCA
- Early childhood programs
- Camps
- Cultural activities
- Games/activities for the home

Individual needs

- Diapers
- Hygiene items
- Clothing, shoes, boots, coats, hats/mittens
- Disability support (weighted blankets, sensory items)
- School supplies

Services

- Counseling (sessions, copays)
- Parenting education (individual or classes)
- Educational books
- Temporary child care
- Respite care
- Family Group Decision Making
- Budget class

Household goods

- Gift cards
- Dishes
- Bedding
- Furniture
- Cleaning supplies
- Organizational items
- Emergency telephone
- Appliances (washer/dryer, microwave)
- Lawn mower, shovel(s)

The above list is not exhaustive nor are these examples mandatory. County and tribal agencies are supported in determining their policies and procedures on what and how to spend PSOP dollars based on community and family needs. Money spent on goods and services must be directly related to a family and their needs.

General guidance:

- 1) Is the expenditure connected to a family's request for help to relieve their stress or concerns?
- 2) Would this expenditure make sense to someone outside of the child welfare field/public?