



GOODHUE COUNTY MINNESOTA

TO EFFECTIVELY PROMOTE THE SAFETY, HEALTH, AND WELL-BEING OF OUR RESIDENTS

GOODHUE COUNTY HEALTH & HUMAN SERVICES (GCHHS) AGENDA

“Due to concerns surrounding the spread of COVID-19, it has been determined that in-person meetings or meetings conducted under Minn. Stat. 13D.02a are not practical or prudent. Therefore, meetings that are governed by the Open Meeting Law will temporarily be conducted by telephone or other electronic means pursuant to Minn. Stat. 13D.021.”

Goodhue County Health and Human Services Board will conduct a board meeting pursuant to this section on February 15, 2022 at 10:30 a.m. via GoToMeeting platform. The board and staff will attend the meeting via GoToMeeting by video or phone. The public is welcome to monitor the meeting by logging into <https://global.gotomeeting.com/join/289166989> or calling [1 877 309 2073](tel:18773092073) beginning at 10:20 a.m. or any time during the meeting. Access Code: 289-166-989

New to GoToMeeting: Get the app now and be ready when your meeting starts
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1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:

Documents:

[JANUARY 18, 2022 HHS BOARD MINUTES.PDF](#)

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

- a. Child Care Licensure Approvals

Documents:

[CHILD CARE APPROVALS.PDF](#)

- b. MN Merit System 2021-2023 EEO/AA Guidelines

Documents:

[MN MERIT SYSTEM EEO-AA.PDF](#)

5. ACTION ITEMS:

- a. Accounts Payable

Documents:

[ACCOUNTS PAYABLE.PDF](#)

- b. Grant Funded Healthy Communities Intern Request
Nina Arneson

Documents:

[GRANT FUNDED PERSONNEL REQUEST.PDF](#)

- c. GCHHS Employee Appreciation Day
Nina Arneson

Documents:

[GCHHS EMPLOYEE APPRECIATION PROCLAMATION.PDF](#)

6. INFORMATIONAL ITEMS:

- a. Annual Child Protection 2021 Year End Report
Katie Bystrom

Documents:

[CHILD PROTECTION 2021 YEAR END REPORT.PDF](#)

- b. 4th Quarter 2021 Year End Report
Kayla Matter

Documents:

[4TH QTR 2021 FISCAL REPORT.PDF](#)

- c. COVID-19 Update
Maggie Cichosz and Kris Johnson

Documents:

[2-2022 COVID-19 HHS BOARD UPDATE.PDF](#)

7. FYI-MONTHLY REPORTS:

- a. Child Protection Report

Documents:

[CHILD PROTECTION REPORT.PDF](#)

- b. Quarterly HHS Trend Report

Documents:

[2.22 QUARTERLY TREND REPORT.PDF](#)

c. 2020 DHS MN Out Of Home Care & Permanency Report

Documents:

[2020 DHS MINNESOTAS OUT-OF-HOME CARE AND PERMANENCY REPORT.PDF](#)

d. 2020 DHS MN Child Maltreatment Report

Documents:

[2020 DHS MINNESOTAS CHILD MALTREATMENT REPORT.PDF](#)

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN

- a. Next Meeting Will Be March 15, 2022 At 10:30 AM

PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS,
FAMILIES, AND COMMUNITIES

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF JANUARY 18, 2022**

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 10:41 A.M., Tuesday, January 18, 2022, online via GoToMeeting.

Brad Anderson, Paul Drotos, Linda Flanders, Todd Greseth, Susan Johnson, Jason Majerus, and Nina Pagel.

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Scott Arneson, Ruth Greenslade, Maggie Cichosz, and Kip Groehuen, News Record

AGENDA:

On a motion by P. Drotos and seconded by N. Pagel, the Board unanimously approved the January 18, 2022 Agenda.

MEETING MINUTES:

On a motion by S. Johnson and seconded by J. Majerus, the Board unanimously approved the Minutes of the H&HS Board Meeting on December 14, 2021.

CONSENT AGENDA:

On a motion by J. Majerus and seconded by T. Greseth, the Board unanimously approved all items on the consent agenda.

ACTION ITEMS:

On a motion by J. Majerus and seconded by S. Johnson, the Board unanimously approved payment of all accounts as presented.

On a motion by P. Drotos and seconded by N. Pagel, the Board approved the personnel request for a provisional Adult Mental Health Social Worker, with J. Majerus dissenting.

On a motion by S. Johnson and seconded by L. Flanders, the Board unanimously approved the 2022 Child Protection On-Call Compensation.

Goodhue County Health & Human Services Board
Meeting Minutes of January 18, 2022

INFORMATIONAL ITEMS:

GCHHS Strategic Plan update by Ruth Greenslade
COVID-19 HHS Board update by Maggie Cichosz and Kris Johnson

FYI & REPORTS:

Child Protection Report
HHS Staffing Report

ANNOUNCEMENTS/COMMENTS:

Discussion of January 14, 2022 Minnesota Association of County Social Services Administrators (MACSSA) letter sent to Minnesota Department of Human Services (DHS), and Assistant Commissioner McDonald regarding Greater Minnesota Health Plan Procurement.

ADJOURN:

On a motion by T. Greseth and seconded by L. Flanders, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:32 am.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 15, 2022	Staff Lead:	Katie Bystrom
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Susan Schmidt Red Wing
- Carrie Peterson Goodhue
- Amber Briggs Zumbrota

Child Care Licensures:

- Ernest Valenzuela Goodhue

Negative Licensing Actions:

- Susan Schmidt- order to pay fine

Number of Licensed Family Child Care Homes: 74

RECOMMENDATION: Goodhue County HHS Department recommends approval of the above.

Promote, Strengthen and Protect the Health of Individuals, Families and Communities!
 Equal Opportunity Employer
www.co.goodhue.mn.us/HHS



**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 15, 2022	Staff Lead:	Nina Arneson
Consent Agenda:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve 11/10/2021 -11/10/2023 Minnesota Merit System Equal Employment Opportunity (EEO) and Affirmative Action (AA) Guidelines		

BACKGROUND:

It is the policy of the Minnesota Merit System (MMS) that County Health and Human Services departments conduct all employment practices without regard to race, color, political affiliation, creed, religion, national origin, disability, age, marital status, status regards public assistance, sex, membership or activity in a local commission, or sexual orientation.

To accomplish this objective, Minnesota Merit System County Health and Human Services departments must adopt, revise, and / or develop Equal Employment Opportunity and Affirmative Action Guidelines to ensure compliance.

In order to comply with this Minnesota Merit System rule, the department may choose to adopt the proffered Merit System EEO and AA guidelines as being our department's EEO/AA plan and implement the guidelines within our department.

For the past 20+ years, this is what the boards governing Goodhue County Health and Human Services have done including the most recent adoption of these rules on May 15, 2018.

RECOMMENDATION: The Goodhue County Health and Human Services Department recommends approving the Minnesota Merit System 2021-2023 EEO and AA Guidelines as presented in the DHS Bulletin #21-89-01 effective November 10, 2021.

NUMBER

#21-89-01

DATE

November 10, 2021

OF INTEREST TO

Social Services and Human
Services Directors with staff
covered by the Minnesota
Merit System

Social Services Supervisors and
Staff covered by the Minnesota
Merit System

Human Resources Directors

ACTION/DUE DATE

Please read information and
prepare for implementation

EXPIRATION DATE

November, 10, 2023

Merit System Equal Employment Opportunity and Affirmative Action Guidelines

TOPIC

Equal Employment Opportunity and Affirmative Action guidelines.

PURPOSE

Advise Minnesota Merit System county/multi-county human services agencies of equal employment opportunity and affirmative action guidelines and request updated or renewed equal employment opportunity and affirmative action plan documents.

CONTACT

Minnesota Merit System phone: 651-431-3030

Minnesota Merit System email: dhs.merit.system@state.mn.us

SIGNED

ZECHARIAS HAILU

Director, Equal Opportunity and Access Division

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

The Minnesota Merit System's (MMS) Affirmative Action and Equal Employment Opportunity Policies are administered by the Minnesota Department of Human Services (DHS) Equal Opportunity and Access division (EOAD).

A. Purpose

The purpose of these Guidelines is to establish minimum affirmative action and equal employment opportunity standards, and provide consistent framework with regard to equal employment opportunity and affirmative action in MMS county/multi-county human services agencies. The Guidelines continue to reiterate the requirement that each MMS county/multi-county human services agency adopt, revise, and/or develop equal opportunity and affirmative action program to ensure equal employment opportunity and affirmative action in MMS county/multi-county human services agency workforces as required under applicable Minnesota Rules, part 9575.0090.

1. Policy

It is the policy of the MMS that county/multi-county human services agencies conduct all employment practices without regard to race, color, political affiliation, creed, religion, national origin, disability, age, marital status, familial status, status with regard to public assistance, sex, membership or activity in a local commission, or sexual orientation, including gender expression and identity. Equal employment opportunity under this policy includes, but is not limited to, the following: recruitment, examination, appointment, tenure, compensation, classifications, promotion, or other activities in accordance with applicable federal, state, and local laws and regulations.

A program of affirmative action will be maintained to eliminate barriers to equal employment opportunity and to encourage the employment and advancement of qualified females, racial/ethnic minorities, and individuals with disabilities when these groups are underrepresented in a county/multi-county human service agency's workforces in any job category.

2. Responsibilities

MMS county/multi-county human services agency directors have overall responsibility for implementing the MMS equal employment opportunity and affirmative action guidelines throughout that agency, including establishing specific internal procedures that minimally meet the standards provided by the MMS guidelines.

3. Role of DHS

The DHS (EOAD) provides consultation, technical assistance, recruitment, training, affirmative action goal-setting review and monitoring of MMS human service agencies to ensure affirmative action and equal employment opportunity in these agencies.

II. Scope of Guidelines

All MMS county/multi-county human services agencies and its employees must comply with equal employment opportunity and affirmative action guidelines. Any Minnesota county/multi-county may choose to create a county/multi-countywide affirmative action plan and have it approved by the Minnesota Department of Human Rights, which will issue a certificate of compliance for approved plans. Alternatively, a county/multi-county may choose to adopt the MMS equal employment opportunity and affirmative action guidelines in this bulletin for its human services agency.

Minnesota Rules, part 9575.0090, subpart 2a, requires that each MMS human services agency have an affirmative action plan, which must contain the following:

- A policy defining and prohibiting discriminatory harassment, including sexual harassment;
- An internal discrimination complaint policy and procedure that includes notification of DHS EOAD of complaints that are brought, and their resolution;
- Provision for appointment of a person to serve as liaison between the MMS county/multi-county human services agency and DHS EOAD, and to have responsibility for implementation of the guidelines within the agency;
- Provision of the notification of DHS EOAD of periodic hiring goals established by the county/multi-county human services agency; and
- Provision for compliance with the Americans with Disabilities Act (ADA), Title I, which prohibits discrimination against disabled employees or job applicants.

Minnesota state law does not require that Minnesota counties and political subdivisions have an affirmative action plan certified by the Minnesota Department of Human Rights in order to receive any state funds or engage in contracting with the state. Nevertheless, this does not exempt MMS county/multi-county human services agencies from the requirement of the MMS rules, as indicated above.

III. MMS County/Multi-County Human Services Agency Action Required

In order to comply with Minnesota Merit System, Minnesota Rules, part 9575.0090, subpart 2a, your agency should choose one of the two courses of action. Your agency may:

- Adopt the proffered MMS system equal employment opportunity and affirmative action guidelines as your agency's equal opportunity and affirmative action plan and implement the guidelines within your agency, including developing hiring goals where workforce disparities exist and submit a letter indicating the adoption of those guidelines to DHS EOAD;
- or
- Adopt an equal opportunity and affirmative action plan that is certified by the Minnesota Department of Human Rights and submit a copy of the certificate of compliance to EOAD. If your county/multi-county

agency already has a certified plan, your agency's adoption of that plan meets requirements under MMS rules.

Send this information by email to dhs.equalopportunity@state.mn.us, or via regular mail to the attention of the Minnesota Merit System Consultant, Minnesota Department of Human Services, Equal Opportunity and Access division, MMS Consultant, Box 64997, St. Paul, MN 55164-0097.

IV. Policies and Requirements

A. Prohibition of Discriminatory Treatment

Purpose: To establish a means for maintaining a work environment free of discriminatory treatment in MMS county/multi-county human services agencies.

Statement: MMS county/multi-county human services agencies shall provide a work environment free of any form of unlawful discriminatory treatment, including harassment.

Authority:

- United States Civil Rights Act of 1964, Title VII
- United States Equal Pay Act of 1963
- United States Age Discrimination in Employment Act of 1967
- United State Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act of 1990, Title I
- Americans with Disabilities Act Amendments Act of 2008
- United States Civil Rights Act of 1991
- Genetic Information Nondiscrimination Act of 2008, Title II
- Minnesota Human Rights Act
- Minnesota Statutes, section 256.012, subdivision 1
- Minnesota Rules, part 9575.0090

B. Discrimination Complaint Handling

Purpose: To provide an internal option to employees who believe they were discriminated against because of race, color, political affiliation, creed, religion, national origin, disability, age, marital status, status with regard to public assistance, sex, including gender expression and identity, membership or activity in a local commission, or sexual orientation.

Statement: While employees of MMS county/multi-county human services agencies have the right to file discrimination complaints with the Minnesota Department of Human Rights or other enforcement agencies at any time, complainants are urged to seek out internal administrative remedies first.

Anyone bringing an employment discrimination complaint shall do so without fear of reprisal, coercion, or intimidation.

Discrimination complaints and relevant investigative data and findings will all be handled in accordance with provisions of the Minnesota Data Practices Act, and the ADA, Title I.

The discrimination complaint handling process will minimally include:

1. A method to resolve both formal and informal complaints,
2. Notification of DHS (EOAD), and
3. A timely response to all complaints.

Authority:

- United States Civil Rights Act of 1964, Title VII
- United States Equal Pay Act of 1963
- United States Age Discrimination in Employment Act of 1967
- United States Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act of 1990, Title I
- Americans with Disabilities Act Amendments Act of 2008
- United States Civil Rights Act of 1991
- The Minnesota Human Rights Act
- The Minnesota Data Practices Act
- Genetic Information Nondiscrimination Act of 2008, Title II
- Minnesota Statutes, section 256.012, subdivision 1
- Minnesota Rules, part 9575.0090

C. Prohibition of Discrimination against Individuals with Disabilities

Purpose: To provide work environments free of unlawful discrimination against applicants and employees with disabilities. Together the Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendments Act of 2008 (ADAAA) extend federal civil rights protection individuals with disabilities.

Statement: MMS county/multi-county human services agencies shall provide a work environment free of any form of unlawful discrimination. This includes removing barriers to application of employment and ensuring that qualified employees with disabilities are not discriminated against.

The most significant provisions of the ADA with regard to MMS county/multi-county human services agencies are included in Title I, which prohibits employers from discriminating against qualified individuals with disabilities in matters of employment, including the application and hiring process. The provisions in Title I of the ADA are broader in scope than, but similar to, the Minnesota Human Rights Act (Minnesota Statutes, Chapter 363A), and to Section 504 of the federal Rehabilitation Act of 1973 and Volume 29 of the United States Code, section 794.

ADA regulations make clear that employers, including all state and local governments, must comply with the employment provisions of Title I. The ADA prohibits discrimination against an otherwise qualified individual with a disability with regard to the following:

- Job application procedures, including recruitment and advertising;
- Hiring, firing, and advancement; and
- Compensation, training, and other terms, conditions, and privileges of employment such as tenure, layoff, leave, and employee benefits.

Reasonable Accommodations: If a person is qualified to perform the essential functions of a job except for limitations caused by a disability, the employer must consider offering a reasonable accommodation to the employee in order to perform the functions of the position.

An employer is required to accommodate a known disability of a qualified applicant or employee unless it would impose an undue hardship. Accommodations are determined by the specifics of the situation and provided on an individual basis.

Interactive Process: The action to accommodate is generally triggered by a request from an applicant or employee with a disability. However, in certain instances, an employer has an obligation to make inquiries about an individual's need for an accommodation. For example, when an employer observes that an applicant or employee has a disability that may prevent them from understanding the need to request an accommodation, the employer should initiate discussion about the possible need for accommodation. If the individual with a disability cannot suggest an appropriate accommodation in such circumstances, the employer should work with the individual to identify an effective accommodation.

Undue Hardship: Deciding whether a request for a reasonable accommodation creates an undue hardship is determined on a case by case basis. If it is determined that a specific proposed or requested accommodation would impose an undue hardship on an employer, the employer is still obligated to identify another accommodation that would not impose a hardship. As long as an accommodation provides the person with the disability an equal opportunity to perform the essential function of the job, and enjoy the benefits and privileges of employment that other employees have access to, the accommodation need not be the best accommodation available, nor must it be the accommodation desired by the individual with a disability.

Threat to health and safety of others: If an employer believes that an employee or applicant with a disability would constitute a direct threat to the health or safety of self and others and that a reasonable accommodation to the person's disability would not eliminate the threat, the employer may determine the individual is not or is no longer qualified to perform the duties of their job. Such a determination must be based on objective facts, and must be specific to the situation and the individual, and cannot be based on speculation or the remote possibility of a threat or risk to the safety of others.

For a more detailed explanation of your obligations and responsibilities under the ADA, contact the United States Equal Employment Opportunity Commission (EEOC) or the United States Department of Justice's Civil Rights Division. Numerous publications explaining the ADA and its requirements are available from these agencies and are online at their websites. You may also request technical assistance from the Minnesota DHS (EOAD) and from the Minnesota Department of Human Rights. Contact information for all of these agencies is included in Appendix III of these guidelines.

Authority:

- United States Rehabilitation Act of 1973, Section 504
- Americans with Disabilities Act of 1990, Title I
- Americans with Disabilities Act Amendments Act of 2008
- Minnesota Human Rights Act

D. Prohibition of Sexual Harassment

Purpose: To establish a means for maintaining a work environment free of sexual harassment in MMS county/multi-county human services agencies.

Statement: MMS county/multi-county human services agencies shall provide a work environment free of any form of sexual harassment. Sexual harassment is a form of sex discrimination and is covered under the same statutes as any kind of discriminatory treatment.

It is unlawful to harass a person (an applicant or employee) because of that person's sex. Sexual harassment can include unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature.

Sexual harassment can also include offensive remarks about a person's sex. For example, it is illegal to harass a woman by making offensive comments about women in general. The harasser can be either a woman or a man, as can the victim. Same-sex sexual harassment is prohibited as is opposite-sex harassment.

Although the law does not prohibit simple teasing, offhand comments, or isolated incidents that are not very serious, harassment is illegal when it is so frequent or severe that it creates a hostile or offensive work environment or when it results in an adverse employment action (such as the victim being fired or demoted, placing an employee on administrative leave, depriving an employee the ability to take a promotional exam, loss of pay, or other job opportunities).

The harasser can be the victim's supervisor, a supervisor in a different unit, a co-worker, or someone who is not an employee of the employer, such as a client or contractor.

Authority:

- Civil Rights Act of 1964, Title VII
- Minnesota Human Rights Act

E. Affirmative Action in Appointment and Selection Decisions

Purpose: To establish that affirmative action hiring goals are created and ensure they are considered when hiring decisions are made within job groups where a workforce disparity exists.

Statement: MMS county/multi-county human services agencies shall act affirmatively to recruit and hire a diverse workforce. When a vacancy occurs in a job group where a disparity exists, agencies shall utilize affirmative recruitment and hiring strategies to attempt to meet the workforce disparity. When fewer than

three protected group candidates are on the eligible list, the MMS will use expanded certification to bring the number of eligible candidates certified to a total of three candidates from the protected group in which a disparity exists. The candidates certified shall be determined by their examination scores in accordance with MMS rules.

Authority:

- Minnesota Statutes, section 256.012, subdivision 1
- Minnesota Rules, part 9575.0620, subpart 7

V. Responsibilities, Duties, and Accountabilities

MMS Affirmative Action Guidelines: Responsibilities, Duties, and Accountabilities:

A. Equal Opportunity and Access Division at Minnesota DHS

1. Responsibilities

Equal Opportunity and Access Division has oversight responsibility for and authority to monitor the MMS equal employment opportunity and affirmative action efforts in order to ensure compliance with federal and state laws and MMS rules.

2. Duties

To monitor implementation of MMS county/multi-county human services agencies required affirmative action plans and their compliance with equal opportunity and affirmative action guidelines. To provide technical assistance, as requested, to MMS county/multi-county human services agencies in the implementation of their affirmative action plans.

3. Accountability

To the Commissioner or designee of the Minnesota DHS.

B. MMS Personnel at the Minnesota DHS

1. Responsibilities

The Minnesota DHS MMS personnel have responsibility for ensuring all assessment and selection processes are job-related, and that there are no barriers or hindrances to affirmative action and equal employment opportunity in MMS county/multi-county human services agencies. They will also ensure that MMS county/multi-county human services agencies have the opportunity to act affirmatively in hiring within job categories where there are disparities.

2. Duties

- Publish job announcements for MMS county/multi-county human services agency openings, maintain communication with organizations in targeted communities for recruitment purposes, and conduct recruitment for professional and managerial staff.
- Expand certification, as necessary, to include protected group applicants when a disparity exists in the job class for which the MMS county/multi-county human services agency is hiring.
- Maintain a record of all competitive and promotional examination openings and appointments within agencies by gender, race and disability.
- Review position descriptions and class specifications to ensure that they are accurate and that stated requirements are job-related.
- Ensure that selection processes are free of adverse impact.

3. Accountability

To the Commissioner or designee of the Minnesota Department of Human Services.

C. MMS County/Multi-county Human Services Agency Director

1. Responsibilities

The MMS county/multi-county human services agency director has responsibility for ensuring the overall implementation of the agency's affirmative action and equal employment opportunity policies; and for compliance with fair employment practices; and with federal and state laws, and MMS rules.

2. Duties

- Communicate and demonstrate a commitment to the agency's affirmative action and equal employment opportunity policies and to the MMS affirmative action guidelines.
- Set numerical hiring goals and develop action steps and timetables for recruiting and hiring women, racial/ethnic minorities, and persons with disabilities. Ensure that the agency actively recruits applicants with disabilities and provides equal employment opportunities.
- Notify DHS Equal Opportunity and Access division in January of each year of the agency's progress and of activities engaged in to achieve affirmative action hiring goals during the reporting period.
- Resolve internal complaints of discrimination, and notify DHS Equal Opportunity and Access Division in January of each year of all discrimination complaints brought by employees of the agency during the reporting period.
- Inform hiring supervisors of equal opportunity and affirmative action guidelines and encourage them to act affirmatively whenever an opportunity exists to hire a qualified protected group applicant into a job category where a disparity exists.

- Ensure that information about equal employment opportunity and affirmative action is disseminated to all MMS employees in the agency.
- Ensure that the workplace is free of discrimination.
- Designate a liaison to DHS Equal Opportunity and Access Division and ensure that the liaison has the necessary information and knowledge to carry out the duties required of the liaison. The director will consult at least quarterly with the Affirmative Action and Equal Employment Opportunity (AA EEO) liaison for the purpose of reviewing the status of equal employment opportunities and affirmative action needs in the agency, including any discrimination complaint activity.

3. Accountability

To the county/multi-county agency's director.

D. MMS County/Multi-county Human Services Agency Affirmative Action Liaison and Designee

1. Responsibilities

The MMS county/multi-county human services agency affirmative action liaison or designee has responsibility for ensuring compliance with MMS equal employment opportunity and affirmative action guidelines on a daily basis. The liaison will act in an advisory capacity to the agency director with regard to equal employment opportunities and affirmative action. The liaison will monitor the agency's affirmative action and equal employment opportunity efforts to ensure compliance with federal and state laws and with MMS rules.

2. Duties

- Develop an equal employment opportunity and affirmative action policy statement and an affirmative action plan consistent with those policies.
- Implement the affirmative action plan, including:
 - The internal and external distribution of the agency's EEO and AA policies and the affirmative action plan;
 - The establishment of affirmative action hiring goals, action steps, and timetables;
 - The active recruitment and employment of protected group applicants; and
 - The recruitment and utilization of businesses owned by protected group members.
- Conduct and/or coordinate employee training on and orientation to the agency's EEO/AA policies and plan.
- Ensure that agency managers and superiors understand their responsibilities to take action to prevent the harassment of employees and applicants for employment.

- Ensure that minority, female, and employees with disabilities are provided equal opportunity in attending agency sponsored training and activities, and in benefit plans, pay, and other work related activities and conditions.
- Implement and maintain equal employment opportunity auditing, reporting, and record-keeping systems as a means of gauging the effectiveness of the agency's affirmative action efforts, and of determining whether or not affirmative hiring goals have been attained.
- Actively liaise with DHS EOAD and with other relevant governmental enforcement agencies, and with DHS MMS personnel, as appropriate.
- Coordinate agency and employee support of community programs that may lead to equitable employment of women, racial/ethnic minorities, and individuals with disabilities.

3. Accountability

To the county/multi-county agency's director.

E. MMS County/Multi-county Human Services Agency Managers and Supervisors

1. Responsibilities

MMS county/multi-county human services agency managers and supervisors have responsibility for ensuring compliance with the MMS equal employment opportunity and affirmative action guidelines and fair treatment of all agency employees.

2. Duties

- A. Assist the agency's EEO/AA liaison with identifying and resolving problems related to equal employment opportunity and with eliminating barriers which inhibit or prevent equal employment opportunity and/or affirmative action.
- B. Consider qualified protected group members and, where possible, act affirmatively in hiring and promoting staff.
- C. Communicate and demonstrate a personal commitment to the agency's EEO/AA policies and MMS affirmative action guidelines.
- D. Make recruitment recommendations to the EEO/AA liaison and assist the liaison with special recruitment projects.
- E. Ensure that all employees under your supervision receive an annual orientation to the agency's affirmative action plan and equal employment opportunity policies.
- F. Identify, document, and address training needs related to equal employment opportunity and affirmative action.

3. Accountability

To the county/multi-county agency's director.

F. MMS County/Multi-county Human Services Employees

1. Responsibilities

MMS county/multi-county human services agency employees at all levels shall be responsible for conducting themselves in accordance with the MMS rules and with state and federal laws by refraining from any actions which would interfere with any employee's work performance with respect to that person's race, creed, color, sex, national origin, age, marital status, familial status, disability, sexual orientation, gender identity/expression, reliance on public assistance, membership or activity in a local human rights commission, religion, political opinions or affiliations. Employees who believe they have been subjected to unlawful discrimination are encouraged to utilize the agency's discrimination complaint procedure.

Each employee has the responsibility to become familiar with the MMS equal employment opportunity and affirmative action guidelines and the agencies' policies on non-discrimination, the prevention of sexual harassment and respect in the workplace policy.

2. Accountability

To the county/multi-county agency's director, management, and supervisors.

G. MMS Affirmative Action Guidelines

1. Dissemination of information

a. Internal Dissemination of Information

The ADA requires employers to post a notice stating the provisions of the ADA that apply to job applicants and employees. The notice must be posted in a place accessible to people in wheelchairs, and it must be made available in alternative formats for individuals with vision loss or reading disabilities. This applies to MMS county/multi-county human services agencies.

In addition, MMS county/multi-county human services agencies official job boards must be accessible to all applicants, employees, and the public. They must post a copy of the MMS EEO and AA guidelines, along with the agency's most recent hiring goals, timetables proposed for meeting those goals, and the action steps to be taken to meet them.

The MMS county/multi-county human services agency's director will transmit a letter or memo to agency staff affirming the organization's commitment to affirmative action and equal opportunity in employment annually.

Additionally, the MMS county/multi-county human services agency will hold regular (at least biennial) training sessions for the purpose of ensuring that managers and supervisors

understand the MMS EEO and AA guidelines and their responsibilities under the guidelines. Further, a review of these guidelines will be included in new employee orientation.

When appropriate, information about the MMS EEO and AA guidelines and the agency's non-discrimination and harassment-prevention policies will be included in internal publications.

b. External Dissemination of Information

MMS human services agencies must post on their official bulletin board, which is accessible to all applicants, employees, and the public, a copy of the MMS EEO and AA guidelines, along with the agency's most recent hiring goals, timetables proposed for meeting those goals, and the action steps to be taken to meet them.

The phrase "An Equal Opportunity and Affirmative Action Employer" or similar will be included in all advertisements for MMS county/multi-county human services agency positions. These positions will be advertised in appropriate protected group publications, whether in print or electronically.

An assurance of non-discrimination will be included in all contracts for programs or other activities which receive any federal assistance.

A written expression of the agency's position on equal employment and affirmative action will be included, as appropriate, in newspapers, magazines, and web-based advertising and/or brochures and like recruitment materials.

2. Audit and Evaluation

The MMS county/multi-county human services agency director or the appointed EEO/AA designee for that county/multi-county agency will determine annually whether or not racial/ethnic minorities, females, or individuals with disabilities are underrepresented in the job categories utilized in the agency's workforce. This will be done by comparing the availability of racial/ethnic minorities, females, and individuals with disabilities job-candidates in the geographic recruitment area with the number of racial/ethnic minorities, females, and individuals with disabilities who are actually employed in those job categories in the agency. If there is a disparity (under-representation) in any job category for a protected group, the agency is obligated to set hiring goals, determine action steps to be taken to achieve those hiring goals, and set timetables for executing the action steps.

A non-discrimination clause will be included in bargaining unit contracts and in purchasing agreements and contracts whenever possible.

In January of each year, the MMS county/multi-county human services agency director or the appointed EEO and AA designee for that county/multi-county will send to the Minnesota DHS Equal Opportunity and Access Division a year-end summary of the agency's equal employment and affirmative action activities for the previous year. The summary will include an evaluation of the effectiveness of those activities in achieving affirmative action hiring goals and in ensuring a workplace free of unlawful discrimination. The summary will include:

- A. Information about employment discrimination complaint activity, specifying the numbers and types of discrimination complaints and the status of their resolution;

- B. Information about recruitment activities conducted, specifying the sources of recruitment and the protected group community organizations contacted;
- C. The hiring goals set for the year and the action steps towards achieving those goals; and
- D. Information about all staff training and/or information sessions conducted related to affirmative action and equal employment opportunity.

Agencies are required to provide equal employment opportunities to, and encouraged to actively recruit individuals with disabilities.

VI. Appendix I

A. Definitions

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act, passed in 1990, gives civil rights protections to individuals with disabilities that are similar to federal protections provided to individuals on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees equal opportunity for individuals with disabilities in employment, state and local government services, public accommodations, telecommunications, and transportation. Title I of the ADA applies to employers. The ADA does not protect individuals who are currently using illegal drugs, and employers may seek reasonable assurance from employees that no illegal drug use is occurring.

Americans with Disabilities Act Amendments Act of 2008 (ADAAA)

The ADAAA became effective on January 1, 2009. It is an act to restore the intent and protections of the Americans with Disabilities Act of 1990. Under the ADAAA the definition of disability is construed broadly.

Affirmative Action

A program of proactive efforts to remedy historical discrimination in employment against women, racial/ethnic minorities, and individuals with disabilities, and in Minnesota state government. This remedial program may involve recruitment efforts targeted at these specific groups when disparities in the workforce have been identified.

Affirmative Action Steps

Those steps which an agency plans to take to address workforce disparities. They could include, but are not limited to, identifying and removing barriers to employment for racial/ethnic minorities, females and individuals with disabilities, further educating hiring supervisors and managers about their obligations under affirmative action and equal opportunity law, planning events that will increase awareness of and knowledge about other cultural groups in your geographic region, targeting recruitment at under-represented groups that may extend outside the geographic region.

Creed

A system of beliefs, principles, or opinions to which an individual adheres. It might be religious, political or philosophical in nature.

Discrimination

An act or series of acts made toward another group or a perceived member of that group that, when compared with one’s behavior towards one’s own or other groups, is/are unfair. Such action may be based on implicit bias, prejudice or ignorance, or systemic causes having discriminatory impact.

Discriminatory Harassment

Any form of behavior that is offensive, unwelcome, and/or creates a hostile work environment and which, for purposes of this document, is based on an individual’s race, color, political affiliation, creed, religion, national origin, disability, age, sex, gender identity/expression, marital status, familial status, status with regard to public assistance or activity in a local commission, or sexual orientation.

Harassment has occurred when: 1) submission to that conduct or communication is made a term (explicitly or implicitly) of employment; 2) submission to or rejection of that conduct or communication is used as a factor in decisions affecting an individual’s employment; or, 3) the conduct or communication has the purpose or the effect of substantially interfering with an individual’s employment or creating an intimidating, hostile, or offensive employment environment.

Disparity

The presence of fewer women, racial/ethnic minorities, or individuals with a disability in the workforce than could reasonably be expected based on their availability for work in the geographic recruitment area where the underemployment is found.

Ethnic

Designating basic groups or divisions of human beings as distinguished by customs, a common language, a common history, a common religion, or other such characteristics. Ethnicity in general may be regarded as referring to a specific type of culture and an individuals’ ethnicity may be regarded as referring to that person’s cultural heritage.

Ethnocentrism

The attitude that one’s own ethnic group/nation/culture is superior to all others; this attitude may be expressed in hostile behavior, violence, or discrimination towards members of out-groups.

Equal Employment Opportunity/Equal Opportunity Employment

A system of employment practices wherein individuals are recruited, hired, and promoted on their own merits and, for purposes of this document, without regard to race, color, political affiliation, creed, religion, national origin, disability, age, sex, gender identity/expression, marital status, familial status, status with regard to public assistance, membership or activity in a local commission, or sexual orientation.

Gender

Gender refers to the socially constructed characteristics of women and men, such as norms, roles, and relationships of and between groups of women and men.

Genetic Information Nondiscrimination Act of 2008 (GINA)

This law makes it illegal to discriminate against employees or applicants on the basis of genetic information. Genetic information includes information about an individual's genetic tests or information about the genetic tests of an individual's family member(s), as well as information about any disease, disorder or condition of an individual's family member(s), and includes an individual's family medical history. The law also makes it illegal to retaliate against a person because the person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

Hiring Goal

A numerical objective designed to remedy a workforce disparity; an employment level to strive for through the use of affirmative recruitment, hiring timetables, and other such action steps; to be achieved within a set period of time, such as a year.

Individual with a Disability

An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities; or has a record of such impairment; or is regarded as having such an impairment.

Major Life Activities

These include, but are not limited to, activities such as walking, talking, standing, sitting, hearing, seeing, performing manual tasks, caring for oneself, thinking, concentrating, other cognitive functions, relating to others, working, etc.

Parity

A condition in which protected groups are represented in the workforce in proportion to their availability in a geographic labor market.

Protected Group/Class

For purposes of affirmative action and equal employment opportunity, this term refers to individuals who are disabled, members of a minority group, or are female.

Qualified Individual with a Disability

This is a person who has a physical or mental impairment that substantially limits one or more major life activities, or who has a record of such an impairment, or who is regarded by others as having such an impairment, and who also has the requisite skill, experience, education, or other employment requirements of the position being sought and who can perform the essential functions of that job with or without a reasonable accommodation.

Race

A socially constructed term used to distinguish groupings of people according to common origin or background and associated with physical and ethnic characteristics.

Racial/Ethnic Minorities

This term refers to persons in the workforce, or potential applicants, who are African American/Black, Asian, Native Hawaiian or Pacific Islander, American Indian or Native Alaskan, or of Hispanic /Latino/x heritage.

Racism

The false notion that one race is superior (or inferior) to another; any program or practices of discrimination based on racial differences, or system that creates disparate and racialized impacts; the attribution of cultural or psychological values to race, with the aim of furthering the superiority of one's own race or the inferiority of another.

Reasonable Accommodation

Any changes to the application process, work environment, or manner under which the position is customarily performed that enables a qualified individual with a disability to be considered for, to perform the essential functions of, or to enjoy equal benefits from job as similarly situated employees without disabilities.

Respectful workplace

Employees are expected to conduct themselves in a manner that demonstrates professionalism and respect for others in the workplace and public service environment. If differences arise in the workplace an employee is expected to use informal means to address issues with the individual(s) involved whenever possible, participate fully and in good faith in any informal resolution process or formal complaint and investigative process for which they may have relevant information, and report incidents that may violate a Respectful Workplace policy in accordance with processes identified by the agency.

Sex or Gender Role

Learned through socialization/enculturation, this refers to one's understanding and embracing of how, based on one's gender assigned at birth, one is to act in a cultural or social group.

Sexism

The economic and or social exploitation and domination of members of one sex by the members of the other.

Sexual Identity

Acquired over time, this refers to one's awareness and conception of their sexual expression and orientation. This may be as masculine, feminine, or non-binary; as oriented toward opposite-sex, same-sex, or both-sexes; as sexually attractive, sexually unattractive, or asexual.

Sexual Harassment

Unwelcome sexual advances, unwelcome requests for sexual favors, or other unwelcome verbal, written, or physical conduct or communication of a sexual nature. Sexually harassing conduct may include jokes, inappropriate language, sexual innuendos, inappropriate pictures, sexual gestures, and/or physical touch that is offensive and/or unwelcome.

Substantially Limited

Means a person is restricted in the conditions, manners, or duration of performing a major life activity in comparison to most people in the general population.

Timetable

Refers to the period of time within which affirmative action steps are to be taken and set hiring goals are to be achieved.

Under Representation

The condition in which fewer protected group members are found in the workplace in a particular job category than would be expected from the availability of qualified protected group members in the labor market.

Undue Hardship

An accommodation action that would require significant difficulty or expense to implement when factors such as the nature and costs of the accommodation are considered in relation to the size, nature, structure, and resources (both financial and personnel).

B. Race/Ethnicity Categories

The United States Equal Employment Opportunity Commission (EEOC) revised race and ethnicity categories for the purposes of reporting employment statistics. Definitions are as follow:

1. **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
2. **Black or African American:** A person having origins in any of the black racial groups of Africa;
3. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment;
4. **Asian:** A person having origins in any of the original peoples of the Far East, i.e., Southeast Asia, the Indian Subcontinent, China, Korea, or Japan;
5. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
6. **Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, *regardless of race*.

VII. Appendix II

- Sample Discrimination Harassment Complaint Form
- Sample Reasonable Accommodation Form
- Sample Annual Report Form

VIII. Appendix III

- United States Equal Employment Opportunity Commission (EEOC)

Minneapolis Area Office
Towle Building
330 South Second Avenue, Suite 720
Minneapolis, MN 55401-2224
P: 612-552-7306
F: 612-564-4707
TTY: 800-669-6820
ASL Video Phone: 844-234-5122
<https://www.eeoc.gov>

- United States Department of Justice's Civil Rights Division

U.S. Department of Justice
Civil Rights Division
950 Pennsylvania Avenue, N.W.
Office of the Assistant Attorney General, Main
Washington, D.C. 20530
P: 202-514-3847
TTY: 202-514-0716
<https://www.justice.gov/crt>

- Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201
Saint Paul, MN 55104
P: 651-539-1100 or 800-657-3704
MN Relay: 711 or 800-627-3529
F: 651-296-9042
Email: Info.MDHR@state.mn.us
<https://mn.gov/mdhr/>

- DHS Merit System

Human Resources Merit System
PO Box 64997
St. Paul, MN 55164-0997
P: 651-431-3030
F: 651-431-7460
Email: dhs.merit.system@state.mn.us
<https://mn.gov/dhs/>

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-3040 (voice) or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

NAME OF COUNTY/AGENCY:

SAMPLE DISCRIMINATION HARASSMENT COMPLAINT FORM

Please Read Before Completion of Form

TENNESSEN NOTICE: This form asks you to supply data concerning yourself that is considered private or confidential under the Minnesota Government Data Practices Act (Minn. Stat. § 13.01, et seq.). The reason this data is being collected is to help the county/agency understand and investigate a complaint that you wish to file alleging a violation of a respectful workplace or nondiscrimination/harassment policy. Although you are not legally required to supply the requested data, failure to do so may make it difficult for the agency to investigate your complaint. Additionally, the consequences of not supplying the data could be that the investigator will not have all of the information relevant to your complaint. If you supply this data, it may be used to take disciplinary or other remedial action, or you may be required to testify at subsequent hearings relating to the data you provide. The other persons or entities who, as authorized by law, may see the data at some point include supervisors and managers whose input is necessary in the decision making process; exclusive representatives of employees; persons and/or entities authorized by you to see the data; arbitrators, hearing examiners, and other judicial and/or quasi-judicial officials; and other entities involved in grievances, appeals, and litigation over the subject matter of this investigation. This list could include the Attorney General's Office, state and federal courts, state and federal human rights enforcement agencies, the Unemployment Insurance Division of the Minnesota Department of Employment and Economic Development, Minnesota Department of Human Services staff, law enforcement agencies, counsel for and parties to litigation pursuant to court order, the Legislative Auditor's office, and the employee who is being investigated.

Complainant (You)		
Name		Job Title or Position Applied for
Work/Home Address	City, State, Zip Code	Telephone ()
Work Unit/Area	Mail Code	Supervisor
Respondent (the person who you believe violated the respectful workplace or nondiscrimination policy)		
Name		Job Title
Work Address	City, State, Zip Code	Telephone ()
Agency	Division or Unit	Supervisor
The Complaint		
Date most recent violation took place:		If you filed this complaint with another agency, give the name of that agency:

Describe the situation(s) that makes you feel that the respectful workplace or nondiscrimination/harassment policy has been violated. Be specific. Include the name(s) of the individual(s) who you feel violated the policy; a detailed description of the incident(s); the date and time of the incident(s); and names of any witnesses and the name(s) of anyone with whom you discussed the incident(s). Use additional paper if necessary.

Give the following information on all witnesses. Use additional paper if necessary.

Name	Address/Work Location	Telephone

How do you think this situation can be resolved?

This complaint is being filed based on my honest belief that the named person(s) has violated the respectful workplace or nondiscrimination/harassment policy. I hereby certify that the information I have provided in this complaint is true, correct, and complete, to the best of my knowledge and belief. I hereby affirm that I am not using this complaint procedure for reasons of personal malice or abuse towards another employee.

Signature: _____ Date: _____

Received by: _____ Date: _____

Please hand deliver, mail, email, or fax this completed form to the (*insert Name of County Official/Department*) that will be conducting the investigation (i.e., county human resources office or county administration)

SAMPLE REASONABLE ACCOMODATION REQUEST FORM

Agency Name

Employee/Applicant Request for Americans with Disabilities Act (“ADA”) Reasonable Accommodation Form

[AGENCY NAME] is committed to complying with the Americans with Disabilities Act (“ADA”) and the Minnesota Human Rights Act (“MHRA”). To be eligible for an ADA accommodation, you must be 1) qualified to perform the essential functions of the position and 2) have a disability that substantially or materially limits a major life activity or function. The ADA Coordinator/Designee will review each request on an individualized case-by-case basis to determine whether or not an accommodation can be made.

Employee/Applicant Name: _____

Job Title: _____

Work Location: _____

Phone Number: _____

Data Privacy Statement: This information may be used by the agency human resources representative, ADA Coordinator or designee, or any other individual who is authorized by the agency to receive medical information for purposes of providing reasonable accommodations under the ADA and MHRA. This information is necessary to determine whether you have a disability as defined by the ADA or MHRA, and to determine whether any reasonable accommodation can be made. The provision of this information is strictly voluntary; however, if you refuse to provide it, the agency may not have sufficient information to provide a reasonable accommodation.

DO NOT PROVIDE ANY INFORMATION THAT IS NOT RELATED TO YOUR REQUEST FOR REASONABLE ACCOMMODATION. DO NOT PROVIDE COPIES OF MEDICAL RECORDS.

A. Questions to clarify accommodation requested.

1. What specific accommodation are you requesting?

2. If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

a. Answer yes or no: _____

b. If yes, please explain: _____

B. Questions to document the reason for the accommodation request (*please attach additional pages if necessary*).

1. If you are an employee, what, if any, job function are you having difficulty performing; or if you are an applicant, what portion of the application process are you having difficulty participating in?

2. What, if any, employment benefits are you having difficulty accessing?

3. What limitation, as result of your physical or mental impairment, is interfering with your ability to perform the functions of your job, access an employment benefit, or participate in the application process?

4. If you are requesting a specific accommodation, how will that accommodation be effective in allowing you to perform the functions of your job, access an employment benefit, or participate in the application process?

Information Pertaining to Medical Documentation: In the context of assessing an accommodation request, medical documentation may be needed to determine if the employee/applicant has a disability covered by the ADA and to assist in identifying an effective accommodation. The ADA Coordinator or designee in each agency is tasked with collecting necessary medical documentation. In the event that medical documentation is needed, the employee/applicant will be provided with the appropriate forms to submit to their medical provider. The employee/applicant has the responsibility to ensure that the requested information is returned to the ADA Coordinator or designee in a timely manner.

This form does not cover, and the information to be disclosed should not contain, genetic information. "Genetic Information" includes: information about an individual's genetic tests; information about genetic tests of an individual's family members; information about the manifestation of a disease or disorder in an individual's family members (family medical history); an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology.

Employee/Applicant Signature: _____

Date: _____

SAMPLE ANNUAL REPORT TEMPLATE

MMS EEO/AA Guidelines Annual Report Form

[Name of County/Agency] is committed to complying with the Minnesota Merit System EEO/AA Guidelines, Bulletin 21-89-01 (Guidelines). Pursuant to the Guidelines the following information is submitted as the county/multi-county's [year] annual report:

1. **Report of Discrimination Complaints brought by employees and applicants for employment.**
 - a. Number of Discrimination Complaints: _____
 - b. List each type of Discrimination Complaint and status of resolution.
 - 1)
 - 2)

2. **Report recruitment activities conducted. Specify source of recruitment and protected group (women, racial/ethnic minorities, persons with disabilities) community organizations contacted.**
 - a.
 - b.
 - c.

3. **Report workforce utilization and hiring goals for women, racial/ethnic minorities, persons with disabilities and action steps taken to achieve those goals.**
 - a. Underutilization analysis was completed with [statewide or regional?] recruitment for all job categories using census data available on the Minnesota Department of Human Rights website.
 - b. Fill in the table below for current workforce utilization and hiring goals of women, racial/ethnic minorities, and persons with disabilities.

Underutilization – Include # of Individuals				Hiring Goals [year]		
Job Categories	Women	Racial/Ethnic Minorities	Persons w/Disabilities	Women	Racial/Ethnic Minorities	Persons w/Disabilities
Officials/Administrators						
Professionals						
Office/Clerical						
Technicians						
Skilled Craft						
Service Maintenance						
Others?						

c. Provide a narrative on action steps taken to achieve goals and list goals that were achieved in reporting year.

4. Report all staff training and other sessions conducted related to affirmative action and equal employment opportunity. List training and information sessions related to AA/EEO and dates activity conducted.

- a.
- b.
- c.

5. MMS county/multi-county human service Agency Director or EEO/AA Designated Liaison:

Signature: _____

Title: _____

Date: _____

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 15, 2022	Staff Lead:	Kayla Matter
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Action Requested:	Approve January 2022 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: January 2022.

			Check No.		
Date of Warrant			Series		Total Batch
IFS	January 7, 2022	ACH	35293	35303	\$29,797.61
IFS	January 7, 2022		460160	460193	\$36,227.99
IFS	January 14, 2022	ACH	35325	35333	\$12,074.40
IFS	January 14, 2022		460225	460254	\$35,232.09
IFS	January 21, 2022	ACH	35353	35362	\$9,215.89
IFS	January 21, 2022		460306	460327	\$40,656.56
IFS	January 28, 2022	ACH	35521	35547	\$5,255.36
IFS	January 28, 2022		460499	460564	\$40,167.48
SSIS	January 28, 2022	ACH	35418	35441	\$299,610.39
SSIS	January 28, 2022		460384	460430	\$151,311.16
IFS	January 28, 2022	ACH	35442	35477	\$19,796.95
IFS	January 28, 2022		460431	460438	\$2,004.74
Total					\$681,350.62

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

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Equal Opportunity Employer
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**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 15, 2022	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve to hire a temporary GCHHS Healthy Communities Intern, if Rural Health Assessment Grant Funds received by GCHHS.		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee’s review on February 15, 2022 at 8am.

- **Grant Funded – Healthy Communities Intern**

Please see the attached Personnel Committee memo. The HHS Department staff will inform the HHS Board of the Personnel Committee’s actions at our February 15, 2022 Health and Human Services Board meeting.

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

DATE: February 9, 2022
TO: Goodhue County Personnel Committee
FROM: Nina Arneson, HHS Director
RE: Healthy Communities Intern – Rural Health Assessment Grant Funded

BACKGROUND:

GCHHS has submitted an application for the Rural Health Assessment Grant Program. This program was established to support collaboration in rural Minnesota between stakeholders working on community level health assessments and implementation planning. This grant is administered by the Office of Rural Health and Primary Care within the Minnesota Department of Health (MDH). This program uses federal funds from a grant from the Centers for Disease Control (CDC).

- Local health departments do a Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) as required by Minnesota Department of Health (MDH) and Public Health Accreditation Board (PHAB). Our county-led CHA Committee published a CHA in 2012 and 2017, and a CHIP in 2014 and 2018.
- The Internal Revenue Service (IRS) requires nonprofit hospitals to do a Community Health Needs Assessment (CHNA) since 2012. Mayo Clinic Health System has published CHNAs for the hospitals in Goodhue County in 2013, 2016, and 2019, and implementation plans in 2014, 2017, and 2020.
- Both GCHHS and Mayo Clinic Health System are due to conduct assessments in 2022. Our application for the Rural Health Assessment Grant program would allow us to enhance the 2022 assessment.

We respectfully request to hire a summer 2022 Healthy Communities intern **IF** we are funded. This will be a temporary position, 100% covered by the Rural Health Assessment Grant. MDH anticipates notifying all applicants via email of funding decisions by 3/01/2022. If GCHHS is selected, these will be one-time funds for one year, 4/15/2022 to 4/14/2023.

IF funded, the Healthy Communities Intern will be paid with Rural Health Assessment Grant funds (no county levy). In our application we requested funding for a summer intern for 260 hours to help engage the community in the community health assessment and community health improvement plan process.

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IF funded, the total pay will be 260 hours x \$15.00 = \$3900. FICA and Medicare for this position will be \$298.35. The total cost of the intern will be \$4198.35. This will be 100% covered by our Rural Health Assessment Grant if funded.

RECOMMENDATION:

The HHS Department recommends approving the following:

1. **IF** we receive the Rural Health Assessment Grant funds, move forward immediately after we are notified of the funding decision to post for one Healthy Communities Intern (260 hours).
2. Hire Healthy Communities Intern for up 260 hours as Rural Health Assessment Grant funds are available after GCHHS Board's review and approval.

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 15, 2022	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Approve GCHHS Employee Appreciation Day Proclamation – March 9, 2022		

BACKGROUND:

Since 2015, the Goodhue County Health and Human Services Department has celebrated the GCHHS Employee Appreciation Day during the month of March. This tradition began when the newly renovated and expanded HHS Building reopened. This was also the first time, when all GCHHS professionals were together in the same building as an integrated HHS department.

RECOMMENDATION: GCHHS Department recommends approval as requested.





Goodhue County
Health and Human Services

Goodhue County Health and Human Services Board's Proclamation

**Goodhue County Health and Human Services
Employee Appreciation Day**

March 9, 2022

WHEREAS, Health and Human Services are core functions of county government in Goodhue County and in Minnesota; and

WHEREAS, Goodhue County Health and Human Services is committed to promote, strengthen, and protect the health of individuals, families and communities; and

WHEREAS, Goodhue County Health and Human Services Board recognizes this important work, dedication, skill and professionalism of Goodhue County Health and Human Services employees; and

WHEREAS, Goodhue County Health and Human Services employees work with numerous legislative, program, customer, community and service demands; and because of their commitment to the citizens of Goodhue County and to a healthier future; and

WHEREAS, for two years, the Health and Human Services employees have responded tirelessly and creatively to the COVID-19 pandemic, and continue to provide safety-net services to Goodhue County residents during the pandemic;

NOW, THEREFORE, we, the Goodhue County Health and Human Services Board hereby proclaim our gratitude and recognition of Goodhue County Health and Human Services Employees for their dedication, skills, professionalism, tireless and outstanding work, and declare March 9, 2022 as the Goodhue County Health and Human Services Employee Appreciation Day.

Goodhue County Health and Human Services Board Chair

Date

"Promote, Strengthen and Protect the Health of Individuals, Families, and Communities"
Equal Opportunity Employer

www.co.goodhue.mn.us



Child and Family Unit Year End Report 2021

Katie Bystrom
Social Services Supervisor – Child & Family Unit

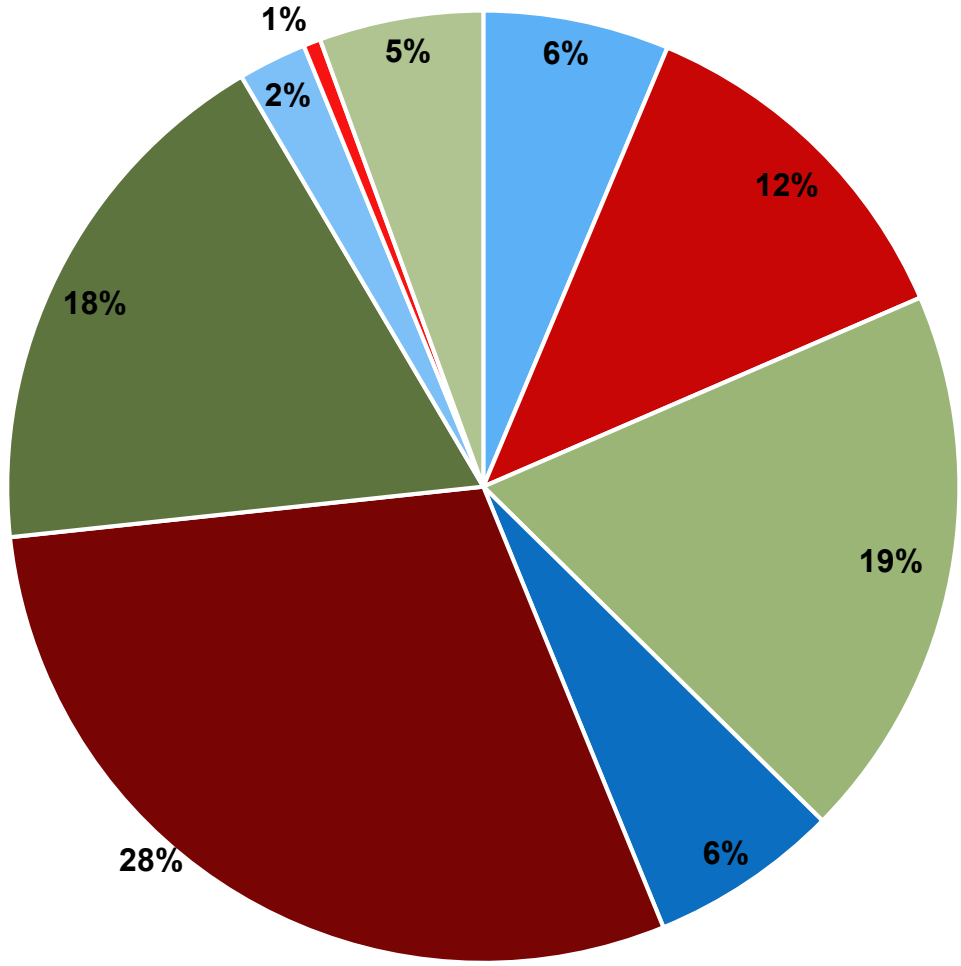


Intake Statistics 2021

Program	Total Number
Adoption/Licensing requests or complaints	82
Adult Mental Health	152
Adult Protective Services	293
Adult Services (General)	454
Chemical Dependency (report/service request)	155
Child Protective Services	709
Child Welfare	438
Children's Mental Health (report/service request)	56
Developmental Disabilities	14
Parent Support Outreach Program	134
TOTAL	2487

Intake Percentage 2021

*rounded to the nearest whole number



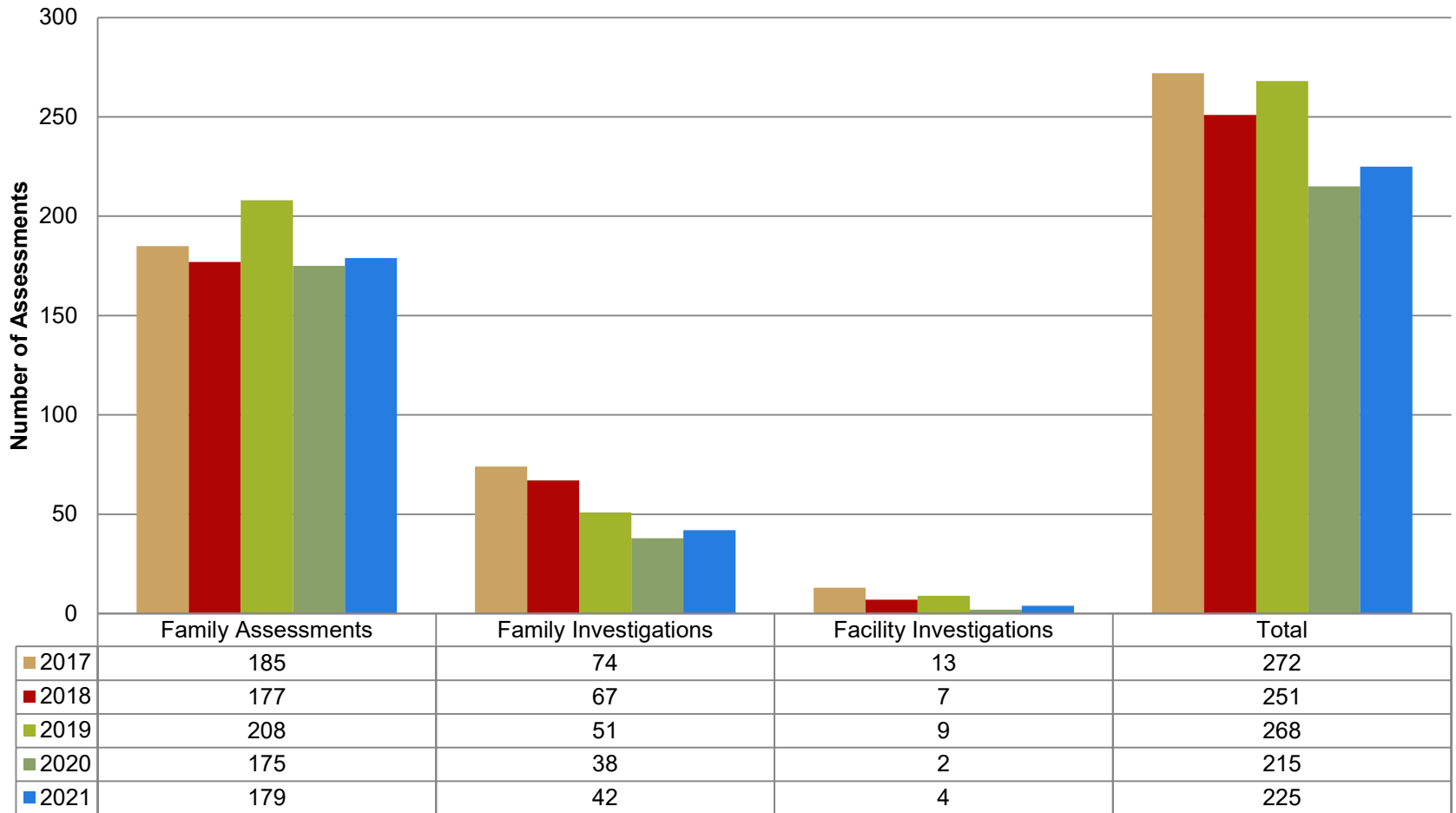
- Adult Mental Health
- Adult Protective Services
- Adult Services (General)
- Chemical Dependency (Report/Service Request)
- Child Protective Services
- Child Welfare
- Children's Mental Health (Report/Service Request)
- Developmental Disabilities
- Parent Support Outreach Program

Intake 2021

- In 2020, we added a second lead worker to the Social Services division, giving both units a lead worker to focus on intake disposition, assigning cases, and providing staff support.
- Throughout 2021, intake duties were shared by a team of up to eight social workers. This number was reduced when team members were assigned vaccination clinic roles.
- While the total number of intakes in 2021 only increased by 21 from 2020, the intake workload increased due to additional requirements for COVID screening, Indian Child Welfare Data collection, and reviewing prior social services involvements.
- We have returned to an intake rotation among all social workers for 2022.
- Our lead workers and social workers who had been part of the smaller intake rotation have stepped into a training role to help with this transition.

Assessments/Investigations by Year

Child Protection Assessments/Investigations 2017-2021



Performance Measure

For all screened in child maltreatment reports closed during the year, what percentage of alleged victims were seen in face-to-face visits within the time limit specified by MN State Statute.

- Performance Standard: 100%
- Observed Performance: 91.4% (265 out of 290 children)
**data current through the third week of December, 2021.*
- Data impacted by facility investigations and reports received when families were out of state
- Reporting errors- not entering the exact time of contact

- Steps to improve:
 - Reviewing time entry to ensure that we are not using the system default of 12:00 am.
 - When assignment is made, email to worker highlights the required time to initial contact.

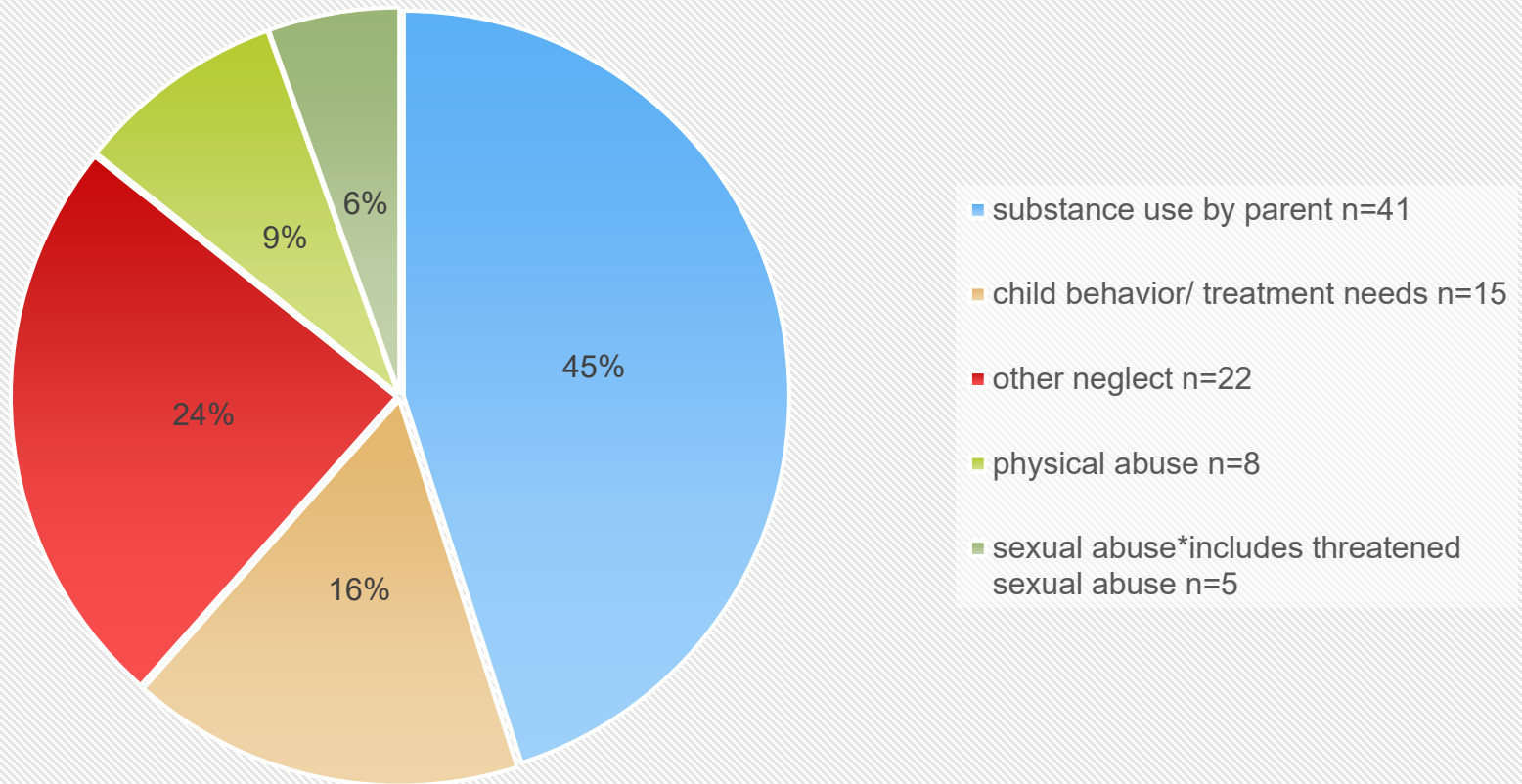
On Call Child Protection Worker

- New System in 2021
 - Each child protection social worker has their own work cell phone that is used for on call. Dispatch has the master calendar of on call social workers, on call supervisors, and crisis foster care contacts.
 - An email is sent each week to law enforcement chiefs, GCSO Investigation Captain, GCSO Dispatch, GCSO patrol, RWPD Investigation Sergeant, and RWPD patrol announcing the on call worker with their direct number. Information about special schedules- like holidays- are included in the email.
 - New tracking forms were introduced and used this year.
- There were 73 total calls on the on-call phone in 2021.
 - 41 were new child protection reports.
 - 21 involved active child protection cases.
 - 9 involved vulnerable adults, substance use, or adult mental health issues.
 - Two calls were spam.
 - Primary concerns were parent child conflict, missing youth, and other neglect concerns.

Children in Placement 2021

sorted by primary reason for initial placement

91 unduplicated children in placement



Performance Measures- Placement

All children in out of home care during the given period, a face to face contact is required between the social worker and child when the child is in care for the full month.

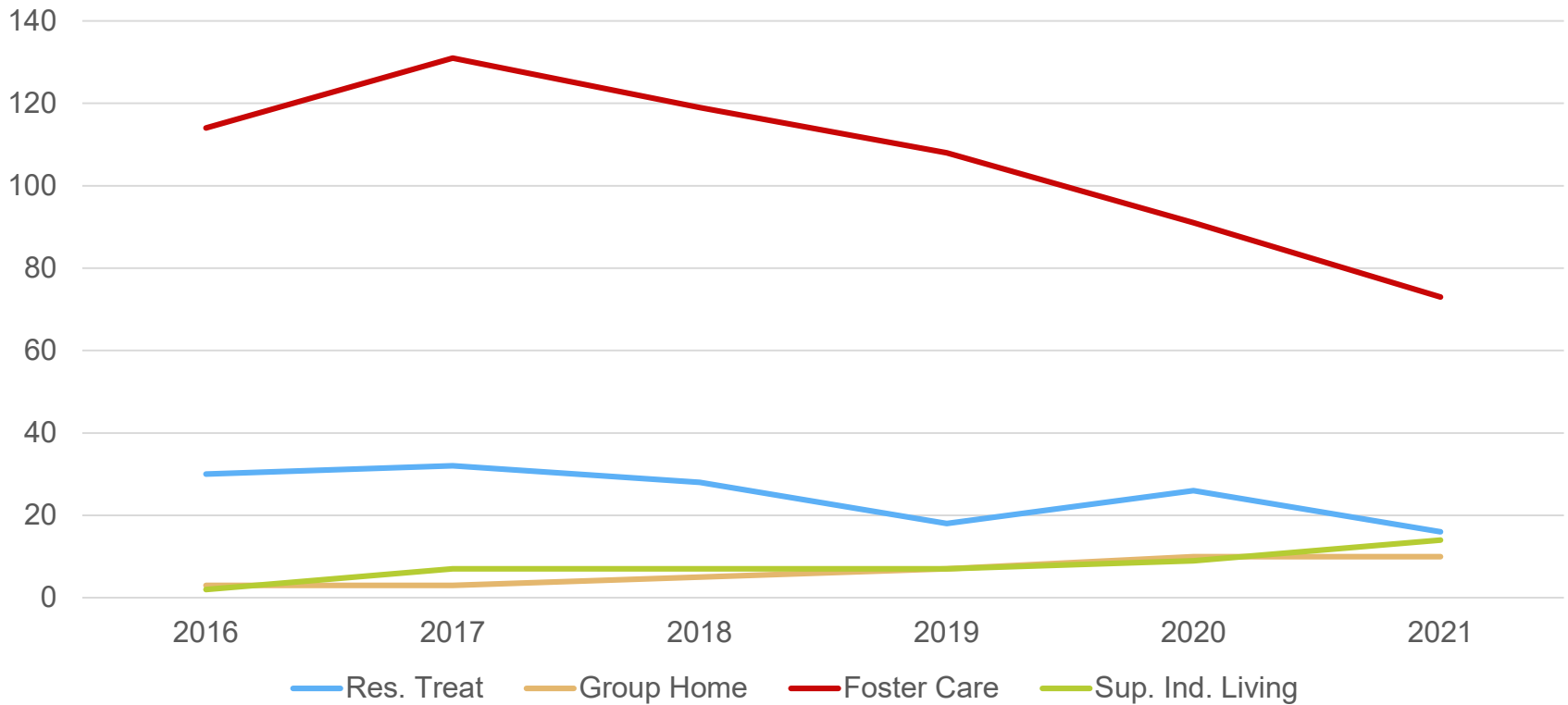
- The performance standard is 95% or greater.
- In 2020, Goodhue County was at 85.9%.
- In 2021, Goodhue County was at 91.5%.
- Improvement of 5.6% is noteworthy, but we continue to strive to meet the performance standard.
- COVID-19 related waivers allowing virtual contact were lifted, but COVID-19 continued to be a barrier for seeing all children monthly.
- Social workers implemented strategies including outside meetings and brief face to face meetings following our COVID-19 safety practices with a subsequent longer virtual visit.

Permanency Outcomes in 2021

Permanency Outcome	Percentage of Children in Placement During 2021
Reunification with primary parent n= 16	18%
Adoption n= 7	8%
Transfer of Legal Custody to relative n= 1	1%
Reached Age of Majority in 2021 n= 6	7%
Remain in care as of 12/31/21 n=61 *Trial Home Visit Status n=7 *Pre-adoptive n=9 *Kinship placement n=3	67% *31% of children in current out of home placements are in a permanency setting

Children in Placement by setting 2016-2021

Duplicated count--1 child may have several placements



Family First Prevention Services Act FFPSA

- In 2018, federal legislation was created to increase community resources for children and families to reduce reliance on more restrictive placement settings.
- Implementation began on September 30, 2021.
- FFPSA requires facilities to become licensed as Qualified Residential Treatment Programs in order to be eligible for Title IV-E reimbursement.
- Juvenile Placement Screening Team recommendations are reviewed by a Qualified Individual, who has received specialized training through MN DHS.
- Court review of placement decisions is required within 60 days.

Performance Measure- Permanency

- MN Department of Human Services measures the amount of time that is required to achieve permanency for children in out of home placement.
- Performance Standards
 - Permanency achieved within 12 months: 40.5% **GC= 43.2%**
 - Permanency achieved 12-23 months: 43.6% **GC= 54.5%**
 - Permanency achieved within 24 months: 30.3% **GC= 50%**

Performance Measure

The percentage of all days that children were in a family foster care setting that were spent with a relative during a given period

- Performance Standard: 35.7%
- Goodhue County: 41.9%

- MN Statute requires that relatives are not only given consideration for placement, but that the agency will work to assist relatives and kin to become eligible, licensed placement options.
- These efforts are currently made by our licensing social worker and the case manager.

Parallel Protection Process

- The Parallel Protection Process allows families, their attorneys, social workers, guardians ad litem, and the county attorney to meet outside of court to share information and strive to reach a settlement agreement to help families successfully navigate the child protection court process.
- In 2021, the Goodhue County Children's Justice Initiative (CJI) team agreed to implement the Parallel Protection Process on child protection cases.
- It was implemented in August and was utilized once with a successful outcome. Reunification occurred within the 12 month timeline for three children under the age of 8!

Successful Transition To Adulthood for Youth (STAY)

- **16 youth are currently in Extended Foster Care or Supervised Independent Living**
- **18% of the 61 total youth remaining in out of home care**
- **Placement services and support for youth up to age 21**
- **Services were extended to youth up to age 23 due to COVID-19.**
- **Goodhue County Social Services works with Red Wing Youth Outreach to provide independent living skills training for this population.**
- **When youth are discharged from services, they often have high school diplomas or equivalency (GED), full time jobs, stable housing, and savings.**

Truancy and Educational Neglect

- In August, 2021, GCHHS, the Goodhue County Attorney's Office, and the Goodhue County Education District worked together to make a plan to address truancy.
- GCHHS added a county agency social worker to focus on school attendance.
- Referrals come from schools and the GCAO.
- GCHHS conducts a child welfare assessment and coordinates meetings with the student, family, and school to identify barriers to attendance.
- Referrals for mental health services and support have been effective to improve attendance. Incentives and regular contact with the social worker also impact attendance success.
- Social Worker has built relationships with school personnel and will be spending regularly scheduled time in local schools to continue to meet with students.

Truancy and Educational Neglect

- During state emergency orders, all reports of educational neglect were addressed through child welfare or parent support and outreach assessments.
- Benefits of this approach include increased trust and engagement with families.
- With the expiration of these orders, we are required to respond to educational neglect (7 or more unexcused absences for children younger than 12), by using a child protection family assessment.
- A challenge with this approach include that families perceive “child protection” as a negative authority and are less likely to engage with services.

Child Care Licensing

- One licensing social worker carries a caseload of 80 or more.
- Rule 13 audit by DHS was completed in 2021. We celebrated the excellent work that was reviewed!
- DHS requires licensors to use ELICI, an electronic information management tool. Additional documentation is completed or duplicated in SSIS.
- Providers reach out for support, training information, and policy questions daily.
- Changing COVID 19 family child care rules were difficult to manage for providers during 2021.



Foster Care Licensing

- One foster care licensor carries a caseload of 117 including Child Foster Care, Adult Foster Care, Community Residential Setting, Child Welfare, and Adoption/ Guardianship.
- We are preparing for the Rule 13 Audit in June, 2022.
- Staffing crises in Adult Group Homes highlighted the vast range of programs, statutory expectations, and services that are currently encompassed under foster care.
- Permanency for children in foster care is achieved through a collaboration of court appointed staff, caregivers, child protection case managers, and our licensing social worker.
- Interstate Compact referrals are monitored by our foster care licensor.

Summary

- Child and family safety is our top priority!
- Regionally, child protection staff are gathering virtually bi-monthly for resource training and resource sharing. Safety planning and family engagement strategies are the current focus.
- Team members attended a four day training to build skills working with families impacted by domestic violence.
- Our dedicated and experienced staff members help families navigate challenges with compassion and skill!
- Questions? Thank you!



Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4877

DATE: February 15, 2022
TO: Goodhue County Health and Human Services (HHS) Board
FROM: Kayla Matter, Accounting Supervisor
Mike Zorn, Deputy Director
RE: Fourth Quarter 2021 - Year End Fiscal Report

Both 2020 and 2021 we were in a Pandemic and it was a strange, challenging and unprecedented two years for Goodhue County HHS, we overall again had another **Outstanding** financial year.

- We expended 95% (\$17,451,816) of our budget (\$18,294,386) 100% of the way through the year.
- We had collected 110% (\$20,037,099) of our anticipated revenue (\$18,294,386), 100% of the way through the year.

Resultantly, we were in the black with a net income of positive **\$2,585,282.**

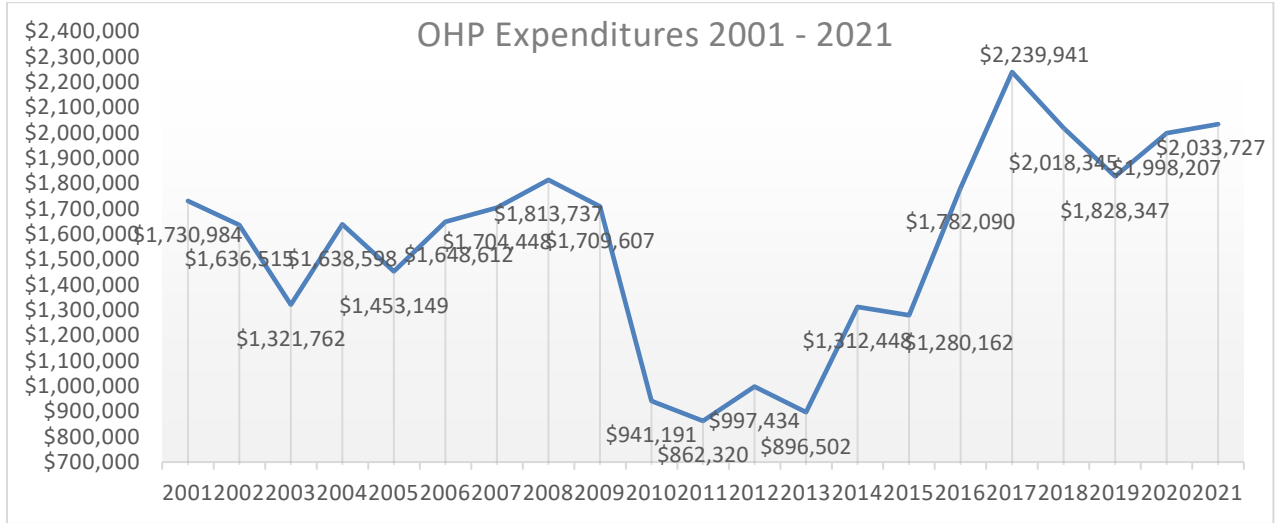
Revenue from South Country Health Alliance (SCHA) who is an important county partner and provider were the following:

2021 SCHA Revenue \$1,955,298
2020 SCHA Revenue \$1,580,383
2019 SCHA Revenue \$1,455,158

Children in Out of Home Placement:

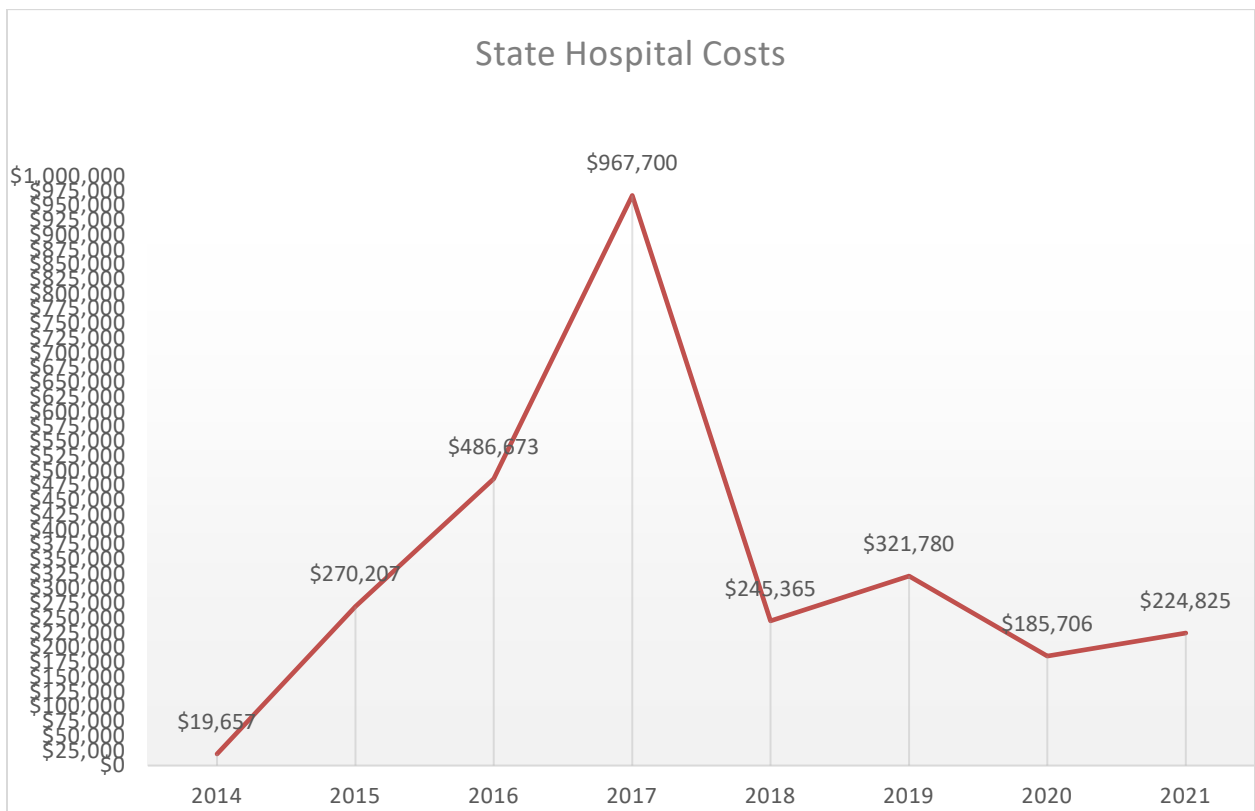
The upward trend of increasing Out-of-Home Placement costs since 2013 turned upward again in 2021. We have expended 113.5% (\$2,033,727) of our budget (\$1,792,000), 100% of the way through the year, which resulted in being over budget \$203,206 or 13.49%.

In 2020 we were 11.51% over budget, 2019 we were 1.86% over budget and in 2018 we were 22.73% over budget. There still is a state and national trend of increasing OHP costs, whereas in Goodhue County we are now seeing a decrease and then increase again. We as an agency are working very hard to bring something different, innovative to our county to address this need. Two examples of such services are Collaborative Intensive Bridging Services (CIBS) which is part of the Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant and Evidenced Based Family Home Visiting Program.



State Hospital Costs:

We did see an increase cost from 2020 with recipients living in state and private hospitals. For 2021, HHS had expenditures of \$224,825. There is a state crisis with mental health, the situation with Anoka-Metro Regional Treatment Center where clients do not have any other place to go. HHS staff have been very diligently working to find placements for these clients when they have been deemed to be discharged.



Consolidated Chemical Dependency Treatment Fund (CCDTF):

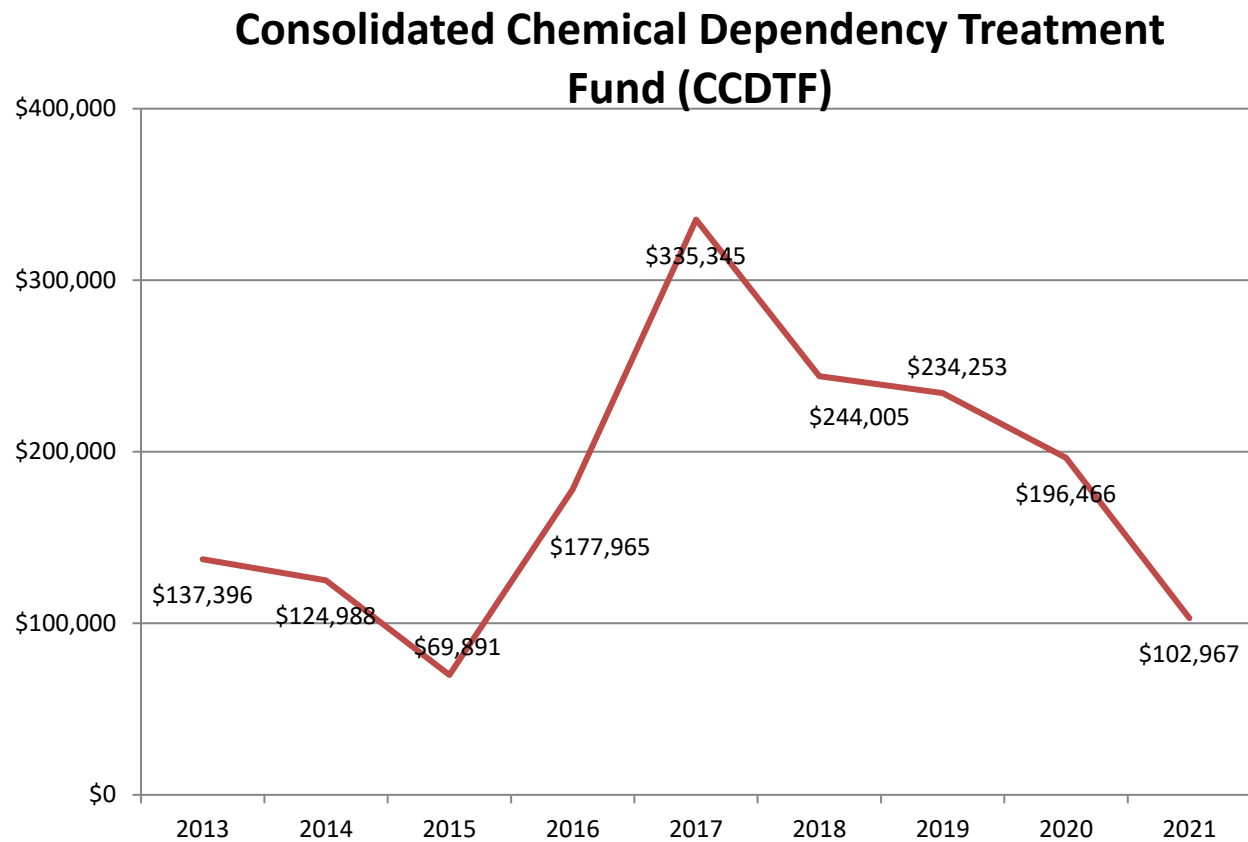
For 2021, HHS had expenditures of \$102,967. These costs have continued downward since 2017 and with Substance Use Disorder reform should start to see these costs flatten out.

For SFY 21 (7/1/20-6/30/21) Goodhue County CCDTF claims were \$1,179,759.
For SFY 20 (7/1/19-6/30/20) Goodhue County CCDTF claims were \$1,751,019.
For SFY 19 (7/1/18-6/30/19) Goodhue County CCDTF claims were \$1,326,909.

DHS is in the process of Substance Use Disorder (SUD) Reform.

Substance Use Disorder reform (SUD) seeks to transform the service continuum from an acute episodic model to a chronic and longitudinal model that includes ongoing recovery support services. The person-centered changes will seek to provide the right level of service at the right time and treat addictions like other chronic health conditions. DHS is currently seeking federal approval to add Comprehensive Assessment, peer support services, withdrawal management, and treatment coordination to the Medicaid benefit set. This will include approval of rates for the services.

7/1/20 Rule 25 (chemical use assessment) will no longer exist, but the CCDTF program will continue. The reform will provide Direct Access, which will allow clients to have a choice of Comprehensive Assessment (CA) Provider and Treatment (TX) Provider. We continue to learn more as DHS releases SUD Reform information to counties.



Other Program areas we have been monitoring in 2021

County Burials:

We have expended 90% (\$25,137) of our budget (\$28,000). We had 11 county burials in 2021, whereas in 2020 we had 19. The average burial in 2021 was \$2,285, whereas in 2020 was \$2,364.

Salaries, Benefits, Overhead and Capital Equipment:

On agency salaries, benefits and overhead line items, we had expended 96.0% of our budget 100% of the way through the year. During 2021, HHS had seven retirements, four promotions, two resignations, and three new positions (Housing Resource Specialist, Care Coordinator, School Attendance Specialist);

Staffing Revenues Additional Staff:

All agency staff have again done an **Outstanding** job of generating additional revenue so that additional staff could be hired without an increase in county levy funding.

For the fourth quarter report, total staffing revenue generated is 127%; \$5,638,508 100% through the year of the total 2021 budget of \$4,437,027 for these revenue categories. This generated an additional \$1,201,481 over budget.

As with any position(s) that are retiring/resigning we review our agencies needs and look to see if our needs are the same or if they have changed over time with any position(s) when looking whether to replace/change/re-classify or not replace that position(s).

Fund Balance

Going forward, our Cash Operating Fund Balance Assigned for Health & Human Services Expenditures is \$7,598,581, which is 40.35% of our 2022 budget \$18,833,946 (per Goodhue County Comprehensive Fund Balance Policy is to maintain a goal of 30-40% in all other funds) on December 31, 2021. HHS currently has Committed Fund Balance of \$150,550, Assigned Fund Balance Programs of \$5,750,000. Total cash balance as of 12-31-21 is \$13,499,131.

Future:

- Some of the uncertainties that will have an impact on HHS department are the continued outcome of the COVID-19 pandemic, we will continue to have some additional personnel expenses and costs associated with the pandemic.
- DHS has again changed policy on county-based purchasing plans. At this point we do not know the affect it will have on South Country Health Alliance (SCHA). Hopefully DHS and the State Legislation will continue to look at the procurement process for county-based purchasing health plans.
- Outcomes of the recommendations from the Governor's Taskforce for the Protection of Children, which now had implemented the new response timelines.
- We know there will be continued changes with children residential treatment centers' reclassification as institute for mental diseases (IMDs), chemical dependency services and mobile crisis funding which may have increased financial implications to the counties.
- We will continue to have uncertainties regarding out of home placements, state hospital costs, consolidated chemical dependency treatment fund, and Substance Use Disorder Reform (SUD).

During 2022, HHS will continue to work on workforce development, controlling public assistance costs, quality improvements, and working with our local, regional and state community members and partners to focus on improving health and reducing costs.

We believe we are positioned as well as one can expect in terms of dealing with uncertainties and increasing service and workload demands.

Our department's professional staff, desire to serve the public and team spirit coupled with the dollars that we have in reserve, should help us greatly in managing the work and services the next biennium.

Goodhue County



REVENUES & EXPENDITURES BUDGET REPORT

Report Basis: Cash

From: 01/2021 Thru: 12/2021

Percent of Year: 100%

11 Fund
Health & Human Service Fund

479 Dept
PHS Administration

<u>Account Number</u>	<u>Description</u>	<u>Status</u>	<u>12/2021</u> <u>Amount</u>	<u>Selected</u> <u>Months</u>	<u>2021</u> <u>Budget</u>	<u>% Of</u> <u>Budget</u>
11-479-479-0000-6156	Accident Insurance-County Paid		9.54	114.46	38.00	301
11-479-479-0000-6161	PERA		941.32	13,100.82	13,055.00	100
11-479-479-0000-6171	FICA		698.99	10,483.60	10,792.00	97
11-479-479-0000-6173	Workmans Compensation		.00	15,742.97	14,925.00	105
11-479-479-0000-6174	Mandatory Medicare		171.15	2,459.49	2,524.00	97
11-479-479-0000-6201	Telephone		514.38	3,249.58	3,000.00	108
11-479-479-0000-6202	Cell Phone		14.70	118.30	1,050.00	11
11-479-479-0000-6203	Postage/Freight		19.48	3,244.21	4,748.00	68
11-479-479-0000-6241	Advertising		.00	684.25	280.00	244
11-479-479-0000-6243	Association Dues/Memberships		.00	1,107.75	2,300.00	48
11-479-479-0000-6244	Subscriptions		.00	0.00	150.00	0
11-479-479-0000-6268	Software Maintenance Contracts		.00	24,455.36	25,388.00	96
11-479-479-0000-6278	Consultant Fees		227.50	1,137.50	910.00	125
11-479-479-0000-6283	Other Professional & Tech Fees		111.80	7,149.98	9,664.00	74
11-479-479-0000-6302	Copies/Copier Maintenance		703.41 -	1,338.79	6,200.00	22
11-479-479-0000-6331	Mileage		.00	24.64	70.00	35
11-479-479-0000-6332	Meals & Lodging		.00	0.00	500.00	0
11-479-479-0000-6342	Land & Building Lease/Rent		18,767.75	75,071.00	75,071.00	100
11-479-479-0000-6351	Insurance		37.28	11,136.86	12,205.00	91
11-479-479-0000-6357	Conferences/Schools/Training		1.74	33.75	400.00	8
11-479-479-0000-6405	Office Supplies		63.09	384.20	1,000.00	38
11-479-479-0000-6414	Food & Beverages		.00	0.00	300.00	0
11-479-479-0000-6432	Other Furniture & Equipment		.00	509.72	0.00	0
11-479-479-0000-6480	Equipment/Furniture<\$5,000		.00	2,870.84	0.00	0
479 Dept	TOTALS PHS Administration	Revenue	.00	5,353.62 -	12,350.00 -	43
		Expend.	43,859.93	456,501.22	468,020.00	98
		Net	43,859.93	451,147.60	455,670.00	99
11 Fund	TOTALS Health & Human Service Fund	Revenue	4,282,272.50 -	20,037,099.35 -	18,294,386.00 -	110
		Expend.	1,518,303.78	17,451,816.83	18,294,386.00	95
		Net	2,763,968.72 -	2,585,282.52 -	.00	0
FINAL TOTALS:	627 Accounts	Revenue	4,282,272.50 -	20,037,099.35 -	18,294,386.00 -	110
		Expend.	1,518,303.78	17,451,816.83	18,294,386.00	95
		Net	2,763,968.72 -	2,585,282.52 -	.00	0

Goodhue County HHS Out of Home Placement

ACCOUNT #	DESCRIPTION	ACTUAL	ACTUAL	BUDGET	% OF	% OF
		2020	THRU 12/21	2021	BUDGET	YEAR
11-430-710-3410-6020	ELECTRIC HOME MONITORING	\$4,528.00	\$489.00	\$7,000.00	7%	100%
11-430-710-3710-6020	CHILD SHELTER -SS	\$8,457.66	\$2,925.00	\$18,000.00	16%	100%
11-430-710-3711-6020	REGULAR CRISIS CARE - CS					100%
11-430-710-3750-6025	NORTHSTAR KINSHIP ASSISTANCE			\$7,500.00	0%	100%
11-430-710-3780-6025	NORTHSTAR ADOPTION ASSISTANCE			\$6,000.00	0%	100%
11-430-710-3800-6057	RULE 4 TRMT FOSTER CARE - SS	\$81,876.93	\$103,668.18	\$70,000.00	148%	100%
11-430-710-3810-6057	REGULAR FOSTER CARE - SS	\$472,011.10	\$508,636.82	\$500,000.00	102%	100%
11-430-710-3810-6058	REGULAR FOSTER CARE - SS-CS- EXPENSES	\$33,251.23	\$39,563.56	\$37,000.00	107%	100%
11-430-710-3814-6056	EMERGENCY FOSTER CARE PROVIDER	\$8,052.00	\$7,942.00	\$8,000.00	99%	100%
11-430-710-3814-6057	EMERGENCY FOSTER CARE	\$2,211.10	\$13,712.72	\$5,000.00	274%	100%
11-430-710-3820-6020	RELATIVE CUSTODY ASSISTANCE					100%
11-430-710-3830-6020	PAYMENTS FOR RECIPIENTS - RULE 8 SS	\$155,054.43	\$102,064.22	\$140,000.00	73%	100%
11-430-710-3831-6020	PAYMENTS FOR RECIPIENTS - RULE 8 CS	\$28,978.14	\$3,491.10	\$70,000.00	5%	100%
11-430-710-3850-6020	DEPT OF CORR GROUP FACILITY - SS	\$226,312.81	\$229,719.38	\$275,000.00	84%	100%
11-430-710-3852-6020	DEPT OF CORR GROUP FACILITY - CS	\$205,546.97	\$166,684.72	\$200,000.00	83%	100%
11-430-710-3880-6020	EXTENDED FOSTER CARE - IND LIVING 18-20	\$112,396.83	\$159,822.19	\$100,000.00	160%	100%
11-430-710-3890-6020	SHORT TERM FOSTER CARE/RESPITE CARE	\$2,761.72	\$2,123.45	\$2,500.00	85%	100%
11-430-740-3830-6020	PAYMENT FOR RECIPIENTS - RULE 5 SS	\$653,046.69	\$670,648.75	\$340,000.00	197%	100%
11-430-740-3831-6020	RULE 5 CS	\$3,720.91	\$22,236.70	\$6,000.00	371%	100%
	TOTAL OUT OF HOME PLACEMENT	\$1,998,206.52	\$2,033,727.79	\$1,792,000.00	113.5%	100%
	Over/(Under) Budget for percent of year	\$1,795,000.00	\$241,727.79	\$1,792,000.00	100%	100%
	Percent Over/(Under) Budget	-\$203,206.52			13.49%	

December	13.49%
November	11.68%
October	12.00%
September	9.36%
August	7.33%
July	6.03%
June	4.25%
May	3.30%
April	3.67%
March	3.48%
February	1.02%
January	0.84%
Over/Under Budget 2020	11.51%

Over/Under Budget

Goodhue County



STATEMENT OF REVENUES AND EXPENDITURES

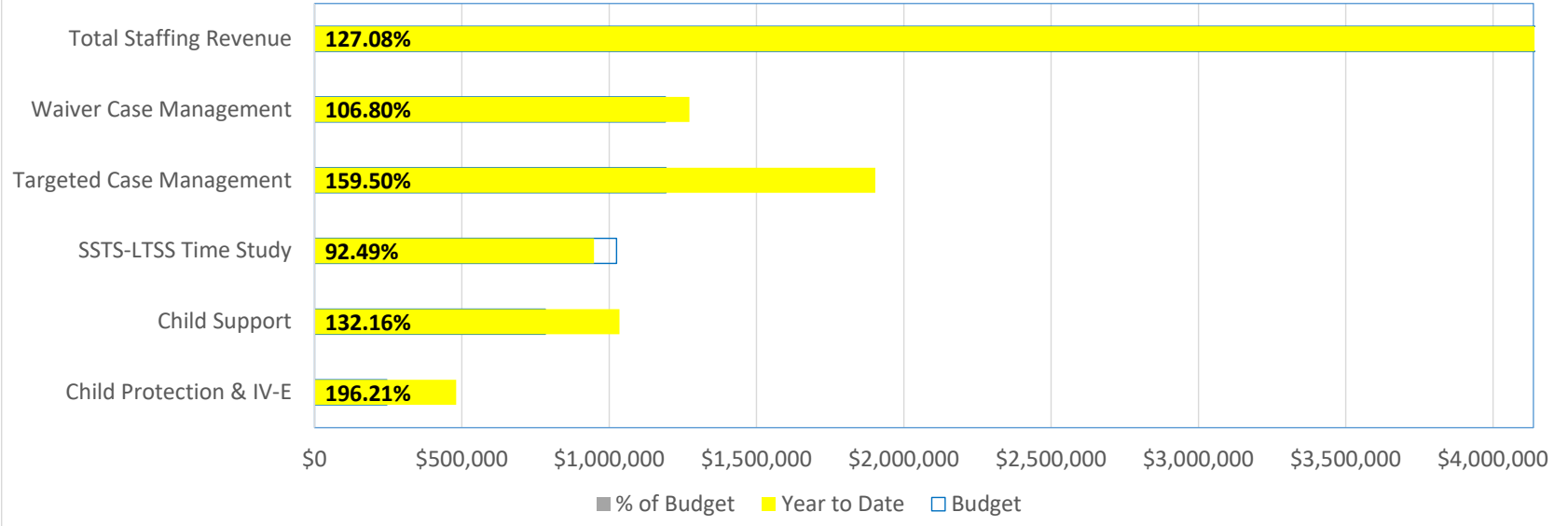
As Of 12/2021 Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
PROGRAM 600 INCOME MAINTENANCE					
SALARIES					
SALARIES & BENEFITS	220,691.07	2,848,338.19	2,907,349.00	98	100
TOTAL SALARIES	220,691.07	2,848,338.19	2,907,349.00	98	100
OVERHEAD					
AGENCY OVERHEAD	39,568.83	292,455.21	325,671.00	90	100
TOTAL OVERHEAD	39,568.83	292,455.21	325,671.00	90	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100
PROGRAM 640 CHILD SUPPORT AND COLLECTIONS					
SALARIES					
SALARIES & BENEFITS	53,414.23	704,707.84	730,984.00	96	100
TOTAL SALARIES	53,414.23	704,707.84	730,984.00	96	100
OVERHEAD					
AGENCY OVERHEAD	13,727.67	125,650.71	188,470.00	67	100
TOTAL OVERHEAD	13,727.67	125,650.71	188,470.00	67	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100
PROGRAM 700 SOCIAL SERVICES PROGRAM					
SALARIES					
SALARIES & BENEFITS	279,710.04	3,470,778.55	3,695,232.00	94	100
TOTAL SALARIES	279,710.04	3,470,778.55	3,695,232.00	94	100
OVERHEAD					
AGENCY OVERHEAD	42,507.51	322,228.42	407,229.00	79	100
TOTAL OVERHEAD	42,507.51	322,228.42	407,229.00	79	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100
FUND 11 PUBLIC HEALTH					
SALARIES					
SALARIES & BENEFITS	255,825.38	3,378,027.62	3,353,295.00	101	100
TOTAL SALARIES	255,825.38	3,378,027.62	3,353,295.00	101	100
OVERHEAD					
AGENCY OVERHEAD	48,538.82	309,974.26	303,022.00	102	100
TOTAL OVERHEAD	48,538.82	309,974.26	303,022.00	102	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100
FUND 11 HEALTH & HUMAN SERVICE FUND					
SALARIES					
SALARIES & BENEFITS	809,640.72	10,401,852.20	10,686,860.00	97	100
TOTAL SALARIES	809,640.72	10,401,852.20	10,686,860.00	97	100
OVERHEAD					
AGENCY OVERHEAD	144,342.83	1,050,308.60	1,224,392.00	86	100
TOTAL OVERHEAD	144,342.83	1,050,308.60	1,224,392.00	86	100
CAPITAL EQUIPMENT					
CAPITAL EQUIPMENT OVER \$5,000	0.00	0.00	0.00	0	100
TOTAL CAPITAL EQUIPMENT	0.00	0.00	0.00	0	100
FINAL TOTALS					
	953,983.55	11,452,160.80	11,911,252.00	96	100

STATEMENT OF REVENUES AND EXPENDITURES

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2021 Budget	% OF BUDG	% OF YEAR
HHS Staffing Revenues					
11-420-640-0000-5289 CS ST MA Incentive	2,597.35-	34,056.84-	26,000.00-	131	100
11-420-640-0000-5290 CS ST Incentives	0.00	14,583.38-	14,000.00-	104	100
11-420-640-0000-5355 CS Fed Admin	40,800.00-	856,700.00-	625,000.00-	137	100
11-420-640-0000-5356 CS Fed Incentive	0.00	106,141.00-	100,000.00-	106	100
11-420-640-0000-5379 CS Fed MA Incentive	1,799.97-	23,363.50-	18,000.00-	130	100
11-430-700-0000-5292 State LTSS	0.00	305,161.00-	342,000.00-	89	100
11-430-700-0000-5383 Fed LTSS	0.00	372,604.00-	418,000.00-	89	100
11-430-700-3810-5380 Fed MA SSTS	0.00	137,868.00-	135,000.00-	102	100
11-430-710-0000-5289 Child Protection	0.00	163,027.00-	163,027.00-	100	100
11-430-710-3810-5366 FC IV-E	0.00	301,677.00-	80,000.00-	377	100
11-430-710-3810-5367 IV-E SSTS	0.00	82,947.00-	70,000.00-	119	100
11-430-710-3930-5381 CW-TCM	825.75	508,091.06-	400,000.00-	127	100
11-430-730-3050-5380 Rule 25 SSTS	0.00	49,484.00-	60,000.00-	82	100
11-430-740-3830-5366 IV-E Rule 5	0.00	16,074.00-	2,000.00-	804	100
11-430-740-3910-5240 St Adult MH-TCM	794.00-	38,111.77-	3,000.00-	1,270	100
11-430-740-3910-5381 MA Adult MH-TCM	20,291.91-	189,100.11-	185,000.00-	102	100
11-430-740-3910-5401 SCHA Adult MH-TCM	80,106.85-	980,932.89-	475,000.00-	207	100
11-430-740-3930-5401 SCHA Pathways	3,682.96-	60,490.46-	70,000.00-	86	100
11-430-760-3930-5381 Adult VA/DD-TCM	9,845.27-	126,119.41-	60,000.00-	210	100
11-463-463-0000-5290 St AC Waiver	0.00	20,868.06-	11,000.00-	190	100
11-463-463-0000-5292 St MA CM Waivers	26,324.83-	295,649.85-	265,000.00-	112	100
11-463-463-0000-5382 Fed MA CM Waivers	26,299.37-	295,321.61-	265,000.00-	111	100
11-463-463-0000-5402 SCHA Waivers	54,118.54-	396,309.06-	385,000.00-	103	100
11-463-463-0000-5429 SCHA Care Coord	27,207.34-	171,134.33-	170,000.00-	101	100
11-463-463-0000-5859 SCHA/CCC	0.00	92,692.71-	95,000.00-	98	100
TOTAL HHS Staffing Revenues	293,042.64-	5,638,508.04-	4,437,027.00-	127	100

HHS Staffing Revenue Q4/2021
100% of Year



Fund Balance Report - Other Special Revenue Funds (Cash Basis)	
As of December 31, 2021	
	HHS
Fund Balance - Cash on Hand 12/31/21	\$13,499,131.00
<i>Less: Restricted Fund Balance</i>	
<i>Less: Committed Fund Balance</i>	
Petty cash and change funds	-\$550.00
Out-of-Home Placement Budget Deficits	-\$150,000.00
<i>Less: Assigned Fund Balance</i>	
HHS: State Hospitals Budget Deficits	-\$250,000.00
HHS: EDMS (Electronic Data Management System) Upgrades	-\$500,000.00
HHS: Potential State/Federal Funding Cuts	-\$1,000,000.00
HHS: Emergency Preparedness	-\$1,000,000.00
HHS: Mental Health	-\$1,000,000.00
HHS: Chemical Dependency	-\$1,000,000.00
HHS: Foster Care Budget Deficits	-\$1,000,000.00
Assigned For Health & Human Services Expenditures	
Per Fund Balance Policy - Goal is 30-40%	40.35%
2022 Original Budget	\$18,833,946.00
	30% \$5,650,183.80
	35% \$6,591,881.10
	40% \$7,533,578.40
Committed Fund Balance Total	\$150,550.00
Assigned Fund Balance Programs Total	\$5,750,000.00
Assigned for Health & Human Services Expenditures	\$7,598,581.00
	\$13,499,131.00

Goodhue County Health and Human Services Board
2-15-2022 COVID-19 Update

FREE KN90 Masks are available at these Community Locations:

- Cannon Falls Public Library
- Kenyon Public Library
- Pine Island Public Library
- Zumbrota Public Library
- Dennison City Hall
- Goodhue City Hall
- Wanamingo City Hall
- Goodhue County Health & Human Services



co.goodhue.mn.us/COVID-19

It's simple. It's free.
You don't need insurance or an ID.



Get your COVID-19 vaccine!

co.goodhue.mn.us/COVID-19vaccines

Goodhue County COVID-19 Information and Resources:

- [Goodhue County COVID-19 Webpage](#)
- [Goodhue County Health & Human Services Facebook Page](#)
 - Goodhue County COVID-19 Hotline: (651) 385-2000
 - Financial Support/Social Services: (651) 385-3200
 - WIC Program: (651) 385-6120

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**

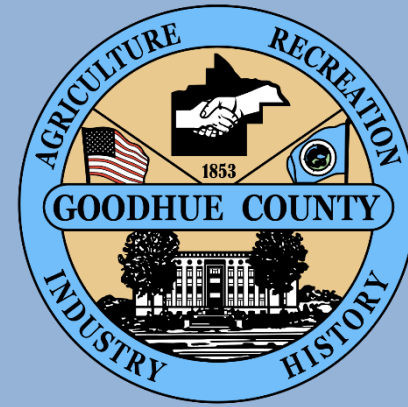


**Monthly Update
Child Protection Assessments/Investigations**

Month	2020	2021	2022
January	16	20	16
February	30	17	
March	19	15	
April	15	24	
May	21	26	
June	10	22	
July	12	19	
August	17	17	
September	18	17	
October	25	12	
November	21	33	
December	14	23	
Total	218	245	16

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS





Quarterly Trend Report

Quarter 4, 2021

Goodhue County Health & Human Services

February 15, 2022



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Administrative

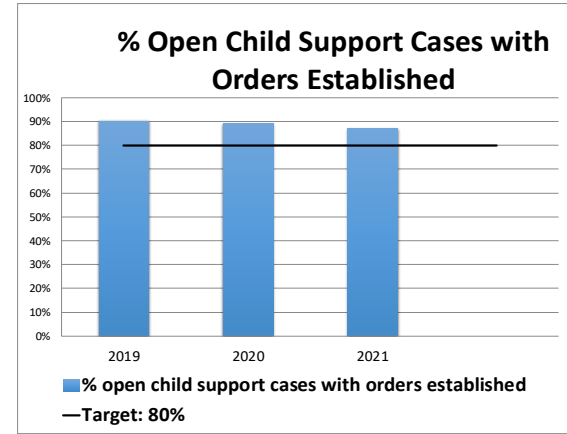
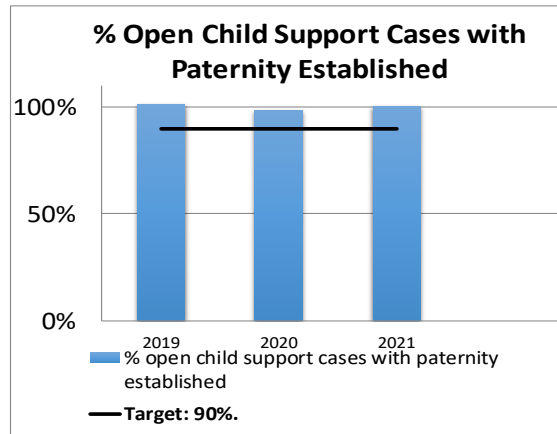
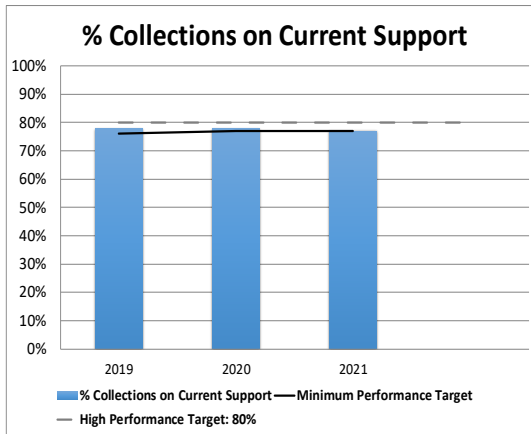
19 County Cars



Purpose/Role of Program

Minnesota’s Child Support Program benefits children by enforcing parental responsibility for their support. The Minnesota Department of Human Services’ Child Support Division supervises the Child Support Program. County child support offices administer it by working with parents to establish and enforce support orders. The child support staff works with employers and other payors, financial institutions, other states and more to implement federal and state laws for the program. The program costs for the Child Support Program are financed by a combination of federal and state money.

The measures below are **annual measures** the federal office uses to evaluate states for competitive incentive funds.



Story Behind the Baseline

Where Do We Go From Here?

- **LEFT:** Children need both parents contributing to their financial security and child support is one means of accomplishing that.
- **CENTER:** Establishing parentage gives a child born outside of marriage a legal father and the same legal rights as a child born to married parents. The paternities established during the federal fiscal year may not necessarily be for the same children born of non-marital births in the previous year. This is why percentages often exceed 100.
- **RIGHT:** This is a measure of counties’ work toward ensuring children receive financial support from both parents. Through our role in the Child Support program, we help ensure that parents contribute to their children’s economic support through securing enforceable orders, monitoring payments, providing enforcement activities, and modifying orders when necessary.

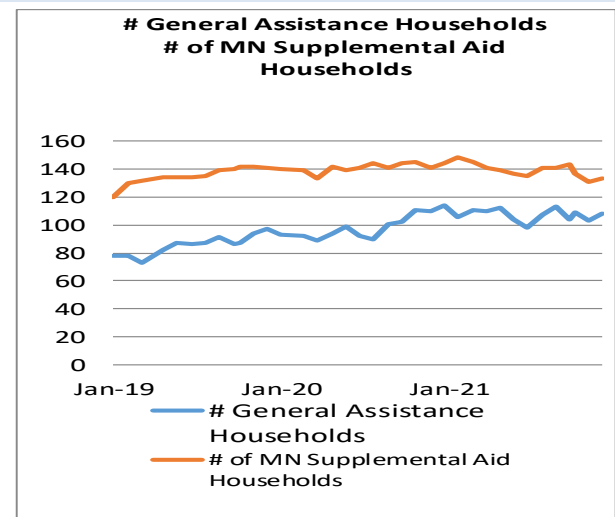
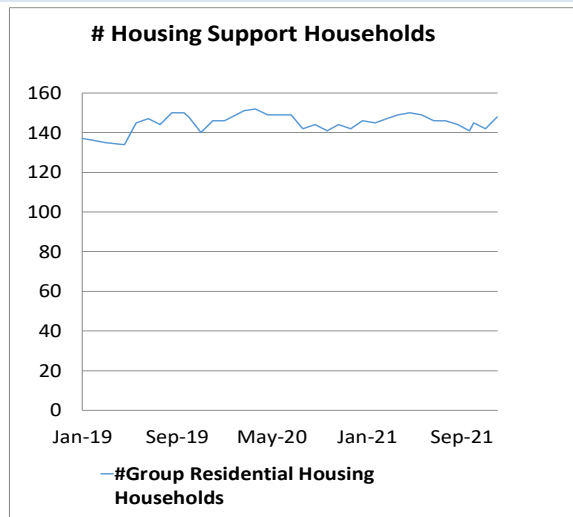
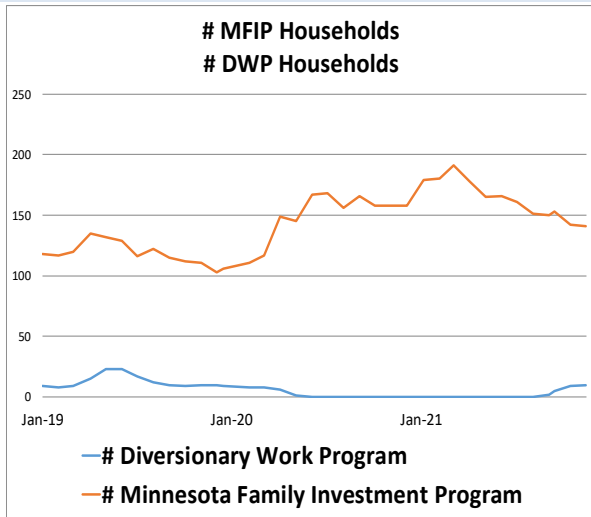
- **LEFT:** Continue to focus on reaching out to the non-custodial parents. Phone calls, building rapport and working together for reasonable payments helps to increase the % of collections on current support.
- **CENTER:** Staff factors influence all the measures. Continue to support our dedicated workers and utilize experienced, skilled staff in training new staff.
- **RIGHT:** Continue to work closely with Goodhue County Attorney’s Office and share information between courts, tribal nations, and other states that impact the ability to collect support across state boundaries.



Economic Assistance Cash Assistance

Purpose/Role of Program

The cash assistance programs administered at the county are entitlement programs that help eligible individuals and families meet their basic needs until they can support themselves. Eligibility for these programs is determined by Eligibility Workers and is based on an applicant’s financial need. The programs are administered by county agencies under the supervision of the state Department of Human Services. The program costs for the cash programs are financed by federal and/or state money (depending on the specific program). The MFIP and DWP program are time-limited and include work requirements and access to employment services. Income Maintenance staff work closely with local job counselors.



Story Behind the Baseline

LEFT, CENTER & RIGHT: These figures demonstrate steady volumes of services for the MFIP, DWP, GRH, General Assistance and MN Supplemental Aid Households. The DWP program has been reinstated as of October 1st, 2021. Expect to see an increase in DWP because many unemployment programs are ending and a slight decrease in MFIP in the 4th quarter.

Where Do We Go From Here?

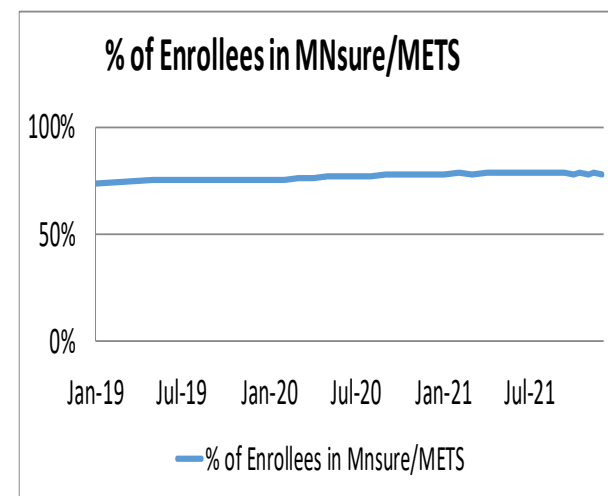
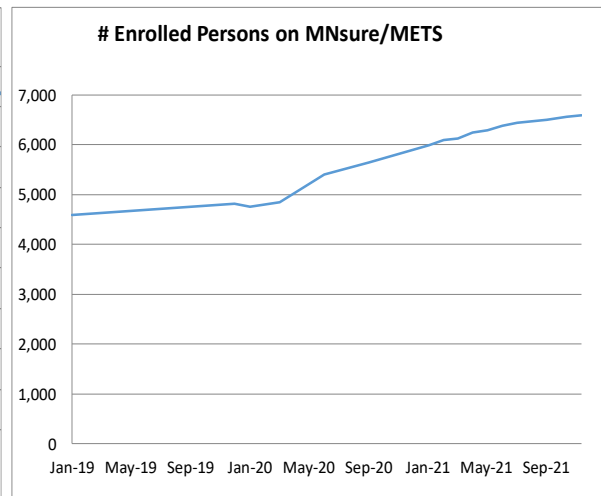
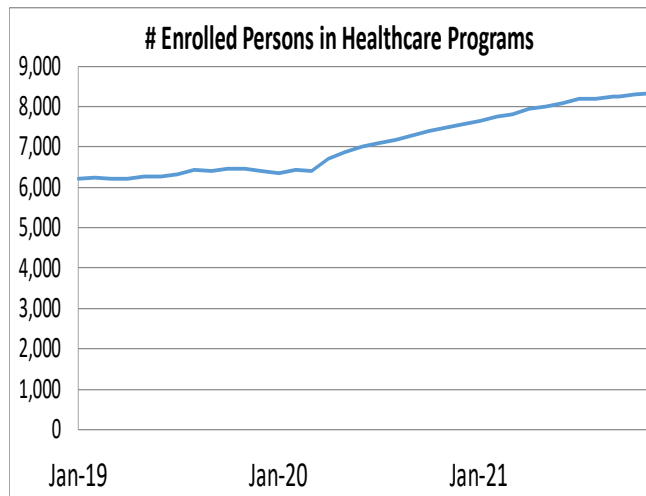
LEFT, CENTER & RIGHT: Many factors influence the need for these safety net programs including economy and availability of community resources such as food shelves, and natural disasters that result in increased applications.



Economic Assistance *Healthcare*

Purpose/Role of Program

Minnesota has several health care programs that provide free or low-cost health care coverage. These programs may pay for all or part of the recipient’s medical bills. The healthcare programs administered by the county agencies are done so under the supervision of the state Department of Human Services. Eligibility for the healthcare programs is determined via a combination of system determination (MNsure/METS/MAXIS) and Eligibility Workers. Eligibility is based on varying factors including income and assets. Funding for the healthcare programs is a combination of federal and state money.



Story Behind the Baseline

- **LEFT:** The number of enrollees on healthcare for Medical Assistance (MA) and MinnesotaCare (MCRE) has increased during ongoing federal COVID-19 Peacetime Emergency; provisions of Emergency Order helped ensure enrollees did not lose healthcare coverage.
- **CENTER & RIGHT:** The number of healthcare recipients enrolled through the MNsure/METS system has increased over the years as more people enroll and those on the legacy system (MAXIS) transfer to MNsure/METS. With transfer complete, we are no longer seeing transfer related increases. The number of enrollees on healthcare for MA and MCRE has also increased during COVID-19 Peacetime Emergency with the provisions of Emergency Order helping ensure enrollees did not lose healthcare coverage.

Where Do We Go From Here?

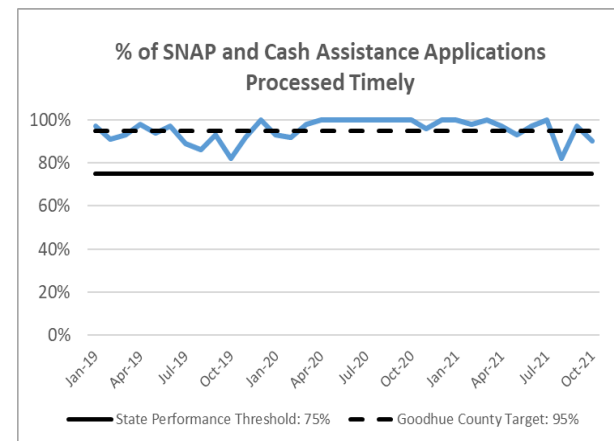
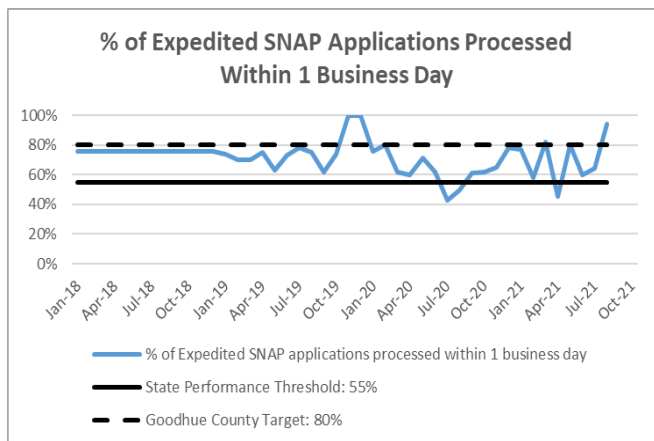
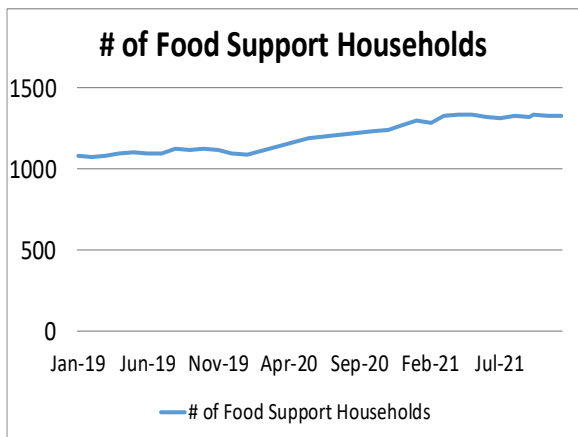
LEFT: Continue to make accessing services easy for all county residents needing assistance with healthcare.

CENTER & RIGHT: We continue to work closely with MNsure and DHS in order to improve the applicant and worker experience with the MNsure system. This continues to be very challenging due to METS’ technical and system issues, program complexities, changing policies, and inadequate supports from the state.



Purpose/Role of Program

SNAP is a federal entitlement program that increases the food purchasing power of low-income households. Eligibility for this program is determined by Eligibility Workers and is based on an applicant’s financial need. The benefit level is determined by household income, household size, housing costs and more. SNAP applicants are given expedited service when they have little to no other resources available to pay for food and, therefore, need basic safety net programs to meet a crisis. This program is administered by county agencies under the supervision of the state Department of Human Services. The program costs for the SNAP program are financed by a combination of federal and state money. The program includes work requirements for some recipients.



Story Behind the Baseline

Where Do We Go From Here?

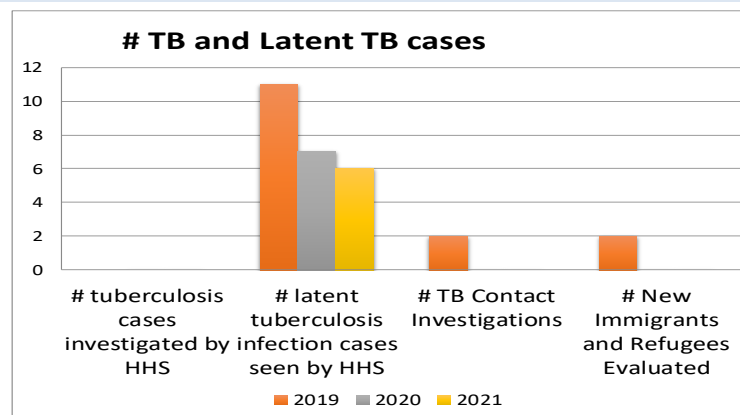
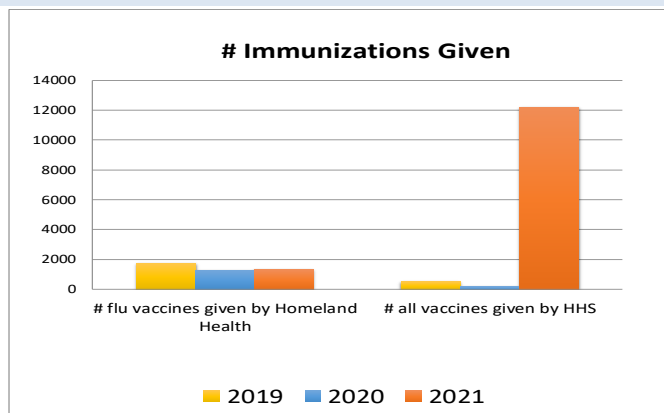
- **LEFT:** The number of households receiving food benefits in Goodhue County was stable around 1100 from 2017 to 2019 and has increased slightly during the pandemic, to around 1300 households in June 2021. This follows the state trend.
- **CENTER:** Since this measure was created in 2014, GCHHS has been above the 55% state performance threshold, including in 2020 when our annual performance was 65%. We met the threshold every month, with the exception of July 2020 and April 2021. GCHHS has some of the most timely processing in the region and was above the 2020 state average performance of 49%.
- **RIGHT:** Goodhue County well exceeds the 75% state performance threshold for processing SNAP and Cash applications, and has since this measure was created in 2014. GCHHS has met our internal goal of 95% annual performance in 2015, 2018, and 2020. During the pandemic, the ability to accept electronic signatures over the phone has made it easier to meet the processing timeline.

- **LEFT:** Continue to make accessing services easy for all county residents who need help with food support.
- **CENTER:** Continue to identify expedited applications and process applications timely.
- **RIGHT:** Continue to support our dedicated workers and utilize experienced, skilled staff in training new staff as staff retire.



Purpose/Role of Program

Disease Prevention and Control activities include evaluating, promoting, and providing immunizations. HHS investigates and monitors treatment of active and latent tuberculosis cases. Minnesota Department of Health monitors and investigates all other reportable infectious diseases and disease outbreaks. DP&C notifies medical providers and the public when outbreaks occur and provides education about preventing communicable diseases.



Story Behind the Baseline

- LEFT:** 12,175 vaccinations were given by HHS in 2021: 11,811 COVID-19 vaccines and 364 other vaccinations. 726 of these COVID vaccines were given in the last quarter of 2021, mostly boosters. For other vaccinations, our vaccination clinics have been by appointment only since our building reopened to the public in June 2021 and will continue to be by appointment. Homeland Health gave vaccine at flu clinics for schools and community flu clinics throughout the county in fall 2021.
- RIGHT:** Follow up is being completed per our protocols with 5 latent TB patients who were on treatment at the start of 2021. One new referral came in November 2021. Letters were sent to 2 new immigrants or refugees in 2021 but no response yet so no evaluation took place.

Where Do We Go From Here?

LEFT: The COVID-19 vaccination efforts of 2021 were unparalleled. We scheduled public booster clinic through January 28, 2022; jail vaccination clinics will continue monthly. For other vaccinations, SE MN Immunization Registry sent a reminder recall to the 16-18 months olds in SE MN. HHS continues to send immunization reminders to all one year olds in Goodhue Co., as well as through Child/Teen Check-up mailings. We see school-age children for immunizations. DP&C nurses have provided immunizations to 10 students at 2 schools to students whose families are unable to get to clinics. Many counties assist schools in the Fall to provide back to school immunization clinics at schools for those students. This is something HHS may consider doing.

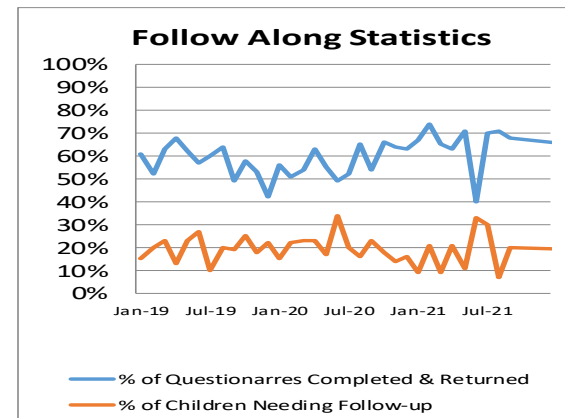
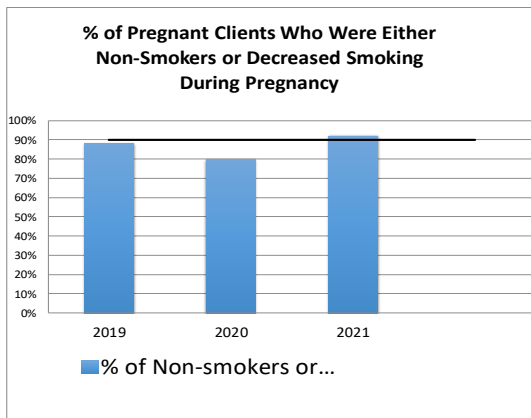
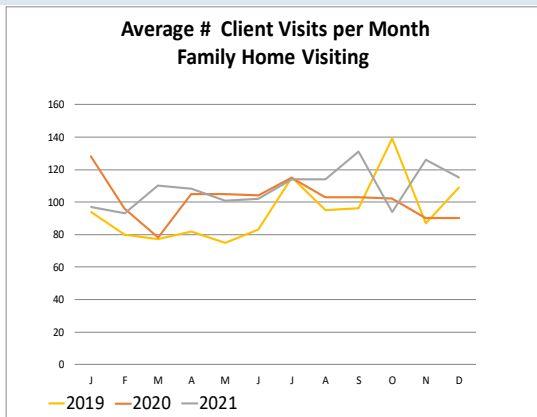
RIGHT: HHS met with our medical director at Mayo Clinic and revised the protocol for TB referrals for medication and monitoring of latent TB cases. DP&C will continue to obtain medications from MDH for anyone with latent TB who is at high risk of progression to active tuberculosis and will monitor active TB cases. Mayo clinic will monitor their patients who have insurance to cover the drugs unless they are likely to be non-compliant in which case they'll be referred them to HHS.



Family Home Visiting and Follow Along

Purpose/Role of Program

Family home visiting is a health promotion program that provides comprehensive and coordinated nursing services that improve pregnancy outcomes, teach child growth and development, and offer family planning information, as well as information to promote a decrease in child abuse and domestic violence. Prenatal, postpartum, and child health visits provide support and parenting information to families.



Story Behind the Baseline

- LEFT:** Quarterly average is approximately 120 visits per month. Home Visits are being offered in the home or virtually. In person, home visits are rolling out slowly with precautions in place for our families; staff and families are excited to be meeting in person again. The number of families we see, and subsequently how many visits we make, depends on the birth rate. If the birth rate is down, we don't receive as many referrals, thus a decrease in how many visits we can make. Our monthly visit rate also depends on the number of visits a family wishes to receive. Some families may want weekly visits; others may only want to be seen once per month. The number of visits we make per month is very fluid and depends on many contributing factors.
- CENTER:** The percent of pregnant clients who were either non-smokers or decreased smoking during pregnancy is an annual number that we track. Thus far in 2021, we are below our target rate of 90%. We know that smoking during pregnancy can cause baby to be born early or to have low birth weight-making it more likely the baby will be sick and have to stay in the hospital longer. We also know that smoking during and after pregnancy is a risk factor of sudden infant death syndrome (SIDS). We continue to educate all of our families at home visits, as well as provide written information to the families we see as well as those families that do not participate in our services.
- RIGHT:** Follow Along Program monitors the development of children enrolled by sending parents validated screening questionnaires. These questionnaires indicate if a child is not meeting developmental milestones; therefore, requiring follow up by a public health nurse and also a possible referral to the school district's Help Me Grow Program for an assessment. Parents have shared that screeners are a useful tool that helps them track their child's development. Our current goal is to increase questionnaires that are completed and returned to us, which enables us to reach more children. This is made possible by our current collaboration with the Goodhue County Child and Family Collaborative, and Youth Outreach. The return rate continues to average around 60%. In 2017, prior to the increased funding, our return rate was 37%. The consistency of this increase is due to additional staff time dedicated to the program as well as text and email reminders to return the questionnaires. Stable return rates demonstrates enrollees are more committed to involvement with the program. Enrollee numbers are down. Statewide FAP enrollee numbers are down as well.

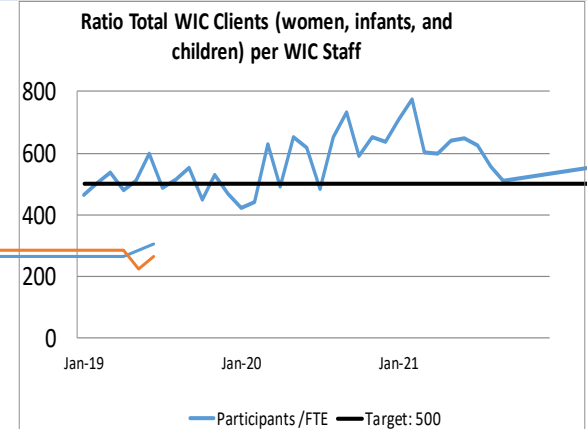
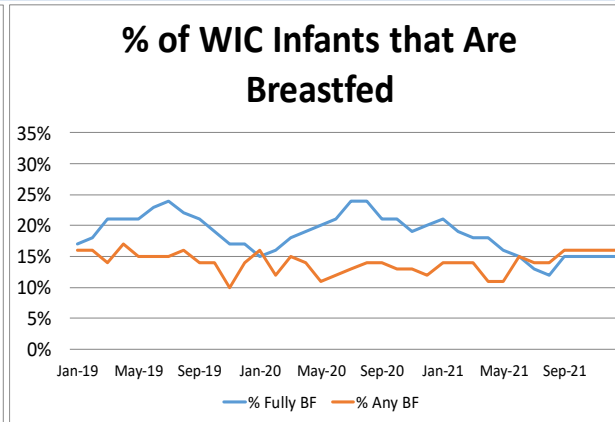
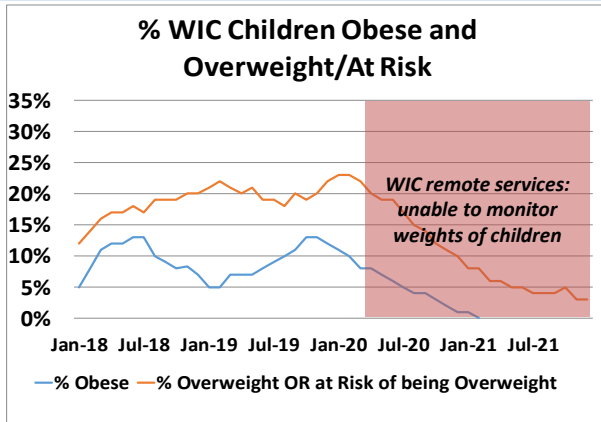
Where Do We Go From Here?

- LEFT:** We will continue to offer home visits to clients to improve education and support, increase bonding and attachment, and in turn, reduce the risk of child abuse and neglect.
- CENTER:** We will continue to educate on the importance of not smoking during pregnancy and continue to offer resources to assist with smoking cessation.
- RIGHT:** We will continue to monitor the development of children and refer as appropriate. This will assist children with staying on task for meeting developmental milestones and getting early intervention services as soon as possible to make sure they are school ready as well as educate/inform parents about age appropriate milestones and how to help their children achieve them.



Purpose/Role of Program

WIC is a nutrition education and food supplement program for pregnant and postpartum women, infants and children up to age 5. Eligibility is based on family size and income. WIC participants are seen regularly by a Public Health Nurse who does a nutrition and health assessment, provides nutrition education and refers to appropriate resources. WIC is federally funded.



Story Behind the Baseline

Where Do We Go From Here?

- **LEFT:** WIC promotes a healthy weight. The rates of obesity and overweight or at risk among Goodhue County WIC children 2 up to 5 years of age are stable and similar to the state average. Due to Covid-19, we began doing remote services mid-March and are continuing remote services. Therefore, we are not doing in clinic heights and weights on children. Please interpret the data on obesity and at risk for overweight with caution, as we are not documenting heights and weights routinely at this time. ****Numbers are decreasing and no data for several months now due to WIC remote services and getting weights on children.**
- **CENTER:** The statewide WIC goal is to increase breastfeeding of infants 0-12 months. Breastfeeding initiation has increased; however, duration of breastfeeding continues to be an issue. WIC measures babies who are totally breastfed and babies who are receiving breastmilk and formula. Exclusively breastfed babies tend to breastfeed longer. Babies receiving **any** breastmilk are still getting the benefits of breastfeeding.

- **LEFT:** Offering nutrition education regarding healthy eating habits and the importance of physical activity. Education is done with a 'participant centered' approach so that they have more ownership in making changes.
- **CENTER:** We are participating in a statewide continuous quality improvement collaborative to improve breastfeeding rates in 2019.
- **RIGHT:** Outreach Activities include building rapport with clients to foster person-to-person referrals (the majority of our referrals), communication with health care providers, newspaper articles, participation in health/resource fairs. Although caseloads have decreased families that we are serving seem to have more issues/needs than we have seen in the past.

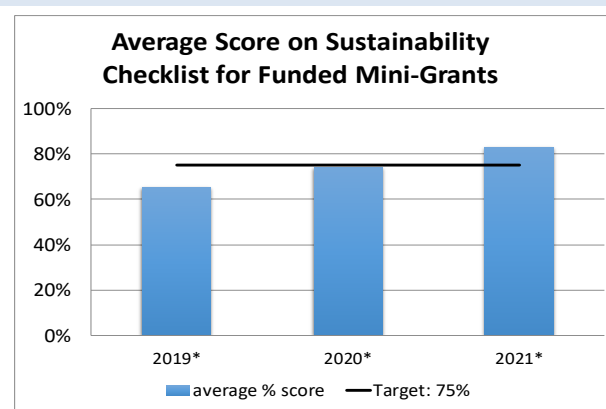
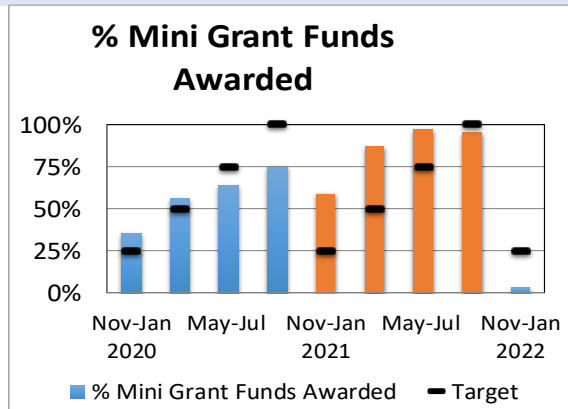
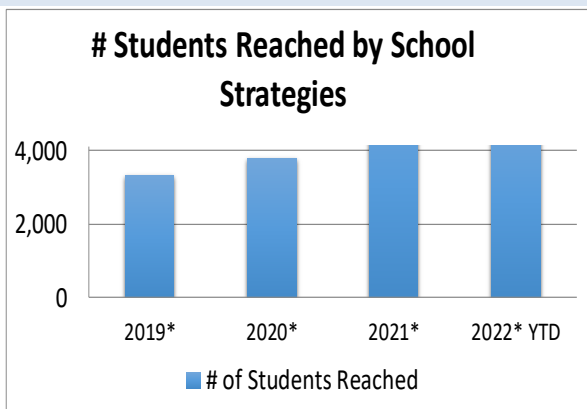


Public Health

Live Well Goodhue County

Purpose/Role of Program

Live Well Goodhue County’s mission is to improve the health of our residents by making it easier to be active, eat nutritious foods & live tobacco-free. We partner with child care providers, schools, worksites, cities, non-profits and other organizations. We provide mini-grants for sustainable projects that fit within our mission. We are supported by the Minnesota Statewide Health Improvement Partnership of the Minnesota Department of Health.



Story Behind the Baseline

- **LEFT:** Our current partners are Pine Island School District, Red Wing School District, St. John’s Lutheran School and Zumbrota-Mazeppa Public Schools.
- **CENTER:** Mini-grants are available to community organizations, child care providers, schools, worksites, non-profits and other organizations that are interested in partnering with us to improve the health of our residents. The focus must be on making it safer and easier to walk, bike, eat nutritious food and live tobacco-free
- **RIGHT:** The average score is increasing, and it was 83% in 2021, with all but one partner completing the checklist. It indicates these mini-grant projects have potential to be sustained after the 2021 grant year.

Where Do We Go From Here?

- **LEFT:** Live Well Goodhue County staff are working to develop partnerships with all our schools. This year the focus is working with new school wellness committees, Safe Routes to School, physical activity and increasing access to healthy foods.
- **CENTER:** Mini-grants are available throughout our grant year. Staff members are actively working to build relationships with potential partners while encouraging past and current partners to implement an initiative.
- **RIGHT:** Our Sustainability Checklist Survey will again be sent to our 2022 partners in November 2022. This survey is nine questions to identify how sustainable the project is.

*2019 grant year=11/1/18 – 10/31/19, *2020 grant year=11/1/19-10/31/20,
*2021 grant year=11/1/20-10/31/21, *2022 grant year =11/1/21-10/31/22

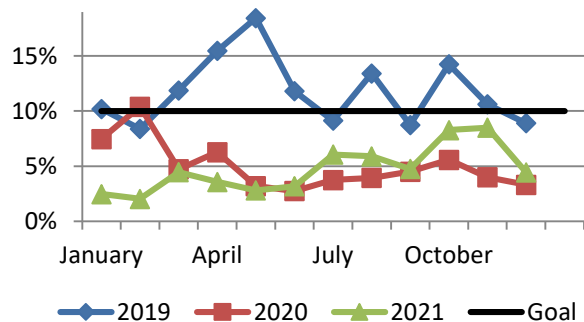


Purpose/Role of Program

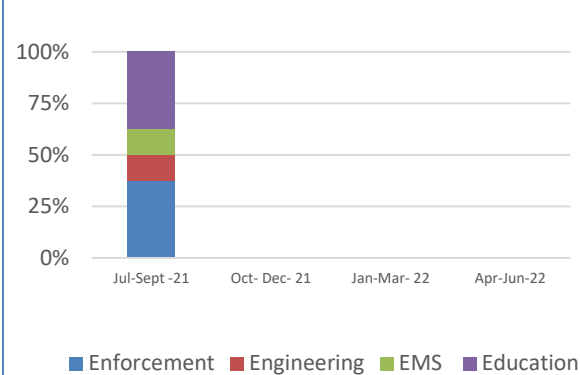
Healthy Communities Unit promotes healthy behaviors and health equity with programs such as Live Well Goodhue County, Emergency Preparedness, Towards Zero Deaths (TZD), and Make it OK. Staff engage the community in developing and implementing strategies.

Towards Zero Deaths is based on the belief that even one traffic-related death on our roads is unacceptable. TZD uses an interdisciplinary, data-driven approach to reduce traffic fatalities and is funded by a grant from the Minnesota Department of Public Safety. Our goal is to maintain a balance of active representation from each “E.”

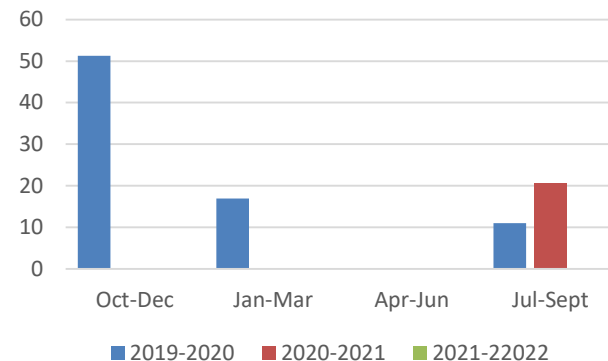
**Face to Face, Phone, & Video Time - % FTE
Healthy Communities Team**



Active TZD Coalition Members



TZD Grant Volunteer Hours



Story Behind the Baseline

- **LEFT:** Staff time face to face with community fell below our goal of 10% or 4 hrs. per full-time staff per week in 2020. This measure does not include COVID Response time. In 2021, it increased as staff were gradually reassigned to regular duties. It stopped increasing when staff were assigned back to COVID booster clinics Nov-Jan 2022.
- **CENTER:** Our goal is to maintain a balance of representation from each “E” because a combination of strategies and approaches are often most effective. Due to COVID-19 there were limited TZD events and activities in 2020 and 2021.
- **RIGHT:** Much of the TZD safe roads grant activity revolves around the “enforcement wave” calendar, busiest from April to September. Due to COVID-19 there limited TZD events and activities in 2020 and 2021.

Where Do We Go From Here?

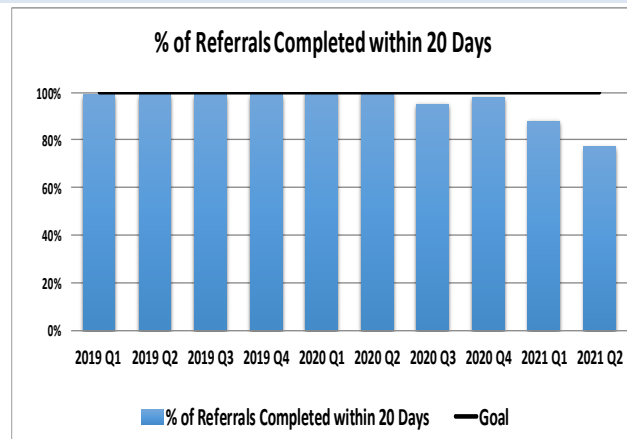
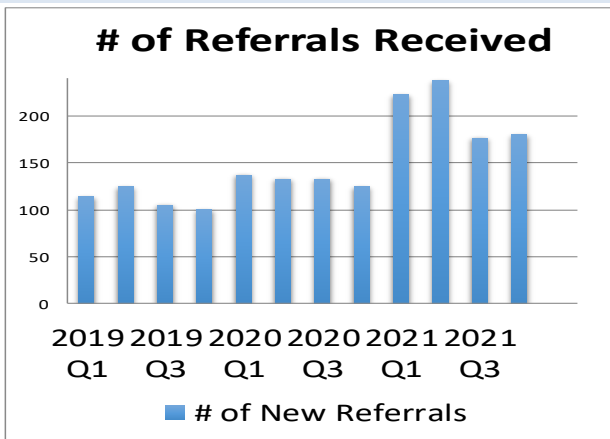
- **LEFT:** As we restart regular duties, face to face time will increase again. We will use tools like GoToMeeting, Zoom, Mentimeter, and Mural to engage the community virtually.
- **CENTER:** Engage existing members and recruit new members in the 4 sectors of education, enforcement, engineering, and emergency medical services (EMS).
- **RIGHT:** A lot of coalition members are new due to turnover and it’s extra challenging to engage them due to the pandemic.



Public Health *Waiver Management Team*

Purpose/Role of Program

Home and Community Based Services are provided to residents of counties in Minnesota to help keep them in their homes or the least restrictive environment safely.



Story Behind the Baseline

- **LEFT:** The increase in referrals this year show a rise in waiver program referrals. This means that residents are choosing to remain in their homes longer with services and supports rather than going into institutional care.
- **CENTER:** Staff were completing in-person visits but as COVID numbers increased, staff returned to doing virtual and phone visits at the clients discretion. Visits are important to the work as they give staff an opportunity to know the people, assess their individual needs and their environment, build rapport, and assist people to meet their needs. Staff follow person-centered planning practices and strive to have people in the least restrictive environment that meets their individual needs. Staff work closely with other departments and agencies to ensure needs are met.
- **RIGHT:** New customer referrals take on average 7-12 hours of the assessor's time to complete and with the rise in referrals, plus an increase in case load size, it is becoming more challenging to meet the 20 day requirement 100% of the time.

Where Do We Go From Here?

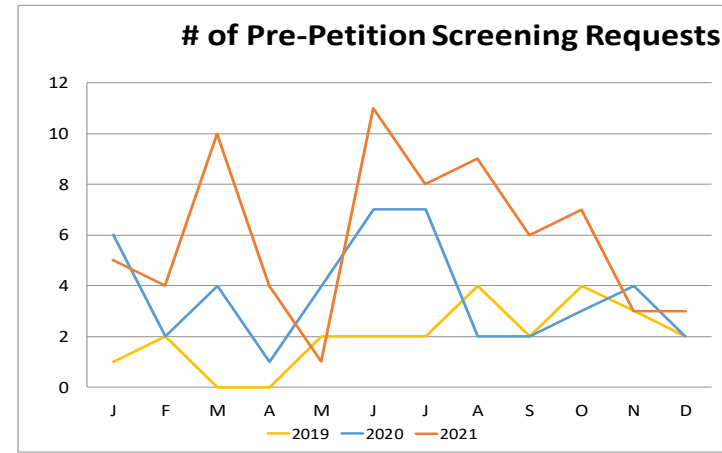
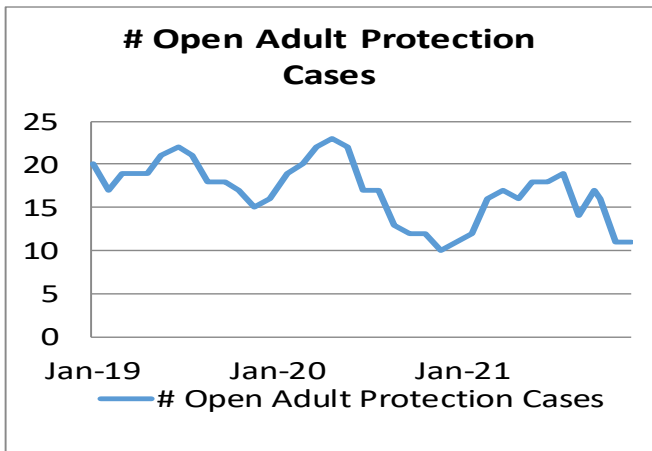
- **Left:** Continue to educate residents about the services we provide and how to access those services, so residents can receive the support they need.
- **Center:** Visits equal revenue, so we want to maintain visit counts. Our case managers build rapport with clients and increased visits maintains this working relationship to ensure health and safety needs are met in the least restrictive environment.
- **Right:** We need to strive to be 100% compliant with completing screens in 20 days. Timely screens means timely services to the people we serve.



Social Services Adult Protection

Purpose/Role of Program

Adult Protection is a mandated service and is funded by county, state, and federal dollars. Counties are responsible for investigating reports that happen in the community and in Emergency Protective Services situations, while the state is primarily responsible for reports in facilities. Social Services is the Pre-Petition Screening (PPS) Agency to determine if a person meets criteria for Civil Commitment and is not willing to participate in voluntarily services in order to meet basic needs or safety due to Mental Illness, Chemical Dependency (or both) or Developmental Disability. Civil Commitment is an involuntary process and we follow MN Statutes.



Story Behind the Baseline

- LEFT:** In Goodhue County, 100% of vulnerable adults who experience maltreatment did not experience repeated maltreatment of the same type within six months. This is positive and is better than the statewide average! MN DHS issued specific guidance regarding face to face visits during COVID to protect vulnerable populations by encouraging staff to use collateral sources via telephone or video in lieu of in person visits whenever possible.
- RIGHT:** The requests for pre-petition screenings (PPS) for civil commitments has drastically increased in 2021. We ended up more than double our annual average PPS requests. The people we are seeing are very complicated and really sick. Placements for people under civil commitment have been more challenging and time consuming to find due to COVID. It seems that people are really struggling in our community and posing safety threats or severe inability to care for self much more than in the past.

Where Do We Go From Here?

- LEFT:** In adult protection, DHS has offered more guidance and training and we're working on standardizing our approach to adult protection assessments. The state is actively working on the vulnerable adult redesign process.
- RIGHT:** We continue to use community based programs, such as the South Country Health Alliance Healthy Pathways program, with the hope of decreasing the need for higher level of care services including civil commitment. However, we do not have capacity of staff to do much Healthy Pathways right now as we are so heavy on crisis management.

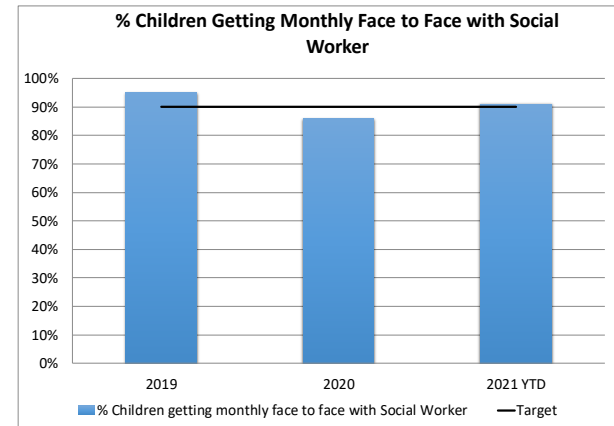
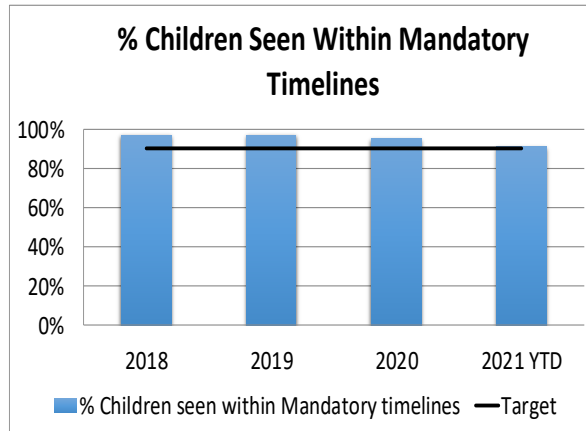
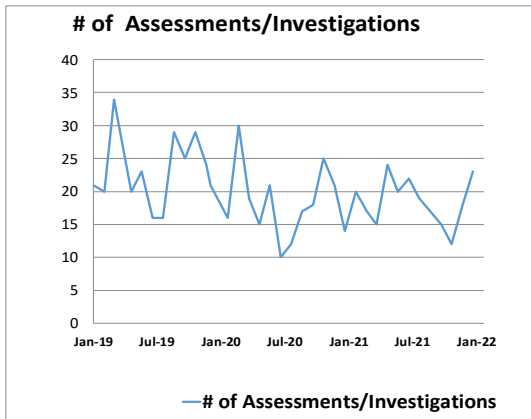
**Starting in 2020, we are tracking the # of pre-petition screening requests vs civil commitments, which better represents our work, as not all screenings result in commitments requested.*



Social Services *Child Protection*

Purpose/Role of Program

Counties are required by state law to respond to reports of child maltreatment, conduct assessments/investigations, and provide ongoing services and support to prevent future maltreatment. Child protection is funded by county, state and federal dollars.



Story Behind the Baseline

- **LEFT:** We saw a “return to normal” level of reports last quarter and this quarter is slightly lower than pre-pandemic levels again. Challenges with SSIS in November and December miscalculated the number of CP assessments for November. The numbers reflected above are accurate.
- **CENTER:** Due to COVID, we continue to conduct health screenings before meeting with families and children and follow the Goodhue County and CDC guidelines for in person contact. We have needed to postpone in person visits to homes, schools, and child care centers. Although we continue to use alternatives like video meetings in those situations, the expiration of the waiver to allow video contact has impacted our ability to record a face to face contact within the mandated timeline.
- **RIGHT:** We continue to work towards reaching the 95% target. The pandemic continues to interrupt our ability to see children in person in their homes, residential facilities or at school. For the health and safety of the workers and the children and families we serve, sometimes virtual contact is required.

Where Do We Go From Here?

- **LEFT :** Our school attendance specialist has been on board since August and has a full caseload. We are averaging nearly 20 child welfare referrals each month focusing on attendance issues. Partnering with families and schools has been productive
- **CENTER:** Prioritizing safety continues to guide our work and the timeliness of our initial response indicates this. Children are seen as soon as possible after a report is received.
- **RIGHT:** As facilities remove visitation limitations, our face to face contacts will also improve. We are back to full case management staffing levels.

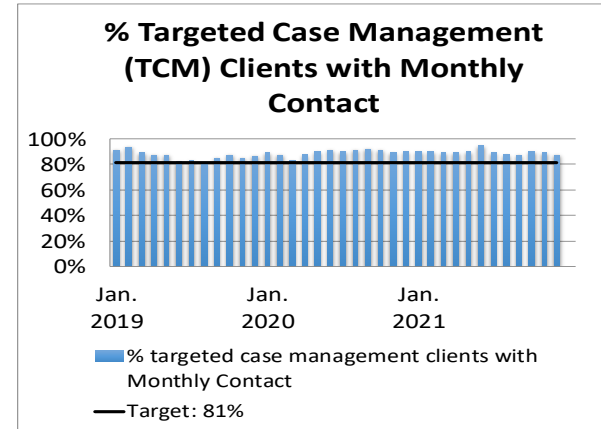
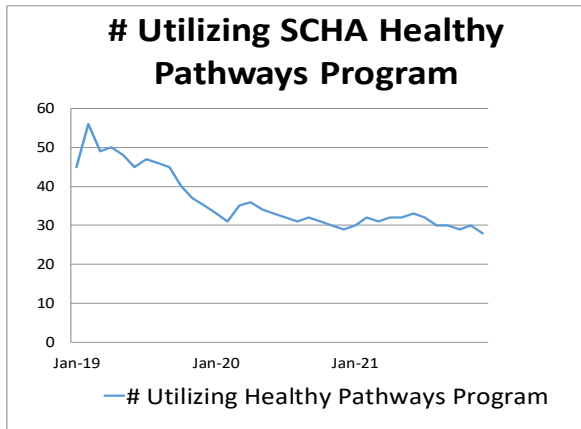
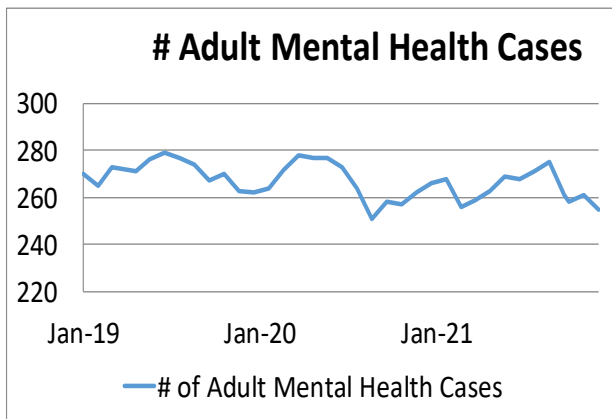


Social Services

Adult Mental Health

Purpose/Role of Program

Counties are required to provide Adult Mental Health (AMH) case management to clients who meet the eligibility criteria. AMH case management is funded by a combination of county, state and federal funds, including Medical Assistance/PMAP funding. We know that offering voluntary services can minimize crisis situations that may involve pre-petition screening for civil commitment, Emergency Room visits, detox stays, and incarceration (all of which may be intrusive and costly).



Story Behind the Baseline

- **LEFT:** Caseloads continue to be tracked with each referral. We have had some changes in our team this year with roles and medical leaves.
- **CENTER:** Healthy Pathways (HP) is a South Country Health Alliance (SCHA) program focusing on providing early intervention to persons exhibiting mental illness to avoid crisis (such as incarceration or civil commitment). We have not been able to offer as much HP as we are so heavy on crisis/civil commitment cases. We don't have staffing capacity to do more prevention type work, despite knowing that this really important also. We are hopeful of doing more outreach/crisis prevention with our new, provisional position (from ARPA funds).
- **RIGHT:** With guidance from DHS, we have been able to have phone or video contact with clients and still bill for TCM due to COVID. We know that face to face contact is best so we are striving to see clients in person, safely, when possible. In 2021, we had increased client contact and billing revenue over 2020 and prior years. This is due to the social workers and support staff being very diligent.

Where Do We Go From Here?

- **LEFT, CENTER & RIGHT:** Staff ensure clients receive monthly contact which allows quality services with prevention focus, along with maximizing revenue for continued services.
- During COVID, services have been more challenging for our clients to participate in. Telehealth has been a good option for some but not others.

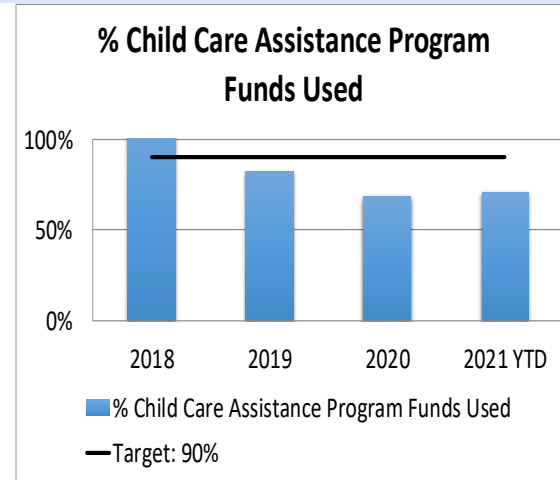
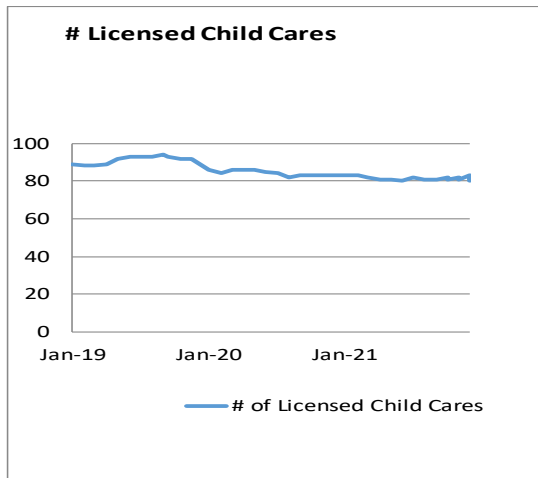


Social Services

Child Care Licensing and Funding

Purpose/Role of Program

Counties are required to license private daycare homes. Counties also administer the Child Care Assistance Program (CCAP) which is a funding source for child care for low income families. Counties receive a yearly CCAP grant that is calculated based on a number of factors including population, number of families receiving public assistance, etc. The goal is for counties to spend 90-100% of their CCAP grant.



Story Behind the Baseline

- **LEFT :** The number of licensed child cares has remained stable throughout 2021. The pandemic related expectations for the providers and licensor are changing rapidly. This has been difficult for providers and the families who utilize child care.
- **RIGHT:** Our utilization is currently below our allotment. The goal is to remain between 90-100% of our allotment. We are currently adding all eligible families in to reach the allotment goal.

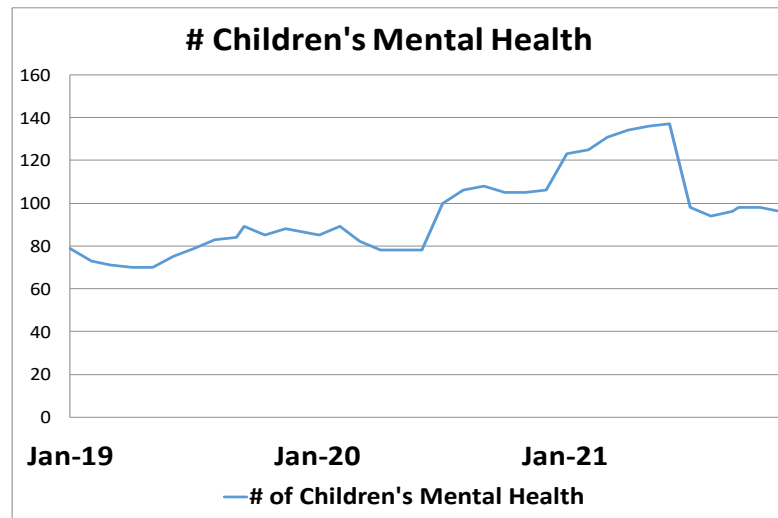
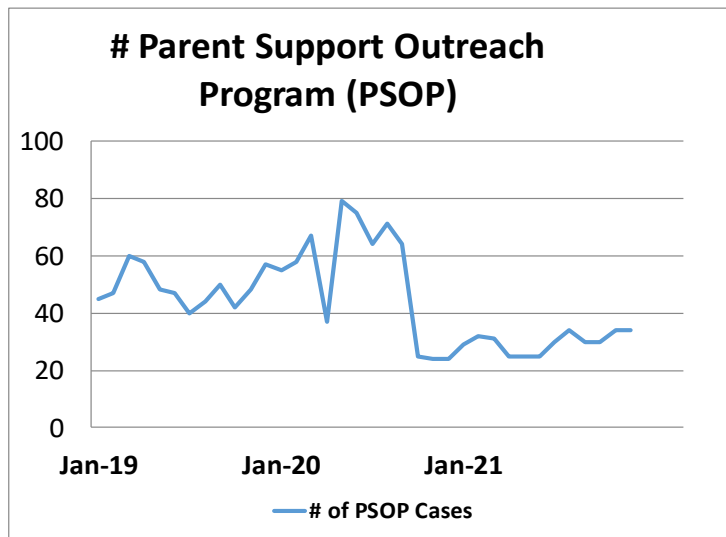
Where Do We Go From Here?

- **LEFT & RIGHT:** The shortage of flexible child care is a major issue in most communities and is often a barrier for parents to be able to work. We will continue to discuss this concern with community partners and encourage more individuals and agencies to consider providing child care. This is a vital service to increase self sufficiency and reduce dependency on public assistance.



Purpose/Role of Program

The Parent Support Outreach Program (PSOP) started in Goodhue County in July, 2013, and expanded under a Community Investment Grant from South Country Health Alliance. It is currently funded by a small DHS grant. Children's Mental Health case management is mandated to be provided by counties. Goodhue County contracts with Fernbrook Family Center to provide CMH services.



Story Behind the Baseline

- **LEFT:** PSOP is a valuable service and support to many families. One worker managing 30 or more cases is difficult, yet the number of families who would benefit from this support continues to grow.
- **RIGHT:** Fernbrook continue to provide Children's Mental Health case management. Tracking new referrals and eligibility has improved and increased the number of children receiving services.

Where Do We Go From Here?

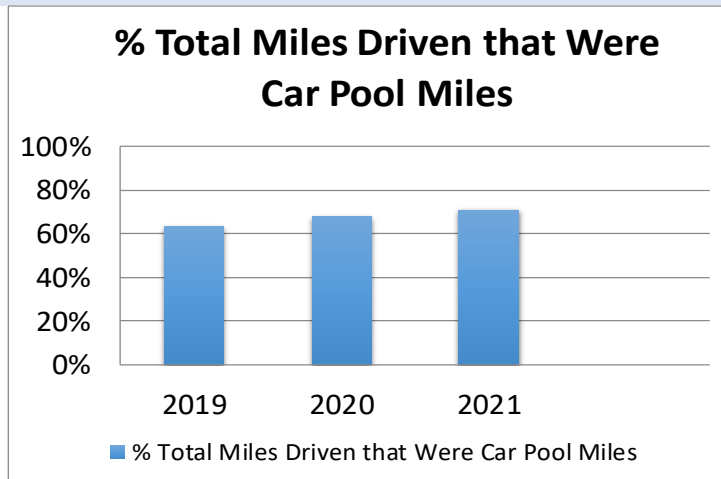
- **LEFT:** Recipients continue to report gratitude for this vital service. Securing child care, parenting education/ support and early learning programming are allowing parents to maintain employment, attend necessary appointments, and implement developmentally appropriate discipline strategies. We hope to add to this program by offering parenting education for parents of children older than 5.
- **RIGHT:** Children's Mental Health case management continues to be a vital service. Case managers have used a variety of engagement strategies to help teach children and youth coping skills.



Health & Human Services *County Cars*

Purpose/Role of Program

All mileage is turned in whenever Goodhue County Health and Human Services staff drive for work. The cost to the county for driving a county car is lower than the rate employees are reimbursed for driving their own car. The majority, more than half, of miles driven by our HHS department are car pool miles.



Story Behind the Baseline

CENTER: The HHS Department continues to use county pool cars for about 60-70% of miles travelled on county HHS business. In 2019, county car usage was slightly down, which may be because the first few months of 2019 were very snowy. Accounting staff calculate this percentage based on personal miles turned in, so the slight decrease could be explained by staff turning in personal mileage more often (not necessarily using personal cars more). Many factors determine whether someone uses a county car, including preference, demand for county cars (all checked out), what cars are available (4 wheel drive), weather, destination, needing to transport bulky items, and employee’s residence (whether it is faster to drive to a meeting than first go to Red Wing to get a car).

Where Do We Go From Here?

- **CENTER:** We will continue to encourage staff to utilize county pool cars for county business. This is the preferred and cost effective method for HHS county business travel.



Minnesota's Out-of-home Care and Permanency Report, 2020

Children and Family Services

January 2022

For more information contact:

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Child Safety and Permanency Division
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St. Paul, MN 55155

651-431-4660

Dhs.csp.research@state.mn.us

<https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/>



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call (651) 431-4670, or use your preferred relay service. ADA1 (2-18)

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Out-of-home care and permanency report summary, 2020

Purpose

This annual report provides information on children placed in out-of-home care in Minnesota, highlighting work across the state to ensure and promote safety, permanency, and well-being of children who experience out-of-home care. For this report, the terms out-of-home care, out-of-home placement, foster care, and in care are used interchangeably to refer to any instance in which children are removed from their home of origin and placed in care of the responsible social service agency. For information about performance on all state and federal performance measures, see the [Minnesota Child Welfare Data Dashboard](#).

Findings

Placement data for out-of-home care in 2020 is as follows:

- There were 13,442 children in 13,837 out-of-home care episodes who experienced one or more days in out-of-home care. (Children could be in multiple episodes of out-of-home care if they achieved permanency and re-entered care.)
- There was a 21.4% reduction in the number of children who entered out-of-home care in 2020, from 6,162 to 4,812. There was also a reduction in removals regarding child delinquency, but an increase in removals regarding alleged physical abuse. The number of children continuing in out-of-home care (episode began in a prior year and extended into 2020), continued to decrease in 2020, with 8,797 children continuing in care from 2019, a 4.6% decrease from the prior year.
- Parental/caretaker drug abuse continues to be the most common primary reason for new out-of-home care episodes, accounting for 1,620 new episodes or 32.6% of all new cases, continuing a trend that started in 2016.
- White children remain the largest group in care, although disproportionality of African American and American Indian children, as well as children who identify as two or more races remains a significant concern.
- American Indian children were 16.4 times more likely, African American/Black children 2.4 times more likely, and those identified as two or more races were 6.8 times more likely than white children to experience care, based on Minnesota population estimates from 2019.
- Children under age 2, and those between the ages of 15 and 17, were the most likely age groups to experience out-of-home care.

Supervision and case management data is as follows:

- Of all out-of-home care placements, most are supervised by county social services (93.5% of enterers and 84.9% of continuers). The remainder were under corrections (4% of enterers, 1.9% of continuers), and tribal social services (4.5% of enterers, 13.2% of continuers).

- The most common settings experienced by children entering care were family foster homes, with about 89.5% of children spending time in that type of setting. Family foster homes include relative and non-relative foster homes, and pre-adoptive and pre-kinship homes.

Leaving out-of-home care data is as follows:

- There were 5,801 unique children in 5,914 placement episodes that ended in 2020.
- Of placement episodes that ended, 27.9% lasted six months or less.
- Most placements (56.2%) that ended in 2020 were because children were able to safely return home to their parents or other primary caregivers.
- More than one in four (28.6%) continuous placement episodes ended with children being adopted, or transfer of permanent legal and physical custody to a relative.
- There were 2,633 children who spent at least one day under guardianship of the commissioner, Minnesota Department of Human Services, a decrease of nearly 13% from 2019.
- Adoptions were finalized for 965 children under guardianship of the commissioner, a 20.9% decrease from 2019.
- For American Indian children under jurisdiction of tribal court, 50 had a customary tribal adoption.
- Using the federal performance measure, re-entry into foster care in 2020 was 15.8%; Minnesota's re-entry rate remains much higher than the federal performance standard of 8.3%.

Legislation

This report was prepared by the Minnesota Department of Human Services, Children and Family Services Administration, Child Safety and Permanency Division, for the Minnesota Legislature in response to a legislative directive in Minn. Stat., section 257.0725. This report also fulfills reporting requirements under the Vulnerable Children and Adults Act, [Minn. Stat., section 256M.80, subd. 2] and the Minnesota Indian Family Preservation Act. [Minn. Stat., section 260.775]

Minn. Stat., section 257.0725: The commissioner of human services shall publish an annual report on child maltreatment and on children in out-of-home placement. The commissioner shall confer with county agencies, child welfare organizations, child advocacy organizations, courts, and other groups on how to improve content and utility of the department's annual report. Regarding child maltreatment, the report shall include the number and kinds of maltreatment reports received, and other data that the commissioner determines appropriate in a child maltreatment report.

Minn. Stat., section 256M.80, subd. 2: Statewide evaluation. Six months after the end of the first full calendar year and annually thereafter, the commissioner shall make public county agency progress in improving outcomes of vulnerable children and adults related to safety, permanency and well-being.

Minn. Stat., section 260.775: The commissioner of human services shall publish annually an inventory of all Indian children in residential facilities. The inventory shall include, by county and statewide, information on legal status, living arrangement, age, sex, tribe in which child is a member or eligible for membership, accumulated length of time in foster care, and other demographic information deemed appropriate concerning all Indian children in residential facilities. The report must also state the extent to which authorized child-placing agencies comply with the order of preference described in United States Code, title 25, section 1901, et seq.

Introduction

Placement in out-of-home care is sometimes necessary. Foster care, especially family foster care settings, can mitigate the negative effects of maltreatment and/or neglect, providing children with supports essential for healthy development. [Annie E. Casey Foundation, 2012] It is imperative that the Minnesota Department of Human Services (department) monitor and assess information on children in out-of-home care, ranging from conditions that resulted in removal from their home, to how effective the system is at helping children find safe, permanent homes.

Entering out-of-home care can cause significant trauma for children. Those in out-of-home care tend to have difficulties in school and exhibit emotional and behavioral problems. [Kortenkamp & Ehrle, 2002] Placement in out-of-home care, especially during important developmental periods, can be problematic for children's attachments with primary caregiver/s. Negative impacts on emotional development are associated with multiple moves, and re-entry into foster care. [American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care, 2000]

Minnesota children

Minnesota had an overall reduction in the number of children experiencing out-of-home-care in 2020, with a 12.1% decrease from 2019, continuing a trend that began in 2019. The decrease from 2019 to 2020 was somewhat more significant than the decrease from 2018 to 2019. Similarly, the number of alleged victims in screened in reports had a 10-year high in 2016, on a downward trend since then, with a more significant decrease in 2020 (see Minnesota's Annual Child Maltreatment Report 2020).

This may be a result of fewer reports made to child protection agencies from mandated reporters during the COVID-19 pandemic, especially in the first few months following start of the pandemic when restrictions to protect public health also resulted in children seeing fewer



mandated reporters such as teachers and doctors. Fewer alleged victims in screened in child protection reports can be a precursor to fewer children entering out-of-home care.

Minnesota has significant racial disparities in out-of-home care; African American and American Indian children, and children who identify as two or more races, are disproportionately likely to experience placement. Department staff remains deeply concerned about a pattern of disproportionate placements, with multiple goals and strategies in the federal [Minnesota's Children and Family Services Plan](#) to continue work addressing these disparities. This work includes ongoing efforts through training, Indian Child Welfare and African American Children and Family Well-being units.

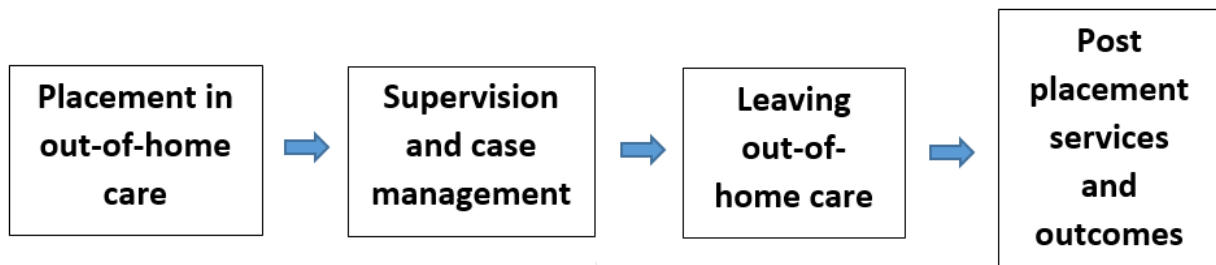
What is out-of-home care?

Minnesota Statutes provide detailed descriptions of what constitutes out-of-home care or foster care. [[Minn. Stat., 260C.007, subd. 18](#)] Out-of-home care or foster care is any 24-hour substitute care for children placed away from their parents or guardians and for whom a responsible social services agency has placement and care responsibility. Foster care includes, but is not limited to, placement in foster family homes (relative and non-relative), group homes, emergency shelters, residential facilities, child care institutions, and pre-adoptive homes. Children enter out-of-home care for a variety of reasons: Child protection, specialized treatment for mental health concerns or developmental disabilities, and juvenile corrections.

Minnesota's out-of-home care system

Minnesota is a state supervised, locally administered child welfare system. Local social service agencies (87 counties and three Indian tribes in the American Indian Child Welfare Initiative) are responsible for care and protection of children in out-of-home placement. The department's Child Safety and Permanency Division provides oversight, guidance, training, technical assistance, and quality assurance monitoring of local agencies. This report provides information on children affected, and work to ensure and promote safety, permanency and well-being of children who experienced out-of-home care. Another annual report provides information on children who may have been maltreated, Minnesota's Child Maltreatment Report, 2020. For information about performance on all state and federal child welfare performance measures, see the [Minnesota Child Welfare Data Dashboard](#).

Pathway from out-of-home care to permanency



Placement in out-of-home care

Children are placed in out-of-home care for a variety of reasons: Juvenile delinquency, developmental disabilities, access to mental health or other specialized treatment, or because of child protection involvement. Three ways children are placed in care [see [Minn. Stats., chapters 260C](#) and [260D](#)] include:

- Voluntary placement agreement
- Court order of placement (involuntary), or
- A 72-hour hold by law enforcement (involuntary).

Voluntary placements occur when parents or custodians of a child agree to allow the local social service agency to take temporary responsibility for care of their child. Court-ordered placements occur because families are unable or unwilling to meet safety or specialized needs of children in their home. A 72-hour hold occurs when children are found in surroundings or conditions that endanger their health or welfare; law enforcement has authority to remove children from their home and place them in foster care. For children to remain in care longer than 72 hours, social service agencies must have court-approved placement, or caregiver/s must sign a voluntary placement agreement.

When children enter out-of-home care, one of three types of agencies assumes, or is delegated by the court, responsibility for supervision of out-of-home placement episodes: County or tribal social services, or corrections.

There were 13,442 children who experienced 13,837 placements during 2020. Of these placement episodes, 12.2% began as a voluntary or court-reviewed voluntary hold (N = 1,699), and 87.6% as a court-ordered or protective involuntary hold (N = 12,206). There were 17 episodes without placement authority data entered.

Children and placements: Enterers and continuers

This report distinguishes between two groups of children experiencing out-of-home care in a year, enterers and continuers. Enterers are children who had a placement episode that began in 2020, and continuers are those in a placement episode that began prior to 2020 and continued into 2020. As previously stated, the number of placement episodes is higher than the number of children, as they could have multiple episodes, as follows (see Figure 1):

- Of the 13,442 children who experienced 13,837 episodes of out-of-home care in 2020, 4,812 were enterers, and 8,797 continuers.
- There were 167 children who were continuers, and after returning home in 2020, had a new entry into out-of-home care in 2020, categorized as enterers.

Figure 1: Continuers and enterers

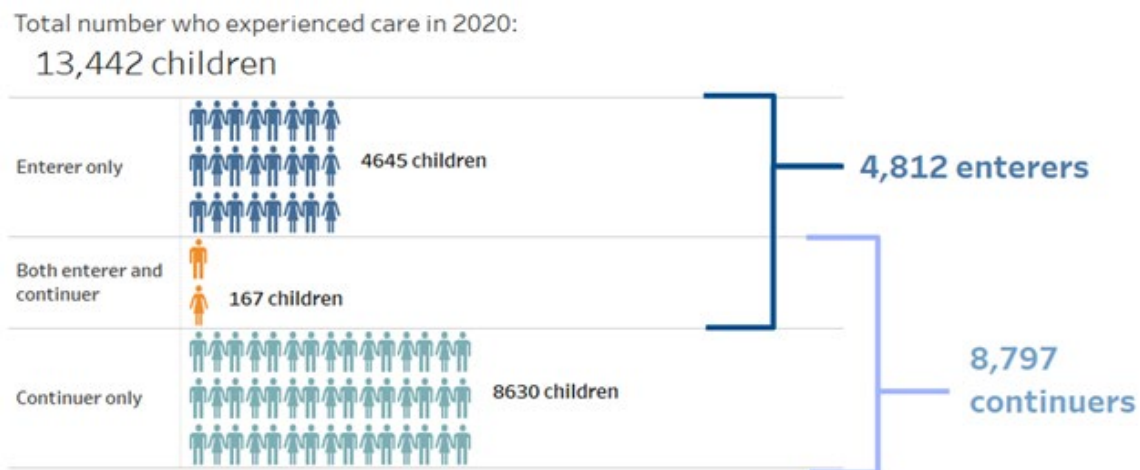
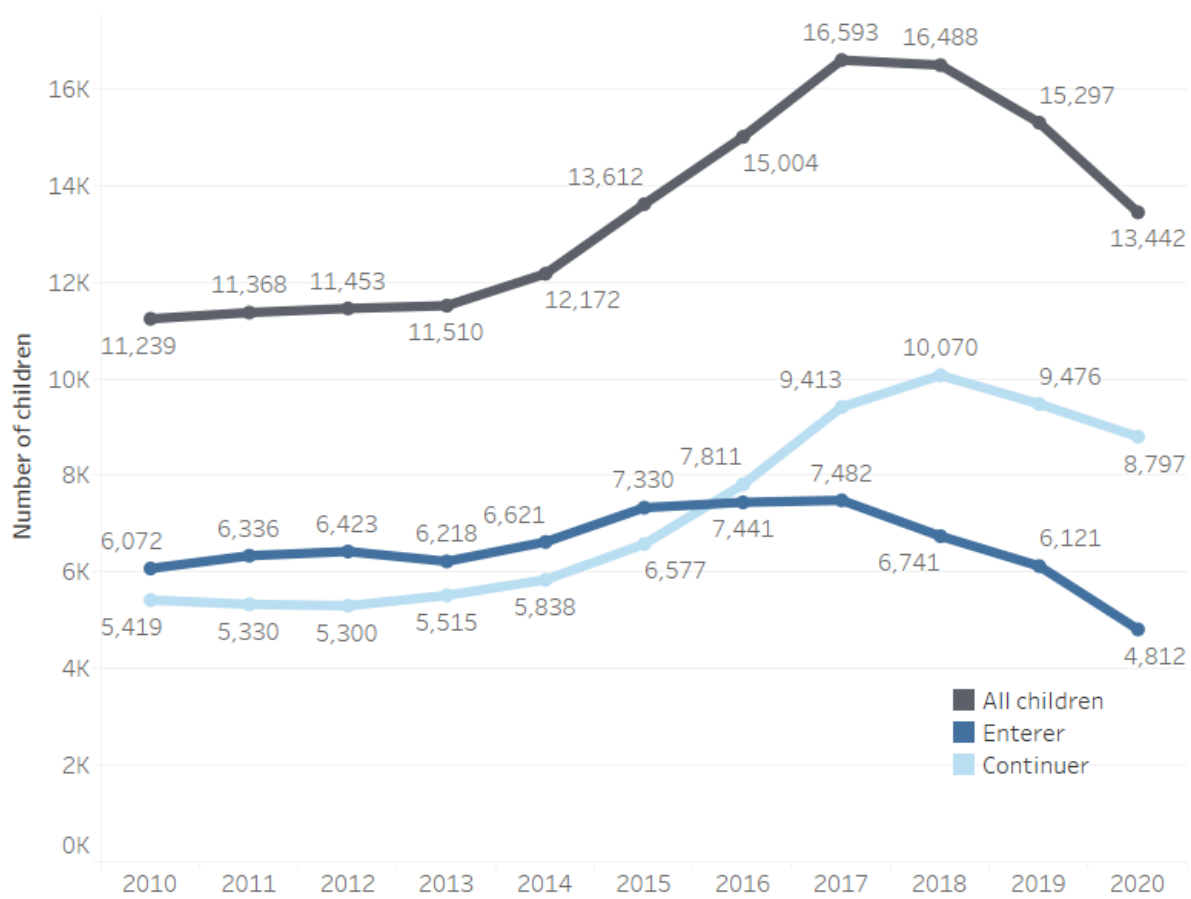


Figure 2: Number of children experiencing care by continuers, enterers, and all children, 2010-2020



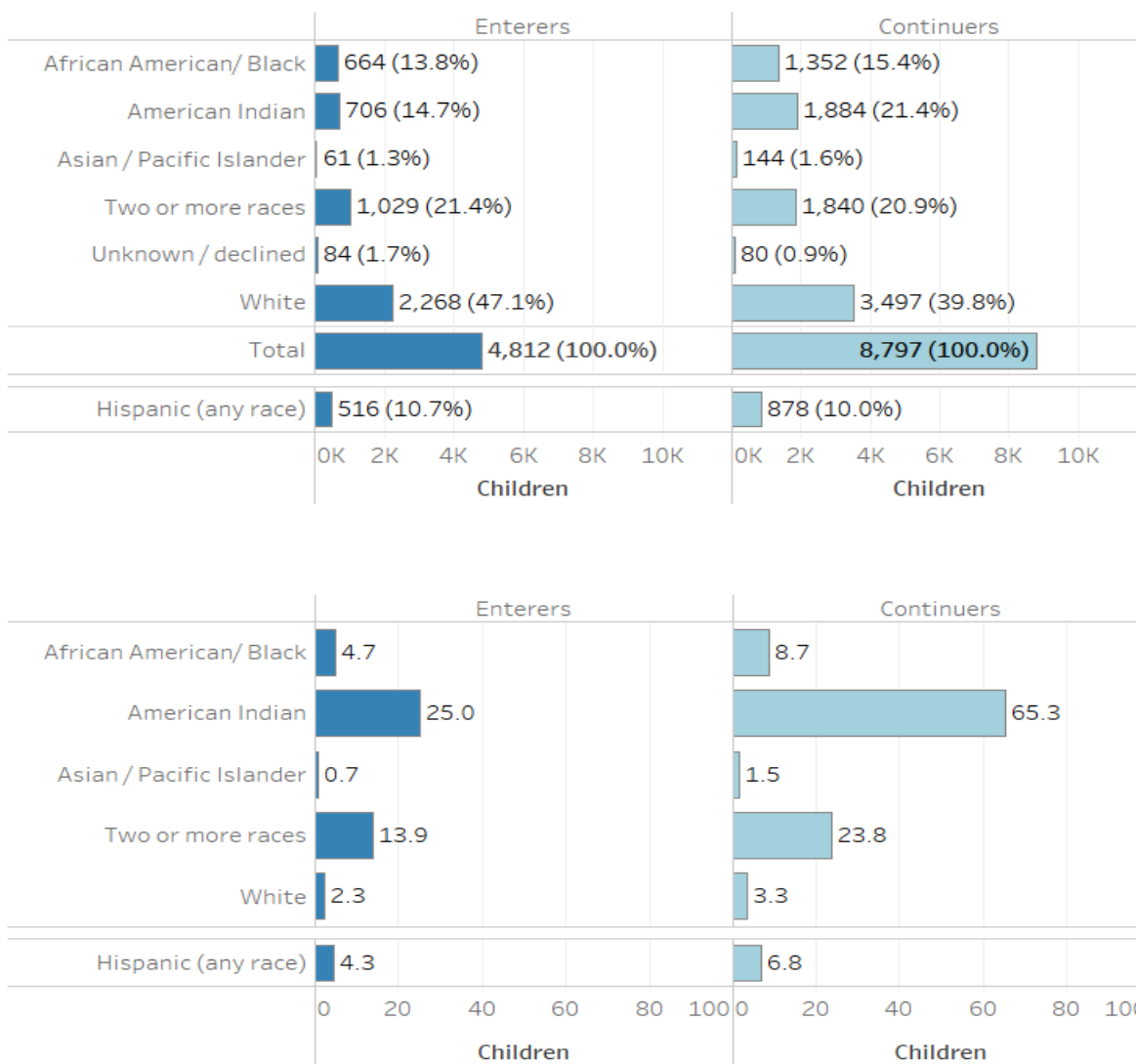
- In 2020, there was a 12.1% decrease in the number of children experiencing care for at least one day from 2019.
- There was a 21.4% reduction in the number of enterers in 2020 compared to 2019.
- There was a 7.1% decrease in children continuing in care from 2019.
- For the fourth year, more children were continuers than enterers, accounting for approximately 65.4% of those in out-of-home care in 2020.

Characteristics of children in out-of-home care

This section provides data on race, age, and disability status of children entering and continuing in care in 2020. Disproportionality remains a significant concern for children in out-of-home placement, as indicated below:

- White children remain the largest group, both entering and continuing in care in 2020, accounting for 47.1% of enterers and 39.8% of continuers. However, relative to their population, African American/Black, American Indian, children identifying as two or more races, and those of any race identifying as Hispanic, are more likely to both enter and continue in care (see Figure 4).
- Children of two or more races comprised the second largest number and percentage of enterers, at 21.4%; American Indian children comprised the second largest group of continuers, at 21.4%.

Figure 3: Number and percentage of children in care in 2020 by race/ethnicity



Sidebar: A closer look at the two or more races category

Minnesota is becoming more diverse, with many children and families identifying with more than one race. The rate of children identifying as more than one race has been steadily increasing since 2010. Of those experiencing care in 2020 and identifying as more than one race:

- **85.2%** identified at least one race as white
- **56.8%** identified at least one race as African American/Black
- **64%** identified at least one race as American Indian
- **5.1%** identified at least one race as Asian
- **0.9%** identified as Pacific Islander

As shown in Figure 5 below, the rate per 1,000 children in out-of-home care per the population has been a somewhat steady decline since 2017, with two exceptions. The rate of American Indian children saw a somewhat dramatic reduction from a high of 131.1 per 1,000 children in the Minnesota population in 2017 to 89.7 per 1,000 in 2020. The rate of children who identify as two or more races experiencing care has increased slightly since 2017. American Indian children were 16.4 times more likely, African American/Black children were 2.4 times more likely, and those identified as two or more races were 6.8 times more likely than white children to experience care, based on population estimates from 2020 (rates of entry per 1,000 children in the population by race are shown in Figure 4).

Figure 5: Rate per 1,000 children in out-of-home care by race/ethnicity, 2010-2020

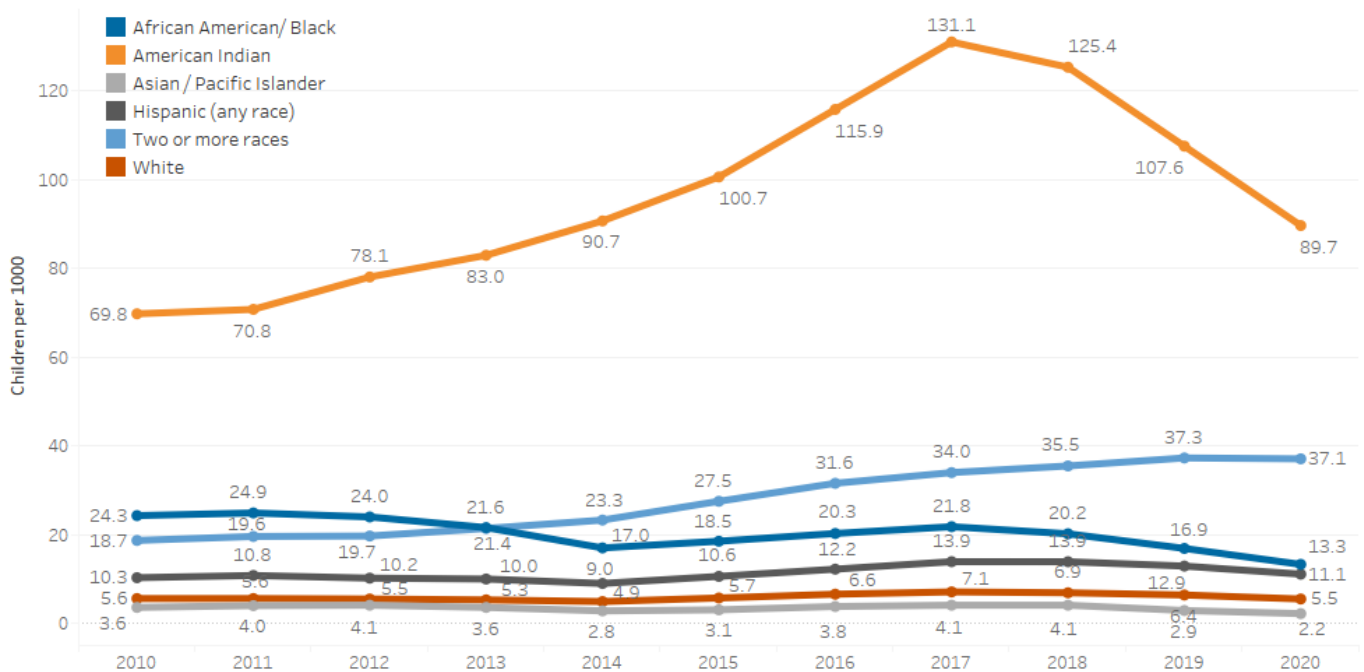
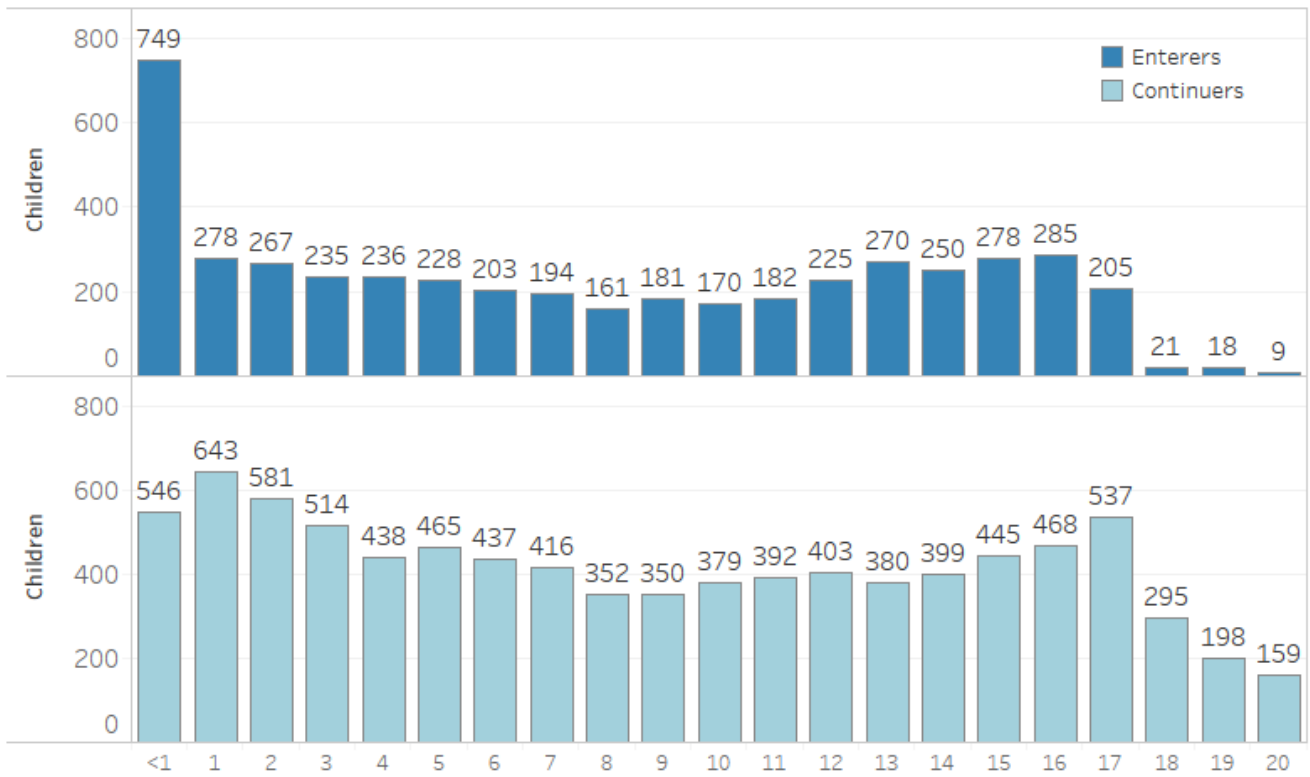


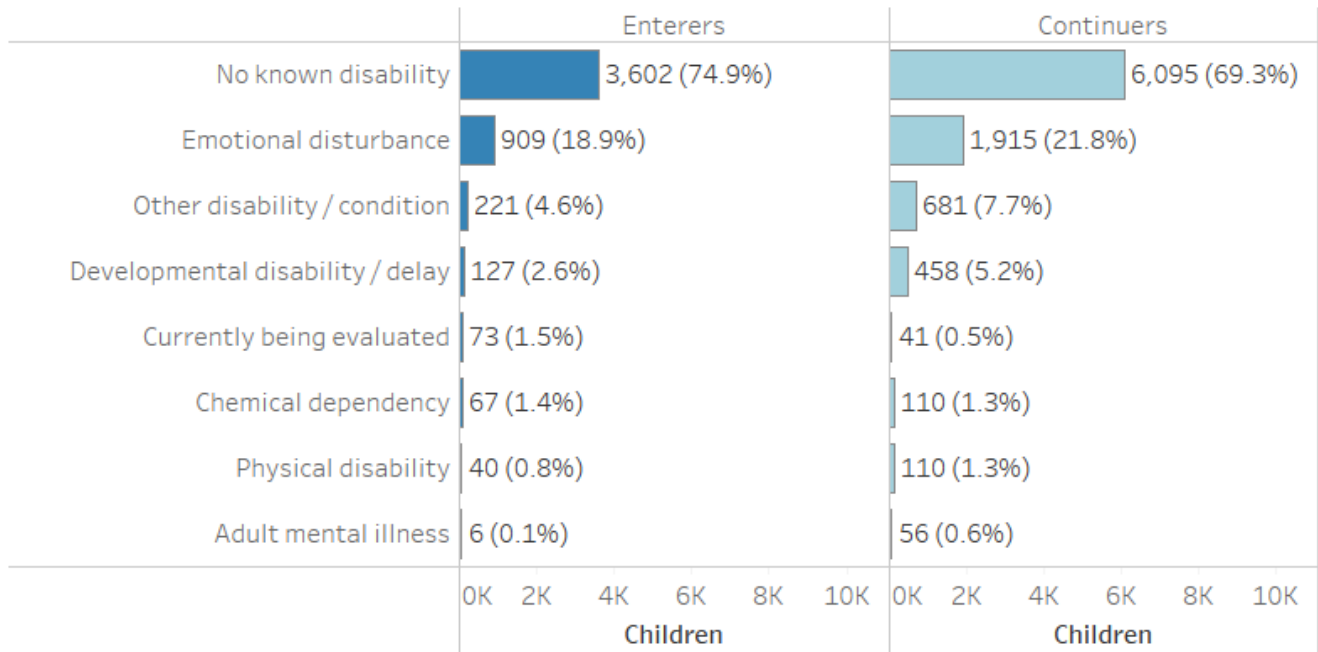
Figure 6: Number of children by age experiencing care in 2020



Children younger than age 2, and those between ages 15 and 17, were more likely than those of other age groups to experience out-of-home care.



Figure 7: Number and percentage of children by disability status in 2020



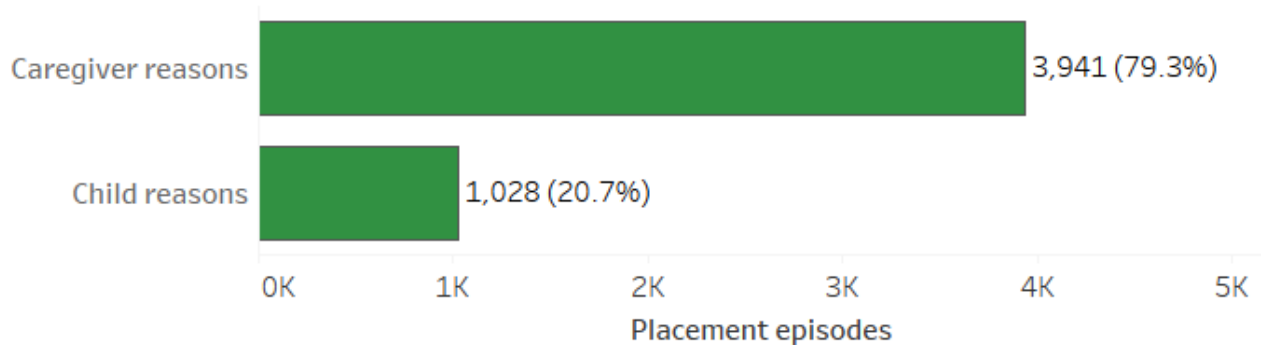
Some children experiencing out-of-home care have disabilities and may need additional support while in out-of-home placement. These range from learning and physical disabilities, emotional disturbances to Fetal Alcohol Spectrum Disorders. Data show that 25.1% of children entering care in 2020 had identified disabilities, while 30.7% of continuers did (see Figure 7).

For children entering or continuing in care in 2020 with identified disabilities, the most common reason was severe emotional disturbance (18.9% for enterers, 21.8% for continuers).

Reasons for entering care

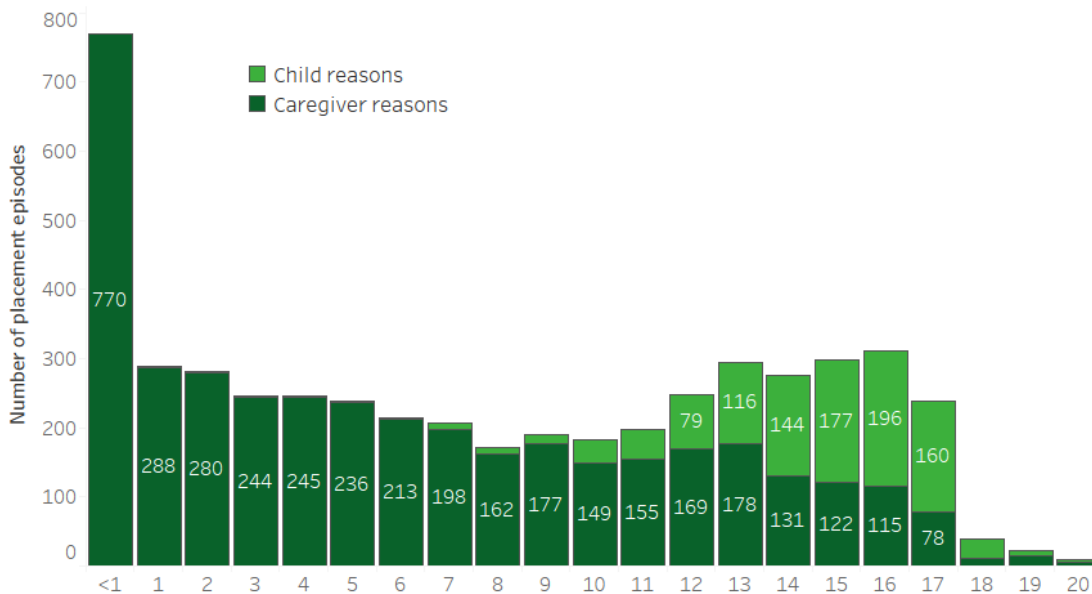
Children enter out-of-home care for many different reasons. Most are behavior of parent/s or caregiver, and a few to behavior and needs of children. Generally, removal due to a parental reason is a result of factors that compromise ability of parents or caregivers to provide safety for their children. This may include caregiver drug use, alleged abuse or neglect of child, incarceration, or parental mental health needs. Removal due to child reason is typically a result of factors that affect ability of child to remain safe while in their home, or jeopardizes safety of community members. Usually, children have special needs such as mental health and/or substance abuse requiring specialized treatment. More than three of every four placements (79.3%) had an indicated **primary removal** reason attributed to parents.

Figure 8: Number and percentage of placement episodes with caregiver and child reasons beginning in 2020



- Although most placement episodes that began in 2020 were supported by at least one caregiver reason, child reasons were substantially more common in placements with older children. Figure 9 shows the number of placement episodes beginning in 2020 by caregiver and child reasons for each age group. Generally, children ages 11 and younger were removed from their home due to caregiver reasons. For older children, increasingly higher proportions of new placement episodes began due to child reasons.

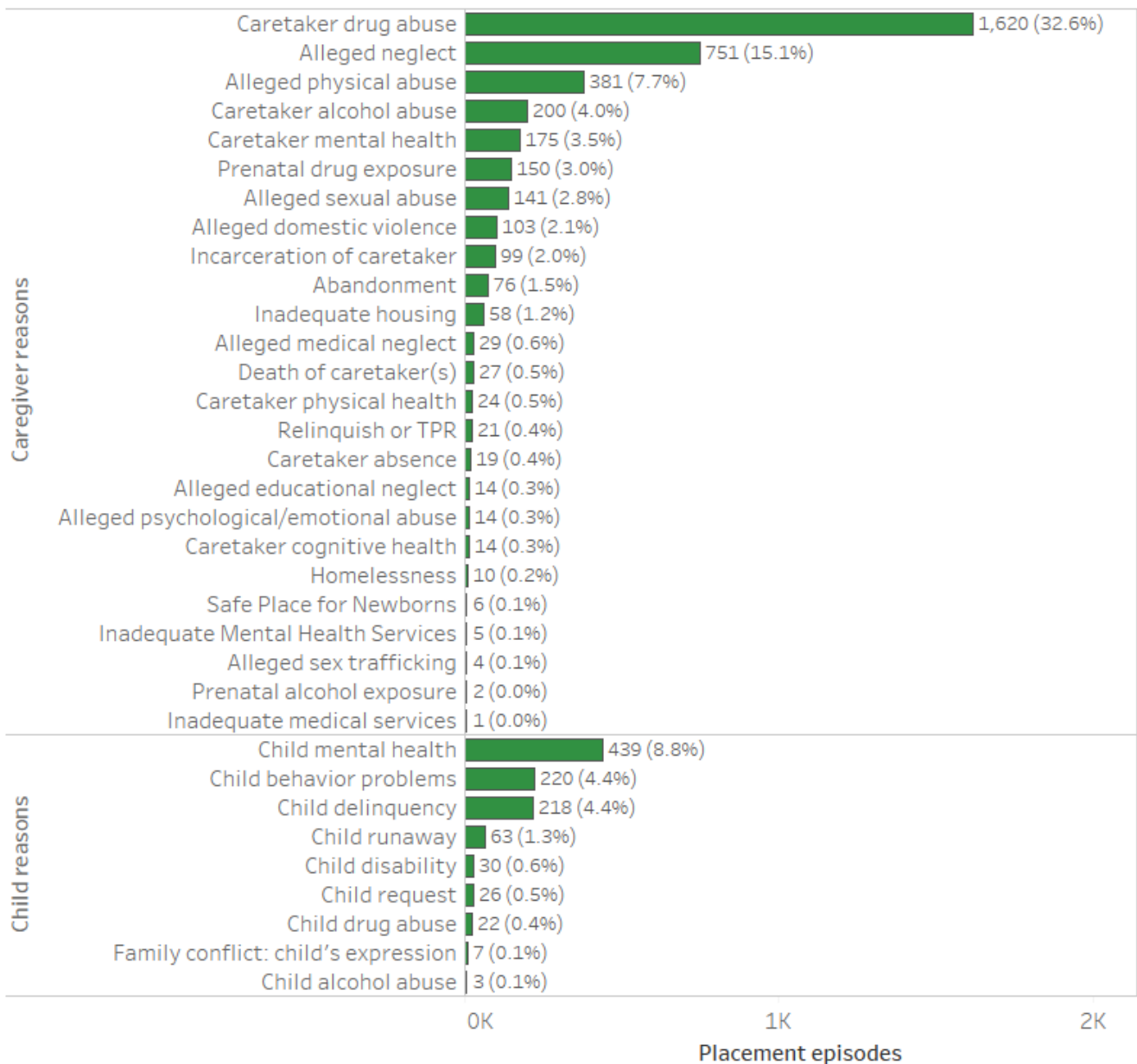
Figure 9: Number of placement episodes by age and primary removal reason beginning in 2020



Note: Age is calculated at either Jan. 1, 2020, (for continuers) or date of entry into care for those whose out-of-home care episode began in 2020.

- Several reasons may explain why older children are removed for child reasons more often, including older youth:
 - May be more likely to become involved in delinquent activity and placed in a juvenile detention facility. Some Minnesota child welfare agencies have agreements with juvenile corrections to provide funding for placement of these youth.
 - Are more likely to have diagnosed mental health needs. Research shows a relationship between children with complex mental health/behavioral needs and an increased likelihood of out-of-home placement. [Bhatti-Sinclair & Sutcliffe, 2012]

Figure 10: Number and percent of placement episodes by primary removal reason beginning in 2020



Compared to caregiver reasons, removal from the home due to child reasons tended to occur at lower rates. Of placement episodes where a child reason was identified as the primary reason for removal, more than three-

quarters (659 of 1,028, or 64%) had either child mental health or behavior problem as the primary removal reason.

Supervision and case management

This section provides information about what happens to children once placed in out-of-home care. It includes information on supervising agencies, placement locations where children are during their episode, and information regarding what happens when children are in out-of-home care.

Supervising agency

Three different agencies assume, or delegated by a county or tribal court, responsibility for placement of children in out-of-home care: County and tribal social services, or corrections. These agencies ensure that state and federal laws are followed. Tribal and corrections placements are as follows:

- Nearly one-third of American Indian children entering care in 2020 were placed under supervision of tribal social services (29.4%); an even higher proportion of placements continuing in care in 2020 (58.8%) were under supervision of tribal social services.
- The proportion of children under supervision of corrections also varies by race, with African American/Black children entering and continuing in care at a higher rate than other racial groups (11% for enterers and 3.7% for continuers). There was improvement in recent years, with an overall reduction of African American/Black children in care under corrections by about 40% since 2016.

Table 1: Number and percent of placement episodes by race/ethnicity for the three types of supervising agencies in 2020

	County social services	Enterers Corrections	Tribal social services	County social services	Continuers Corrections	Tribal social services	Total
African American/ Black	618 (89.0%)	76 (11.0%)		1,302 (96.3%)	50 (3.7%)		2,046 (100.0%)
American Indian	493 (67.2%)	25 (3.4%)	216 (29.4%)	753 (40.0%)	24 (1.3%)	1,107 (58.8%)	2,618 (100.0%)
Asian / Pacific Islander	63 (96.9%)	2 (3.1%)		140 (97.2%)	4 (2.8%)		209 (100.0%)
Two or more races	1,037 (96.4%)	29 (2.7%)	10 (0.9%)	1,762 (95.8%)	23 (1.3%)	55 (3.0%)	2,916 (100.0%)
Unknown / declined	87 (96.7%)	1 (1.1%)	2 (2.2%)	80 (100.0%)			170 (100.0%)
White	2,310 (97.0%)	71 (3.0%)		3,432 (98.1%)	65 (1.9%)		5,878 (100.0%)
All races	4,608 (91.4%)	204 (4.0%)	228 (4.5%)	7,469 (84.9%)	166 (1.9%)	1,162 (13.2%)	13,837 (100.0%)
Hispanic (any race)	493 (93.5%)	25 (4.7%)	9 (1.7%)	838 (95.4%)	12 (1.4%)	28 (3.2%)	1,405 (100.0%)

Case management services

Case management services are provided for families with children in out-of-home care for more than 30 days. Services are customized based on reasons for placement, including child protection, specialized treatment for mental health concerns or developmental disabilities, and juvenile corrections.

While children are in care, county and tribal agency staff works with them, their family, and providers to develop a comprehensive out-of-home placement plan (OHPP). This is the case plan that drives services that children and families receive; it outlines all specific provisions that must be met for children to safely return home. There are often safety requirements that families must meet or exceed for children to return home.

Out-of-home placement plans are completed:

- Within 30 days of child’s initial placement (during the COVID-19 pandemic, a waiver in place from Apr. 17, 2020, through the end of the year gave local agencies 60 days to complete plans)
- Jointly with caregivers
- Jointly with child, when of appropriate age, and
- In consultation with guardian ad litem, foster parent, and tribe, if child is American Indian.

For placements with court involvement, OHPPs receive court approval and reviewed every 90 days while children remain in care to ensure that adequate and appropriate services are provided.

An independent living skills (ILS) plan for children ages 14 or older is also required. This plan is developed with youth, caseworker, caregiver/s, and other supportive adults in youth's life to encourage continued development of independent living skills, and life-long connections with family, community and tribe. Specific independent living skills include, but are not limited to, the following: Educational, vocational or employment planning; transportation; money management; health care and medical coverage; housing; and social and/or recreation. It does not conflict with, or replace the goal of achieving permanency for youth. [See Minn. Stat., section 260C.212, subd. 1(c)(12)]

Additional services for youth, based on eligibility, include:

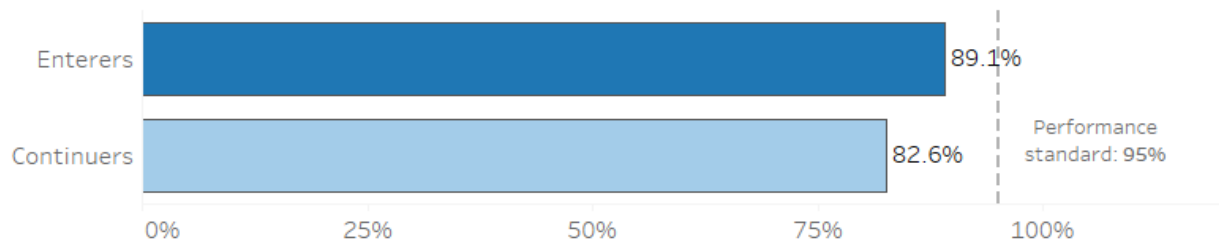
- Successful Transition to Adulthood for Youth (STAY) program: Helps youth working with a county or tribal caseworker prepare for successful transition to adulthood, including independent living skills training, housing, transportation, permanent connections, education, and employment services for youth ages 14-22 [See [Minn. Stat., section 260C.452](#)]
- Education and Training Voucher (ETV) program: Current and former foster youth can get up to \$5,000 per school year for post-secondary education at colleges, universities, vocational, technical or trade schools
- Extended foster care (EFC) services and payments: Youth can stay in their foster care setting longer, live on their own with additional support, or request to return to foster care through age 20
- Healthy Transitions to Adulthood (HTA) program: Partnership with nonprofit agencies statewide to provide independent living skills services to youth, who currently or previously, experienced out-of-home care through age 22.

Caseworker visits with children in out-of-home care

Caseworkers are required to meet monthly with children in out-of-home placement. Monthly visits are critical to children remaining safe, achieving successful and timely reunification, or reaching alternative means of permanency. Visits provide opportunities for caseworkers to monitor children's safety, stability of placement, progress on services provided, and well-being while in care. Children are often seen more frequently than monthly, depending on needs of child, family, or placement provider.

- Of enterers in 2020, for months where face-to-face visits were required, caseworkers saw children monthly 89.1% of the time; for continuers, these visits occurred 82.6% of the time (see Figure 11).
- Social distancing measures and closures required because of the COVID-19 pandemic, as well as staffing and family challenges due to illness from the coronavirus and required quarantining, and some fear on the part of families served, as barriers to in-person face-to-face contact in months immediately following start of the pandemic. However, federal and state waivers allowed for videoconferencing in some cases to support continued contact, and as a result, there was far less of an impact than might have been on ability of caseworkers to meet monthly required contact.
- Work continues to improve the frequency with which children are seen by examining barriers to monthly caseworker visits. This rate has shown small increases each year since a low in 2015 of 84.8% for enterers and 74.1% for continuers.

Figure 11: Percent of months in which children received a required monthly caseworker visit (enterers vs. continuers) in 2020



Note: Caseworker visit calculations include only children under age 18.

Placement experiences

Once a child was removed from their home or prior to removal, whenever possible, caseworkers determine a location that is a safe and stable placement. A variety of out-of-home care settings vary on overall level of restrictiveness, as well as types of services provided. These settings range from family-type, including foster homes, to more intensive settings like residential treatment centers. Children may experience multiple placement setting types during a single episode, depending on their unique needs.

Minnesota Statutes dictate that when placing children, agencies must first consider placing them with suitable individuals who are related to them, then consider individuals with whom they may have had significant contact. [See [Minn. Stat. 260C.212, subd. 2 \(a\)](#)] Numerous factors regarding children’s overall well-being, such as their educational, medical, developmental, religious, and cultural needs, as well as personal preference, if old enough, are considered. Table 2 provides information about racial diversity of individual’s providing family foster care for at least one day to children in placement in Minnesota.

Table 2: Foster care homes with at least one caregiver identified as a specified race/ethnicity in 2020

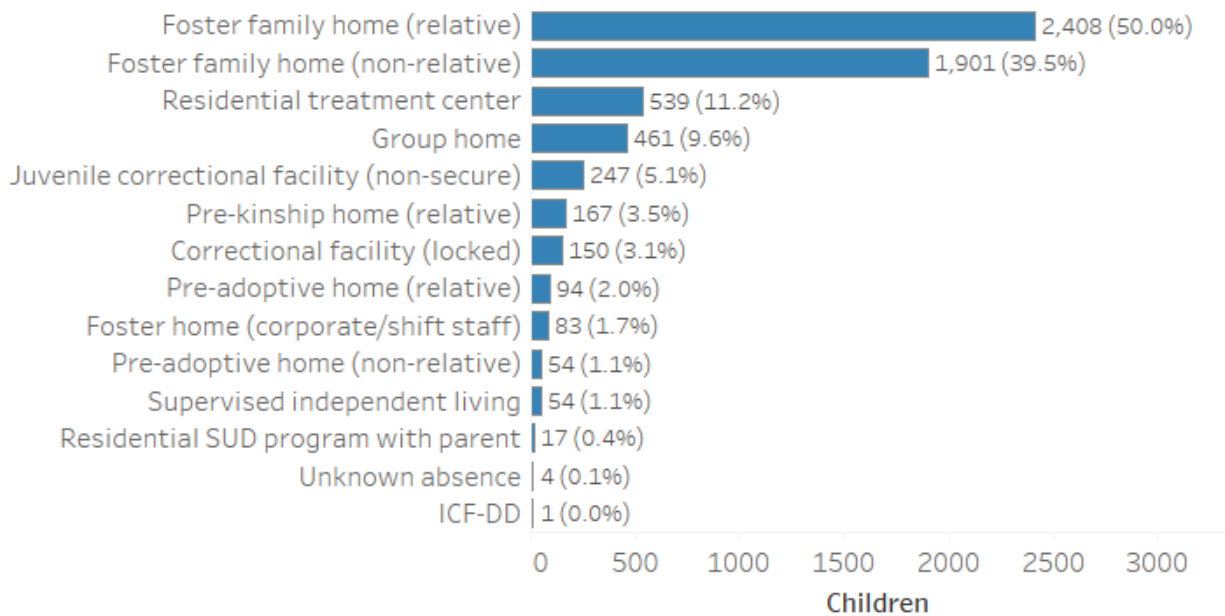
	Number	Percent
African American/ Black	1,155	15.2%
American Indian	911	12.0%
Asian/ Pacific Islander	139	1.8%
Two or more races	439	5.8%
Unknown/ declined	468	6.2%
White	5,185	68.2%
Hispanic (any race)	448	5.9%

Placement in the least restrictive, most home-like environment is preferred, whenever possible. Children were most often placed in home-like settings in 2020 (see Figure 12). Of the 4,812 children entering care in 2020, a majority (89.5%) spent some time in either relative or non-relative foster homes, including pre-adoptive and pre-kinship homes. Half of all children in care (50%) spent at least some time in relative family foster care. (Children can spend time in multiple location settings during an episode of out-of-home care, therefore, can be counted multiple times across different setting types.)



Other types of settings, such as group homes, residential treatment centers, and correctional facilities, are more restrictive and less common than family foster care. The remaining settings prepare children for adoption or other permanent placement, i.e., pre-adoptive or pre-kinship homes, and independent living.

Figure 12: Number and percent of children by location setting in 2020



Note: This graph shows only children entering out-of-home care in 2020. ICF-DD stands for intermediate care facilities for persons with developmental disabilities.

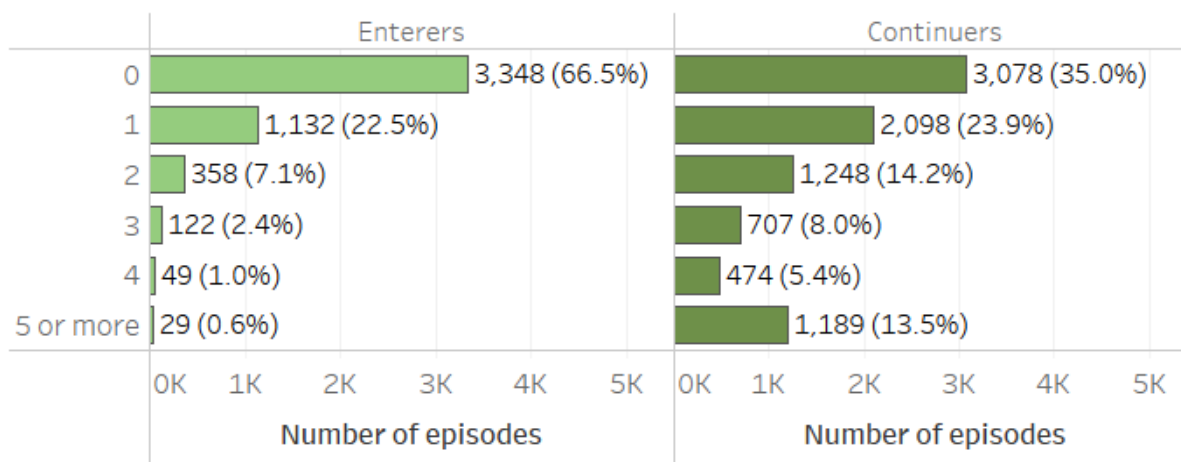
Placement moves

During a placement episode, children may move from one location to another to better meet their particular needs. Although moves can create further trauma for children in out-of-home care, some moves are necessary to better ensure safety, provide needed services, and/or allow children to be in a less restrictive environment, or achieve permanency.

When taking into account the entire length of an out-of-home care episode for all episodes occurring in 2020 (both enterers and continuers), the majority of placement episodes had between zero and three moves (87.5%). Children in care for longer time periods experience more moves. See Figure 13.

The majority of children entering care in 2020 only experienced one placement location (66.5%). Continuers also most commonly experienced one placement location (35%).

Figure 13: Number of total moves children experienced while in a placement episode (through 2020)



Leaving out-of-home care

This section focuses on children who left out-of-home care in 2020. The designation of exiters is used for children who were in out-of-home placement and exited during 2020.

Length of time in care

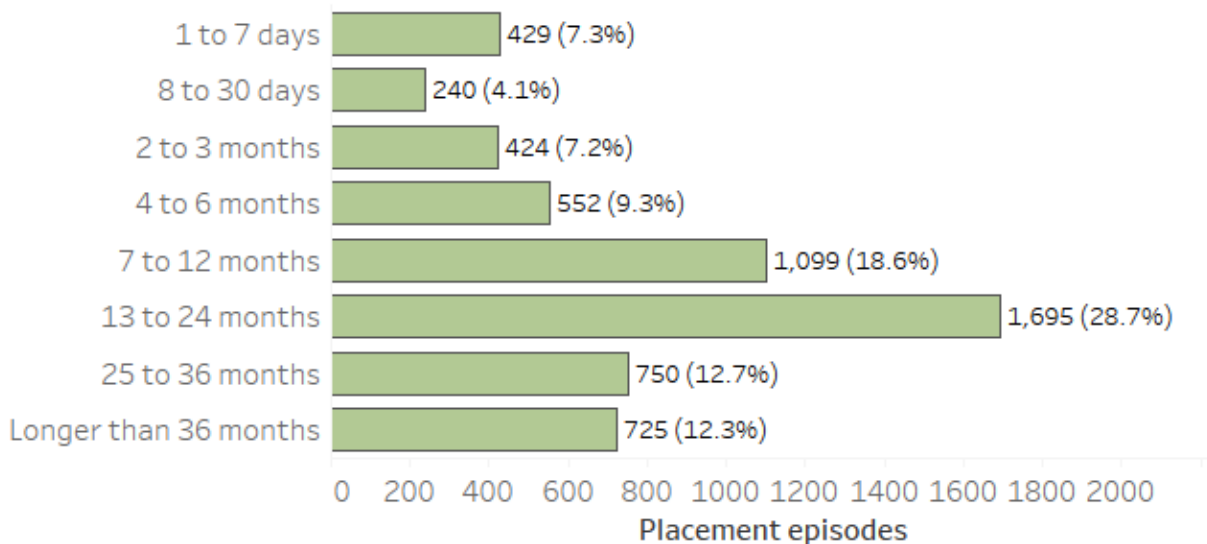
There were 5,801 unique children in 5,914 placement episodes that ended in 2020 (e.g., some children experienced more than one placement episode that ended during the year). Some children were in care for only a few days while others for multiple years. Approximately 27.9% of placements were six months or less (see Figure 14). The length of time that children spend in care is highly variable and may be influenced by the following, among many other factors, including:

- Needs of children and family
- Safety concerns
- Availability of resources to help families reach goals in their case plan
- Overall permanency goal/s
- Administrative requirements/barriers, and
- Legal responsibilities/court decisions.

Although most children are discharged prior to their 18th birthday, Minnesota law allows youth in foster care on their 18th birthday to receive extended foster care services through age 20, if meeting certain criteria. There were 1,106 youth who experienced extended foster care during 2020. The most common criteria were completing high school/GED (51.7%), employed at least 80 hours per month (42.7%), and enrolled in post-secondary or vocational education (22.4%).



Figure 14: Length of stay for placement episodes ending in 2020



- Length of time in care also varies by race and ethnicity. Table 3 shows the number and percentage of placement episodes by length of stay, race and ethnicity.
- American Indian children have high proportions who stay in care for two years or longer compared to other racial and ethnic groups.

Table 3: Number and percent of placement episodes ending in 2020 by length of time in care and race/ethnicity

	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown /declined	White	All races	Hispanic (any race)
1 to 7 days	98 (11.5%)	36 (3.7%)	4 (4.6%)	89 (7.5%)	16 (17.6%)	186 (6.9%)	429 (7.3%)	54 (8.9%)
8 to 30 days	40 (4.7%)	24 (2.5%)	3 (3.4%)	40 (3.4%)	10 (11.0%)	123 (4.5%)	240 (4.1%)	28 (4.6%)
2 to 3 months	51 (6.0%)	67 (6.9%)	7 (8.0%)	102 (8.5%)	5 (5.5%)	192 (7.1%)	424 (7.2%)	51 (8.4%)
4 to 6 months	84 (9.9%)	65 (6.6%)	6 (6.9%)	93 (7.8%)	7 (7.7%)	297 (10.9%)	552 (9.3%)	51 (8.4%)
7 to 12 months	139 (16.3%)	134 (13.7%)	17 (19.5%)	224 (18.8%)	15 (16.5%)	570 (21.0%)	1,099 (18.6%)	72 (11.8%)
13 to 24 months	198 (23.3%)	251 (25.7%)	26 (29.9%)	350 (29.3%)	25 (27.5%)	845 (31.1%)	1,695 (28.7%)	193 (31.7%)
25 to 36 months	122 (14.3%)	152 (15.5%)	13 (14.9%)	153 (12.8%)	11 (12.1%)	299 (11.0%)	750 (12.7%)	86 (14.1%)
Longer than 36 months	119 (14.0%)	249 (25.5%)	11 (12.6%)	142 (11.9%)	2 (2.2%)	202 (7.4%)	725 (12.3%)	74 (12.2%)
Total	851 (100.0%)	978 (100.0%)	87 (100.0%)	1,193 (100.0%)	91 (100.0%)	2,714 (100.0%)	5,914 (100.0%)	609 (100.0%)

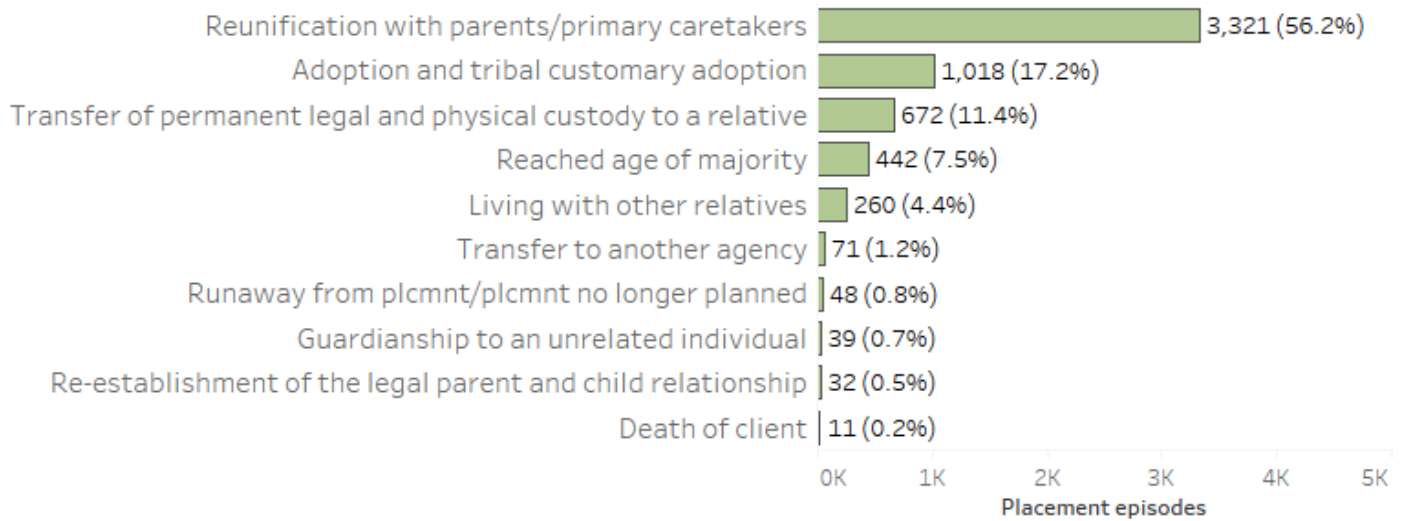
Reasons for leaving out-of-home care

The following section provides information about reasons why children were discharged from their out-of-home placement episode, which includes:

- For placement episodes ending in 2020 (see Figure 15), 56.2% ended because children were able to safely return home to their parents or other primary caregivers, a decrease of 1.4% from 2019.
- The proportion of placement episodes ending with children being adopted, living with relatives (including non-custodial parent), or transfer of permanent legal and physical custody to a relative increased by 0.4%, from 32.6% to 33%.
- A small proportion (9.5%) of placements ended because children turned 18, ran away, or transferred to a different agency, such as correctional facility.
- Eleven cases with continuous placement episodes ended because children died while in care. None of these deaths resulted from child maltreatment.
- The department began using a trauma-informed, robust and scientific systemic critical incident review process for child fatalities that occur in foster care settings in 2017. The review process is designed to

systemically analyze the child welfare system to identify opportunities for improvement, as well as address barriers to providing the best possible services to children and families. The model utilizes components from the same science used by other safety-critical industries, including aviation and health care; it moves away from blame, toward a system of accountability focusing on identifying underlying systemic issues to improve Minnesota’s child welfare system.

Figure 15: Number and percent of placement episodes ending by discharge reason in 2020



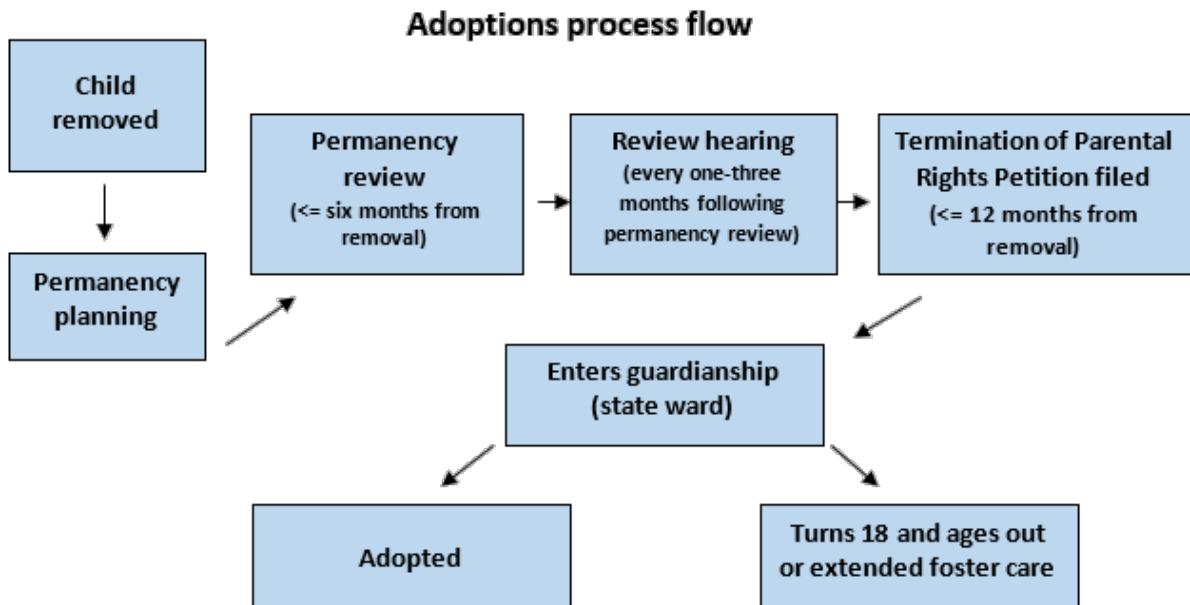
Adoptions

Some children exited out-of-home care in 2020 due to adoption. This section provides details about children who exited to adoption, as well as the process through which a child goes from out-of-home care to being adopted. Adoption is the preferred permanency option if reunification with parents or primary caregivers cannot be achieved in a safe and/or timely fashion. Children may be adopted by their foster parents, relatives, or individuals who developed a relationship with them; all pre-adoptive parents must meet state requirements for adoption. When reunification is not possible, and adoption is determined to be the appropriate permanency option for a child, the court must order termination of parental rights (TPR), severing the legal parent-child relationship, or accept parents' consent to adoption. The court must also order guardianship of child to the department's commissioner.

Children under guardianship of the commissioner are referred to as state wards in this section. The commissioner is the temporary guardian of these children until adopted. Adoption is the only permanency option for children under guardianship of the commissioner.¹ As designated agents of the commissioner, county and tribal social service agencies are responsible for safety, placement, and well-being of these children, including identifying appropriate adoptive parents and working with these parents, courts, and others to facilitate the adoption process. This process may be lengthy. Children may remain under guardianship for months or years, or until they turn age 18 and either age out of the foster care system or continue in extended foster care. Once youth turn 18, they are no longer under guardianship of the commissioner.



¹ The exception is when a court determines that re-establishing parental rights is the most appropriate permanency option. There are specific eligibility criteria that must be met prior to making this determination, including age of child, length of time in care post-termination of parental rights, and whether parent has corrected conditions that led to termination of parental rights. See [Minn. Stat., 260C.329](#), for information.



Children and state guardianship: Enterers and continuers

The remainder of this report uses county data from the department’s Adoption Information System, including data from court, county, and tribal social services documents entered at the department. As in the section about children experiencing out-of-home placement, this section distinguishes between two groups of children under guardianship of the commissioner in a year: Enterers and continuers.

Enterers are children where the commissioner became their legal guardian in 2020 due to termination of parental rights or court’s acceptance of parents’ consent to adoption. Continuers are those who became wards of the state prior to 2020 and remained under state guardianship into 2020. During 2020, 2,633 children spent at least one day under guardianship of the commissioner, a 13% decrease from 2019. There were 884 children entering guardianship and 1,749 who continued in guardianship.

Characteristics of children under state guardianship

This section focuses on age and race of children entering guardianship and continued to be under state guardianship in 2020. White children remain the largest group, both entering and continuing in guardianship in 2020 (see Figure 16). Although white children comprised the greatest number under guardianship, American Indian children and those with two or more races have the highest rate per 1,000 for children continuing in care under guardianship (see Figure 17).

Figure 16: Number and percent of children under guardianship by race/ethnicity in 2020

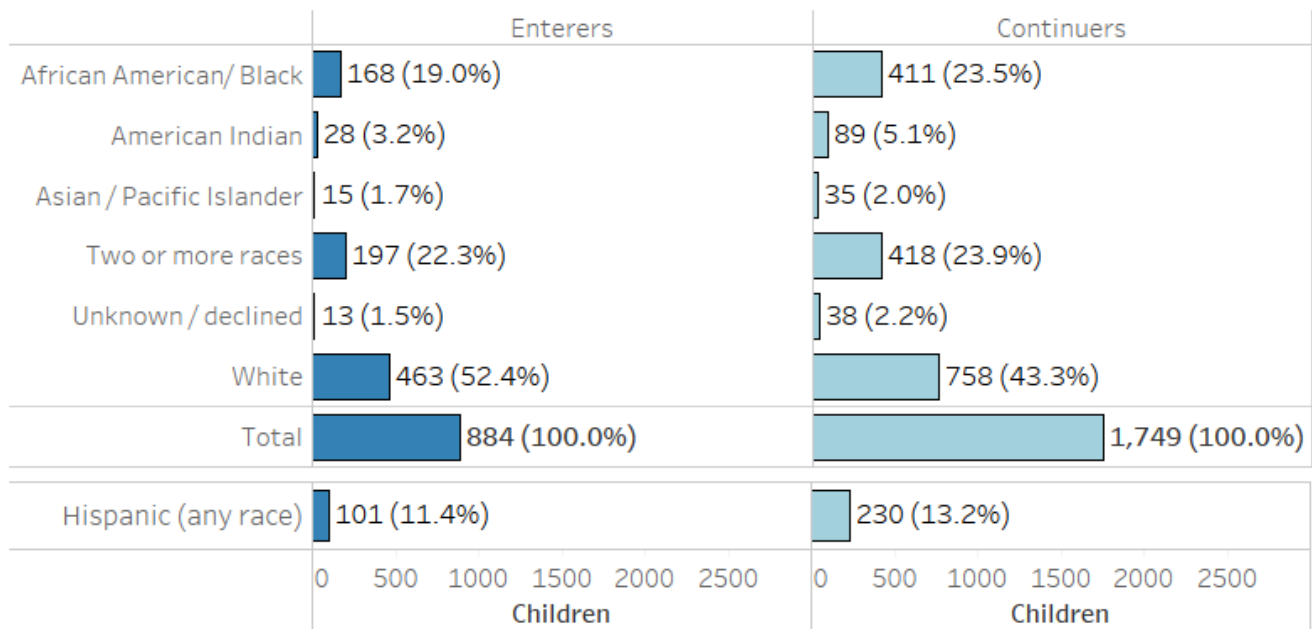


Figure 17: Rate per 1,000 for children under guardianship in 2020

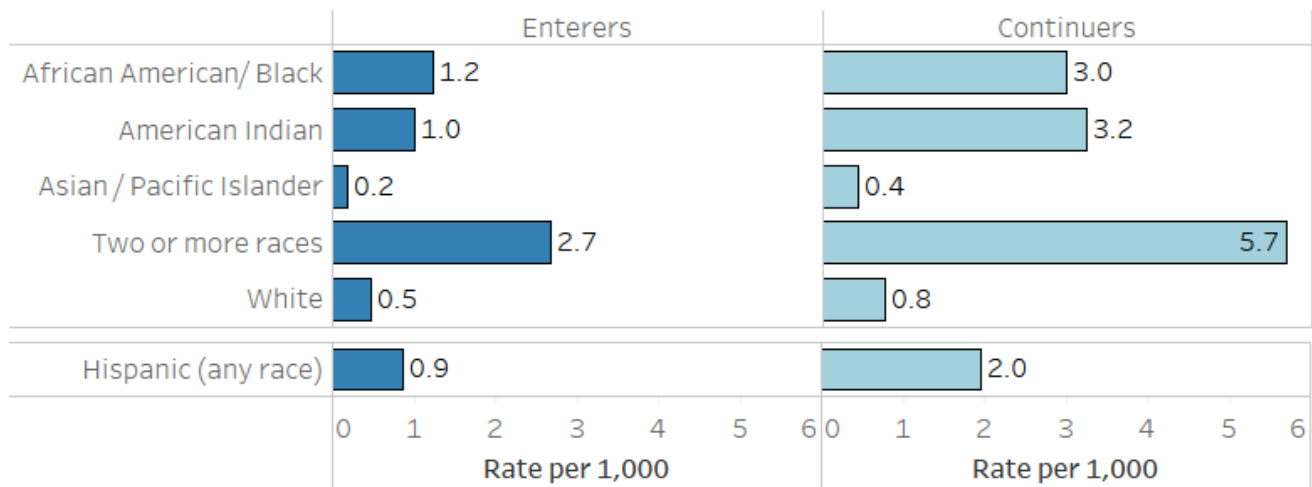
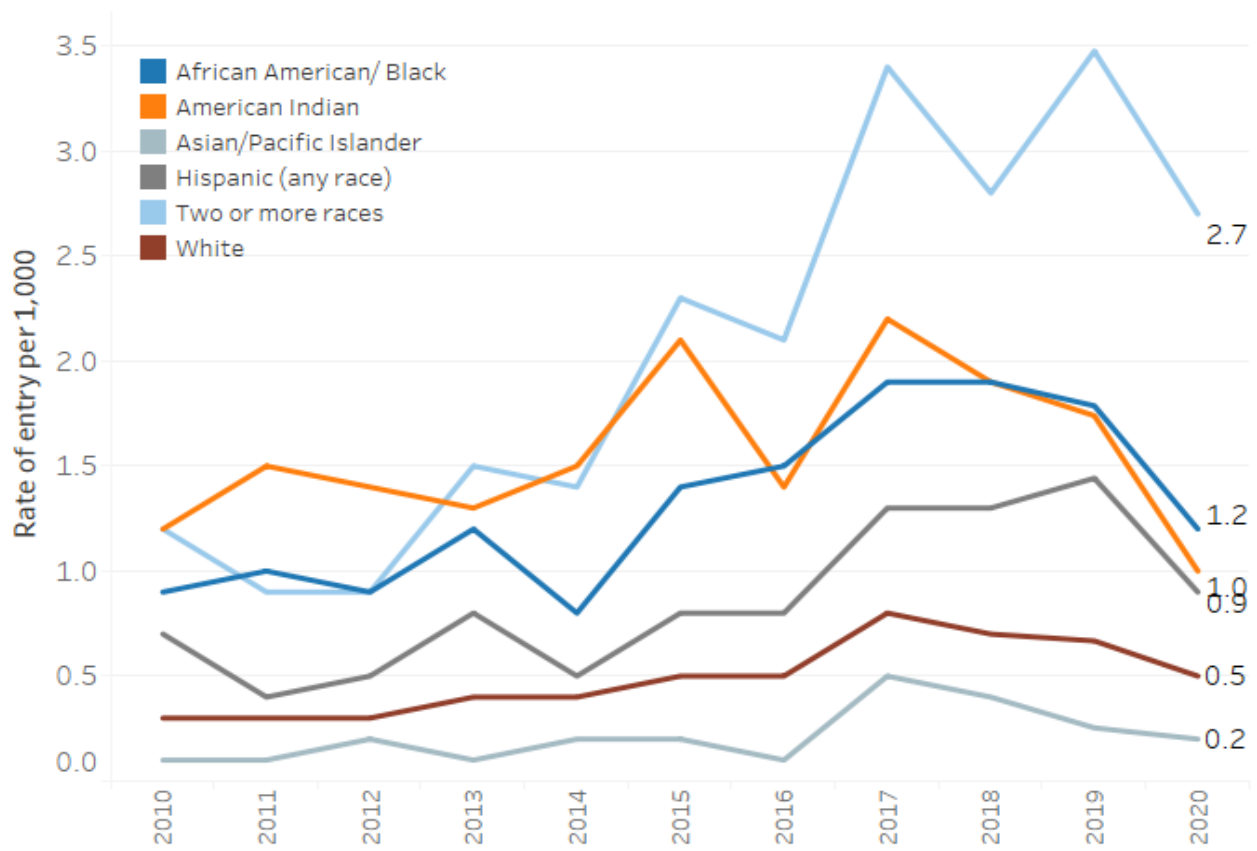
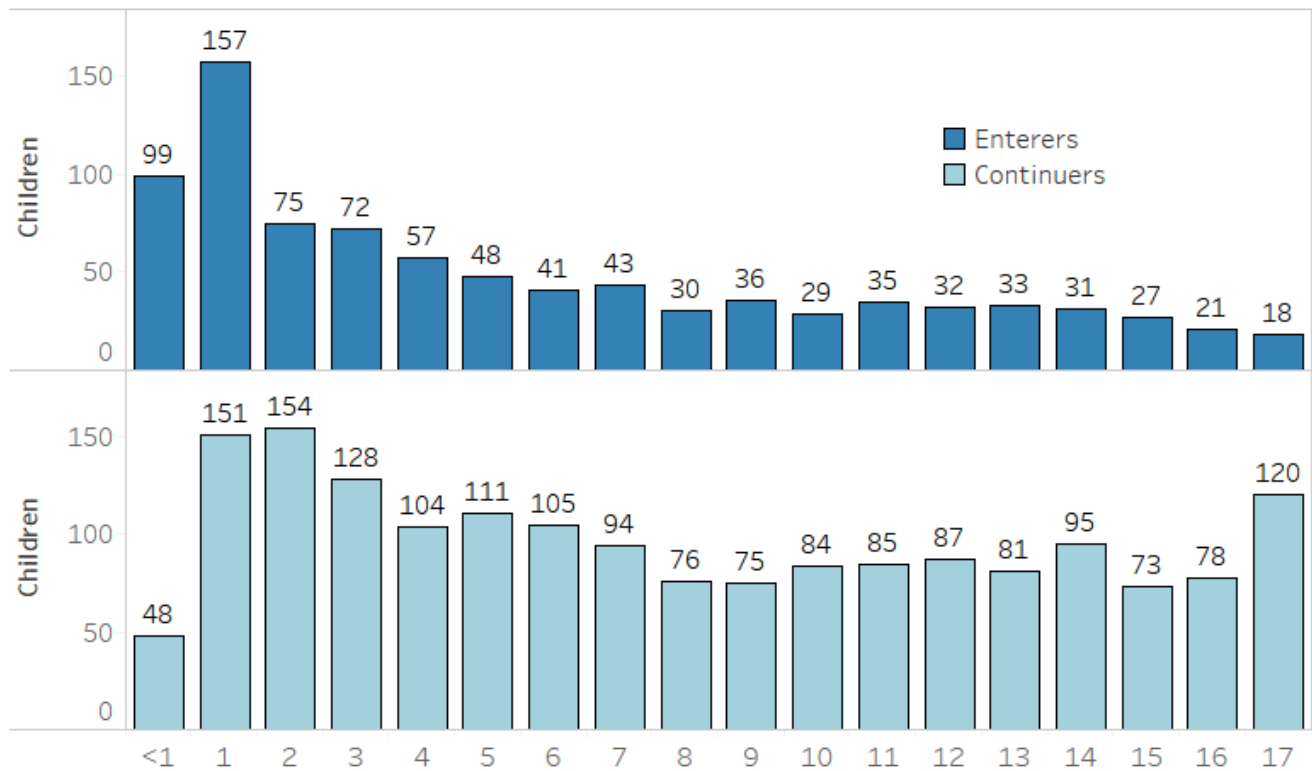


Figure 18: Rate per 1,000 of **children** entering guardianship by race/ethnicity, 2010 – 2020



- Figure 19 shows distribution of children entering and continuing guardianship by age
- Children entering guardianship tended to be younger, with a little more than 52% age 4 or younger
- Children continuing under guardianship were more evenly distributed across age groups, although approximately 33.4% were also age 4 or younger.

Figure 19. Number of children by age experiencing state guardianship in 2020

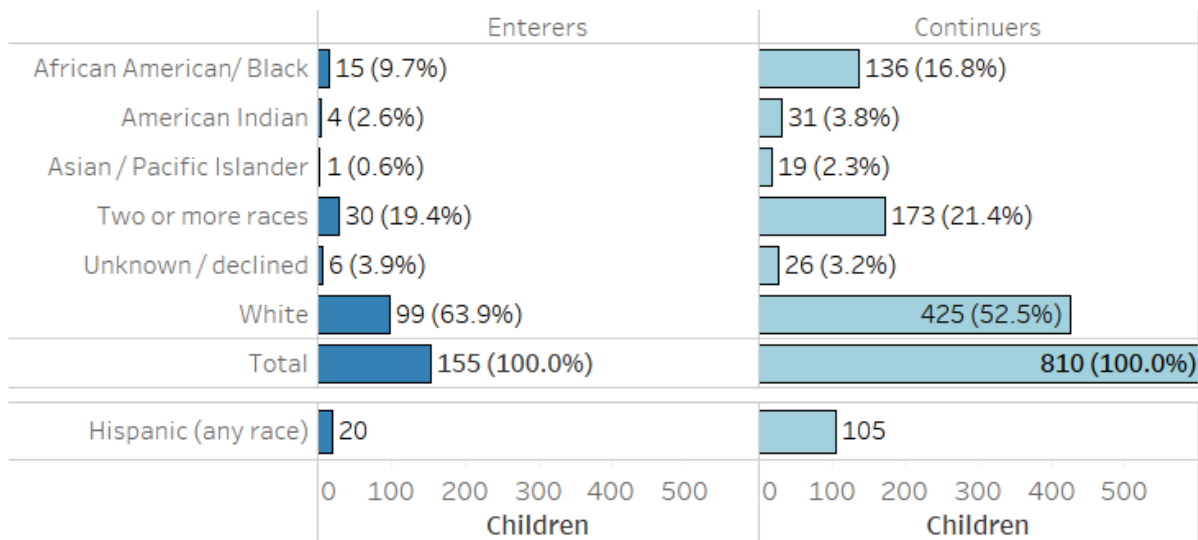


Characteristics of children who were adopted

The following section provides information on characteristics of children who were state wards in 2020 and had finalized adoptions during the year. The number adopted included:

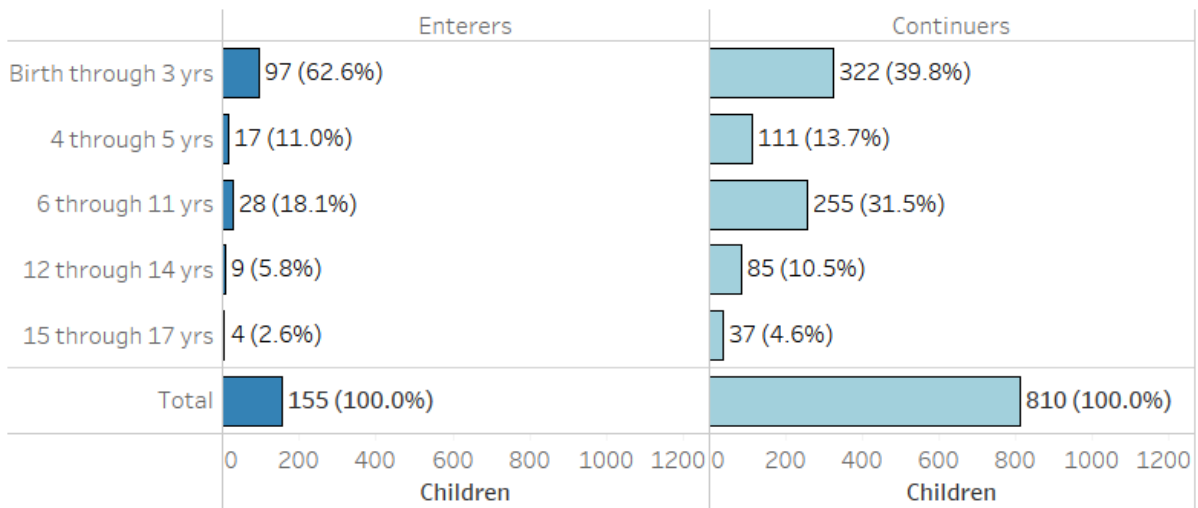
- During 2020, 965 children had finalized adoptions, a 20.9% decrease from 2019. Of these, 155 became state wards during the same year, and 810 were state wards prior to 2020.
- In total, approximately 37% of all children under state guardianship in 2020 were adopted.
- White children comprised the greatest proportion adopted. The racial and ethnic breakdown of all children adopted during 2020 is in Figure 20.

Figure 20. Number and percent of children adopted by race/ethnicity in 2020



- Children birth to age 5 comprise the greatest proportion of adopted children. This pattern is more pronounced for children entering guardianship in 2020 than for those who were already under guardianship the first of the year (Figure 21).

Figure 21. Number and percent of children adopted by age group in 2020



As displayed in the next two graphs (Figures 22 and 23), the number of children adopted in all age categories decreased in 2020 from 2019. White children continue to comprise the largest group of adopted children; the number adopted has decreased for all races, including African American/Black children decreasing by 29.1%, American Indian by 40.6%, Asian/Pacific Islander by 20%, Hispanic ethnicity by 23.7%, White decreased by 27%, but those with two or more races increased by 8%.

Figure 22. Number of children adopted by age group, 2011 – 2020

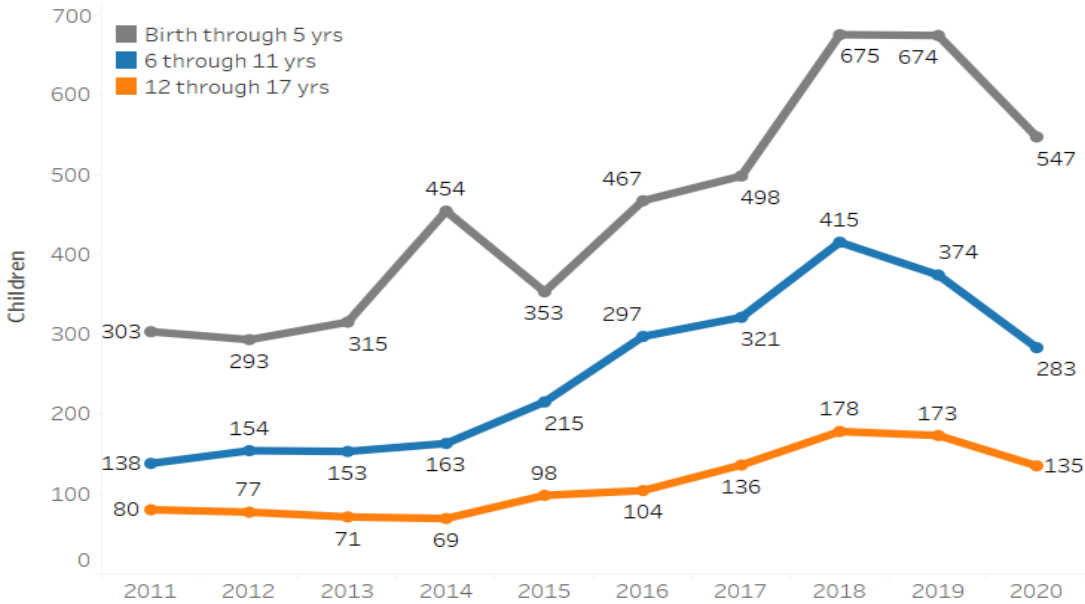
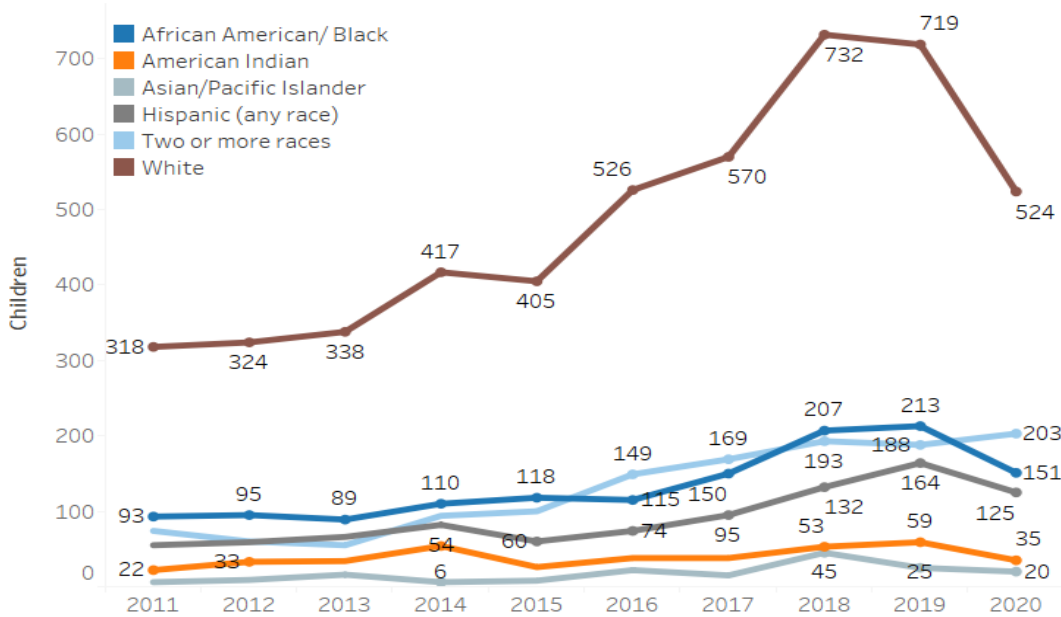


Figure 23. Number of children adopted by race/ethnicity, 2011 – 2020



Children who aged out of guardianship are adopted

Not all children who become state wards eventually are adopted. Some turn age 18 and “age out” of the foster care system. Others may be adopted after turning 18, but the department does not monitor this information.

Data shows:

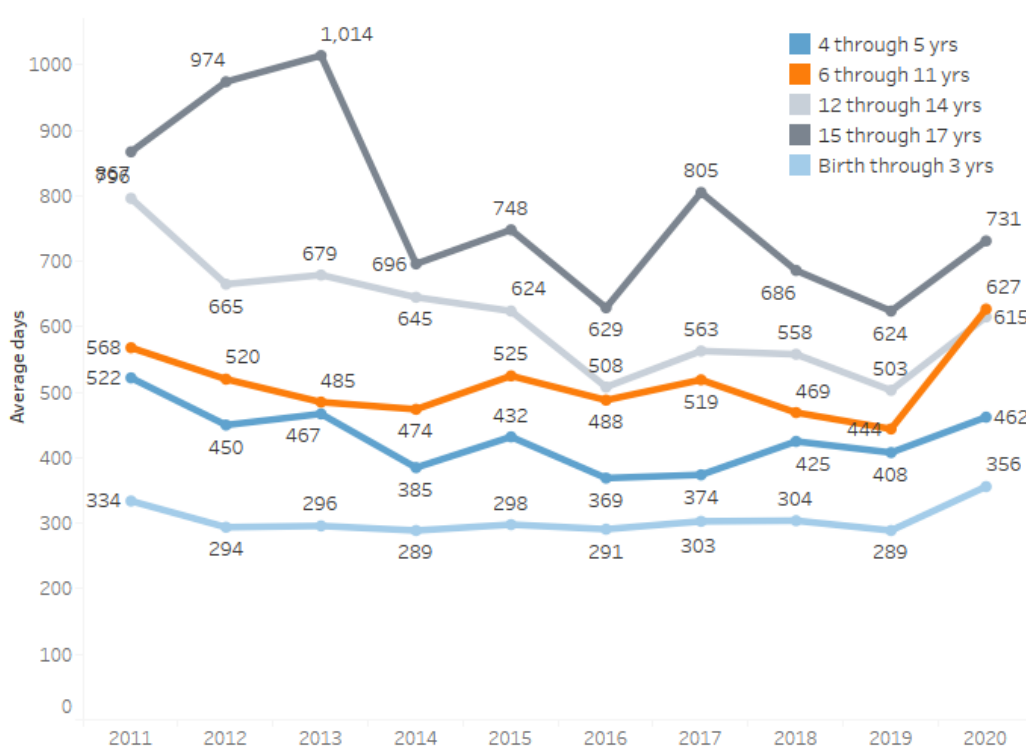
- During 2020, 115 youth who were state wards aged out before being adopted
- Of those who aged out, 21 (18.3%) continued in care after turning 18 through extended foster care.

Time to adoption

The average time from entering state guardianship to adoption has improved over the past eight years, but did show an increase in 2020. Figure 24 shows how long it takes from the date of entering guardianship to adoption for children adopted between 2011 and 2020. Data shows:

- Overall, the timeline from entering guardianship to adoption increased in 2020 compared to their length of time in guardianship in 2019 for all age groups. Social distancing measures and closures put in place to protect the health and safety of Minnesotans during the pandemic impacted both background studies and courts, which likely delayed some adoptions in the first few months following start of the pandemic.
- Younger children are typically adopted faster than older children, with those birth - 3 remaining in care for 356 days, on average.

Figure 24. Days from entering guardianship to adoption by age, 2011 – 2020



Adoption of siblings²

Keeping siblings together maintains family relationships and cultural connections. Separating siblings in foster care and adoption may add to trauma experienced by separation from birth parents and other family members. Both state and federal laws require siblings to be placed together for foster care and adoption at the earliest possible time, unless determined not to be in the best interest of a child, or is not possible after reasonable efforts by an agency. Table 4 shows the number and percentages of sibling groups adopted fully intact, and either partially or fully intact for the years 2010 – 2020. The data shows:

- In 2020, 64.6% of sibling groups were adopted together
- About 78.7% of sibling groups were adopted either partially or fully intact in 2020.

Table 4. Sibling group preservation in adoptions, 2010 – 2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Sibling groups available for adoption with at least one child adopted	153	133	135	135	184	169	237	234	345	326	249
Sibling groups adopted fully intact	111	90	97	97	130	118	172	154	222	222	161
Sibling groups adopted partially intact	18	14	13	16	22	23	27	36	46	51	35
Percent of sibling groups adopted fully intact	72.5%	67.7%	71.9%	71.9%	70.7%	69.8%	72.6%	65.8%	64.3%	68.1%	64.6%
Percent of sibling groups adopted partially or fully intact	84.3%	78.2%	81.5%	83.7%	82.6%	83.4%	84.0%	81.1%	77.7%	83.7%	78.7%

Tribal customary adoptions

Most tribes in Minnesota offer culturally appropriate permanency options through tribal court. Some tribes utilize customary adoption as a permanency option, which occurs after suspension of parental rights rather than termination of parental rights. Table 5 includes American Indian children under tribal court jurisdiction and adopted through customary adoption from 2010 – 2020 by age group. Although minor fluctuations in numbers

² Currently, the Social Service Information System categorizes siblings based on the biological mother, so siblings placed with, or separated from paternal siblings, are not included in the data. Siblings age 18 or older and previously adopted, or never under guardianship of the commissioner, are also not counted as part of a sibling group in this data table. Because percentages of sibling groups preserved are calculated for adoption within a calendar year, some intact adoptions may not be counted if adoptions of individual children took place over the span of more than one year. Note that the percentages for sibling group preservation are smaller than those reported in previous years due to increased accuracy in determining sibling groups. The current method includes all sibling groups available for adoption during a given year in which one or more siblings were adopted.

by age group across years, the relatively small number of tribal court children within each group limits interpretation of these trends.

Table 5. Number and percentage of American Indian children adopted through customary adoption by age group, 2010 - 2020

	Birth through 5 yrs.		6 yrs. or older		Total Number
	Number	Percent	Number	Percent	
2010	14	60.9%	9	39.1%	23
2011	23	60.5%	15	39.5%	38
2012	22	73.3%	8	26.7%	30
2013	10	47.6%	11	52.4%	21
2014	20	90.9%	2	9.1%	22
2015	37	43.5%	48	56.5%	85
2016	24	55.8%	19	44.2%	43
2017	28	40.0%	42	60.0%	70
2018	24	37.5%	40	62.5%	64
2019	31	55.4%	25	44.6%	56
2020	27	54.0%	23	46.0%	50

Post placement services and outcomes

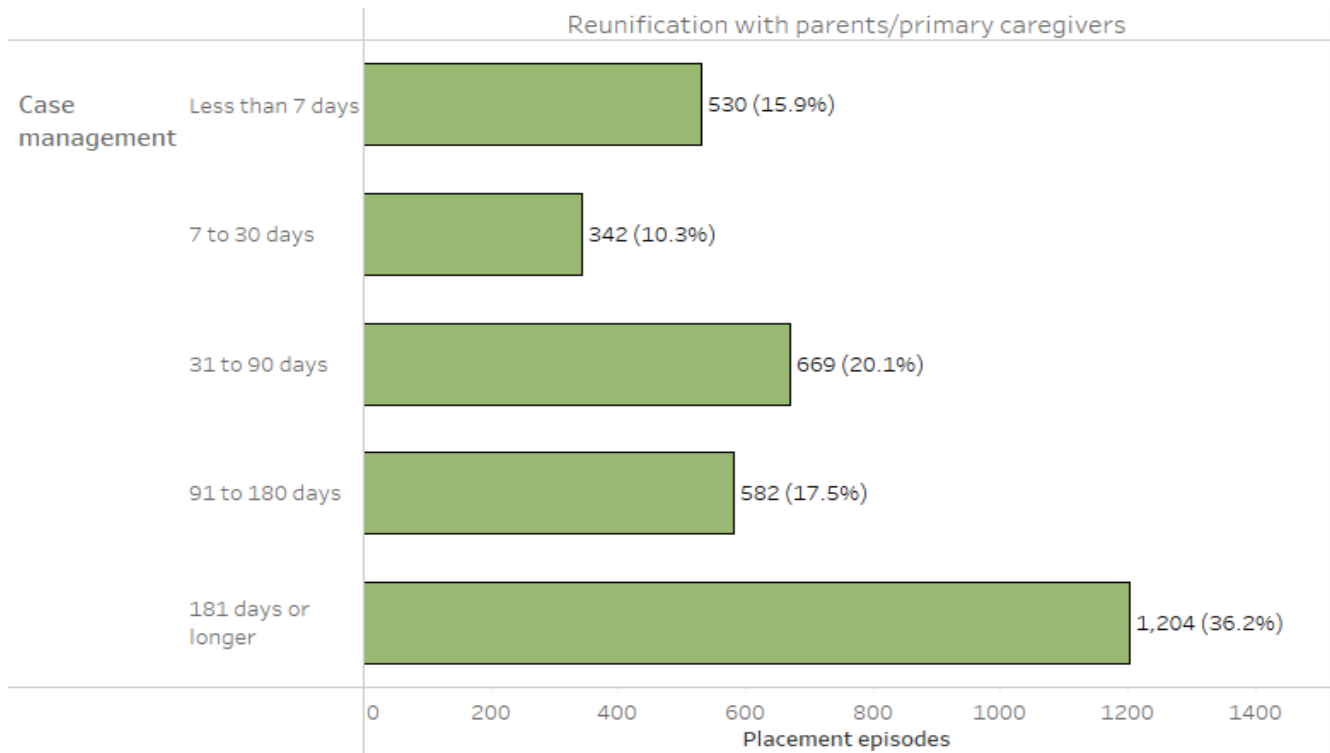
After achieving permanency, either through reunification, adoption, or transfer of permanent legal and physical custody to a relative, a local social services agency or the department may provide services to support families. Some children achieving permanency may continue to have challenges and re-enter out-of-home care. The following section provides information about services received post placement and on re-entry into out-of-home care.

Post reunification services

Children and their families may continue receiving support after their out-of-home placement ends through provision of case management services by the local social services agency. The following section provides information about how many children received this type of service and for how long.

- For episodes that ended in reunification with parents/caregivers and children/families receiving case management, nearly 54% of episodes remained open for three months or more after children were reunified
- Figure 25 shows episodes that ended with reunification and ongoing case management.

Figure 25. Number and percent of episodes that closed due to reunification where ongoing services were provided by length of time in 2020



Adoption and kinship assistance

Children and their families may receive ongoing support in the form of adoption assistance, available to many adoptive families, or kinship assistance if they meet eligibility criteria. For information on eligibility criteria and the process, see [Northstar Adoption Assistance Program](#). While adoption assistance has been available for the past few decades, Northstar kinship assistance is a fairly new program that began in 2015 to support relatives who assume permanent legal and physical custody of a related child. The data shows:

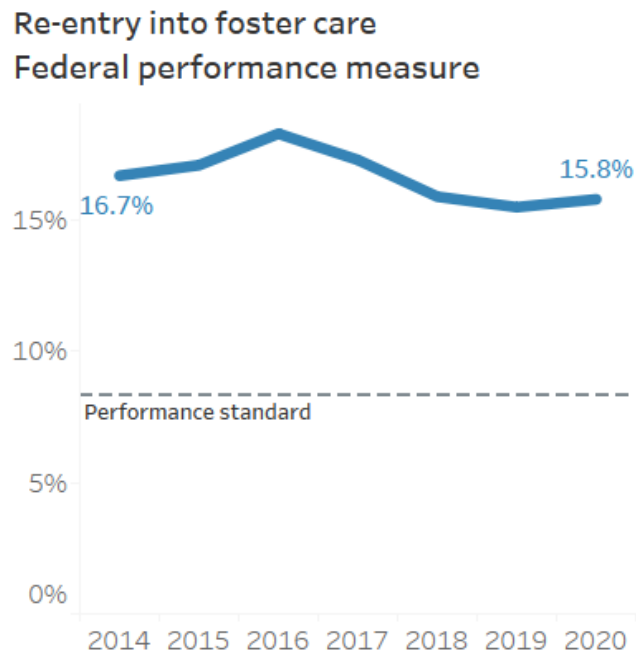
- There were 9,429 children who received adoption assistance payments in 2020
- Of the 9,429 children, 788 were adopted or had a customary tribal adoption finalized in 2020
- There were 4,273 children receiving Northstar kinship assistance payments in 2020.



Re-entry

Despite best efforts of county and tribal agency staff, some children who experience out-of-home care and achieve permanency will either re-enter the foster care system due to safety concerns or need for specialized treatment. Using the CFSR round three performance measure for re-entry into foster care, Minnesota's re-entry rate stayed steady from 2019 to 2020, remaining considerably higher than the federal performance standard of 8.3%.

Figure 26. Re-entry into foster care in 2020



The out-of-home care and permanency appendix

Table 6. Number of children in out-of-home care by sex and agency with U.S. Census child population estimate and rate per 1,000, 2020

Agency	Under 18 (female)	Under 18 (male)	18 or older (female)	18 or older (male)	Total children / young adults	2019 child population estimate	Child rate per 1,000
Aitkin	25	25	1	0	51	2,618	19.1
Anoka	214	204	6	11	435	84,759	4.9
Becker	71	99	4	2	176	8,313	20.4
Beltrami	374	372	16	13	775	11,846	63.0
Benton	52	47	4	0	103	10,396	9.5
Big Stone	5	6	2	0	13	1,078	10.2
Blue Earth	82	80	1	0	163	13,476	12.0
Brown	26	39	2	0	67	5,452	11.9
Carlton	50	66	2	2	120	7,988	14.5
Carver	73	67	12	5	157	27,702	5.1
Cass	51	60	6	3	120	6,193	17.9
Chippewa	24	23	0	0	47	2,847	16.5
Chisago	47	52	1	3	103	12,838	7.7
Clay	104	115	5	4	228	15,932	13.7
Clearwater	21	23	0	3	47	2,179	20.2
Cook	5	3	0	0	8	824	9.7
Crow Wing	94	100	3	4	201	13,875	14.0
Dakota	154	150	11	7	322	104,055	2.9
Douglas	34	32	2	0	68	8,198	8.1
Fillmore	9	9	1	0	19	5,196	3.5
Freeborn	58	57	3	6	124	6,614	17.4
Goodhue	44	43	5	3	95	10,243	8.5
Grant	15	13	0	0	28	1,349	20.8
Hennepin	1,152	1,227	95	79	2,553	276,136	8.6
Houston	16	14	1	1	32	4,067	7.4
Hubbard	39	55	1	1	96	4,562	20.6

Agency	Under 18 (female)	Under 18 (male)	18 or older (female)	18 or older (male)	Total children / young adults	2019 child population estimate	Child rate per 1,000
Isanti	40	38	3	4	85	9,537	8.2
Itasca	110	119	8	7	244	9,345	24.5
Kanabec	14	15	1	0	30	3,500	8.3
Kandiyohi	78	97	4	1	180	10,663	16.4
Kittson	4	6	0	1	11	947	10.6
Koochiching	34	40	4	3	81	2,162	34.2
Lac qui Parle	8	6	2	0	16	1364	10.3
Lake	8	13	0	3	24	2,035	10.3
Lake of the Woods	2	5	0	0	7	694	10.1
Le Sueur	25	28	3	1	57	6,905	7.7
McLeod	44	49	5	1	99	8176	11.4
Mahnomen	10	9	0	1	20	1,758	10.8
Marshall	6	3	1	0	10	2,140	4.2
Meeker	25	35	2	3	65	5,603	10.7
Mille Lacs	92	117	2	4	215	6,226	33.6
Morrison	44	60	2	3	109	7,753	13.4
Mower	36	50	2	2	90	10,047	8.6
Nicollet	28	27	3	3	61	7,523	7.3
Nobles	25	25	0	0	50	5,958	8.4
Norman	3	11	0	2	16	1,545	9.1
Olmsted	85	109	6	5	205	38,690	5.0
Otter Tail	90	86	2	0	178	12,795	13.8
Pennington	6	9	0	1	16	3,209	4.7
Pine	46	39	1	1	87	5,683	15.0
Polk	59	49	1	1	110	7,713	14.0
Pope	15	8	0	0	23	2,364	9.7
Ramsey	548	593	48	41	1,230	127,953	8.9
Red Lake	0	1	0	0	1	978	1.0
Renville	29	32	0	0	61	3,386	18.0
Rice	115	97	3	7	222	14,537	14.6

Agency	Under 18 (female)	Under 18 (male)	18 or older (female)	18 or older (male)	Total children / young adults	2019 child population estimate	Child rate per 1,000
Roseau	19	11	0	0	30	3,668	8.2
St. Louis	426	463	20	22	931	37,620	23.6
Scott	59	61	4	0	124	40,358	3.0
Sherburne	60	60	4	2	126	25,471	4.7
Sibley	11	11	0	1	23	3,415	6.4
Stearns	160	181	12	8	361	37,362	9.1
Stevens	14	19	0	0	33	2,103	15.7
Swift	25	33	0	0	58	2,154	26.9
Todd	24	32	0	1	57	5,898	9.5
Traverse	7	4	1	0	12	680	16.2
Wabasha	15	19	0	0	34	4,677	7.3
Wadena	42	46	1	2	91	3,540	24.9
Washington	89	125	12	9	235	63,673	3.4
Watonwan	21	20	2	1	44	2,643	15.5
Wilkin	14	20	1	3	38	1,397	24.3
Winona	58	76	6	3	143	8,971	14.9
Wright	98	86	3	10	197	38,362	4.8
Yellow Medicine	21	17	0	0	38	2,243	16.9
Southwest HHS	111	98	7	3	219	18,120	11.5
Des Moines Valley HHS	38	45	2	1	86	4,862	17.1
Faribault-Martin	69	76	6	1	152	7,319	19.8
Leech Lake Band of Ojibwe	90	95	2	1	188	1,975	93.7
White Earth Nation	130	148	4	9	291	1,981	140.3
MN Prairie	74	96	5	2	177	18,696	9.1
Minnesota	6,143	6,599	379	321	13,442	1,303,157	9.8

†Note: The data for these two groups are 2010 Census numbers representing children residing on the Leech Lake and White Earth reservations indicating American Indian alone or as one of two or more races. There are no intercensal child population estimates for these groups. The Leech Lake reservation overlaps Cass, Itasca, Beltrami, and Hubbard counties. The White Earth reservation overlaps Mahnommen, Becker, and Clearwater counties.

Note: Child rate per 1,000 only includes children under age 18. Age was calculated either on the first of the year for those in care on Jan. 1, 2018, or on the day an out-of-home care placement episode began in 2018 for all others.

Table 7. Number of children in out-of-home care by age and agency, 2020

Agency	Birth to 2 years	3 to 5 years	6 to 8 years	9 to 11 years	12 to 14 years	15 to 17 years	18 or older	Total children
Aitkin	7	9	9	10	11	4	1	51
Anoka	114	67	65	52	55	65	17	435
Becker	38	32	29	24	20	27	6	176
Beltrami	164	137	124	119	104	98	29	775
Benton	26	11	9	14	23	16	4	103
Big Stone	5	1	0	1	1	3	2	13
Blue Earth	52	35	23	14	30	8	1	163
Brown	19	10	11	10	5	10	2	67
Carlton	21	17	20	13	17	28	4	120
Carver	28	22	15	15	21	39	17	157
Cass	27	14	9	18	25	18	9	120
Chippewa	14	8	5	10	6	4	0	47
Chisago	20	18	17	14	12	18	4	103
Clay	46	35	24	27	28	59	9	228
Clearwater	12	5	5	7	9	6	3	47
Cook	0	1	0	2	3	2	0	8
Crow Wing	42	34	32	23	26	37	7	201
Dakota	94	56	34	44	33	43	18	322
Douglas	18	8	13	8	9	10	2	68
Fillmore	3	2	2	4	2	5	1	19
Freeborn	34	26	15	12	13	15	9	124
Goodhue	19	7	14	12	15	20	8	95
Grant	10	6	2	4	5	1	0	28
Hennepin	666	387	297	294	352	383	174	2553
Houston	4	7	7	2	4	6	2	32
Hubbard	21	21	9	6	10	27	2	96
Isanti	14	10	14	12	14	14	7	85
Itasca	40	27	23	23	41	75	15	244

Agency	Birth to 2 years	3 to 5 years	6 to 8 years	9 to 11 years	12 to 14 years	15 to 17 years	18 or older	Total children
Kanabec	4	5	4	4	7	5	1	30
Kandiyohi	43	32	22	21	34	23	5	180
Kittson	0	0	2	2	5	1	1	11
Koochiching	16	13	10	15	10	10	7	81
Lac qui Parle	3	1	3	4	1	2	2	16
Lake	4	3	3	1	7	3	3	24
Lake of the Woods	1	2	1	0	1	2	0	7
Le Sueur	13	6	8	6	7	13	4	57
McLeod	14	24	14	9	19	13	6	99
Mahnomen	4	3	5	2	2	3	1	20
Marshall	0	1	1	0	3	4	1	10
Meeker	14	11	11	7	8	9	5	65
Mille Lacs	40	40	30	24	41	34	6	215
Morrison	23	14	15	10	17	25	5	109
Mower	24	12	14	10	13	13	4	90
Nicollet	14	7	8	9	9	8	6	61
Nobles	12	4	7	6	10	11	0	50
Norman	1	1	0	3	3	6	2	16
Olmsted	38	38	26	26	21	45	11	205
Otter Tail	31	42	22	19	31	31	2	178
Pennington	5	2	2	1	2	3	1	16
Pine	20	17	14	11	14	9	2	87
Polk	12	19	9	23	22	23	2	110
Pope	6	1	2	2	6	6	0	23
Ramsey	271	187	154	144	162	223	89	1230
Red Lake	0	0	0	0	1	0	0	1
Renville	10	9	7	10	14	11	0	61
Rice	45	36	34	37	35	25	10	222
Roseau	8	4	3	2	6	7	0	30
St. Louis	249	132	134	121	114	139	42	931

Agency	Birth to 2 years	3 to 5 years	6 to 8 years	9 to 11 years	12 to 14 years	15 to 17 years	18 or older	Total children
Scott	22	23	15	18	17	25	4	124
Sherburne	23	23	12	19	13	30	6	126
Sibley	5	2	3	3	2	7	1	23
Stearns	89	54	42	36	57	63	20	361
Stevens	7	3	4	2	8	9	0	33
Swift	15	9	8	8	10	8	0	58
Todd	13	4	8	9	16	6	1	57
Traverse	2	2	1	2	0	4	1	12
Wabasha	8	4	3	5	9	5	0	34
Wadena	20	12	12	11	16	17	3	91
Washington	51	35	26	18	30	54	21	235
Watonwan	7	11	4	1	8	10	3	44
Wilkin	7	5	7	5	6	4	4	38
Winona	26	20	29	23	22	14	9	143
Wright	38	29	24	18	29	46	13	197
Yellow Medicine	8	9	3	7	6	5	0	38
Southwest HHS	50	34	32	29	35	29	10	219
Des Moines Valley HHS	18	10	11	10	18	16	3	86
Faribault-Martin	33	28	18	18	24	24	7	152
Leech Lake Band of Ojibwe	37	36	45	24	25	18	3	188
White Earth Nation	68	65	42	36	26	41	13	291
MN Prairie	34	19	22	29	31	35	7	177
Minnesota	3,064	2,116	1,763	1,654	1,927	2,218	700	13,442

Table 8. Number of children in out-of-home care by race, ethnicity and agency, 2020

Agency	African American/Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/declined	White	Grand Total	Hispanic (any race)
Aitkin	*	19	*	7	*	25	51	*
Anoka	57	27	*	90	8	250	435	32
Becker	*	49	*	41	*	82	176	15
Beltrami	*	668	*	46	*	53	775	12
Benton	17	*	*	29	*	57	103	*
Big Stone	*	*	*	*	*	12	13	*
Blue Earth	33	*	*	17	*	104	163	10
Brown	*	*	*	13	*	53	67	18
Carlton	*	51	*	17	*	51	120	*
Carver	17	*	*	42	*	84	157	16
Cass	*	39	*	10	*	70	120	*
Chippewa	*	*	*	14	*	26	47	*
Chisago	*	*	*	27	*	71	103	*
Clay	28	61	*	58	*	80	228	34
Clearwater	*	18	*	11	*	17	47	*
Cook	*	*	*	*	*	*	8	*
Crow Wing	9	29	*	24	*	138	201	*
Dakota	62	12	*	89	20	136	322	54
Des Moines Valley HHS	*	*	*	9	*	69	86	8
Douglas	*	*	*	25	*	40	68	*
Faribault-Martin	*	*	*	18	*	131	152	20
Fillmore	*	*	*	*	*	15	19	*
Freeborn	8	*	8	24	*	79	124	26
Goodhue	8	*	*	15	*	61	95	*
Grant	*	*	*	*	*	27	28	*
Hennepin	843	386	57	780	13	474	2553	367
Houston	*	*	*	8	*	19	32	*

Agency	African American/ Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/ declined	White	Grand Total	Hispanic (any race)
Hubbard	*	15	*	18	*	61	96	*
Isanti	*	*	*	10	*	68	85	*
Itasca	*	38	*	59	*	144	244	*
Kanabec	*	*	*	9	*	20	30	*
Kandiyohi	*	12	*	21	*	141	180	87
Kittson	*	*	*	*	*	8	11	*
Koochiching	*	12	*	*	*	67	81	*
Lac qui Parle	*	*	*	*	*	11	16	*
Lake	*	*	*	*	*	15	24	*
Lake of the Woods	*	*	*	*	*	*	7	*
Le Sueur	*	*	*	13	*	41	57	16
Leech Lake Band of Ojibwe	*	179	*	9	*	*	188	*
Mahnomen	*	16	*	*	*	*	20	*
Marshall	*	*	*	*	*	8	10	*
McLeod	*	*	*	26	*	68	99	19
Meeker	*	*	*	9	*	52	65	*
Mille Lacs	*	151	*	18	*	44	215	12
MN Prairie	31	*	*	28	*	112	177	26
Morrison	*	*	*	23	*	81	109	*
Mower	24	*	*	22	*	43	90	11
Nicollet	10	*	*	12	*	37	61	7
Nobles	7	*	*	*	*	31	50	19
Norman	*	*	*	8	*	*	16	*
Olmsted	32	*	*	64	*	108	205	29
Otter Tail	9	7	*	32	*	124	178	11
Pennington	*	*	*	*	*	10	16	*
Pine	*	43	*	9	*	35	87	*
Polk	10	11	*	34	*	55	110	17

Agency	African American/ Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/ declined	White	Grand Total	Hispanic (any race)
Pope	*	*	*	*	*	21	23	*
Ramsey	440	71	90	295	*	330	1230	152
Red Lake	*	*	*	*	*	*	*	*
Renville	*	*	*	*	*	49	61	20
Rice	28	*	*	29	11	151	222	42
Roseau	*	*	*	7	*	18	30	*
Scott	15	11	*	28	*	61	124	16
Sherburne	12	9	*	32	*	70	126	*
Sibley	*	*	*	*	*	18	23	*
Southwest HHS	8	38	*	53	*	119	219	37
St. Louis	76	199	*	255	13	384	931	38
Stearns	77	17	*	68	10	187	361	32
Stevens	*	*	*	*	*	26	33	*
Swift	12	*	*	14	*	30	58	10
Todd	*	*	*	*	*	51	57	*
Traverse	*	*	*	*	*	*	12	*
Wabasha	*	*	*	*	*	31	34	12
Wadena	*	*	*	18	*	65	91	*
Washington	25	11	*	47	17	132	235	19
Watonwan	*	*	*	*	*	38	44	22
White Earth Nation	*	276	*	15	*	*	291	*
Wilkin	*	*	*	7	*	22	38	*
Winona	7	*	*	19	*	117	143	11
Wright	9	*	*	40	10	134	197	10
Yellow Medicine	*	18	*	8	*	11	38	*
Minnesota	1,994	2,563	203	2,826	164	5,692	13,442	1,377

* If the number of children is less than seven it is omitted to prevent identification of individuals. Totals include omitted data.

Table 9. Number of new placement episodes by primary reason for removal from the home and by agency, 2020

Agency	Caretaker Drug Abuse	Alleged Neglect	Child Mental Health	Alleged Physical Abuse	Child Behavior Problems	Child Delinquency	Caretaker Alcohol Abuse	Caretaker Mental Health	Prenatal Drug Exposure	Alleged Sexual Abuse	Alleged Domestic Violence	Incarceration of Caretaker	Abandonment	Child Runaway	Inadequate Housing	Child Disability	Alleged Medical Neglect
Aitkin	2	13	2	6	0	0	0	0	0	1	0	0	0	0	0	0	0
Anoka	44	27	8	11	19	1	18	13	4	2	3	7	2	4	1	0	0
Becker	17	15	8	7	1	12	0	0	1	0	0	0	0	0	2	0	0
Beltrami	103	31	8	5	2	3	5	8	3	2	1	0	2	3	0	0	0
Benton	7	0	2	3	5	5	1	1	3	8	2	2	0	0	0	0	0
Big Stone	3	0	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0
Blue Earth	31	8	3	10	2	0	7	1	1	5	0	6	1	0	2	0	0
Brown	25	5	3	3	2	1	3	0	0	2	0	0	0	0	0	0	2
Carlton	11	5	18	0	2	0	3	0	0	0	0	0	1	0	0	1	1
Carver	30	11	1	1	10	0	5	6	0	2	0	0	0	0	3	2	0
Cass	30	0	4	1	1	1	1	4	2	1	0	0	0	3	1	0	0
Chippewa	15	3	1	0	0	0	0	0	0	1	0	2	0	0	0	1	0
Chisago	8	16	2	4	1	0	0	1	0	1	0	0	5	0	0	0	0
Clay	17	23	7	1	3	23	1	0	2	1	0	0	2	7	0	0	0
Clearwater	4	9	1	0	2	1	0	0	0	8	0	0	0	2	2	0	0
Cook	1	0	2	0	1	1	0	1	0	1	0	0	0	0	0	0	0
Crow Wing	33	16	0	8	12	0	5	0	0	0	0	2	0	0	1	0	0
Dakota	21	39	0	7	7	0	4	0	0	0	0	1	1	0	4	7	0
Des Moines Valley HHS	8	4	5	0	7	0	0	1	1	0	0	0	0	0	0	0	0
Douglas	6	10	4	2	0	0	2	0	1	0	3	1	0	0	0	0	0
Faribault-Martin	46	5	5	0	3	0	9	6	0	5	4	1	0	1	1	0	0

Agency	Caretaker Drug Abuse	Alleged Neglect	Child Mental Health	Alleged Physical Abuse	Child Behavior Problems	Child Delinquency	Caretaker Alcohol Abuse	Caretaker Mental Health	Prenatal Drug Exposure	Alleged Sexual Abuse	Alleged Domestic Violence	Incarceration of Caretaker	Abandonment	Child Runaway	Inadequate Housing	Child Disability	Alleged Medical Neglect
Fillmore	2	1	3	0	0	1	0	0	0	0	0	0	0	0	0	1	0
Freeborn	15	7	5	0	1	0	3	2	1	0	4	0	0	0	0	0	1
Goodhue	8	12	7	0	3	2	0	3	0	2	0	2	0	1	3	0	0
Grant	6	4	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Hennepin	227	56	60	121	16	55	32	45	65	28	16	15	14	1	2	3	9
Houston	2	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0
Hubbard	8	23	1	2	3	0	1	0	1	2	0	0	1	1	0	0	0
Isanti	7	13	4	0	0	0	0	4	3	1	0	2	0	0	4	0	0
Itasca	30	8	10	0	12	13	4	2	1	3	5	0	0	1	0	0	0
Kanabec	5	3	4	4	0	1	0	0	0	0	0	0	0	1	0	0	0
Kandiyohi	53	6	6	6	1	1	2	0	0	5	7	0	7	1	2	0	0
Kittson	0	0	1	0	0	0	4	0	0	0	0	0	0	0	0	0	0
Koochiching	23	0	5	0	2	0	1	0	1	1	3	8	0	0	0	0	0
Lac qui Parle	1	2	3	0	0	0	1	0	0	1	0	2	0	0	0	0	0
Lake	1	1	6	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Le Sueur	8	3	5	0	1	2	0	1	0	0	0	0	0	1	0	0	0
Leech Lake Band of Ojibwe	5	3	0	0	1	0	3	0	4	2	0	1	1	0	3	0	3
Mahnomen	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Marshall	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
McLeod	21	11	0	5	0	0	0	0	0	0	5	0	0	1	1	0	0
Meeker	14	7	1	0	0	0	2	0	0	0	0	0	1	0	0	0	0
Mille Lacs	33	6	11	2	4	6	0	1	0	0	0	1	0	1	0	1	0
MN Prairie	29	14	12	1	0	1	1	7	0	6	8	0	2	0	3	1	1

Agency	Caretaker Drug Abuse	Alleged Neglect	Child Mental Health	Alleged Physical Abuse	Child Behavior Problems	Child Delinquency	Caretaker Alcohol Abuse	Caretaker Mental Health	Prenatal Drug Exposure	Alleged Sexual Abuse	Alleged Domestic Violence	Incarceration of Caretaker	Abandonment	Child Runaway	Inadequate Housing	Child Disability	Alleged Medical Neglect
Morrison	26	2	8	1	4	0	0	0	1	3	0	0	0	0	0	1	0
Mower	23	12	0	4	3	0	0	0	0	1	0	1	0	0	0	0	0
Nicollet	10	6	5	2	0	0	3	1	0	0	0	0	0	1	0	3	0
Nobles	1	1	0	1	1	1	7	0	2	3	0	0	0	0	0	0	0
Norman	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0
Olmsted	30	1	8	7	13	1	8	2	3	1	2	0	1	0	0	1	0
Otter Tail	23	12	6	1	0	0	4	1	1	1	3	3	0	2	7	0	0
Pennington	2	2	0	0	1	1	0	0	0	0	0	0	1	0	0	0	0
Pine	6	2	0	1	1	0	0	0	5	0	0	0	1	0	2	0	0
Polk	15	5	1	9	8	7	4	1	0	0	0	0	1	1	2	3	0
Pope	1	5	1	5	0	0	2	0	1	0	0	0	0	0	0	0	0
Ramsey	34	73	17	31	10	57	6	22	8	5	1	3	10	4	0	0	1
Red Lake	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Renville	14	6	3	8	2	0	2	2	0	0	2	0	0	0	0	1	0
Rice	48	16	7	7	2	0	6	2	2	1	2	4	4	0	0	1	0
Roseau	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0
Scott	11	10	6	1	2	0	8	1	2	0	0	5	2	5	0	0	0
Sherburne	18	11	11	5	2	4	0	3	0	4	0	0	1	2	0	0	1
Sibley	7	1	2	0	0	0	1	1	0	0	0	0	0	0	2	0	0
Southwest HHS	15	9	4	4	9	0	1	0	2	2	0	5	0	2	1	0	3
St. Louis	149	59	64	31	4	3	13	7	8	14	14	5	1	1	3	0	2
Stearns	46	31	17	27	4	0	6	4	4	6	1	0	6	1	0	0	1
Stevens	5	2	1	2	0	2	0	0	0	0	0	0	0	1	0	0	0
Swift	4	4	2	2	3	0	0	0	2	2	1	0	0	0	0	0	0

Agency	Caretaker Drug Abuse	Alleged Neglect	Child Mental Health	Alleged Physical Abuse	Child Behavior Problems	Child Delinquency	Caretaker Alcohol Abuse	Caretaker Mental Health	Prenatal Drug Exposure	Alleged Sexual Abuse	Alleged Domestic Violence	Incarceration of Caretaker	Abandonment	Child Runaway	Inadequate Housing	Child Disability	Alleged Medical Neglect
Todd	3	1	5	0	1	1	2	2	0	0	6	0	0	0	0	0	0
Traverse	5	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Wabasha	7	6	1	0	3	0	0	0	1	0	4	2	0	1	0	0	0
Wadena	9	7	3	3	3	5	1	0	1	2	2	0	0	0	0	0	0
Washington	28	15	13	0	5	0	1	4	2	0	1	9	4	8	2	2	0
Watonwan	0	2	4	1	3	1	2	0	1	1	0	2	0	0	0	0	2
White Earth Nation	49	4	0	4	0	1	1	5	6	1	0	3	0	1	0	0	1
Wilkin	6	3	2	0	1	0	0	0	0	1	0	0	0	0	1	0	0
Winona	23	14	3	0	0	0	3	5	1	1	3	0	0	0	2	0	0
Wright	33	7	9	9	5	2	1	4	1	0	0	4	1	4	1	0	0
Yellow Medicine	7	1	2	4	1	0	0	0	0	0	0	0	1	0	0	0	1
Minnesota	1,620	751	439	381	220	218	200	175	150	141	103	99	76	63	58	30	29

Agency	Death of Caretaker(s)	Child Request	Caretaker Physical Health	Child Drug Abuse	Relinquish or TPR	Caretaker Absence	Caretaker Cognitive Health	Alleged Psychological/ Emotional Abuse	Alleged Educational Neglect	Homelessness	Child family conflict - behavior	Safe Place for Newborns	Inadequate Mental Health Services	Alleged Sex Trafficking	Child Alcohol Abuse	Prenatal Alcohol Exposure	Inadequate Medical Services	Total Children
Aitkin	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	25
Anoka	0	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	0	167
Becker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	63
Beltrami	1	1	0	1	2	0	0	0	0	1	0	0	0	0	1	0	0	181
Benton	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	42
Big Stone	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Blue Earth	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	78
Brown	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	47
Carlton	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	42
Carver	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	72
Cass	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50
Chippewa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23
Chisago	0	0	1	2	0	0	0	0	0	0	2	3	0	0	0	0	0	46
Clay	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	88
Clearwater	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29
Cook	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Crow Wing	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	79
Dakota	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1	95
Des Moines Valley HHS	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	27
Douglas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	29

Agency	Death of Caretaker(s)	Child Request	Caretaker Physical Health	Child Drug Abuse	Relinquish or TPR	Caretaker Absence	Caretaker Cognitive Health	Alleged Psychological/ Emotional Abuse	Alleged Educational Neglect	Homelessness	Child family conflict - behavior	Safe Place for Newborns	Inadequate Mental Health Services	Alleged Sex Trafficking	Child Alcohol Abuse	Prenatal Alcohol Exposure	Inadequate Medical Services	Total Children
Faribault-Martin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86
Fillmore	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
Freeborn	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	41
Goodhue	0	1	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	47
Grant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
Hennepin	12	0	4	2	4	6	1	2	5	1	1	0	1	3	0	2	0	809
Houston	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
Hubbard	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	43
Isanti	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	40
Itasca	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	92
Kanabec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
Kandiyohi	0	1	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	101
Kittson	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
Koochiching	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47
Lac qui Parle	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Lake	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
Le Sueur	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	24
Leech Lake Band of Ojibwe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26
Mahnomen	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
Marshall	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	5

Agency	Death of Caretaker(s)	Child Request	Caretaker Physical Health	Child Drug Abuse	Relinquish or TPR	Caretaker Absence	Caretaker Cognitive Health	Alleged Psychological/ Emotional Abuse	Alleged Educational Neglect	Homelessness	Child family conflict - behavior	Safe Place for Newborns	Inadequate Mental Health Services	Alleged Sex Trafficking	Child Alcohol Abuse	Prenatal Alcohol Exposure	Inadequate Medical Services	Total Children
McLeod	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	44
Meeker	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25
Mille Lacs	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	68
MN Prairie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	86
Morrison	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47
Mower	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	47
Nicollet	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31
Nobles	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	18
Norman	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Olmsted	0	1	0	0	1	0	2	0	0	1	1	0	0	0	0	0	0	84
Otter Tail	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	66
Pennington	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	10
Pine	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	20
Polk	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	58
Pope	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	16
Ramsey	5	1	6	0	2	1	1	4	0	0	1	1	0	1	0	0	0	305
Red Lake	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Renville	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40
Rice	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	104
Roseau	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Scott	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53
Sherburne	1	0	0	0	0	0	0	2	0	1	0	0	0	0	0	0	0	66
Sibley	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14

Agency	Death of Caretaker(s)	Child Request	Caretaker Physical Health	Child Drug Abuse	Relinquish or TPR	Caretaker Absence	Caretaker Cognitive Health	Alleged Psychological/ Emotional Abuse	Alleged Educational Neglect	Homelessness	Child family conflict - behavior	Safe Place for Newborns	Inadequate Mental Health Services	Alleged Sex Trafficking	Child Alcohol Abuse	Prenatal Alcohol Exposure	Inadequate Medical Services	Total Children
Southwest HHS	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	58
St. Louis	1	6	2	3	1	0	6	0	3	2	0	0	1	0	1	0	0	404
Stearns	0	2	0	0	2	6	1	0	1	1	0	1	0	0	0	0	0	168
Stevens	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	14
Swift	0	0	0	1	0	0	0	2	2	0	0	0	0	0	0	0	0	25
Todd	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	22
Traverse	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
Wabasha	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25
Wadena	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	37
Washington	0	0	6	0	0	0	1	0	0	0	0	0	0	0	0	0	0	101
Watonwan	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20
White Earth Nation	0	0	0	0	2	0	0	0	0	0	0	0	1	0	1	0	0	80
Wilkin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	14
Winona	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	57
Wright	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	82
Yellow Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
Minnesota	27	26	24	22	21	19	14	14	14	10	7	6	5	4	3	2	1	4,969

Note: This table counts unique continuous placement episodes; children may have been placed in care on multiple occasions during the year.

Table 10. Number of children experiencing out-of-home care by location setting type and by agency, 2020

Agency	Foster family home (non-relative)	Foster family home (relative)	Residential treatment center	Pre-kinship home (relative)	Group home	Pre-adoptive home (non-relative)	Pre-adoptive home (relative)	Correctional facility (locked)	Foster home (corporate/shift staff)	Supervised independent living	Juvenile correctional facility (non-secure)	ICF-DD	Residential SUD program with parent	Total children
Aitkin	23	20	4	7	6	1	6	0	0	1	0	0	0	51
Anoka	168	138	37	31	11	42	43	2	10	20	30	1	0	435
Becker	66	42	10	27	4	19	19	10	5	3	20	0	0	176
Beltrami	179	382	43	191	26	9	9	17	9	30	25	0	0	775
Benton	31	23	13	1	11	13	17	4	8	4	3	0	0	103
Big Stone	3	2	3	1	3	1	1	0	1	2	1	0	0	13
Blue Earth	67	60	8	5	1	23	17	1	1	1	2	0	1	163
Brown	27	30	5	0	5	5	4	0	2	2	1	2	0	67
Carlton	40	35	30	35	21	4	2	2	13	3	0	0	0	120
Carver	47	63	23	20	15	4	4	0	3	14	11	0	2	157
Cass	36	49	17	4	9	5	13	0	0	10	8	0	1	120
Chippewa	11	28	4	1	3	2	6	3	1	0	0	0	0	47
Chisago	38	31	6	6	4	15	13	1	5	2	4	0	0	103
Clay	117	22	13	32	13	25	8	0	7	5	57	0	0	228
Clearwater	18	18	3	5	3	0	4	0	0	3	2	0	0	47
Cook	4	1	2	0	0	1	1	1	1	0	0	0	0	8
Crow Wing	73	66	18	28	14	19	13	4	11	6	6	0	0	201

Agency	Foster family home (non-relative)	Foster family home (relative)	Residential treatment center	Pre-kinship home (relative)	Group home	Pre-adoptive home (non-relative)	Pre-adoptive home (relative)	Correctional facility (locked)	Foster home (corporate/shift staff)	Supervised independent living	Juvenile correctional facility (non-secure)	ICF-DD	Residential SUD program with parent	Total children
Dakota	98	105	9	33	14	43	30	5	23	16	6	1	0	322
Des Moines Valley HHS	9	22	14	1	8	12	9	1	5	3	4	0	1	86
Douglas	28	26	3	12	3	2	6	1	1	3	1	0	0	68
Faribault-Martin	42	76	12	15	8	14	12	0	0	7	0	0	1	152
Fillmore	5	1	6	2	0	2	2	0	3	0	0	0	0	19
Freeborn	43	34	14	10	7	10	9	0	0	10	0	0	0	124
Goodhue	36	18	19	5	10	5	11	0	1	11	0	0	0	95
Grant	17	3	0	0	1	3	6	0	1	0	2	0	0	28
Hennepin	664	975	260	331	227	152	259	93	42	165	19	2	0	2,553
Houston	6	4	7	0	1	8	1	0	0	3	1	1	0	32
Hubbard	39	33	8	9	2	5	4	3	6	2	6	0	0	96
Isanti	29	30	4	17	3	2	7	1	2	1	0	0	3	85
Itasca	85	47	51	28	25	16	17	5	7	11	19	0	0	244
Kanabec	8	5	5	3	3	1	4	0	1	1	2	0	0	30
Kandiyohi	76	64	9	12	12	8	23	2	5	6	12	0	0	180
Kittson	0	4	3	2	0	0	0	0	2	2	1	0	0	11
Koochiching	26	33	8	4	0	1	7	2	3	7	2	0	0	81
Lac qui Parle	6	4	3	4	0	0	1	0	0	2	0	0	0	16
Lake	4	5	4	0	4	3	0	0	1	2	0	0	0	24

Agency	Foster family home (non-relative)	Foster family home (relative)	Residential treatment center	Pre-kinship home (relative)	Group home	Pre-adoptive home (non-relative)	Pre-adoptive home (relative)	Correctional facility (locked)	Foster home (corporate/shift staff)	Supervised independent living	Juvenile correctional facility (non-secure)	ICF-DD	Residential SUD program with parent	Total children
Lake of the Woods	0	0	2	0	0	2	0	0	1	0	0	0	0	7
Le Sueur	20	14	8	2	0	3	5	0	0	5	5	0	0	57
Leech Lake Band of Ojibwe	50	44	6	75	3	15	6	0	3	3	9	0	1	188
Mahnomen	5	6	1	5	0	0	3	2	0	0	1	0	0	20
Marshall	1	0	3	1	1	0	2	2	0	2	2	0	0	10
McLeod	22	47	5	3	5	8	13	0	1	5	2	0	0	99
Meeker	26	26	8	2	2	3	6	0	6	3	0	0	5	65
Mille Lacs	88	41	18	56	28	4	10	7	4	6	16	0	0	215
MN Prairie	52	63	22	13	8	10	29	1	7	3	0	1	0	177
Morrison	50	26	14	2	3	6	7	2	7	7	3	0	0	109
Mower	30	36	7	10	3	6	13	1	1	7	0	0	0	90
Nicollet	8	23	11	2	2	7	1	1	3	6	2	3	1	61
Nobles	19	10	6	0	1	6	9	3	1	0	0	0	0	50
Norman	5	9	4	3	1	0	0	2	1	2	1	0	0	16
Olmsted	69	60	20	13	7	21	32	9	0	9	21	0	0	205
Otter Tail	64	51	14	21	6	16	21	0	1	2	11	1	0	178
Pennington	7	6	2	1	0	0	2	1	0	1	3	0	0	16
Pine	33	19	5	37	2	2	10	1	3	2	3	0	0	87

Agency	Foster family home (non-relative)	Foster family home (relative)	Residential treatment center	Pre-kinship home (relative)	Group home	Pre-adoptive home (non-relative)	Pre-adoptive home (relative)	Correctional facility (locked)	Foster home (corporate/shift staff)	Supervised independent living	Juvenile correctional facility (non-secure)	ICF-DD	Residential SUD program with parent	Total children
Polk	43	38	15	16	8	8	2	5	5	2	20	0	0	110
Pope	13	6	0	1	1	4	1	0	1	1	2	0	0	23
Ramsey	275	377	76	114	87	113	237	80	36	77	7	0	0	1,230
Red Lake	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Renville	16	26	9	5	9	4	12	0	0	0	1	0	0	61
Rice	82	96	12	9	4	11	18	1	4	9	4	0	0	222
Roseau	8	10	5	7	0	0	1	1	1	0	7	0	1	30
Scott	19	45	8	18	5	7	8	2	6	4	15	0	0	124
Sherburne	43	38	8	17	10	8	14	5	4	4	6	0	2	126
Sibley	7	10	3	3	0	0	2	0	1	1	0	0	0	23
Southwest HHS	53	59	16	31	17	14	27	3	8	10	3	1	0	219
St. Louis	329	316	103	162	138	40	46	12	27	36	1	0	4	931
Stearns	135	104	25	32	30	27	32	4	12	19	11	0	0	361
Stevens	9	11	1	2	2	8	2	0	1	0	2	0	0	33
Swift	22	13	5	2	9	4	6	0	0	1	0	1	0	58
Todd	13	20	8	11	1	3	12	0	1	1	2	0	0	57
Traverse	9	4	1	0	2	2	0	0	0	2	0	0	0	12
Wabasha	10	13	3	4	3	0	6	0	0	0	0	0	0	34
Wadena	32	23	6	3	6	5	15	9	2	2	9	0	0	91

Agency	Foster family home (non-relative)	Foster family home (relative)	Residential treatment center	Pre-kinship home (relative)	Group home	Pre-adoptive home (non-relative)	Pre-adoptive home (relative)	Correctional facility (locked)	Foster home (corporate/shift staff)	Supervised independent living	Juvenile correctional facility (non-secure)	ICF-DD	Residential SUD program with parent	Total children
Washington	54	81	30	28	15	9	16	2	20	16	13	1	0	235
Watonwan	17	10	8	2	1	7	7	0	0	5	1	0	0	44
White Earth Nation	111	62	7	34	15	33	20	3	3	11	15	0	0	291
Wilkin	11	11	2	2	2	0	7	0	0	4	2	0	1	38
Winona	42	53	12	6	5	26	19	1	2	8	0	0	0	143
Wright	53	78	17	26	4	20	19	0	9	13	3	0	0	197
Yellow Medicine	9	12	1	6	2	1	2	0	0	0	0	0	2	38
Minnesota	4,133	4,496	1,216	1,669	925	938	1,288	318	362	647	448	15	26	13,442

*ICF-DD: Intermediate Care Facilities for Persons with Developmental Disabilities.

Residential substance use disorder programs with parent are a new location setting added in 2018.

Note: Children may spend time in multiple settings during their time in out-of-home care. Subsequently, adding the numbers within a county will not equal **Total children** column on right side of table.

Table 11. Number of foster care families who cared for children by race/ethnicity and by agency, 2020

Agency	African American/Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/declined	White	Total families	Hispanic (any race)
Aitkin	*	10	*	*	*	26	37	*
Anoka	28	10	8	10	*	209	254	13
Becker	*	10	*	*	*	90	100	*
Beltrami	*	250	*	26	*	131	391	7
Benton	*	*	*	*	*	47	57	*
Big Stone	*	*	*	*	*	*	*	*
Blue Earth	7	*	*	*	8	94	109	*
Brown	*	*	*	*	*	33	33	*
Carlton	*	18	*	*	*	48	68	*
Carver	11	*	*	*	*	78	91	*
Cass	*	21	*	*	*	43	66	*
Chippewa	*	*	*	*	*	25	33	*
Chisago	*	*	*	*	*	67	69	*
Clay	16	15	*	*	*	102	128	11
Clearwater	*	*	*	*	*	20	24	*
Cook	*	*	*	*	*	7	7	*
Crow Wing	*	7	*	*	*	113	122	*
Dakota	14	*	*	7	87	99	188	16
Des Moines Valley HHS	*	*	*	*	*	28	29	*
Douglas	*	*	*	*	*	44	49	*
Faribault-Martin	*	*	*	*	7	97	101	*
Fillmore	*	*	*	*	*	7	8	*
Freeborn	*	*	*	*	*	55	57	7
Goodhue	*	*	*	*	18	40	58	*

Agency	African American/Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/declined	White	Total families	Hispanic (any race)
Grant	*	*	*	*	*	15	20	*
Hennepin	615	177	46	118	52	748	1579	102
Houston	*	*	*	*	*	14	18	*
Hubbard	*	*	*	*	*	56	64	*
Isanti	*	*	*	*	*	47	49	*
Itasca	*	*	*	9	*	90	101	*
Kanabec	*	*	*	*	*	15	16	*
Kandiyohi	*	*	*	*	*	106	114	28
Kittson	*	*	*	*	*	*	*	*
Koochiching	*	*	*	*	*	35	39	*
Lac qui Parle	*	*	*	*	*	10	10	*
Lake	*	*	*	*	*	12	13	*
Lake of the Woods	*	*	*	*	*	*	*	*
Le Sueur	*	*	*	*	*	29	32	*
Leech Lake Band of Ojibwe	*	61	*	12	15	31	104	*
Mahnomen	*	*	*	*	*	8	13	*
Marshall	*	*	*	*	*	*	*	*
McLeod	*	*	*	*	*	50	57	*
Meeker	*	*	*	*	14	32	43	*
Mille Lacs	*	45	*	14	10	94	142	*
MN Prairie	8	*	*	*	*	98	106	15
Morrison	*	*	*	*	*	55	59	*
Mower	*	*	*	*	*	49	55	*
Nicollet	*	*	*	*	*	22	27	*
Nobles	*	*	*	*	*	22	24	*
Norman	*	*	*	*	*	9	11	*

Agency	African American/Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/declined	White	Total families	Hispanic (any race)
Olmsted	18	*	*	*	*	138	156	7
Otter Tail	*	*	*	*	*	109	113	*
Pennington	*	*	*	*	*	8	8	*
Pine	*	18	*	*	*	49	63	*
Polk	*	*	*	*	*	54	64	*
Pope	*	*	*	*	*	15	16	*
Ramsey	302	31	56	79	14	401	818	92
Renville	*	*	*	*	*	41	43	*
Rice	9	*	*	*	7	110	124	12
Roseau	*	*	*	*	*	12	15	*
Scott	*	*	*	*	10	49	61	*
Sherburne	*	*	*	*	9	54	68	*
Sibley	*	*	*	*	*	15	18	*
Southwest HHS	*	16	*	*	8	93	112	11
St. Louis	33	87	*	45	44	386	541	16
Stearns	23	*	*	9	23	169	208	11
Stevens	*	*	*	*	*	22	23	*
Swift	*	*	*	*	*	34	35	*
Todd	*	*	*	*	*	39	40	*
Traverse	*	*	*	*	*	10	13	*
Wabasha	*	*	*	*	8	13	21	*
Wadena	*	*	*	*	*	53	57	*
Washington	18	*	*	*	42	87	138	8
Watsonwan	*	*	*	*	*	37	38	7
White Earth Nation	*	84	*	22	*	55	127	*
Wilkin	*	*	*	*	*	20	24	*

Agency	African American/Black	American Indian	Asian/Pacific Islander	Two or more races	Unknown/declined	White	Total families	Hispanic (any race)
Winona	*	*	*	*	*	96	100	*
Wright	*	*	*	*	*	137	148	*
Yellow Medicine	*	*	*	*	*	13	16	*
Minnesota	1,155	911	139	439	468	5,185	7,601	448

*If the number of families is less than seven, it is not shown to prevent identification of individuals. Totals include omitted data.

Note: This table shows the number of foster care families who provided a home for children who experienced care during 2018.

Note: Cells will not sum to the column or row totals, as provider homes are counted across both race/ethnicity groupings and child welfare agencies. Row and column totals show unduplicated counts of individual homes.

Table 12. American Indian children in out-of-home care by tribal affiliation, 2020

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
Alabama	Poarch Band of Creek Indians	1	9	10
Alaska	Alaskan Native	1	1	2
	Central Council of the Tlingit and Haida Indian Tribes of Alaska	4	0	4
	Chickaloon Native Village	1	0	1
	Crooked Creek, Native Village of	1	0	1
	Gakona, Native Village of	1	0	1
	Gwichyaa Zhee Gwich'in (fka Native Village of Fort Yukon)	3	0	3
	Hooper Bay, Native Village of	3	1	4
	Kenaitze Indian tribe	0	1	1
	Knik tribe	0	1	1
	Ninilchik Village	0	1	1
	Nome Eskimo Community	0	2	2
	Sitka Tribe of Alaska	0	1	1
	South Naknek Village	0	4	4
	Stevens, Native Village of	1	1	2
	Teller, Native Village of (aka Mary's Igloo)	0	4	4
	Unalakleet, Native Village of	1	0	1
	Yakutat Tlingit tribe	1	0	1
Arizona	Ak-Chin Indian Community	0	1	1
	Colorado River Indian tribes	0	2	2
	Gila River Indian Community	1	3	4
	Hopi tribe	1	1	2
	Navajo Nation	6	12	18
	Pascua Yaqui tribe	2	2	4

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
	Quechan Indian tribe	1	0	1
	Salt River Pima-Maricopa Indian Community	0	1	1
	San Carlos Apache tribe	7	4	11
	San Juan Southern Paiute tribe	1	0	1
	Tohono O'Odham Nation	1	3	4
	Tonto Apache Tribe of Arizona	4	3	7
	White Mountain Apache tribe	4	6	10
	Yavapai-Apache Nation	4	5	9
	Yavapai-Prescott Indian tribe	0	2	2
California	Bishop Paiute tribe	1	0	1
	Colorado River Indian tribes	0	2	2
	Karuk Tribe of California	0	1	1
	Kletsel Dehe Band of Wintun Indians	1	0	1
	Lone Pine Paiute-Shoshone tribe	2	0	2
	Quechan Indian tribe	1	0	1
	Timbi-sha Shoshone tribe	2	0	2
Connecticut	Mashantucket Pequot Tribal Nation	0	1	1
	Mohegan Indian tribe	0	2	2
Florida	Miccosukee Tribe of Indians of Florida	0	9	9
	Seminole Tribe of Florida	2	24	26
Idaho	Nez Perce tribe	0	2	2
Iowa	Meskwaki Nation	1	4	5
Kansas	Iowa Tribe of Kansas	1	1	2
	Kickapoo Tribe in Kansas	0	1	1
	Prairie Band of Potawatomi Nation	4	6	10
	Sac and Fox Nation in Kansas and Nebraska	0	1	1

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
Louisiana	Chitimacha Tribe of Louisiana	1	2	3
	Coushatta Tribe of Louisiana	1	1	2
	Jena Band of Choctaw Indians	2	15	17
	Tunica-Biloxi Indian Tribe of Louisiana	1	1	2
Maine	Aroostook Band of Micmac Indians	0	1	1
Michigan	Bay Mills Indian Community	3	25	28
	Grand Traverse Band of Ottawa and Chippewa Indians	4	28	32
	Hannahville Indian Community of Michigan	5	6	11
	Keweenaw Bay Indian Community	5	18	23
	Lac Vieux Desert Band of Lake Superior Chippewa	4	29	33
	Little River Band of Ottawa Indians	0	4	4
	Little Traverse Bay Bands of Odawa Indians	2	4	6
	Match-E-Be-Nash-She-Wish Band of Potawatomi (Gun Lake tribe)	1	8	9
	Nottawaseppi Huron Band of the Potawatomi	1	8	9
	Pokagon Band of Potawatomi	0	8	8
	Saginaw Chippewa Tribe of Michigan	8	22	30
	Sault Ste. Marie Tribe of Chippewa Indians of Michigan	6	28	34
Minnesota	Bois Forte Band of Chippewa	163	83	246
	Fond du Lac Band of Lake Superior Chippewa	155	129	284
	Grand Portage Band of Lake Superior Chippewa	39	64	103
	Leech Lake Band of Ojibwe	653	133	786
	Lower Sioux Indian Community of Minnesota	63	33	96
	Mille Lacs Band of Ojibwe	379	105	484
	Minnesota Chippewa tribe (cannot identify specific band)	17	36	53
	Minnesota Dakota tribe (cannot identify specific tribe)	2	9	11
	Prairie Island Indian Community	13	24	37

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
	Red Lake Nation	891	184	1075
	Shakopee Mdewakanton Sioux Community	6	39	45
	Upper Sioux Community of Minnesota	28	30	58
	White Earth Nation	730	287	1017
Mississippi	Mississippi Band of Choctaw Indians	2	22	24
Montana	Blackfeet Tribe of Montana	15	103	118
	Chippewa Cree tribe	6	32	38
	Crow Nation	3	1	4
	Fort Peck Assiniboine and Sioux tribes	7	29	36
	Gros Ventre and Assiniboine Tribe of Fort Belknap	2	2	4
	Northern Cheyenne tribe	3	9	12
	Salish & Kootenai tribes, Confederated	0	3	3
	Turtle Mountain Band of Chippewa Indians	65	77	142
Nebraska	Iowa Tribe of Kansas	1	1	2
	Omaha Tribe of Nebraska	13	5	18
	Ponca Tribe of Nebraska	0	3	3
	Sac and Fox Nation in Kansas and Nebraska	0	1	1
	Santee Sioux Nation	2	37	39
	Winnebago Tribe of Nebraska	4	11	15
Nevada	Fallon Paiute-Shoshone tribe	0	2	2
New Mexico	Fort Sill Apache Tribe of Oklahoma	6	6	12
	Jicarilla Apache Nation	2	1	3
	Mescalero Apache tribe	2	3	5
	Navajo Nation	6	12	18
	Pueblo of Laguna	6	0	6
New York	Cayuga Nation of New York	0	3	3

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
	Oneida Indian Nation	0	3	3
	Onondaga Nation	0	3	3
	Saint Regis Mohawk tribe	1	9	10
	Seneca Nation of Indians	0	6	6
	Shinnecock Indian Nation	0	3	3
	Tonawanda Band of Seneca	0	3	3
	Tuscarora Nation of New York	0	2	2
North Carolina	Eastern Band of Cherokee Indians	22	187	209
North Dakota	Mandan, Hidatsa and Arikara Nation	25	9	34
	Spirit Lake tribe	45	26	71
	Standing Rock Sioux tribe	84	65	149
	Turtle Mountain Band of Chippewa Indians	65	77	142
Oklahoma	Absentee Shawnee tribe	4	0	4
	Alabama Quassarte Tribal Town	4	1	5
	Apache Tribe of Oklahoma	7	9	16
	Caddo Nation	4	1	5
	Cherokee Nation	40	234	274
	Cheyenne and Arapaho Tribes of Oklahoma	4	6	10
	Chickasaw Nation	5	10	15
	Choctaw Nation of Oklahoma	15	23	38
	Citizen Potawatomi Nation	6	6	12
	Comanche Nation-Oklahoma	6	1	7
	Delaware Nation	6	1	7
	Delaware Tribe of Indians	6	0	6
	Eastern Shawnee Tribe of Oklahoma	4	0	4
	Fort Sill Apache Tribe of Oklahoma	6	6	12

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
	Iowa Tribe of Oklahoma	4	0	4
	Kaw Nation	4	0	4
	Kialegee Tribal Town	4	0	4
	Kickapoo Tribe of Oklahoma	4	3	7
	Kiowa Tribe of Oklahoma	6	0	6
	Miami Tribe of Oklahoma	4	0	4
	Modoc Tribe of Oklahoma	4	0	4
	Muscogee (Creek) Nation	9	13	22
	Osage tribe	5	1	6
	Otoe-Missouria Indian Tribe of Oklahoma	4	0	4
	Ottawa Tribe of Oklahoma	4	1	5
	Pawnee Nation of Oklahoma	4	2	6
	Peoria Tribe of Indians of Oklahoma	4	0	4
	Ponca Tribe of Oklahoma	4	0	4
	Quapaw Tribe of Oklahoma	4	1	5
	Sac and Fox Nation	5	2	7
	Seminole Nation of Oklahoma	4	12	16
	Seneca-Cayuga Nation	4	1	5
	Shawnee tribe	4	0	4
	Thlopthlocco Tribal Town	4	0	4
	Tonkawa Tribe of Oklahoma	4	0	4
	United Keetoowah Band of Cherokee Indians in Oklahoma	27	183	210
	Wichita and Affiliated tribes	4	0	4
	Wyandotte Nation	4	0	4
Other unknown	Canadian tribe	2	14	16
	Minnesota Chippewa tribe (cannot identify specific band)	17	36	53

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
	Minnesota Dakota tribe (cannot identify specific tribe)	2	9	11
	Other foreign tribe	0	5	5
	Other U.S. tribe	23	40	63
	Unknown Dakota, Lakota or Nakota (Sioux)	1	13	14
	Unknown Ojibwe, Ojibwa or Chippewa	13	22	35
	Unknown tribe	55	123	178
Rhode Island	Narragansett Indian tribe	0	2	2
South Dakota	Cheyenne River Sioux tribe	25	46	71
	Crow Creek Sioux tribe	18	38	56
	Flandreau Santee Sioux tribe	2	34	36
	Lower Brule Sioux tribe	1	32	33
	Oglala Sioux tribe	54	41	95
	Rosebud Sioux tribe	52	54	106
	Sisseton Wahpeton Oyate	99	72	171
	Standing Rock Sioux tribe	84	65	149
	Turtle Mountain Band of Chippewa Indians	65	77	142
	Yankton Sioux Tribe of South Dakota	17	36	53
Texas	Alabama-Coushatta Tribe of Texas	0	1	1
	Kickapoo Traditional Tribe in Texas	0	1	1
Massachusetts	Mashpee Wampanoag tribe	0	2	2
	Wampanoag Tribe of Gay Head (Aquinnah)	0	2	2
South Carolina	Catawba Indian Nation of South Carolina	0	1	1
Utah	Navajo Nation	6	12	18
Washington	Colville Reservation, Confederated Tribes of the	0	1	1
	Cowlitz Indian tribe	1	0	1
	Tulalip tribe	2	0	2

State where Tribe is primarily located	Tribe	American Indian children, ICWA indicated	American Indian children, ICWA not indicated, but tribally affiliated	Total
Wisconsin	Bad River Band of the Lake Superior Tribe of Chippewa Indians	25	38	63
	Fond du Lac Band of Lake Superior Chippewa	155	129	284
	Forest County Potawatomi Community	4	13	17
	Ho-Chunk Nation	17	8	25
	Lac Courte Oreilles Band (LCO)	33	38	71
	Lac du Flambeau Band of Lake Superior Chippewa Indians	9	41	50
	Menominee Indian Tribe of Wisconsin	17	2	19
	Oneida Nation of Wisconsin	24	3	27
	Red Cliff Band of Lake Superior Chippewa	32	45	77
	Sokaogon Chippewa Community	8	37	45
	St. Croix Chippewa Indians of Wisconsin	17	45	62
	Stockbridge-Munsee Community of Wisconsin	0	1	1
Wyoming	Eastern Shoshone tribe	0	4	4
	Northern Arapaho tribe	1	2	3
Total	Any tribe	2,908	1,454	4,362

Note: Numbers include children identified as American Indian alone or as one of two or more races. More than one tribal affiliation may be indicated for a child. Indication of a tribe does not necessarily mean children are enrolled members.

Table 13. Number of placement episodes ending by length of stay in care and agency, 2020

Agency	1 to 7 days	8 to 30 days	2 to 3 months	4 to 6 months	7 to 12 months	13 to 24 months	25 to 36 months	Longer than 36 months	Total
Aitkin	2	0	3	2	6	8	3	1	25
Anoka	26	10	4	26	34	42	20	10	172
Becker	0	8	7	12	17	27	6	8	85
Beltrami	2	7	17	19	52	58	40	88	283
Benton	11	0	3	6	12	22	2	3	59
Big Stone	2	0	0	1	0	2	1	0	6
Blue Earth	9	5	2	2	13	26	8	2	67
Brown	1	8	7	5	1	12	1	2	37
Carlton	1	2	12	6	7	13	3	6	50
Carver	4	1	8	7	26	24	2	9	81
Cass	1	2	1	3	11	14	8	4	44
Chippewa	0	0	2	1	4	5	4	1	17
Chisago	7	4	3	0	6	32	5	4	61
Clay	26	1	8	9	13	33	6	11	107
Clearwater	0	0	13	6	5	4	1	0	29
Cook	0	2	2	0	0	0	1	0	5
Crow Wing	6	0	5	7	10	43	11	7	89
Dakota	6	8	7	11	32	68	17	11	160
Des Moines Valley HHS	0	5	1	4	6	20	7	1	44
Douglas	3	3	2	9	5	4	3	1	30
Faribault-Martin	10	2	2	7	22	11	7	3	64
Fillmore	0	1	0	0	1	0	1	0	3
Freeborn	1	0	4	2	2	15	1	7	32
Goodhue	2	3	2	6	10	14	1	5	43
Grant	0	0	0	4	6	2	0	0	12
Hennepin	58	42	60	95	188	274	164	172	1053
Houston	0	0	1	0	3	6	4	3	17
Hubbard	1	0	4	3	11	21	1	6	47
Isanti	7	2	4	2	6	15	8	4	48
Itasca	11	13	16	11	31	32	16	8	138
Kanabec	0	0	2	2	3	2	4	1	14
Kandiyohi	5	3	7	11	19	38	9	2	94
Kittson	0	0	0	1	1	2	1	0	5
Koochiching	0	1	6	9	11	6	0	3	36

Agency	1 to 7 days	8 to 30 days	2 to 3 months	4 to 6 months	7 to 12 months	13 to 24 months	25 to 36 months	Longer than 36 months	Total
Lac qui Parle	0	0	0	2	0	4	1	1	8
Lake	0	0	1	0	4	2	2	1	10
Lake of the Woods	0	0	0	1	3	0	0	0	4
Le Sueur	0	2	5	1	5	8	2	3	26
Leech Lake Band of Ojibwe	0	0	0	1	1	10	18	24	54
Mahnomen	0	0	2	0	2	4	0	0	8
Marshall	0	0	1	1	0	4	1	0	7
McLeod	4	2	1	3	10	14	7	2	43
Meeker	3	0	0	0	2	20	0	2	27
Mille Lacs	9	0	9	14	11	16	12	21	92
MN Prairie	2	8	3	2	29	19	6	2	71
Morrison	5	1	4	4	9	34	5	2	64
Mower	6	0	1	7	10	19	5	2	50
Nicollet	5	3	3	3	6	6	2	3	31
Nobles	1	0	1	2	5	11	9	0	29
Norman	0	0	0	0	1	2	0	1	4
Olmsted	1	0	13	10	17	27	4	3	75
Otter Tail	1	1	2	13	23	29	11	4	84
Pennington	3	0	0	0	0	1	0	0	4
Pine	3	0	1	4	1	14	9	8	40
Polk	5	0	10	8	16	9	0	1	49
Pope	7	2	2	1	1	0	0	0	13
Ramsey	42	17	19	32	63	114	96	121	504
Red Lake	0	0	1	0	0	0	0	0	1
Renville	2	0	0	3	9	3	2	0	19
Rice	18	12	12	14	36	28	15	6	141
Roseau	0	0	0	1	7	6	1	0	15
Scott	8	7	6	8	18	30	5	1	83
Sherburne	8	3	9	5	18	20	2	3	68
Sibley	0	0	2	3	5	5	0	1	16
Southwest HHS	9	2	4	7	8	32	7	11	80
St. Louis	22	13	52	39	52	112	54	33	377
Stearns	20	15	19	23	30	54	23	9	193
Stevens	0	0	2	2	5	1	6	2	18
Swift	3	0	2	5	8	3	2	0	23

Agency	1 to 7 days	8 to 30 days	2 to 3 months	4 to 6 months	7 to 12 months	13 to 24 months	25 to 36 months	Longer than 36 months	Total
Todd	2	1	4	0	6	7	1	3	24
Traverse	1	2	0	0	1	0	1	0	5
Wabasha	5	2	1	0	5	7	0	1	21
Wadena	12	3	2	9	5	11	6	4	52
Washington	11	6	1	17	25	39	5	8	112
Watonwan	1	0	0	4	4	5	8	2	24
White Earth Nation	0	0	3	3	17	22	30	36	111
Wilkin	0	0	1	5	8	1	1	1	17
Winona	2	1	5	2	17	24	15	6	72
Wright	6	2	4	4	15	17	9	13	70
Yellow Medicine	0	2	1	0	7	6	1	1	18
Minnesota	429	240	424	552	1,099	1,695	750	725	5,914

Table 14. Number of children under state guardianship by agency, 2020

Agency	Entered guardianship in 2020	Entered guardianship prior to 2020	Total children
Aitkin	2	5	7
Anoka	29	49	78
Becker	20	28	48
Beltrami	7	10	17
Benton	17	13	30
Blue Earth	12	27	39
Brown	5	4	9
Carlton	5	9	14
Carver	5	8	13
Cass	4	15	19
Chippewa	3	7	10
Chisago	19	9	28
Clay	12	26	38
Cook	0	2	2
Crow Wing	19	17	36
Dakota	26	57	83
Des Moines Valley HHS	6	15	21
Douglas	3	7	10
Faribault-Martin	8	17	25
Freeborn	5	16	21
Goodhue	6	9	15
Grant	4	5	9
Hennepin	175	427	602
Houston	4	12	16
Hubbard	3	7	10
Isanti	5	10	15
Itasca	6	26	32
Kanabec	0	4	4
Kandiyohi	14	18	32
Kittson	0	1	1
Koochiching	5	5	10
Lac qui Parle	0	1	1
Lake	0	1	1
Le Sueur	5	6	11
Marshall	0	2	2

Agency	Entered guardianship in 2020	Entered guardianship prior to 2020	Total children
McLeod	14	10	24
Meeker	9	4	13
Mille Lacs	7	6	13
MN Prairie	19	24	43
Morrison	8	10	18
Mower	12	12	24
Nicollet	4	5	9
Nobles	1	14	15
Olmsted	29	21	50
Otter Tail	26	16	42
Pennington	1	1	2
Pine	8	10	18
Polk	8	8	16
Pope	4	0	4
Ramsey	99	382	481
Renville	13	2	15
Rice	12	19	31
Scott	5	13	18
Sherburne	14	10	24
Sibley	1	1	2
Southwest HHS	18	30	48
St. Louis	39	67	106
Stearns	20	48	68
Stevens	4	9	13
Swift	5	15	20
Todd	7	8	15
Traverse	0	2	2
Wabasha	2	2	4
Wadena	4	16	20
Washington	10	15	25
Watonwan	2	13	15
Wilkin	1	6	7
Winona	19	37	56
Wright	15	34	49
Yellow Medicine	1	2	3
Minnesota	875	1,747	2,622

Table 15. Number of children adopted by age at adoption and by agency, 2020

Agency	Birth through 3 years	4 through 5 years	6 through 11 years	12 through 14 years	15 through 17 years
Aitkin	1	0	3	1	0
Anoka	17	3	10	1	1
Becker	6	3	4	1	1
Beltrami	3	1	1	0	1
Benton	7	1	3	2	0
Blue Earth	16	7	2	2	0
Brown	2	0	3	0	0
Carlton	1	0	1	0	0
Carver	0	0	1	0	0
Cass	6	0	1	2	1
Chippewa	2	0	2	0	0
Chisago	5	3	5	2	2
Clay	2	1	3	1	0
Clearwater	1	0	0	0	0
Cook	0	0	1	0	0
Crow Wing	6	1	4	5	3
Dakota	26	5	6	0	0
Des Moines Valley HHS	4	3	2	2	0
Douglas	1	1	0	0	0
Faribault-Martin	3	5	4	0	0
Freeborn	4	1	1	0	0
Goodhue	3	1	4	0	1
Grant	1	0	0	0	0
Hennepin	73	26	63	18	7
Houston	2	1	5	0	0
Hubbard	3	1	2	0	0
Isanti	2	0	2	0	1
Itasca	4	3	1	2	1
Kanabec	1	0	1	1	1
Kandiyohi	10	2	5	3	1
Koochiching	0	0	1	0	0
Lac qui Parle	1	0	0	0	0
Lake	1	0	0	0	0
Le Sueur	0	0	2	0	0

Agency	Birth through 3 years	4 through 5 years	6 through 11 years	12 through 14 years	15 through 17 years
Leech Lake Band of Ojibwe	2	0	2	0	0
Marshall	0	1	1	0	0
McLeod	3	2	2	2	0
Meeker	3	1	0	0	0
Mille Lacs	2	0	5	2	0
MN Prairie	6	1	3	4	1
Morrison	8	1	0	0	0
Mower	8	0	1	0	1
Nicollet	3	0	2	0	0
Nobles	4	0	3	4	1
Olmsted	10	4	6	1	0
Otter Tail	7	4	6	2	1
Pennington	0	0	1	0	0
Pine	3	0	1	1	1
Polk	2	0	0	0	0
Ramsey	56	17	47	11	4
Renville	2	1	0	0	0
Rice	4	4	7	4	1
Roseau	1	0	0	0	0
Scott	4	2	4	0	0
Sherburne	4	1	3	1	0
Sibley	2	0	0	0	0
Southwest HHS	5	3	1	0	1
St. Louis	28	2	11	6	0
Stearns	12	4	13	6	3
Stevens	1	1	2	2	2
Swift	3	0	0	0	0
Todd	1	0	0	2	1
Traverse	2	0	0	0	0
Wabasha	1	0	0	0	0
Wadena	3	1	1	0	0
Washington	2	3	2	0	0
Watonwan	4	1	1	1	0
White Earth Nation	18	4	7	3	1
Wilkin	1	1	2	1	0

Agency	Birth through 3 years	4 through 5 years	6 through 11 years	12 through 14 years	15 through 17 years
Winona	8	1	13	5	1
Wright	4	3	6	1	2
Yellow Medicine	1	1	0	0	0
Minnesota	442	133	296	102	42

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Minnesota's Child Maltreatment Report, 2020

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January 2022

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is \$10,667.30.

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Child Maltreatment Report summary, 2020

Purpose

This annual report provides information on children involved in maltreatment reports and the work happening across Minnesota to ensure and promote safety, permanency, and well-being of children who may have experienced maltreatment. For information on all state and federal performance measures, see the [Minnesota Child Welfare Data Dashboard](#).

Findings

Number of intakes in 2020:

- Minnesota child protection agencies received **71,606** reports of child maltreatment, a **16.7%** decrease from 2019.

The screening process includes:

- Of the **71,606** child maltreatment reports, local agencies screened in **31,258**, or **43.7%** of reports
- For reports that were screened out, more than **nine of every 10** were screened out because allegations did not meet the statutory threshold for maltreatment
- Mandated reporters made the vast majority of reports of maltreatment, nearly four of five reports (**55,369** of **71,606** reports, **77.3%**).

Completed assessments and investigations are as follows:

- There were **34,232** alleged victims involved in **26,084** completed assessments or investigations following screened in child maltreatment reports
- The number of alleged victims with at least one screened in and completed report decreased by 10.5% from the previous year after having remained stable between 2016 and 2019.
- American Indian children and children who identify with two or more races were approximately **4.6** times more likely to be involved in completed maltreatment assessments/investigations than white children, while African American children were **2.6** times more likely to be involved
- Children ages 8 and younger represented the majority involved in completed maltreatment assessments/investigations (**58.4%**)
- Alleged victims with allegations of neglect comprised the largest group of children by far, with approximately **61%** of all children in 2020.

Child protection response path assignments were as follows:

- The number and proportion of reports assigned to Family Assessment (Minnesota's alternative response path) remained consistent for a fourth year, at **61.7%** of the total **26,084** cases. The rest received either a Family or Facility Investigation.

Assessment or investigation of safety, risk, and service needs included:

- Improvements are essential in agency performance on timeliness of first face-to-face contact with alleged victims in screened in maltreatment reports, critical for ensuring safety, with only **85.1%** of victims seen within the time frames established in statute. This is almost a **3%** decrease from 2019, when **just over 88%** of victims were seen within time frames.
- Family Investigations completed in 2020 were more likely to be indicated as high risk for future maltreatment (**27.6%**) compared to Family Assessments (**13.5%**).
- There were **14,725** children in completed maltreatment assessments/investigations who experienced a Family Investigation, with **42.5%** having a determination of maltreatment; there were **1,240** children in completed assessments/investigations who received a Facility Investigation, with **21.7%** having a maltreatment determination.
- There were **22** child deaths and **23** life-threatening injuries determined to be a result of maltreatment in 2020.

Outcomes after child maltreatment assessments/investigations conclude:

- Minnesota met the federal maltreatment recurrence standard in 2020, with **5.5%** of all children having a recurrence of maltreatment within 12 months of their first determination.

Child maltreatment appendix

The child maltreatment appendix has eight tables that break down data from 2020 by agency, including the number of:

- And percent of child maltreatment reports by screening status and agency
- Completed child maltreatment assessments/investigations by response path and agency
- Alleged victims in completed assessments/investigations by maltreatment type and rate per 1,000 children by agency
- Alleged victims by age group and agency
- Alleged victims by race/ethnicity and agency
- Alleged and determined victims in completed assessments/investigations, and rate per 1,000 children by agency
- Social service agency referrals to early intervention for infants and toddlers involved in substantiated cases of maltreatment
- Assessments/investigations by Structured Decision Making (SDM) risk assessment status and agency.

Legislation

This report was prepared by the Minnesota Department of Human Services (department), Children and Family Services Administration, Child Safety and Permanency Division, for the Minnesota Legislature in response to a directive in Minn. Stat., section 257.0725. This report also fulfills reporting requirements under the Vulnerable Children and Adults Act, Minn. Stat., section 256M.80, subd. 2; the Minnesota Indian Family Preservation Act, Minn. Stat., section 260.775; required referral to early intervention services, Minn. Stat. 260E.24, subd. 6; and commissioner's duty to provide oversight, quality assurance reviews, and annual summary of reviews, Minn. Stat., section 260E.38.

Minn. Stat., section 257.0725: The commissioner of human services shall publish an annual report on child maltreatment and children in out-of-home placement. The commissioner shall confer with counties, child welfare organizations, child advocacy organizations, courts, and other groups on how to improve the content and utility of the department's annual report. In regard to child maltreatment, the report shall include the number and kinds of maltreatment reports received, and other data that the commissioner determines appropriate in a child maltreatment report.

Minn. Stat., section 256M.80, subd. 2: Statewide evaluation. Six months after the end of the first full calendar year and annually thereafter, the commissioner shall make public counties' progress in improving outcomes of vulnerable children and adults related to safety, permanency and well-being.

Minn. Stat. 260E.24, subd. 6: A child under age 3 who is involved in a substantiated case of maltreatment shall be referred for screening under the Individuals with Disabilities Education Act, part C. Parents must be informed that evaluation and acceptance of services are voluntary. The commissioner of human services shall monitor referral rates by county and annually report that information to the legislature. Refusal to have a child screened is not a basis for a child in need of protection or services petition under chapter 260C.

Minn. Stat., section 260E.38: Audit. Subd. 2 states: The commissioner shall develop a plan to perform quality assurance reviews of local welfare agency screening practices and decisions. The commissioner shall provide oversight and guidance to county agencies to ensure consistent application of screening guidelines, thorough and appropriate screening decisions, and correct documentation and maintenance of reports. Subd. 3 state: The commissioner shall produce an annual report of the summary results of reviews. The report must only include aggregate data and may not include any data that could be used to personally identify any subject whose data is included in the report. The report is public information and must be provided to the chairs and ranking minority members of the legislative committees having jurisdiction over child protection issues.

Introduction

Caring for and protecting children is one of the critical functions of any society. Communities can only be successful when children have opportunities to grow, develop and thrive. [Annie E. Casey, 2017] No factor may be a stronger indicator of a poorly functioning society than high rates of child maltreatment. It is widely considered to be a public health crisis in the U.S., with far-ranging negative consequences for not only developing children, but also for families and communities in which children live.



It is critical that department staff monitor and report on the experiences of children who are alleged to have been maltreated, and work of child protection in ensuring those children are safe and reaching their full potential.

Minnesota children

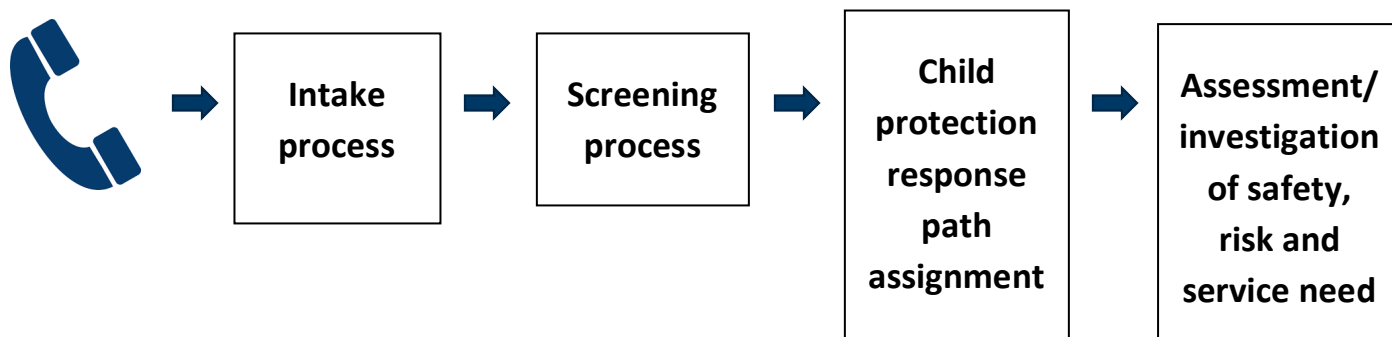
What is child maltreatment?

Minnesota Statutes provide a detailed description of what constitutes child maltreatment (see Minn. Stat. [260E](#)). Minnesota Statutes recognize six types of maltreatment: Neglect, physical abuse, sexual abuse, mental injury, emotional harm, and threatened injury.

Minnesota's child protection system

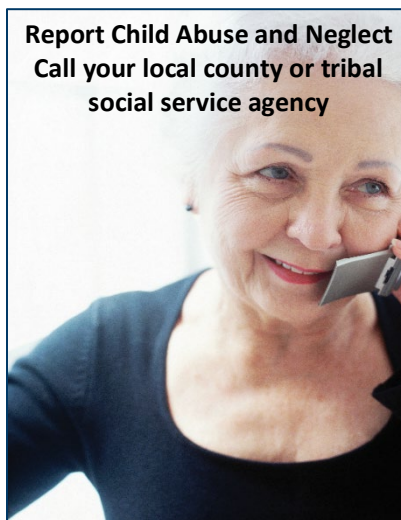
Minnesota is a state supervised, locally administered child protection system. This means that local social service agencies (87 counties and three American Indian Initiative tribes) are responsible for screening reports, assessing allegations of maltreatment, and providing protective services for children and families. The department's Child Safety and Permanency Division provides oversight, guidance, training, technical assistance, and quality assurance monitoring of local agencies in support of that work. This annual report provides information on children affected, and work happening across Minnesota to ensure and promote safety, permanency, and well-being of children who may have experienced maltreatment. For information about performance on all state and federal performance measures, see the [Minnesota Child Welfare Data Dashboard](#).

How do children who may have been maltreated come to the attention of Minnesota's child protection system and receive services?



The intake process

- When community members have concerns that children are being maltreated, they can (or must if a mandated reporter – see Minn. Stat. [260E.06](#), subd. 1, for information about who is a mandated reporter) call their local child protection agency to report concerns. Local agencies document reports of maltreatment, including information about reporters, children involved, alleged offenders, and specifics of alleged maltreatment.
- Over the past few years, data on the number of incoming child protection reports and screening rates have become more important to the overall picture of child welfare. Attempts were made to include this information, however, there were several changes made to the methodology used. This, along with changes in requirements for local agency data entry, makes it difficult to compare the total number of reports from one annual report to the next.
- The 2020 report begins with information on the number of child maltreatment reports received, and screening rates for these reports at the time of intake. **All other information included in a report is based on assessments/investigations completed during the calendar year because it includes information not known until an assessment/investigation closes.** Although these two groups of reports are related, they are not identical populations of reports or corresponding children. Some reports made to child protection in 2020 (i.e., reports at the intake phase) will not have an assessment or investigation of allegations completed until 2021, and included in that year's annual report (e.g., reports received in December 2020). Likewise, some assessments/investigations completed in 2020 were based on maltreatment reports received later in 2019.
- Minnesota child protection agencies received **71,606** reports of maltreatment in 2020, a **16.7%** decrease from 2019. As mentioned previously, the COVID-19 pandemic and associated



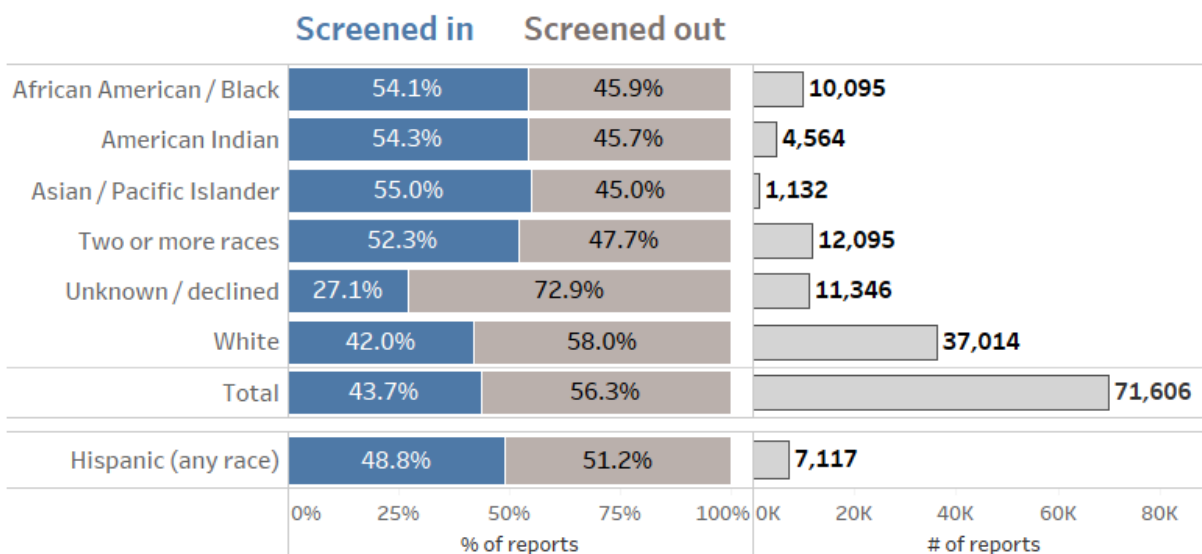
strategies implemented to contain the virus resulted in children seeing fewer mandated reporters, and fewer reports received in months immediately following the governor's emergency order.

The screening process

Once receiving a report of maltreatment, local agency staff reviews information and determines if allegation/s meet the statutory threshold for child maltreatment. If it does, and allegations have not been previously assessed/investigated, staff screen in reports for further assessment or investigation. Local agencies cross report all allegations of maltreatment to law enforcement, regardless of screening decision. Screening results include:

- Figure 1 shows percent and number of reports that were screened out (**40,348, 56.3%**), and screened in for assessment or investigation (**31,258, 43.7%**).
- Screening rates are shown by race and ethnicity of alleged victims. Reports with at least one white alleged victim were screened in at a rate of 42.0%. This is noticeably lower than screening rates for other race categories (see Figure 1).

Figure 1. Screening decisions of child maltreatment reports received in 2020



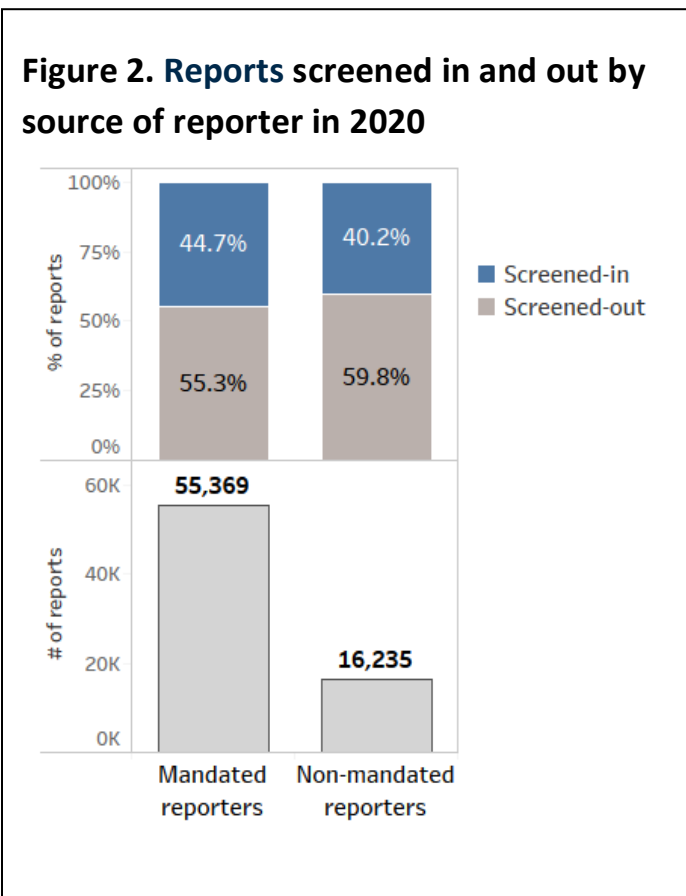
Screened out maltreatment reports

A summary of screened out reports indicate:

- In 2020, **36,382** of **40,348** screened out reports (**90.2%**) were screened out because allegations did not meet statutory thresholds for maltreatment. The remaining reports (**3,966, 9.8%**) were screened out for various reasons, including the following:

- Report did not include enough identifying information (**1.3%**).
- Allegations referred to an unborn child (**4.7%**).
- Alleged victims were not in a family unit or covered entity (**3.7%**) and referred to the appropriate investigative agency.
- Information regarding identity of alleged victims was provided and entered for **36,963** of **40,348** screened out reports (**91.6%**).
- The Child Safety and Permanency Division instituted a new statewide screening review process in September 2014. This process involves review of a random selection of approximately 5% of screened out reports each month. Each review is completed by a team, appraised for both screening decisions and quality of information in reports. The review team requested additional consultation with local agencies regarding screening decisions in **39** of **2,788** reports reviewed (**1.4%**) in 2020. Of the **39**, consultations resulted in agencies screening in reports **16** times, and in an agency providing additional information to support a screen out **19** times. The remaining cases required additional discussions with county attorneys and agency management, or had additional agency policies surrounding decisions.

Referral source of child maltreatment reports

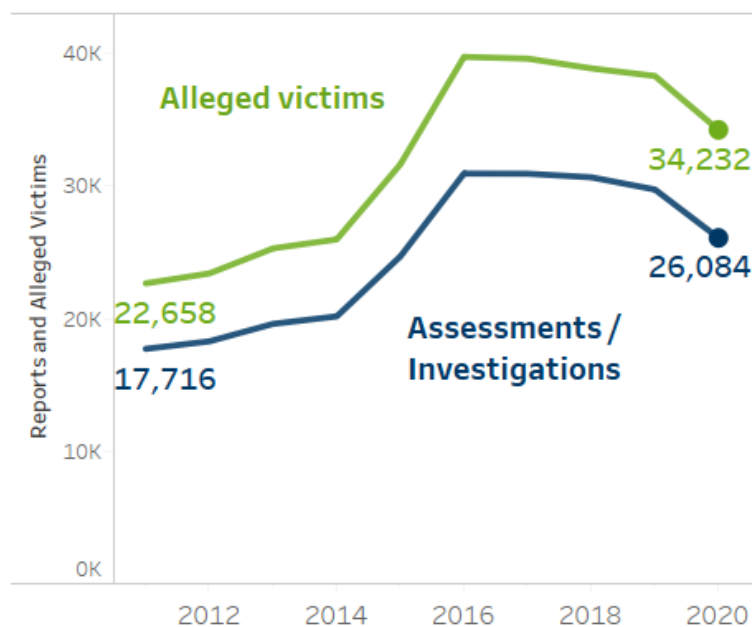


- Mandated reporters made the vast majority of reports of maltreatment to local agencies, with nearly four of five reports (**55,369** of **71,604** reports, **77.3%**). Two reports had unidentified reporters.
- Mandated reporters include those in health care, law enforcement, mental health, social services, education, and child care, among others working with children.
- As shown in Figure 2, mandated reporters were more likely to have their reports accepted (**44.7%** versus **40.2%**). The difference in acceptance rates may be due to mandated reporters better trained to identify maltreatment, therefore, more likely to report incidents that meet statutory thresholds.

Completed assessments and investigations

- There were **26,084** assessments/investigations completed in 2020; these reports involved **34,232** alleged victims.
- For the prior Intake process and Screening process sections, data provided are based on reports initially made to child welfare agencies in calendar year 2020. Beginning in this section, and for all subsequent sections, information provided is based on maltreatment reports with completed assessments/investigations in 2020. The number of screened in reports shown in Figure 1 (**31,258** reports) is different from the number of completed assessments/investigations (also referred to as cases throughout the rest of this report) in Figure 3 (**26,084** reports). All reports

Figure 3. Trends of completed assessments/investigations and alleged victims, 2011 – 2020



received in 2020, but not yet closed, are closed in the subsequent year, with outcomes reported in the 2021 annual Maltreatment Report.

- As shown in Figure 3, the number of completed assessments/investigations and alleged victims in at least one assessment/investigation rose substantially over the past decade, reaching a high in 2016, decreasing slightly until 2019. In 2020, there was a large decrease in both completed assessments/investigations and alleged victims (**12.2%** and **10.5%**, respectively).
- The biggest decrease in the number of alleged victims in completed assessments and investigations happened in months immediately following start of the COVID-19 pandemic. The reduction in reports received, highlighted previously on p. 9, resulted in fewer completed assessments and investigations in months after the decrease in reporting.
- There are questions regarding whether this decrease resulted in negative outcomes for children; it is unlikely that administrative data can answer these questions. Given that disproportionality in child protection for African American/Black and American Indian children and families is greatest at the point of reporting, and is partially the result of racial bias, it is possible the decrease in mandated reporting may have resulted in less over-involvement by the child protection system for these families. [Lane, Rubin, Monteith, Christian, 2002; Hymel et al., 2018]

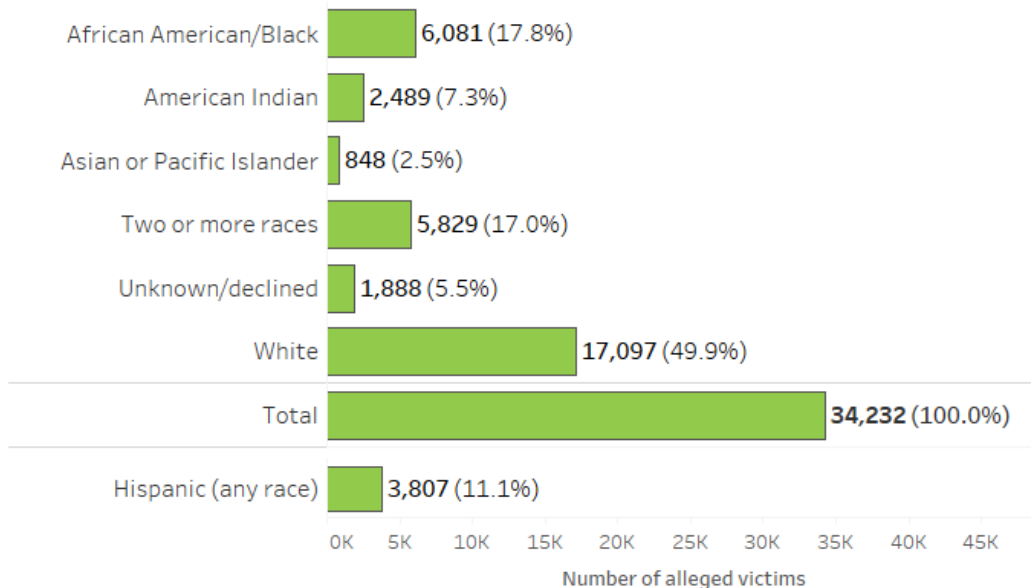
- Some alleged victims had more than one completed assessment/investigation within the year, as shown in Table 1.
- There were **30,211 (88.3%)** alleged victims with a single completed assessment or investigation in 2020. Nearly **12%** had multiple assessments or investigations.

Table 1. Number of victims with one or more completed assessments/investigations in 2020

	Number	Percent
1 assmnt/inv	30,211	88.3%
2 assmnt/inv	3,332	9.7%
3 assmnt/inv	524	1.5%
4 or more assmnt/inv	165	0.5%
Total	34,232	100.0%

Characteristics of alleged victims in completed assessments/investigations

- Minnesota children involved in allegations of maltreatment live with all types of families in all parts of the state. However, there are communities disproportionately likely to be involved with the child protection system. Figure 4 shows the number of alleged victims by race and ethnicity in the year. Figure 6 shows these same numbers adjusted for population for these groups to calculate a rate per 1,000 children in the population. These rates are shown over time.

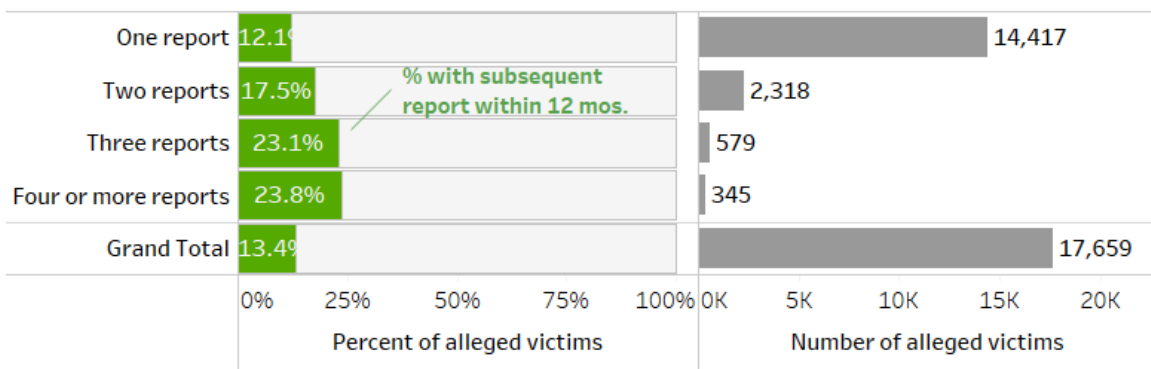


Were children with a screened out maltreatment report in 2019 involved in a screened in (and subsequent completed assessment/investigation) maltreatment report within 12 months?

Following the recommendation of the Governor's Task Force in 2015, statutory changes were made requiring county and tribal child welfare agencies to consider children's prior screened out report histories when making a decision to screen in a new report. Children's histories of screened out maltreatment reports has shown to be a predictor of future maltreatment. [Morley & Kaplan, 2011] The following figure examines whether children involved in a screened out maltreatment report were eventually involved in a screened in maltreatment report. To conduct this examination, children in screened out reports during 2019 with no prior child protection history within the past four years were followed to see if they were alleged victims in a screened in report within 12 months of their initial screened out report.

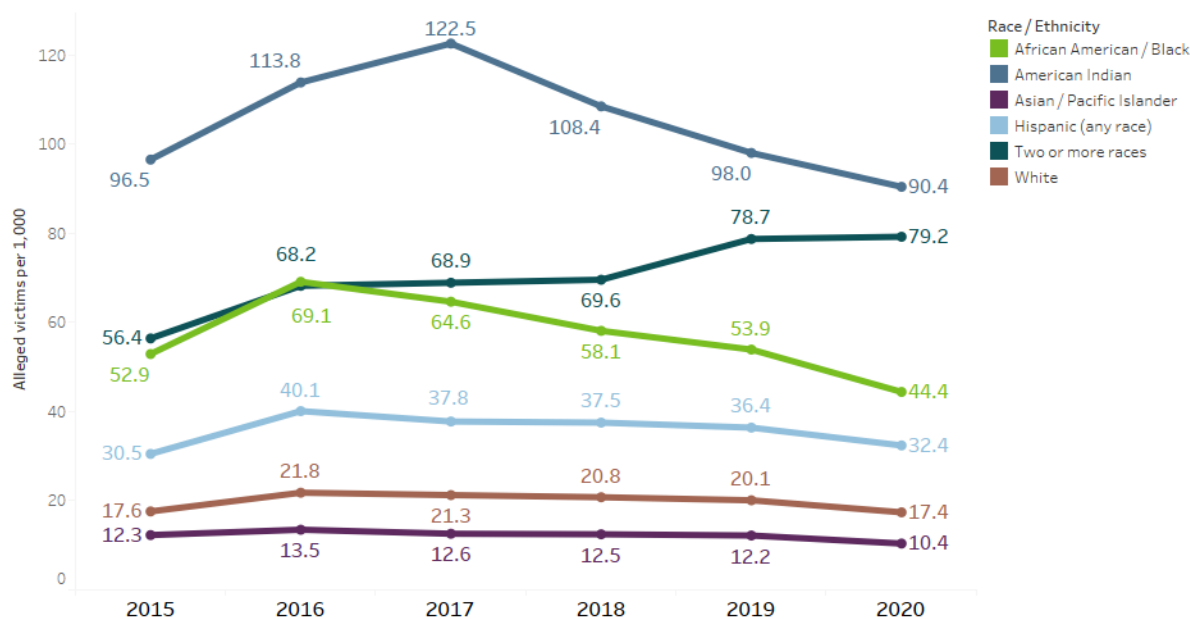
- There were **17,659** children who had at least one screened out report in 2019 and no prior history in the previous four years. Of these children, **14,417** had one screened out report, **2,318** had two, **579** had three, and **345** had four or more screened out reports in 2019.
- Overall, **13.4%** of children with at least one screened out report were involved in a screened in maltreatment report within 12 months following their initial screened out report. As shown in Figure 5, children in multiple screened out reports were more likely to have a screened in maltreatment report within 12 months of their first screened out report.

Figure 5: Percent and number of alleged victims with a screened in report by number of prior screened out reports



- Consistent with Minnesota's general population of children, the largest group with a screened in maltreatment report and a subsequent completed assessment or investigation are white (see Figure 4).
- Children who are African American, American Indian, and those who identify with two or more races were disproportionately involved in completed maltreatment assessments and investigations (see Figure 6).
- Adjusted to population rates, American Indian children were **5.2 times** more likely to be involved in completed maltreatment assessments/investigations than white children, while those who identify with two or more races were **4.6 times**, and African American children **2.6 times** more likely.
- Between 2019 and 2020 there was an overall decrease in number of alleged victims in completed reports of **11%**; there was a decrease among African American children of **15%**, while the number of American Indian children decreased by about **6%**, Asian/Pacific Islander children decreased around **16%**, and those of two or more races stayed about the same (<1% increase).
- Minnesota child welfare agencies struggle with opportunity gaps for families of color and American Indian families across all systems serving children and families. The disproportionality in child protection is further evidence of this gap in services and opportunities.

Figure 6. Number of alleged victims per 1,000 with at least one completed assessment/investigation by race/ethnicity, 2015 - 2020



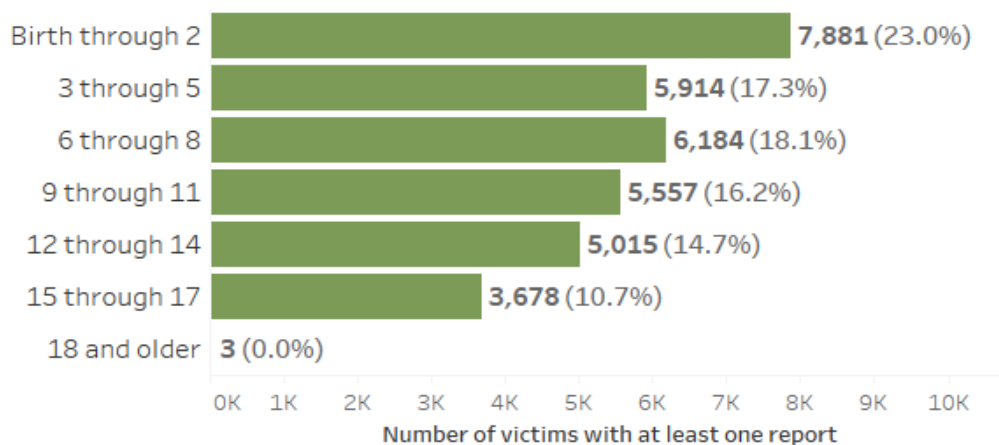
A closer look at the two or more race category

Minnesota is becoming more diverse with many children and families identifying with more than one race or ethnicity. In child welfare, the number of families self-reporting as two or more races has more than doubled since 2012. Of children who identify with more than one race:

- **88.6%** identified at least one race as white
- **64.6%** identified at least one race as African American/Black
- **49.2%** identified at least one race as American Indian
- **7.3%** identified at least one race as Asian
- **1.3%** identified at least one race as Pacific Islander.

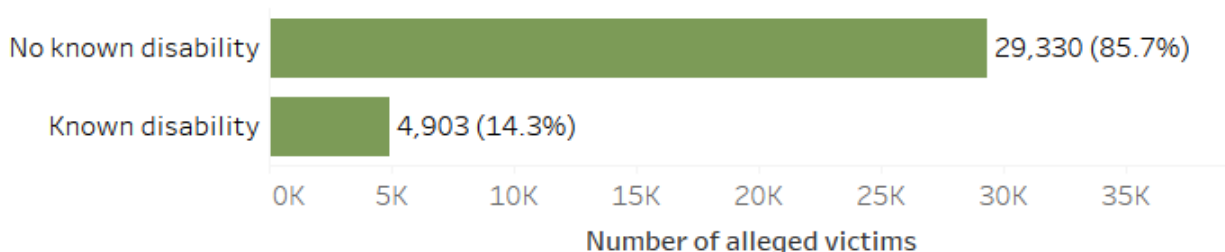
- Children ages 8 and younger represented the majority of children involved in maltreatment assessments and investigations (**58.4%**) in 2020. There were likely multiple reasons why this age group comprised the greatest number involved in screened in maltreatment reports, including that younger children:
 - Rely almost exclusively on their caregivers for survival – this makes them particularly vulnerable to maltreatment. Data from the National Incidence Study [Sedlak et al., 2010] shows that young children are more likely to be maltreated.
 - Their families often have more frequent contact with multiple family-serving systems with mandated reporters for suspected maltreatment, increasing likelihood that someone will report suspected maltreatment.

Figure 7. Number and percent of alleged victims with at least one completed assessment/investigation by age group in 2020



Note: For victims with more than one report during the report year, the age at their first screened in and completed maltreatment report was used to determine age group.

- Just over **14%** of children with screened in maltreatment reports in 2020 had a known disability (some disabilities may be undiagnosed). This rate of disability is **five times** more frequent than in the general population of children. [Sedlak et al., 2010]



- In any given report of maltreatment, a child may have one or more types of alleged maltreatment identified. The five main categories of maltreatment are:
 - **Mental injury**, behavior of a caregiver that causes emotional or mental injury to child
 - **Neglect**, not adequately providing for the physical, mental or behavioral needs of child
 - **Physical abuse**, behavior that is intended to and/or results in physical harm to child
 - **Sexual abuse**, any behavior towards or exploitation of children by a caregiver sexual in manner, and
 - **Threatened injury**, attempting or threatening harm to child or placing them in a situation putting them at risk for serious harm.



Refer to the [Minnesota Child Maltreatment Screening Guidelines](#) and [Minn. Stat. § 260E](#), Reporting of Maltreatment of Minors.

- Figure 9 shows the number of victims with one or more allegations per completed assessment/investigation in 2020. The vast majority of children (71.8%) had a single allegation of maltreatment in each completed assessment/investigation.

Figure 9. Number and percent of alleged victims by number of allegations per assessment/investigation in 2020

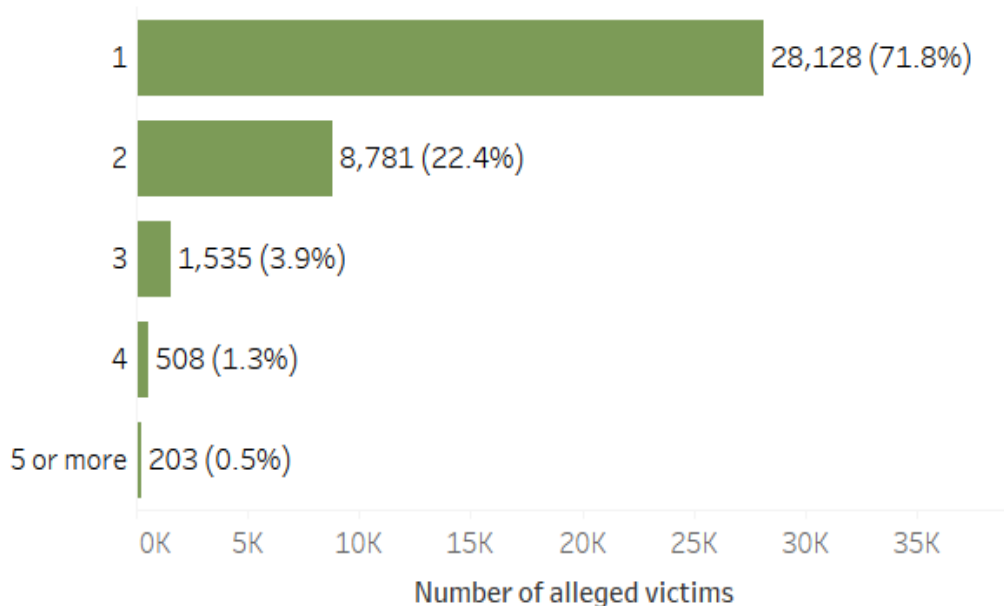
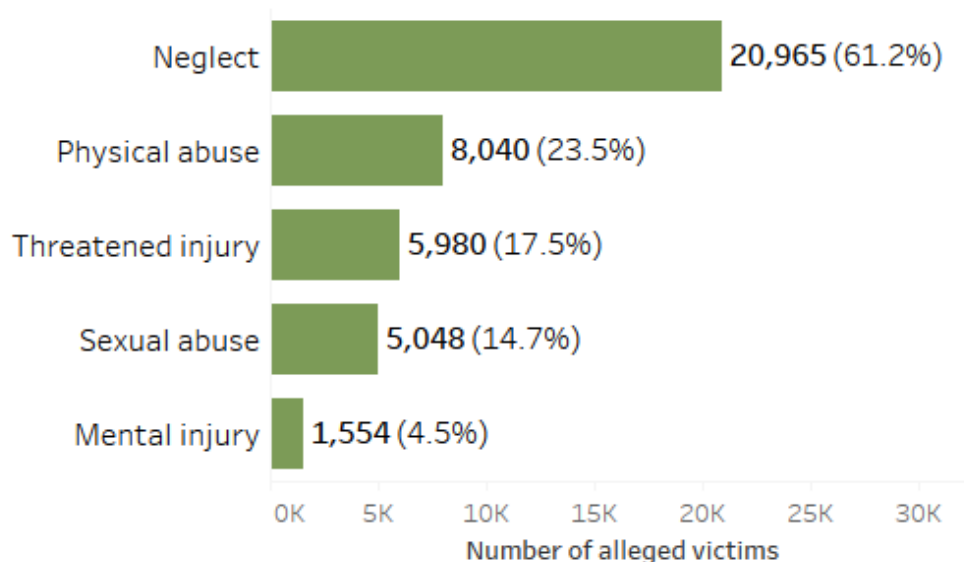


Figure 10. Number and percent of alleged victims by maltreatment type, 2020



- The most common allegation type among alleged victims was neglect, with **61%** of all children allegedly experiencing this type of maltreatment (see Figure 10).
- The relative frequency of the different types of maltreatment continues to shift. Threatened injury, a category added in 2016, continues to increase each year, identified for **17.5%** of all victims of maltreatment in 2020.

The most common allegation type among alleged victims was neglect, with 61% of all children allegedly experiencing that type of maltreatment.

Child protection response path assignment

Once a report has been accepted and screened in, local agencies assign a case to one of three child protection responses: Family Assessment, Family Investigation, or Facility Investigation. All response paths are involuntary; families must engage with child protection or face the possibility of court action. See the sidebar on the right for information about how cases are assigned to each of the tracks. (Note: A **case** in this report refers to a completed investigation or assessment.)

Assignment of child maltreatment cases to child protection response paths

- Figures 11 and 12 show nearly **62%** of child maltreatment reports were assigned to the Family Assessment path, while the rest received either a Family or Facility Investigation.

Figure 11. Number of cases and victims by path assignment in 2020

Family Assessment	Number of victims	21,281
	Number of cases	16,109
Family Investigation	Number of victims	13,564
	Number of cases	9,246
Facility Investigation	Number of victims	1,174
	Number of cases	729

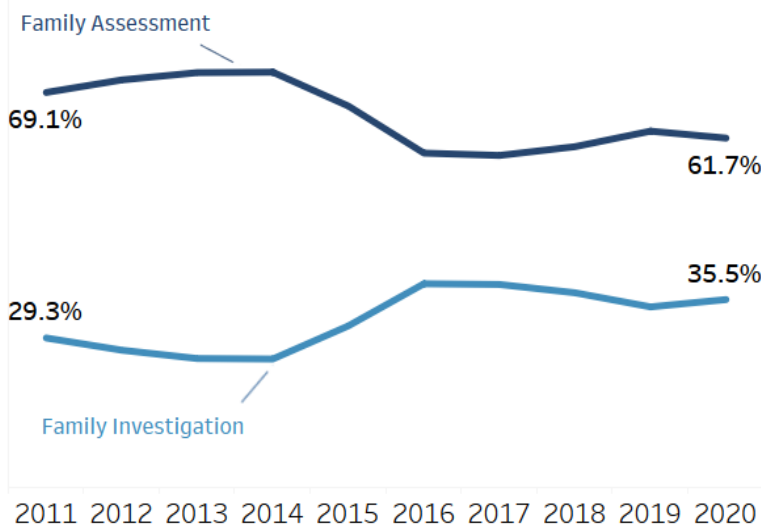
- In all types of child protection responses to maltreatment reports, the assessment or investigative phase has five shared goals, including:

Assigning reports

- By law, cases including allegations of sexual abuse or substantial child endangerment (such as egregious harm, homicide, felony assault, abandonment, neglect due to failure to thrive, and malicious punishment), must be assigned to **Family Investigation**.
- Maltreatment allegations reported occurring in family foster homes or family child care homes are assigned to **Facility Investigation**. Maltreatment occurring in state licensed residential facilities, institutions and child care centers is investigated by the Minnesota Department of Human Services, Licensing Division, and not included in this report.
- Cases not alleging substantial child endangerment or sexual abuse can be assigned to either **Family Assessment**, or if complicating factors are associated with a report, such as frequent, similar, or recent history of past reports, or need for legal intervention due to violent activities in a home, local agency may at its discretion, assign reports to **Family Investigation** response.

- Identify and resolve immediate safety needs of children
 - Conduct fact-finding regarding circumstances described in a maltreatment report
 - Identify risk of ongoing maltreatment
 - Identify needs and circumstances of children (and families)
 - Determine whether child protective services focus on providing ongoing safety, permanency and well-being for children.
- In investigations (both family and facility), an additional goal is to use evidence gathered through fact-finding to determine if it is maintained if allegations of maltreatment occurred. If a determination is made, information is maintained for a minimum of 10 years.

Figure 12. Trend of percent of cases assigned to FA and FI paths, 2011 – 2020



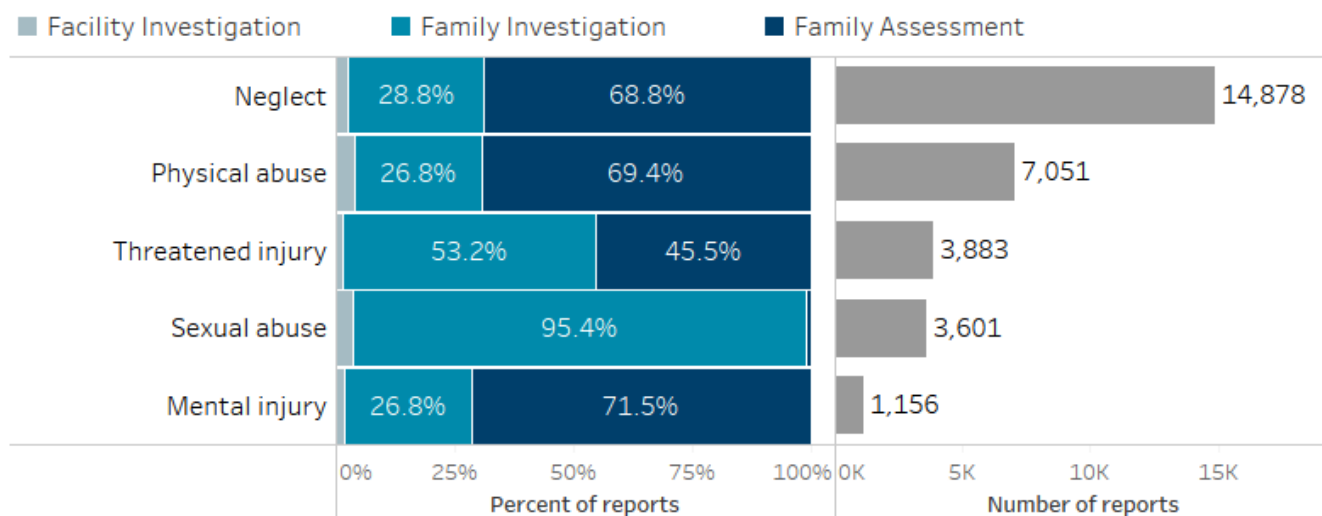
- After a long steady decline, there was a large increase in the percentage of reports assigned to Family Investigation in 2015 and 2016. This was followed by a slight decline until 2020 when the number of investigations again increased slightly.

Maltreatment type and child protection response paths

- Reports of neglect, physical abuse, and mental injury were most often assigned to the Family Assessment response path. Sexual abuse (which has a required Investigation response) and threatened injury were most often assigned to Family or Facility Investigations (see Figure 13).
- Despite a statute indicating that all sexual abuse allegations should receive a Family Investigation response, **41** of **3,601** sexual abuse cases (**1.1%**) were closed as a Family Assessment response. However, **39** of those reports were assigned to a Family or Facility Investigation at some point **prior to case closure**, but switched to a Family Assessment once it was indicated an Investigation was not needed, which is permissible under Minnesota Statutes. That leaves **two** reports (or less than **.06%**) closing as a Family Assessment and never had an Investigation.
- Beginning in 2015, Child Safety and Permanency Division staff began reviewing every report assigned to Family Assessment with a sexual abuse allegation, contacting agencies to review these decisions. Since September 2017,

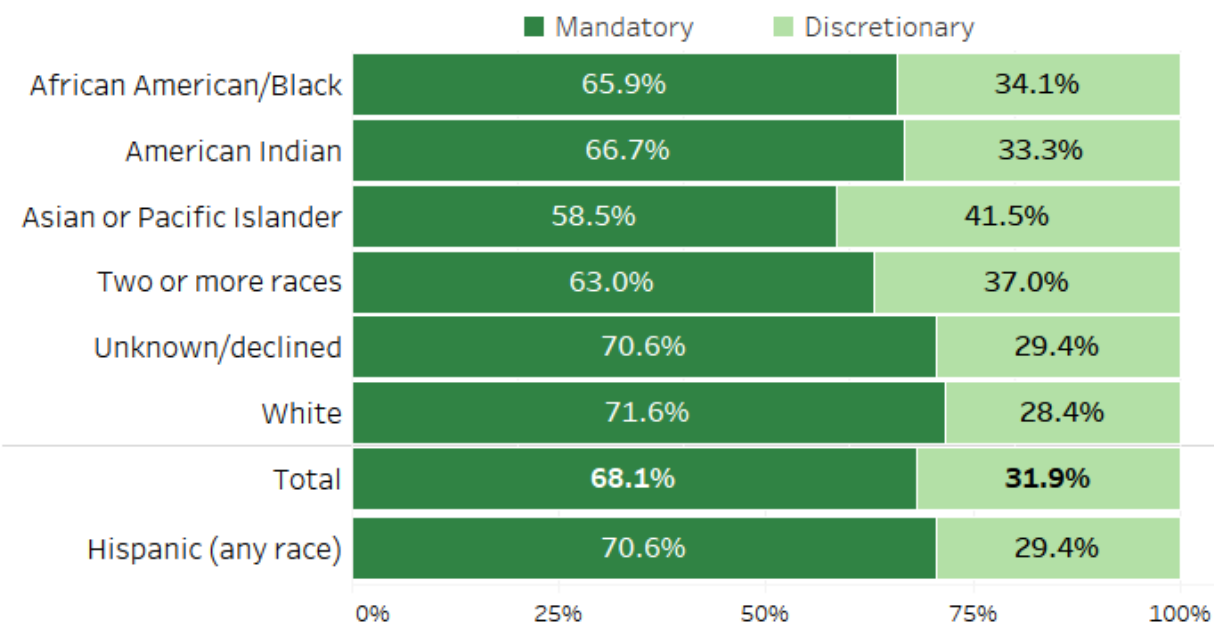


Figure 13. The percent and number of cases by child protection response path and maltreatment type in 2020

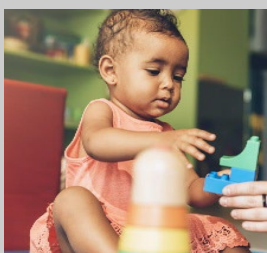


- As stated previously, there are both mandatory and discretionary reasons that local child protection agency staff will assign a case to the Family Investigation response path.

- Figure 14 shows the percent of victims assigned to Family Investigation by discretionary and mandatory reasons by race. White children are assigned to a Family Investigation for a discretionary reason less frequently compared to children from other racial and ethnic groups.



Assessment of safety, risk, and service need



After a maltreatment report is screened in and a case assigned to the appropriate child protection response path, caseworkers must make contact with alleged victims and all other relevant parties to assess their immediate safety. The specifics of how those meetings occur, when, and with whom are specific to each case and family. After initial interviews and meetings in both the Family Assessment and Family Investigation response paths, caseworkers make an assessment of safety, based on professional judgement and information provided from a safety assessment tool. If a safety threat is indicated, caseworkers, along with other partners, determine whether a safety plan can keep child/ren safe, or if additional intervention is warranted, such as placement in out-of-home care.

During the assessment or investigation phase, caseworkers also determine the risk of future maltreatment and decide whether child protective services are needed to provide ongoing safety, well-being and permanency. The assessment or investigation phase of all types of child protection responses is 45 days. If child protective services are needed, ongoing case management services are provided to families through opening child protection case management. At closing of a Family or Facility Investigation, a determination is made as to whether or not maltreatment occurred. At any point during the assessment or investigation phase, if local agency staff feel a child/ren is/are not safe,

they may seek removal and place them in out-of-home care, and/or seek a Child in Need of Protection or Services (CHIPS) petition to provide court oversight and monitoring.

Timeliness of face-to-face contact with alleged victims of child maltreatment

- After screening a report, the first step in all child protection responses is to have face-to-face contact with alleged victims of maltreatment to determine if children are safe or in need of protection. Occasionally, at the time of receiving a report, children may already be placed on a 72-hour hold by local law enforcement. Caseworkers must see all alleged victims in a report.
- Two response time frames align with assignment of child protection response. Allegations that indicate risk of substantial child endangerment or sexual abuse require an Investigation and require local agencies to see all alleged victims within 24 hours.
- The majority of alleged victims did not have allegations of substantial child endangerment or sexual abuse (**76.3%**), requiring face-to-face contact within five days. The five-day timeline

applies to children named as alleged victims in child protection cases assigned both to Family Assessment response and Family Investigation, at the discretion of agency staff (rather than for mandatory reasons because of severity of current allegation/s).

- In 2020, **85%** of victims were seen within time frames established in statute for face-to-face contact with alleged victims (see Figure 15), a decrease of **3 percentage points** from 2019. The restrictions in place, staffing shortages, and family challenges due to illness and quarantining, and fear of face-to-face contact following the beginning of the COVID-19 pandemic, may have contributed to the decrease in performance in 2020. Continued efforts for improvement are underway.

Figure 15. Timeliness of face-to-face contact with alleged victims, 2020

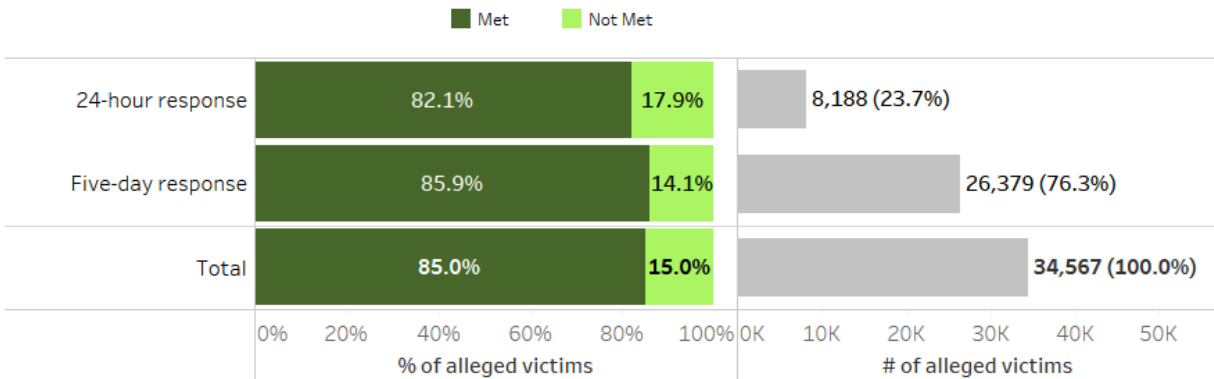
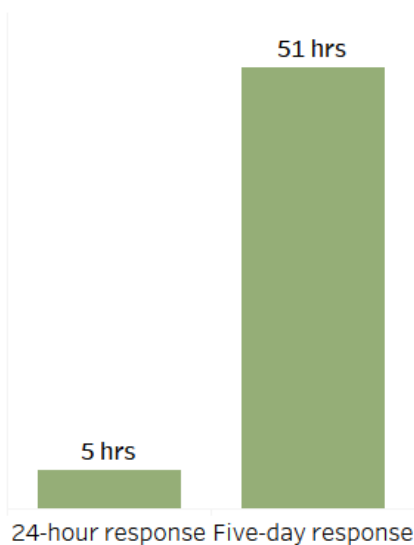


Figure 16. Median time of face-to-face contact by response type



- Despite not meeting the performance standard, the median time for face-to-face contact between child protection workers and alleged victims with allegations indicating substantial child endangerment was **five** hours. The median time of contact for all other victims was **51** hours (see Figure 16).
- Both department staff and local child protection agency staff recognize the urgent need to improve performance on this measure so all children are seen in a timely manner, ensuring safety for alleged victims of maltreatment.

Assessment of safety and risk

- After making initial contact with alleged victims and their family, child protection caseworkers utilize a formal assessment tool regarding safety.
- A higher percentage of maltreatment cases assigned to Family Investigation compared to Family Assessment are rated as unsafe (**14.8%** vs **3.1%**; see Figure 17).
- Ratings of conditionally safe require caseworkers to create a safety plan to immediately address safety needs identified in the assessment tool for an alleged victim to remain in their home. Ratings of unsafe indicate removal of child was necessary to achieve safety.

Figure 17. Number and percent of cases by safety levels and child protection response path

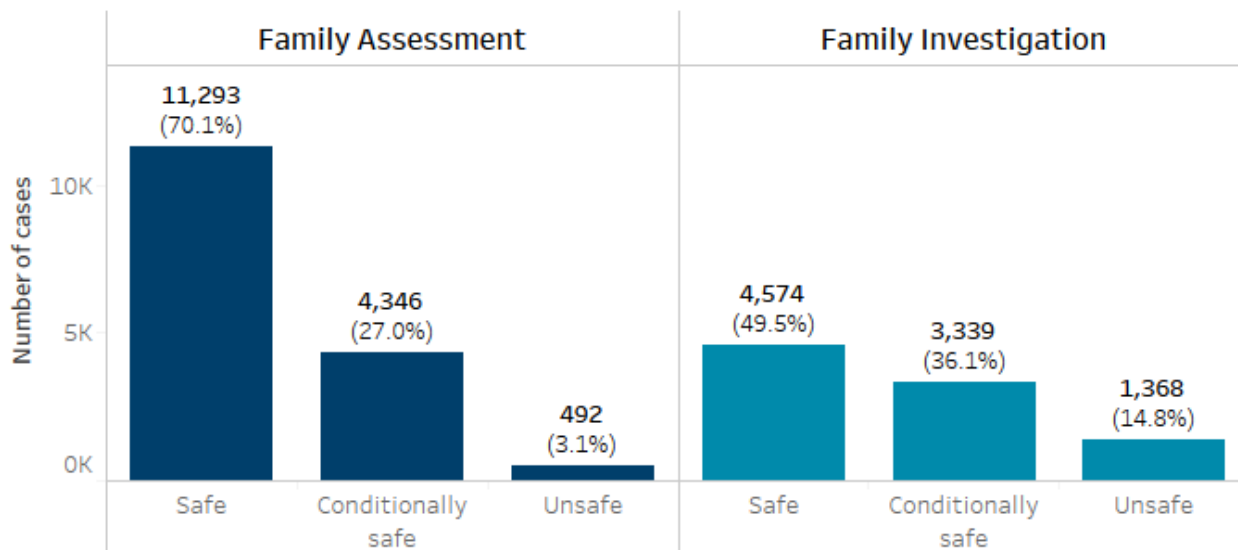
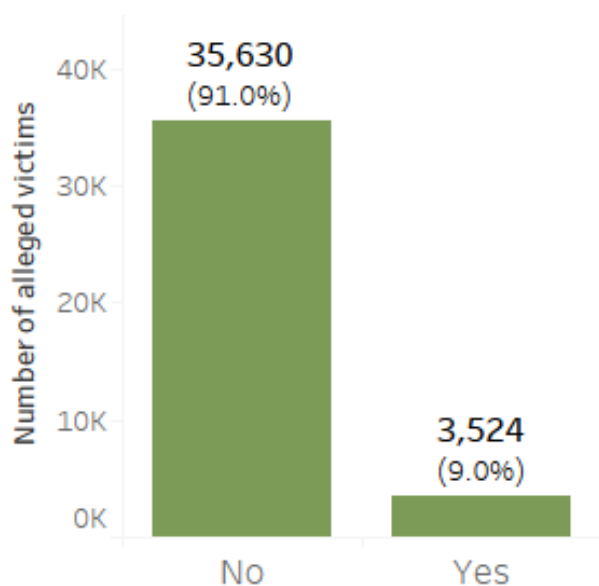


Figure 18. Number and percent of alleged victims with out-of-home placement during assessment or investigation phase

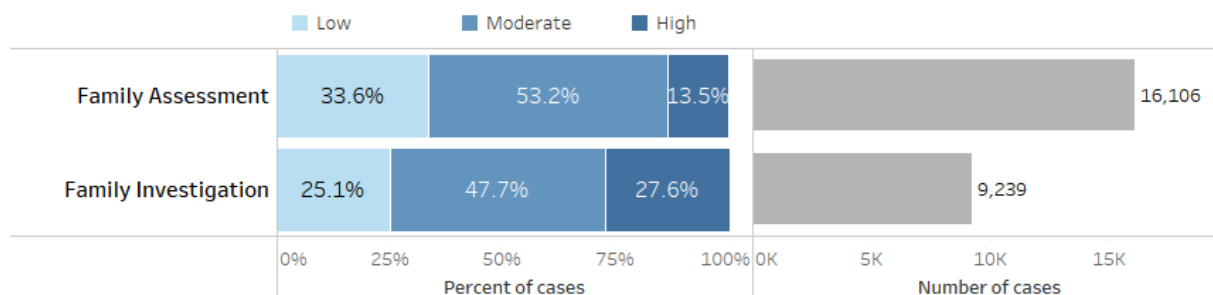


- When children are found to be in unsafe situations in which adult/s responsible for their care are unable or unwilling to make necessary changes to ensure their safety, they can be removed by law enforcement or court order and placed in foster care.
- Sometimes children’s removals last only a few days, but they can be in care for many months while their families work to ensure they are able to provide for their children’s safety and well-being.
- Figure 18 shows a small proportion of all children involved in screened in child maltreatment reports in 2020 were placed in out-of-home care during an assessment or investigation (9%). Children may enter out-of-home care at other times because of being maltreated or for other reasons (e.g., children’s mental health needs or developmental disabilities). For information on children in out-of-home care, see **Minnesota’s 2020 Out-of-home Care and Permanency report**.

- By the end of an assessment or investigation, child protection caseworkers must also complete a standardized assessment tool of risk of future maltreatment.
- Figure 19 provides information regarding the number of assessments/investigations in which a current situation of alleged victims is at low, moderate, or high risk of future maltreatment by response path.
- As expected, a higher percentage of child maltreatment cases assigned to Family Investigations were high risk (27.6%) than reports that were Family Assessments (13.5%).



Figure 19. The number and percent of cases by risk assessment level and child protection response path

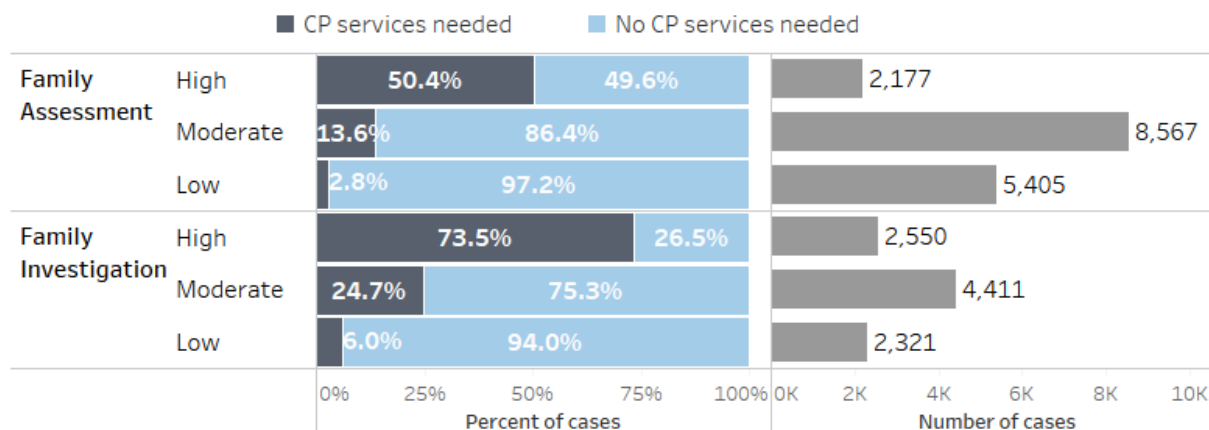


Assessing need for ongoing child protection services post-assessment or investigation phase

- At the conclusion of a Family Assessment or Family Investigation, child protection caseworkers indicate whether an alleged victim and/or family need ongoing services to maintain safety, and promote permanency and well-being.
- Figure 20 provides information regarding whether need for child protective services was indicated by risk levels identified through the risk assessment completed during the assessment or investigation phase.
- Cases that received a Family Investigation are more likely to indicate need for post-investigation child protective services at all levels of risk.
- Although cases rated as high risk during an assessment or investigative phase were more likely to indicate need for ongoing child protective services across both response paths, a majority of high risk reports that received a Family Assessment were not indicated as needing ongoing child protective services by caseworkers.
- In 2016, the department revalidated the tool used for risk assessment. This included revisions to some item scores used to generate overall risk level. Department staff continue to monitor the relationship between risk assessments and need for child protection case management.



Figure 20. The percent and number of cases where child protective services were indicated by response category and risk level



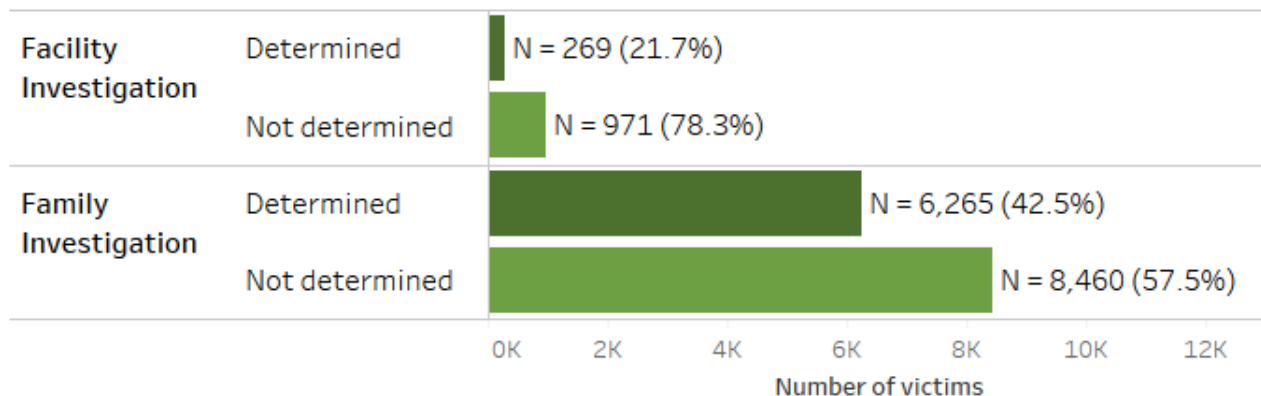
Determining maltreatment

- For both Family and Facility Investigations, there is a final step at the conclusion of a child maltreatment case not made in Family Assessment. The final step is to make a determination of whether maltreatment occurred based on information gathered during an investigation.
- Figure 21 provides information about the number of determined reports and victims by Family or Facility Investigation. There were **6,265** children in Family Investigations and **269** in Facility Investigations with a maltreatment determination in 2020.

- For fewer than half of all victims in reports that were in either type of investigation, there was a determination that maltreatment occurred (**40.9%**). However, the pattern is different for Facility and Family Investigations, with a maltreatment determination made for about **42.5%** of victims in Family Investigations, and **21.7%** of victims in Facility Investigations.



Figure 21. Number of determined victims by Family Investigation and Facility Investigation response paths



Relationship of alleged offenders to alleged victims in completed assessments/ investigations by determination

- The overwhelming majority of alleged and determined offenders in child maltreatment cases were biological parents (see Table 2 below).
- Parents, unmarried partners of parents, and stepparents had the highest rate of determined to have maltreated a child.
- Other professionals had the lowest determination rate, at **14.3%**.
- **Sixteen** alleged offenders had a relationship status entered in the data system indicating they should have had an investigation but appeared to have a Family Assessment response. Upon review, this was explained by data entry errors in documentation of relationships, rather than inappropriate assignment of these cases to a Family Assessment response. Data entry errors remained roughly the same in 2020 than in previous years. Department staff reviews cases monthly, consulting with local agency staff regarding concerns about data entry.

Table 2. Number of alleged offenders by relationship to alleged victims, and percent of child protection response and determination status in 2020

Alleged offender relationship	Family Assessment	Investigations	Investigations determined	Percent determined
Unmarried partner of parent	1,027	1,062	512	48.2%
Biological parent	14,867	7,829	3,738	47.7%
Stepparent	605	448	213	47.5%
Friends or neighbors	21	82	37	45.1%
Other relative (non foster parent)	346	673	302	44.9%
Other	150	429	189	44.1%
Sibling	128	568	207	36.4%
Group home or residential facility staff	1	45	16	35.6%
Legal guardian	268	189	65	34.4%
Unknown or missing	45	78	26	33.3%
Adoptive parent	238	166	53	31.9%
Child daycare provider	6	151	45	29.8%
Relative foster parent	3	190	39	20.5%
Non-caregiver sex trafficker	1	6	1	16.7%
Non-relative foster parent	6	188	28	14.9%
Other professionals	2	7	1	14.3%

Child fatalities and near fatalities due to maltreatment

Local social service agencies and department staff take the work of protecting children seriously. In 2016, in response to recommendations from the Governor's Task Force on the Protection of Children and the [final report from the National Commission to Eliminate Child Abuse and Neglect Fatalities](#), department staff began working with Collaborative Safety, LLC, to implement a trauma-informed, robust and scientific systemic critical incident review process for child fatalities and near fatalities due to maltreatment. The review process is designed to systemically analyze the child welfare system to identify opportunities for improvement, as well as address barriers to providing the best possible services to children and families. The model utilizes components from the same science used by other safety-critical industries, including aviation and health care; it moves away from blame and toward a system of accountability focusing on identifying underlying systemic issues to improve Minnesota's child welfare system.

The department began utilizing this new review process in 2017 in partnership with local agency staff and community partners. Between 2017 and summer 2019, 72 cases were reviewed utilizing this new process. The following considerations were shared with department leadership in fall 2019 based on those cases:

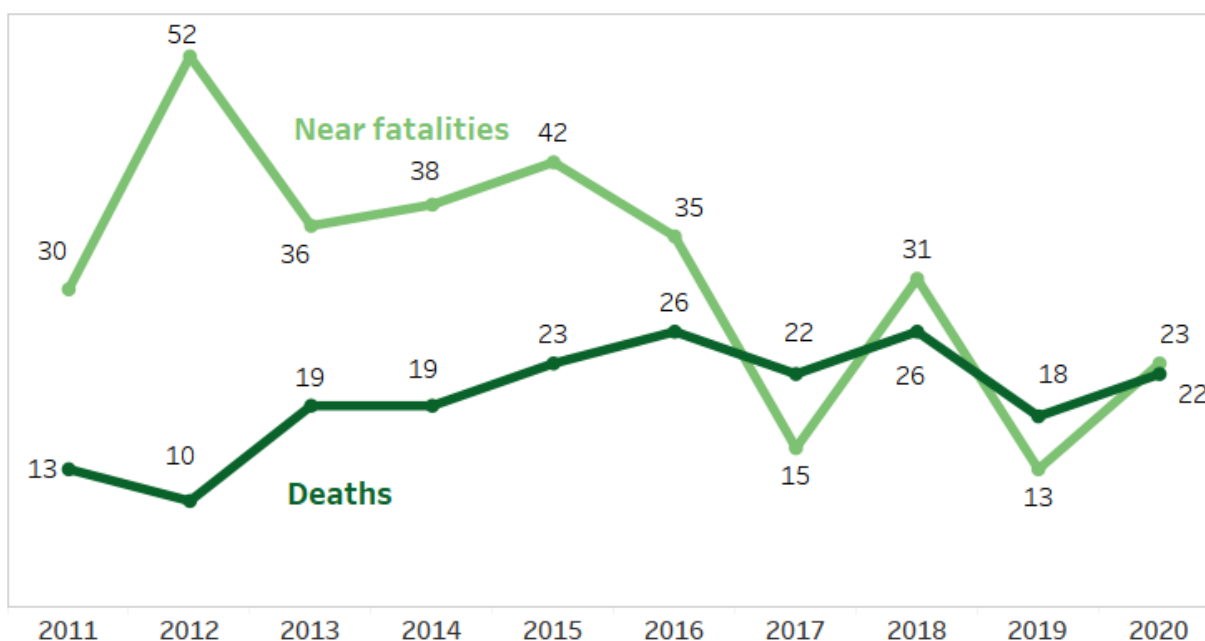
1. Consider ways to evaluate and narrow the current screen in and response criteria under statute and within the Intake, Screening and Response Path guidelines and Best Practice Family Assessment/Family Investigation guidelines.
2. Consider legislative changes so that response timeframes are based on current safety and risk to alleged victim/s versus allegations as they are currently defined in state statute.
3. Examine response timeframes and technology mechanisms allowing agencies to have discretion on response timeframes, including initial face-to-face contact in which alleged offenders do not have access to alleged victims, and/or immediate safety assured by other safety critical professionals such as hospital staff, law enforcement, etc.
4. Consider ways to reduce the overall number of required documentation tasks for frontline staff by eliminating any redundancies and unnecessary requirements documented in SSIS. This may include the formation of a work group comprised of frontline and department staff to eliminate redundant and unnecessary documentation requirements.
5. Consider development of a workgroup comprised of local agency front line staff in collaboration with department staff to discuss maltreatment determinations and guidance needs for unsafe sleep death and near deaths.
6. Consider ways to enhance and support coordination and communication among child welfare agencies and law enforcement agencies, specifically relating to identifying and responding to child maltreatment.

Several considerations require legislative changes, while others require additional funding. However, the department was able to move several considerations forward, making changes to guidance regarding determinations in unsafe sleep-related fatalities and near fatalities, and exploration of the intersection of poverty and neglect, in alignment with national efforts to ensure that a child protection response is

only used when necessary. Department staff will continue to evaluate opportunities to move forward other considerations offered from the fatality and near fatality review process in 2021 and beyond. This process of gathering learnings and offering considerations for action will be done again in 2021 with a group of internal and external stakeholders based on cases reviewed in the last half of 2019, 2020, and the first half of 2021.

Figure 22 provides trend information regarding near fatalities and deaths determined to be a result of maltreatment from 2011 to 2020.

- There were **22** deaths and **23** near fatalities determined to be a result of maltreatment in 2020.



- Tables 3 and 4 provide information about victims who died as a result of maltreatment in 2020. Table 3 provides information on victims who died as a result of maltreatment and had at least one prior screened in maltreatment report; Table 4 provides information on victims who died and had no known prior involvement in a screened in child maltreatment report. The majority of deaths were males.
- Of the **22** children whose deaths were determined to be a result of maltreatment, **five** were involved in prior screened in child protection reports, and **17** had not.
- There are often a number of months, and sometimes longer, between when a determination is finalized and when deaths occurred. The delay often results from needing to wait until criminal investigations are completed before making a determination. The related tables provide information about when deaths occurred; in all cases, final determinations about whether deaths were a result of maltreatment were not made until 2020, which is why they are included in this report.

- Other information included in the tables provides age at time of death, gender, and type of maltreatment resulting in death.

Table 3. Details regarding deaths determined to be a result of maltreatment in 2020, with a prior child protection history

Year of death	Age and gender	Type of maltreatment
2018	Under 1 year, male	Neglect, physical abuse
2019	10 years, female	Neglect, physical abuse
2020	17 years, male	Neglect
2020	1 year, male	Physical abuse
2020	1 year, male	Physical abuse

Table 4. Details regarding deaths determined to be a result of maltreatment in 2020, with no prior child protection history

Year of death	Age and gender	Type of maltreatment
2018	Less than 1 year, male	Physical abuse
2019	4 years, male	Neglect
2019	4 years, male	Neglect, physical abuse
2019	Less than 1 year, male	Neglect
2019	1 year, male	Neglect
2019	Less than 1 year, female	Neglect
2019	Less than 1 year, male	Physical abuse

Year of death	Age and gender	Type of maltreatment
2019	8 years, male	Physical abuse
2019	11 years, male	Physical abuse
2019	Less than 1 year, male	Threatened injury
2019	Less than 1 year, male	Neglect
2020	9 years, female	Mental injury, neglect, physical abuse
2020	2 years , male	Neglect
2020	2 years, male	Neglect, physical abuse
2020	Less than 1 year, male	Neglect
2020	Less than 1 year, male	Physical abuse
2020	Less than 1 year, female	Threatened injury

Outcomes after child maltreatment assessments/investigations concluded

To determine how successful child protection is in assessing needs of children and families, and providing appropriate services to meet needs, local agency and Child Safety and Permanency Division staff monitor whether children who were alleged or determined victims in maltreatment reports had another occurrence of alleged or determined victimization in a screened in report within 12 months.



Re-reporting alleged victims

- Table 5 provides information on how many alleged victims in screened in maltreatment reports in 2020 had another screened in maltreatment report within 12 months of the first report by child protection response path.

Table 5. Number and percent of alleged victims with a re-report of maltreatment within 12 months by child protection response path in 2020

Response path	Total number of victims	Victims who had a re-report	Percent of victims with a re-report
Family Assessment	23,716	4,810	20.3%
Family Investigation	13,543	2,420	17.9%
Facility Investigation	1,115	160	14.3%
Total across response paths	38,371	7,387	19.3%

Recurrence of maltreatment determinations

- Table 6 provides information on how many children by race who were determined victims of maltreatment in 2020 and had another maltreatment determination within 12 months of the first determination.
- Maltreatment recurrence is a federal performance measure examined annually by the Children's Bureau. It sets a federal performance standard that states must meet or face the possibility of a performance improvement plan with fiscal penalties. The federal performance standard for recurrence requires that less than **9.1%** of children have a maltreatment determination recurrence within 12 months.
- Minnesota met the maltreatment recurrence standard in 2020, with **5.5%** of all children having a maltreatment determination.
- The recurrence rate for African American/Black, American Indian, children of two or more races, and those of any race who identify as Hispanic, is noticeably higher than recurrence for white children.

Table 6. Number and percent of victims with a maltreatment determination recurrence within 12 months by race in 2020

Race/ethnicity	Determined victims	Determined victims with maltreatment recurrence within 12 months	Percent with maltreatment recurrence
African American/Black	1,199	69	5.8%
American Indian	561	42	7.5%
Asian/Pacific Islander	220	8	3.6%
Unknown/declined	237	2	0.8%
Two or more races	1,314	97	7.4%
White	3,378	165	4.9%
Total	6,909	383	5.5%
Hispanic (any race)	777	47	6.0%

Child maltreatment appendix

Table 7. Number and percent of child maltreatment reports by screening status and agency, 2020

Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Aitkin	275	95	180	34.5	65.5
Anoka	3,178	1,005	2,173	31.6	68.4
Becker	677	237	440	35.0	65.0
Beltrami	608	319	289	52.5	47.5
Benton	640	162	478	25.3	74.7
Big Stone	58	29	29	50.0	50.0
Blue Earth	1,003	373	630	37.2	62.8
Brown	405	170	235	42.0	58.0
Carlton	857	452	405	52.7	47.3
Carver	723	326	397	45.1	54.9
Cass	335	136	199	40.6	59.4
Chippewa	403	203	200	50.4	49.6
Chisago	699	272	427	38.9	61.1
Clay	1,544	416	1,128	26.9	73.1
Clearwater	225	102	123	45.3	54.7
Cook	57	41	16	71.9	28.1
Crow Wing	1,359	281	1,078	20.7	79.3
Dakota	4,202	1,589	2,613	37.8	62.2
Douglas	658	285	373	43.3	56.7
Fillmore	166	59	107	35.5	64.5
Freeborn	462	185	277	40.0	60.0
Goodhue	686	245	441	35.7	64.3

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Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Grant	225	118	107	52.4	47.6
Hennepin	12,285	6,724	5,561	54.7	45.3
Houston	217	78	139	35.9	64.1
Hubbard	385	227	158	59.0	41.0
Isanti	709	163	546	23.0	77.0
Itasca	603	348	255	57.7	42.3
Kanabec	311	110	201	35.4	64.6
Kandiyohi	912	375	537	41.1	58.9
Kittson	40	9	31	22.5	77.5
Koochiching	262	117	145	44.7	55.3
Lac qui Parle	96	63	33	65.6	34.4
Lake	97	58	39	59.8	40.2
Lake of the Woods	32	23	9	71.9	28.1
Le Sueur	503	128	375	25.4	74.6
McLeod	524	257	267	49.0	51.0
Mahnomen	67	26	41	38.8	61.2
Marshall	76	19	57	25.0	75.0
Meeker	407	126	281	31.0	69.0
Mille Lacs	988	227	761	23.0	77.0
Morrison	731	130	601	17.8	82.2
Mower	762	341	421	44.8	55.2
Nicollet	479	185	294	38.6	61.4
Nobles	301	141	160	46.8	53.2
Norman	146	55	91	37.7	62.3
Olmsted	1,617	542	1,075	33.5	66.5

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Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Otter Tail	801	356	445	44.4	55.6
Pennington	116	53	63	45.7	54.3
Pine	632	124	508	19.6	80.4
Polk	496	145	351	29.2	70.8
Pope	211	133	78	63.0	37.0
Ramsey	5,043	2,730	2,313	54.1	45.9
Red Lake	21	11	10	52.4	47.6
Renville	210	135	75	64.3	35.7
Rice	1,007	392	615	38.9	61.1
Roseau	143	39	104	27.3	72.7
St. Louis	4,747	3,054	1,693	64.3	35.7
Scott	1,458	680	778	46.6	53.4
Sherburne	1,297	509	788	39.2	60.8
Sibley	261	144	117	55.2	44.8
Stearns	2,165	818	1,347	37.8	62.2
Stevens	186	99	87	53.2	46.8
Swift	208	69	139	33.2	66.8
Todd	392	84	308	21.4	78.6
Traverse	128	58	70	45.3	54.7
Wabasha	309	115	194	37.2	62.8
Wadena	486	179	307	36.8	63.2
Washington	1,915	749	1,166	39.1	60.9
Watonwan	183	75	108	41.0	59.0
Wilkin	143	54	89	37.8	62.2
Winona	672	325	347	48.4	51.6

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Agency	Total child maltreatment reports received in 2020	Number of screened in reports	Number of screened out reports	Percent of reports screened in	Percent of reports screened out
Wright	2,025	710	1,315	35.1	64.9
Yellow Medicine	181	86	95	47.5	52.5
Southwest HHS	1,405	547	858	38.9	61.1
Des Moines Valley HHS	388	125	263	32.2	67.8
Faribault-Martin	584	284	300	48.6	51.4
Leech Lake Band of Ojibwe	291	166	125	57.0	43.0
White Earth Nation	311	159	152	51.1	48.9
MN Prairie	1,196	479	717	40.1	59.9
Minnesota	71,606	31,258	40,348	43.7	56.3

Table 8. Number of completed maltreatment assessments/investigations by response path and agency, 2020

Agency	Family Assessment	Family Investigation	Facility Investigation	Total completed assessments/investigations
Aitkin	48	34	7	89
Anoka	501	402	19	922
Becker	93	99	4	196
Beltrami	111	136	13	260
Benton	105	52	3	160
Big Stone	22	0	1	23
Blue Earth	276	62	10	348
Brown	126	26	1	153
Carlton	218	102	24	344
Carver	215	74	6	295
Cass	79	29	3	111
Chippewa	112	54	3	169
Chisago	135	72	5	212
Clay	199	74	12	285
Clearwater	41	35	1	77
Cook	26	6	1	33
Crow Wing	164	70	6	240
Dakota	866	486	44	1396
Douglas	156	73	5	234
Fillmore	41	10	1	52
Freeborn	76	96	2	174
Goodhue	144	21	3	168
Grant	41	37	1	79
Hennepin	3145	2015	128	5288
Houston	55	8	1	64

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Agency	Family Assessment	Family Investigation	Facility Investigation	Total completed assessments/investigations
Hubbard	109	90	10	209
Isanti	62	47	4	113
Itasca	163	100	11	274
Kanabec	60	45	4	109
Kandiyohi	111	140	8	259
Kittson	6	1	0	7
Koochiching	84	23	1	108
Lac qui Parle	47	16	0	63
Lake	41	4	1	46
Lake of the Woods	17	2	0	19
Le Sueur	59	28	1	88
McLeod	104	109	6	219
Mahnomen	18	7	1	26
Marshall	16	1	0	17
Meeker	85	26	1	112
Mille Lacs	108	94	4	206
Morrison	82	33	5	120
Mower	236	70	5	311
Nicollet	135	19	1	155
Nobles	92	33	0	125
Norman	34	15	0	49
Olmsted	424	117	13	554
Otter Tail	177	101	14	292
Pennington	25	14	1	40
Pine	80	45	4	129
Polk	91	41	0	132
Pope	49	48	8	105
Ramsey	1352	1024	70	2446

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Agency	Family Assessment	Family Investigation	Facility Investigation	Total completed assessments/investigations
Red Lake	12	0	1	13
Renville	53	79	1	133
Rice	169	154	8	331
Roseau	22	16	3	41
St. Louis	1229	1037	73	2339
Scott	458	140	17	615
Sherburne	293	124	19	436
Sibley	94	24	0	118
Stearns	461	246	22	729
Stevens	57	31	2	90
Swift	35	22	1	58
Todd	40	21	3	64
Traverse	33	13	0	46
Wabasha	90	13	4	107
Wadena	117	39	5	161
Washington	372	214	29	615
Watonwan	53	16	0	69
Wilkin	34	7	6	47
Winona	154	55	3	212
Wright	328	237	9	574
Yellow Medicine	53	22	3	78
Southwest HHS	276	139	17	432
Des Moines Valley HHS	97	33	1	131
Faribault-Martin	169	62	2	233
Leech Lake Band of Ojibwe	114	23	6	143
White Earth Nation	115	24	10	149
MN Prairie	319	89	7	415
Minnesota	16,109	9,246	729	26,084

Table 9. Number of alleged victims in completed assessments/investigations by maltreatment type and rate per 1,000 children by agency, 2020

Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	Total alleged victims *	Child pop. est. (2019)	Rate per 1,000
Aitkin	18	91	22	5	25	130	2,618	49.7
Anoka	104	714	202	7	303	1,213	84,759	14.3
Becker	31	172	57	10	63	278	8,313	33.4
Beltrami	35	271	36	15	85	394	11,846	33.3
Benton	34	138	19	2	42	209	10,396	20.1
Big Stone	0	26	0	1	12	35	1,078	32.5
Blue Earth	8	304	46	0	98	423	13,476	31.4
Brown	41	112	23	18	35	197	5,452	36.1
Carlton	43	283	76	99	102	412	7,988	51.6
Carver	107	204	54	24	87	385	27,702	13.9
Cass	7	120	13	1	26	159	6,193	25.7
Chippewa	42	158	23	20	53	201	2,847	70.6
Chisago	37	147	34	8	62	260	12,838	20.3
Clay	74	270	78	12	73	418	15,932	26.2
Clearwater	16	73	15	5	23	98	2,179	45.0
Cook	8	32	1	3	1	43	824	52.2
Crow Wing	20	180	54	17	153	342	13,875	24.6
Dakota	29	1,173	229	3	429	1,751	104,055	16.8
Douglas	72	212	31	51	75	307	8,198	37.4
Fillmore	3	48	6	0	10	65	5,196	12.5
Freeborn	11	188	37	22	115	280	6,614	42.3
Goodhue	2	149	22	2	63	214	10,243	20.9
Grant	26	81	6	26	22	102	1,349	75.6
Hennepin	1,797	3,671	1,338	157	1,763	6,951	276,136	25.2

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Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	Total alleged victims*	Child pop. est. (2019)	Rate per 1,000
Houston	4	59	8	9	24	94	4,067	23.1
Hubbard	75	187	36	38	71	273	4,562	59.8
Isanti	11	91	44	2	39	171	9,537	17.9
Itasca	105	264	54	12	60	418	9,345	44.7
Kanabec	10	117	22	2	35	143	3,500	40.9
Kandiyohi	55	291	53	11	100	383	10,663	35.9
Kittson	1	11	0	0	1	12	947	12.7
Koochiching	18	112	11	4	20	142	2,162	65.7
Lac qui Parle	15	45	9	15	16	81	1,364	59.4
Lake	1	36	5	10	9	56	2,035	27.5
Lake of the Woods	0	18	1	0	3	21	694	30.3
Le Sueur	19	76	9	6	33	128	6,905	18.5
McLeod	62	201	49	13	49	301	8,176	36.8
Mahnomen	0	27	2	4	6	32	1,758	18.2
Marshall	1	13	0	1	8	22	2,140	10.3
Meeker	20	87	14	4	33	132	5,603	23.6
Mille Lacs	59	196	52	18	68	283	6,226	45.5
Morrison	9	82	39	1	33	152	7,753	19.6
Mower	19	243	57	12	95	382	10,047	38.0
Nicollet	27	125	18	10	43	191	7,523	25.4
Nobles	47	98	21	2	35	184	5,958	30.9
Norman	6	50	13	2	16	73	1,545	47.2
Olmsted	233	359	113	19	155	782	38,690	20.2
Otter Tail	37	262	41	36	88	379	12,795	29.6
Pennington	0	32	10	1	13	56	3,209	17.5
Pine	8	86	24	1	55	162	5,683	28.5
Polk	18	118	20	16	53	197	7,713	25.5

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Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	Total alleged victims*	Child pop. est. (2019)	Rate per 1,000
Pope	21	90	17	23	27	124	2,364	52.5
Ramsey	731	2,070	370	152	705	3,372	127,953	26.4
Red Lake	0	9	0	0	4	13	978	13.3
Renville	38	141	30	64	47	205	3,386	60.5
Rice	17	272	87	14	137	439	14,537	30.2
Roseau	0	39	5	0	12	51	3,668	13.9
St. Louis	750	1,794	371	164	562	2,706	37,620	71.9
Scott	122	386	105	30	181	744	40,358	18.4
Sherburne	33	310	55	58	192	548	25,471	21.5
Sibley	8	97	16	12	59	158	3,415	46.3
Stearns	193	544	148	10	212	935	37,362	25.0
Stevens	17	78	17	21	30	123	2,103	58.5
Swift	3	78	4	9	12	88	2,154	40.9
Todd	14	60	16	2	18	100	5,898	17.0
Traverse	11	55	6	1	15	68	680	100.0
Wabasha	9	63	5	9	58	123	4,677	26.3
Wadena	27	136	25	54	58	206	3,540	58.2
Washington	241	441	148	25	175	841	63,673	13.2
Watonwan	2	54	10	4	16	78	2,643	29.5
Wilkin	5	43	8	0	14	57	1,397	40.8
Winona	27	204	28	27	49	282	8,971	31.4
Wright	134	401	117	28	136	718	38,362	18.7
Yellow Medicine	9	71	13	17	24	104	2,243	46.4
Southwest HHS	88	359	105	20	119	551	18,120	30.4
Des Moines Valley HHS	10	104	34	3	31	169	4,862	34.8
Faribault-Martin	12	245	32	8	88	334	7,319	45.6
Leech Lake Band of Ojibwe	7	157	10	4	22	183	1,975	92.7

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Agency	Threatened injury	Neglect	Sexual abuse	Mental injury	Physical abuse	Total alleged victims*	Child pop. est. (2019)	Rate per 1,000
White Earth Nation	6	160	18	2	33	202	1,981	102.0
MN Prairie	20	401	101	36	123	593	18,696	31.7
Minnesota	5,980	20,965	5,048	1,554	8,040	34,232	1,303,157	26.3

† The data for these two groups are 2010 Census numbers that represent children residing on the Leech Lake and White Earth reservations who indicated American Indian alone or as one of two or more races. There are no intercensal child population estimates for these groups. The Leech Lake reservation overlaps Cass, Itasca, Beltrami and Hubbard counties. The White Earth reservation overlaps Mahnommen, Becker and Clearwater counties.

* Total unique victims can be less than the sum of victims in all maltreatment types as a child could be represented in multiple maltreatment types.

Table 10. Number of alleged victims by age group and by agency, 2020

Agency	Birth – 2	3 – 5	6 – 8	9 – 11	12 – 14	15 – 17	18 and older
Aitkin	26	19	18	26	32	13	0
Anoka	299	207	228	209	151	125	0
Becker	52	52	48	48	46	34	0
Beltrami	128	73	60	57	52	30	0
Benton	55	44	42	32	24	14	0
Big Stone	11	8	6	3	5	2	0
Blue Earth	113	75	88	60	66	27	0
Brown	40	40	34	34	25	25	0
Carlton	69	59	93	79	69	53	0
Carver	67	71	81	52	65	52	0
Cass	41	35	25	19	28	11	0
Chippewa	34	39	43	40	27	22	0
Chisago	58	37	52	50	39	30	0
Clay	108	84	82	55	57	35	0
Clearwater	25	18	15	20	11	11	0
Cook	3	9	11	9	3	9	0
Crow Wing	96	67	57	44	45	34	0
Dakota	332	272	355	315	272	226	0
Douglas	62	61	54	53	47	43	0
Fillmore	17	11	11	11	9	6	0
Freeborn	64	53	49	40	40	36	0
Goodhue	48	42	44	34	30	20	0
Grant	11	14	25	25	16	13	0
Hennepin	1,703	1,182	1,226	1,084	1,031	823	0
Houston	29	21	18	13	8	7	0

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Agency	Birth – 2	3 – 5	6 – 8	9 – 11	12 – 14	15 – 17	18 and older
Hubbard	55	57	37	42	55	32	0
Isanti	32	26	33	31	32	17	0
Itasca	96	87	74	64	49	48	2
Kanabec	29	21	27	31	26	12	0
Kandiyohi	79	78	74	66	59	30	0
Kittson	0	4	2	1	4	1	0
Koochiching	32	28	22	23	26	12	0
Lac qui Parle	11	14	14	23	8	11	0
Lake	8	10	16	8	10	5	0
Lake of the Woods	7	5	5	0	2	2	0
Le Sueur	39	18	17	22	18	15	0
McLeod	48	67	60	61	45	22	0
Mahnomen	15	4	4	8	0	1	0
Marshall	4	5	3	2	5	3	0
Meeker	20	35	25	16	23	18	0
Mille Lacs	83	56	42	43	34	28	0
Morrison	40	20	27	29	23	13	0
Mower	71	61	82	85	57	32	0
Nicollet	41	36	31	32	30	24	0
Nobles	33	48	39	25	28	12	0
Norman	14	18	13	8	11	9	0
Olmsted	213	131	124	125	128	69	1
Otter Tail	78	73	86	44	53	52	0
Pennington	8	13	13	11	7	4	0
Pine	46	23	29	30	21	13	0
Polk	46	38	39	30	24	20	0
Pope	19	21	26	20	26	15	0
Ramsey	871	520	584	536	522	370	0

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Agency	Birth – 2	3 – 5	6 – 8	9 – 11	12 – 14	15 – 17	18 and older
Red Lake	6	1	3	1	2	0	0
Renville	31	36	25	35	49	30	0
Rice	96	80	78	91	55	43	0
Roseau	16	9	7	7	5	8	0
St. Louis	674	481	523	441	398	280	0
Scott	142	115	144	125	114	108	0
Sherburne	92	80	109	111	88	74	0
Sibley	29	27	26	32	27	20	0
Stearns	252	177	156	139	128	98	0
Stevens	31	20	27	18	23	7	0
Swift	20	17	14	19	13	5	0
Todd	18	20	16	20	15	11	0
Traverse	5	20	18	15	7	4	0
Wabasha	26	21	23	21	23	12	0
Wadena	41	35	36	43	34	21	0
Washington	196	141	151	135	122	103	0
Watonwan	13	12	21	10	12	11	0
Wilkin	8	18	16	9	5	4	0
Winona	63	49	63	42	43	23	0
Wright	118	112	146	124	130	93	0
Yellow Medicine	18	26	15	20	15	11	0
Southwest HHS	122	107	105	97	80	47	0
Des Moines Valley HHS	32	32	37	28	21	22	0
Faribault-Martin	81	69	56	63	41	27	0
Leech Lake Band of Ojibwe	40	39	45	33	17	10	0
White Earth Nation	48	50	30	30	23	25	0
MN Prairie	136	106	104	118	93	50	0
Minnesota	7,883	6,010	6,307	5,655	5,107	3,738	3

Table 11. Number of alleged victims by race, ethnicity and agency, 2020

Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
Aitkin	*	26	*	16	*	85	130	*
Anoka	197	36	35	206	69	670	1,213	102
Becker	*	66	*	52	*	151	278	16
Beltrami	*	238	*	60	8	83	394	14
Benton	35	*	*	50	*	119	209	10
Big Stone	*	*	*	*	*	31	35	*
Blue Earth	103	10	*	60	15	235	423	33
Brown	*	*	*	21	*	169	197	25
Carlton	*	100	*	78	*	230	412	*
Carver	38	*	*	80	37	219	385	44
Cass	*	32	*	10	9	106	159	*
Chippewa	9	8	*	31	*	144	201	42
Chisago	*	7	*	39	26	183	260	12
Clay	43	59	*	99	*	213	418	68
Clearwater	*	26	*	15	*	55	98	*
Cook	*	21	*	*	*	16	43	*
Crow Wing	7	9	*	45	*	281	342	*
Dakota	306	43	32	285	395	690	1,751	230
Douglas	9	7	*	77	18	196	307	14
Fillmore	*	*	*	*	7	46	65	*
Freeborn	13	*	21	22	13	209	280	76
Goodhue	22	*	*	39	15	133	214	9
Grant	*	*	*	8	*	92	102	*
Hennepin	2,842	420	190	1,553	179	1,767	6,951	1,000
Houston	8	*	*	*	13	68	94	*

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Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
Hubbard	11	35	*	25	*	196	273	14
Isanti	*	*	*	17	*	139	171	*
Itasca	*	40	*	96	8	273	418	*
Kanabec	*	*	*	21	*	110	143	*
Kandiyohi	17	12	*	29	7	316	383	172
Kittson	*	*	*	*	*	11	12	*
Koochiching	*	10	*	13	*	114	142	*
Lac qui Parle	*	*	*	7	*	66	81	18
Lake	*	*	*	*	*	47	56	*
Lake of the Woods	*	*	*	*	*	20	21	*
Le Sueur	*	*	*	13	17	90	128	25
McLeod	8	*	*	46	14	231	301	54
Mahnomen	*	17	*	7	*	8	32	*
Marshall	*	*	*	*	*	17	22	*
Meeker	*	*	*	12	*	111	132	20
Mille Lacs	9	91	*	44	*	134	283	8
Morrison	*	*	*	24	*	118	152	12
Mower	44	*	26	38	10	262	382	86
Nicollet	31	*	*	44	*	109	191	27
Nobles	11	*	9	13	27	119	184	95
Norman	*	*	*	17	*	51	73	7
Olmsted	145	*	30	180	24	397	782	101
Otter Tail	15	13	*	54	29	263	379	10
Pennington	*	*	*	*	*	50	56	8
Pine	*	21	*	25	*	106	162	*
Polk	16	12	*	36	*	128	197	51
Pope	8	*	*	10	11	94	124	9

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Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
Ramsey	1,235	132	367	602	118	918	3,372	367
Red Lake	*	*	*	*	*	9	13	*
Renville	*	7	*	19	*	173	205	43
Rice	36	*	*	41	48	307	439	95
Roseau	*	7	*	10	*	33	51	*
St. Louis	212	341	*	651	78	1,421	2,706	97
Scott	96	30	22	107	74	415	744	92
Sherburne	46	17	*	68	46	368	548	25
Sibley	7	*	*	20	8	122	158	47
Stearns	174	15	9	107	42	588	935	72
Stevens	8	12	*	14	*	84	123	9
Swift	*	*	*	13	*	64	88	12
Todd	*	*	*	13	*	85	100	8
Traverse	*	23	*	*	*	38	68	*
Wabasha	*	9	*	*	*	101	123	20
Wadena	9	*	*	36	10	147	206	9
Washington	101	25	42	141	191	341	841	57
Watonwan	*	*	*	*	*	75	78	43
Wilkin	*	7	*	9	*	37	57	*
Winona	37	*	*	23	11	210	282	16
Wright	22	12	*	72	141	471	718	39
Yellow Medicine	*	19	*	26	*	53	104	*
Southwest HHS	16	39	8	77	33	378	551	92
Des Moines Valley HHS	10	*	*	9	11	134	169	30
Faribault-Martin	*	*	*	33	7	289	334	56
Leech Lake Band of Ojibwe	*	169	*	12	*	*	183	*
White Earth Nation	*	186	*	14	*	*	202	*

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Agency	African American/ Black	American Indian	Asian/ Pacific Islander	Two or more races	Unknown/ declined	White	Total alleged victims	Hispanic (any race)
MN Prairie	59	*	*	52	10	464	593	96
Minnesota	6,081	2,489	848	5,829	1,888	17,097	34,232	3,807

* The number of children is omitted to prevent identification of individuals. Totals include omitted data.

Table 12. Number of alleged and determined victims in completed assessments/ investigations, and rate per 1,000 children by agency, 2020

Agency	Unique alleged victims	Unique determined victims	Child pop. est. (2019)	Determined victims per 1,000
Aitkin	130	22	2,618	8.4
Anoka	1,213	275	84,759	3.2
Becker	278	74	8,313	8.9
Beltrami	394	152	11,846	12.8
Benton	209	37	10,396	3.6
Big Stone	35	0	1,078	0.0
Blue Earth	423	42	13,476	3.1
Brown	197	26	5,452	4.8
Carlton	412	73	7,988	9.1
Carver	385	60	27,702	2.2
Cass	159	13	6,193	2.1
Chippewa	201	59	2,847	20.7
Chisago	260	30	12,838	2.3
Clay	418	66	15,932	4.1
Clearwater	98	18	2,179	8.3
Cook	43	3	824	3.6
Crow Wing	342	32	13,875	2.3
Dakota	1,751	225	104,055	2.2
Douglas	307	71	8,198	8.7
Fillmore	65	3	5,196	0.6
Freeborn	280	102	6,614	15.4
Goodhue	214	14	10,243	1.4
Grant	102	26	1,349	19.3
Hennepin	6,951	1,449	276,136	5.2
Houston	94	2	4,067	0.5
Hubbard	273	42	4,562	9.2
Isanti	171	67	9,537	7.0
Itasca	418	36	9,345	3.9
Kanabec	143	31	3,500	8.9
Kandiyohi	383	151	10,663	14.2
Kittson	12	0	947	0.0
Koochiching	142	16	2,162	7.4
Lac qui Parle	81	3	1,364	2.2
Lake	56	1	2,035	0.5
Lake of the Woods	21	1	694	1.4

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Agency	Unique alleged victims	Unique determined victims	Child pop. est. (2019)	Determined victims per 1,000
Le Sueur	128	15	6,905	2.2
McLeod	301	77	8,176	9.4
Mahnomen	32	2	1,758	1.1
Marshall	22	1	2,140	0.5
Meeker	132	24	5,603	4.3
Mille Lacs	283	76	6,226	12.2
Morrison	152	24	7,753	3.1
Mower	382	49	10,047	4.9
Nicollet	191	9	7,523	1.2
Nobles	184	32	5,958	5.4
Norman	73	12	1,545	7.8
Olmsted	782	64	38,690	1.7
Otter Tail	379	70	12,795	5.5
Pennington	56	9	3,209	2.8
Pine	162	29	5,683	5.1
Polk	197	53	7,713	6.9
Pope	124	23	2,364	9.7
Ramsey	3,372	548	127,953	4.3
Red Lake	13	0	978	0.0
Renville	205	44	3,386	13.0
Rice	439	116	14,537	8.0
Roseau	51	4	3,668	1.1
St. Louis	2,706	635	37,620	16.9
Scott	744	62	40,358	1.5
Sherburne	548	81	25,471	3.2
Sibley	158	20	3,415	5.9
Stearns	935	246	37,362	6.6
Stevens	123	13	2,103	6.2
Swift	88	18	2,154	8.4
Todd	100	12	5,898	2.0
Traverse	68	10	680	14.7
Wabasha	123	6	4,677	1.3
Wadena	206	10	3,540	2.8
Washington	841	148	63,673	2.3
Watonwan	78	5	2,643	1.9
Wilkin	57	5	1,397	3.6
Winona	282	43	8,971	4.8
Wright	718	136	38,362	3.5

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Agency	Unique alleged victims	Unique determined victims	Child pop. est. (2019)	Determined victims per 1,000
Yellow Medicine	104	5	2,243	2.2
Southwest HHS	551	160	18,120	8.8
Des Moines Valley HHS	169	19	4,862	3.9
Faribault-Martin	334	49	7,319	6.7
Leech Lake Band of Ojibwe	183	1	1,975	0.5
White Earth Nation	202	13	1,981	6.6
MN Prairie	593	50	18,696	2.7
Minnesota	34,232	6,250	1,303,157	4.8

† The data for these two groups are 2010 Census numbers that represent children residing on the Leech Lake and White Earth reservations who indicated American Indian alone or as one of two or more races. There are no intercensal child population estimates for these groups. The Leech Lake reservation overlaps Cass, Itasca, Beltrami and Hubbard counties. The White Earth reservation overlaps Mahnomon, Becker, and Clearwater counties.

Table 13. Number of social service agency referrals to early intervention for infants and toddlers involved in substantiated cases of maltreatment, 2020

Agency	Children required to be referred	Children with a referral	Referral rate
Aitkin	4	1	25.0
Anoka	73	66	90.4
Becker	14	9	64.3
Beltrami	52	32	61.5
Benton	12	12	100.0
Big Stone	0	0	--
Blue Earth	11	6	54.5
Brown	6	5	83.3
Carlton	14	13	92.9
Carver	17	14	82.4
Cass	6	5	83.3
Chippewa	15	13	86.7
Chisago	6	1	16.7
Clay	6	4	66.7
Clearwater	4	3	75.0
Cook	0	0	--
Crow Wing	4	3	75.0
Dakota	43	37	86.0
Douglas	25	19	76.0
Fillmore	1	0	0.0
Freeborn	28	23	82.1
Goodhue	4	3	75.0
Grant	6	6	100.0
Hennepin	394	376	95.4
Houston	1	0	0.0
Hubbard	10	5	50.0
Isanti	7	7	100.0
Itasca	3	3	100.0
Kanabec	5	4	80.0
Kandiyohi	32	22	68.8
Kittson	0	0	--
Koochiching	3	3	100.0
Lac qui Parle	0	0	--
Lake	0	0	--
Lake of the Woods	0	0	--
Le Sueur	2	1	50.0
McLeod	20	17	85.0
Mahnomen	1	0	0.0
Marshall	1	1	100.0

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Agency	Children required to be referred	Children with a referral	Referral rate
Meeker	2	2	100.0
Mille Lacs	20	18	90.0
Morrison	5	4	80.0
Mower	6	6	100.0
Nicollet	2	2	100.0
Nobles	4	1	25.0
Norman	1	1	100.0
Olmsted	16	10	62.5
Otter Tail	15	15	100.0
Pennington	2	2	100.0
Pine	11	11	100.0
Polk	11	11	100.0
Pope	5	3	60.0
Ramsey	135	133	98.5
Red Lake	0	0	--
Renville	4	3	75.0
Rice	35	28	80.0
Roseau	1	0	0.0
St. Louis	157	134	85.4
Scott	21	15	71.4
Sherburne	14	12	85.7
Sibley	5	5	100.0
Stearns	64	55	85.9
Stevens	4	4	100.0
Swift	2	1	50.0
Todd	0	0	--
Traverse	0	0	--
Wabasha	1	1	100.0
Wadena	2	2	100.0
Washington	30	28	93.3
Watonwan	2	1	50.0
Wilkin	1	0	0.0
Winona	14	1	7.1
Wright	25	22	88.0
Yellow Medicine	2	2	100.0
Southwest HHS	39	32	82.1
Des Moines Valley HHS	2	2	100.0
Faribault-Martin	10	8	80.0
Leech Lake Band of Ojibwe	0	0	--
White Earth Nation	3	1	33.3
MN Prairie	8	5	62.5
Minnesota	1,511	1,295	85.7

Table 14. Number of assessments/investigations by SDM risk assessment status and by agency, 2020

Agency	Low risk, no CP services needed	Low risk, CP services needed	Low risk, total	Moderate risk, no CP services needed	Moderate risk, CP services needed	Moderate risk, total	High risk, no CP services needed	High risk, CP services needed	High risk, total
Aitkin	10	0	10	39	11	50	10	12	22
Anoka	309	7	316	371	73	444	71	73	144
Becker	30	5	35	97	21	118	2	47	49
Beltrami	48	16	64	76	24	100	36	47	83
Benton	29	2	31	69	10	79	5	43	48
Big Stone	4	2	6	6	7	13	0	3	3
Blue Earth	116	3	119	132	18	150	43	26	69
Brown	23	2	25	64	13	77	15	35	50
Carlton	79	3	82	150	25	175	45	19	64
Carver	112	4	116	99	32	131	4	38	42
Cass	37	4	41	34	11	45	8	14	22
Chippewa	30	10	40	54	34	88	5	34	39
Chisago	67	1	68	95	21	116	13	12	25
Clay	38	0	38	125	23	148	41	50	91
Clearwater	27	2	29	28	3	31	10	6	16
Cook	3	0	3	12	5	17	8	4	12
Crow Wing	69	1	70	98	23	121	9	34	43
Dakota	466	5	471	728	38	766	55	61	116
Douglas	57	0	57	103	26	129	7	36	43
Fillmore	16	2	18	23	5	28	3	3	6
Freeborn	38	1	39	79	11	90	19	28	47
Goodhue	37	1	38	53	11	64	37	26	63
Grant	13	2	15	24	19	43	9	11	20
Hennepin	1,370	47	1,417	2,155	569	2,724	343	679	1,022
Houston	13	0	13	30	6	36	8	7	15
Hubbard	36	1	37	64	26	90	29	43	72
Isanti	18	2	20	52	10	62	3	27	30
Itasca	64	2	66	125	17	142	33	22	55
Kanabec	13	5	18	37	21	58	11	18	29
Kandiyohi	48	11	59	62	43	105	12	75	87
Kittson	2	0	2	2	1	3	2	0	2
Koochiching	21	1	22	37	4	41	22	22	44
Lac qui Parle	12	2	14	27	11	38	3	8	11

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Agency	Low risk, no CP services needed	Low risk, CP services needed	Low risk, total	Moderate risk, no CP services needed	Moderate risk, CP services needed	Moderate risk, total	High risk, no CP services needed	High risk, CP services needed	High risk, total
Lake	6	1	7	20	5	25	7	7	14
Lake of the Woods	2	1	3	3	10	13	3	0	3
Le Sueur	21	0	21	27	12	39	9	17	26
McLeod	41	8	49	92	22	114	21	29	50
Mahnomen	4	0	4	4	2	6	4	11	15
Marshall	6	0	6	5	1	6	1	4	5
Meeker	34	1	35	35	13	48	12	16	28
Mille Lacs	37	2	39	86	26	112	26	25	51
Morrison	29	0	29	49	14	63	5	19	24
Mower	121	2	123	138	16	154	14	16	30
Nicollet	33	4	37	70	13	83	14	20	34
Nobles	36	1	37	56	13	69	10	9	19
Norman	14	1	15	21	3	24	6	4	10
Olmsted	128	4	132	255	62	317	29	66	95
Otter Tail	74	3	77	118	29	147	16	39	55
Pennington	18	0	18	16	1	17	0	4	4
Pine	33	0	33	60	13	73	6	13	19
Polk	26	1	27	64	9	73	8	25	33
Pope	21	1	22	39	20	59	6	10	16
Ramsey	997	19	1,016	1,065	140	1,205	45	111	156
Red Lake	2	1	3	5	4	9	0	0	0
Renville	36	2	38	42	23	65	9	20	29
Rice	106	6	112	121	29	150	14	48	62
Roseau	14	0	14	15	6	21	1	2	3
St. Louis	674	15	689	898	124	1,022	258	304	562
Scott	233	8	241	236	64	300	13	47	60
Sherburne	142	0	142	195	21	216	25	34	59
Sibley	33	2	35	45	15	60	4	19	23
Stearns	208	5	213	333	46	379	52	63	115
Stevens	28	2	30	22	19	41	5	13	18
Swift	8	0	8	14	8	22	8	19	27
Todd	14	1	15	20	6	26	6	14	20
Traverse	10	1	11	17	8	25	0	10	10
Wabasha	26	4	30	40	20	60	3	10	13
Wadena	39	6	45	71	23	94	3	14	17
Washington	193	10	203	271	37	308	38	48	86

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Agency	Low risk, no CP services needed	Low risk, CP services needed	Low risk, total	Moderate risk, no CP services needed	Moderate risk, CP services needed	Moderate risk, total	High risk, no CP services needed	High risk, CP services needed	High risk, total
Watonwan	18	0	18	25	4	29	4	18	22
Wilkin	10	0	10	18	6	24	3	5	8
Winona	51	0	51	116	12	128	8	23	31
Wright	241	5	246	211	36	247	44	30	74
Yellow Medicine	11	3	14	23	15	38	5	18	23
Southwest HHS	123	7	130	141	49	190	32	69	101
Des Moines Valley HHS	31	4	35	49	16	65	9	22	31
Faribault-Martin	52	1	53	99	20	119	11	48	59
Leech Lake Band of Ojibwe	61	1	62	54	7	61	8	6	14
White Earth Nation	52	15	67	31	20	51	5	16	21
MN Prairie	83	2	85	235	24	259	25	43	68
Minnesota	7,435	294	7,729	10,720	2,258	12,978	1,756	2,971	4,727

Note: Across all agencies, there were around 750 reports excluded from this table because they did not yet have an associated SDM Risk Assessment completed.

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