

Washington County's 2008-09 MFIP/CCSA Biennial Service Agreement

Minnesota Family Investment Program and Children and Community Services Act

January 1, 2008 to December 31, 2009



Minnesota Department of **Human Services**

Type of Service Agreement

	Individual county submitting a:
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	Multi-county partnership submitting a:
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X	Combined MFIP/CCSA Agreement
	MFIP-only agreement
	CCSA-only agreement

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

County Name:
Washington County

County Names:

Washington County MFIP/CCSA Biennial Service Agreement

January 1, 2008 to December 31, 2009

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Section I: Minnesota Family Investment Program (MFIP)

A. Statement of Needs

1. Based on your response on the needs of MFIP participants in the 2006-07 service agreement (Section I, Part A, Question 1), for which stated needs is your county making the most progress?

Washington County continues to enhance and strengthen established services within the county, contracted services, other human services and the business community. Based on the needs – employability assessment, job preparation classes, specialized job placement for felons, transportation, childcare, behavior health, domestic violence and housing identified in the last services agreement, the county has seen the most progress in the following areas:

Job Preparation Classes: A professionally developed and presented series of job preparation classes designed for DWP and MFIP customers have been offered since August 2004. Washington County has a professional trainer specifically focusing in the needs of MFIP and DWP customers and developing curriculum for them. These classes are provided under contract with a community non-profit agency, East Suburban Resources (ESR). A new Empowerment class was developed to address specific racial disparities related issues in Washington County and has received powerful feedback from participants. Washington County had over 623 workshop sessions completed successfully by MFIP and DWP customers in 2006 & 2007. These workshops included Career Readiness Certificate Program I, II and III, Empowerment Training, Interview Lab, Resume Lab, Computer 101 and Keyboarding 101. Additionally, A DEED Job Service staff person assigned to Washington County developed and presents a very popular workshop focusing on Job Search Strategies for Ex-Felons. Washington County has additionally partnered with Goodwill-Easter Seal for Banks Skills Training and local Adult Basic Education Services.

Behavioral Health: An improved referral process with a social worker as the key connection was implemented for mental health and chemical dependency services. This improvement focused on MFIP and DWP customers receiving timely services and quicker results. The Washington County staff was able to have 92 MFIP customers complete mental health and chemical dependency assessments and to develop more meaningful employment plans with these customers.

2. Describe the more persistent needs of participants that your county continues to address with MFIP funds and what kind of support may be needed to help resolve these needs/issues.

The more persistent needs in Washington County are related to education, transportation and racial disparities.

Washington County has taken a proactive approach to education, transportation and racial disparities with MFIP and DWP customers by developing new series of in-house training curriculum which include Career Development courses offered in a 6-8 day training. The Career Development courses will be offered at the Woodbury WFC and

off-site locations including trainings in Cottage Grove, Forest Lake and Stillwater. This will provide relief with some transportation issues when the services are closer to the customers. Additionally, Computer 101, Keyboarding 101, Empowerment and “Express Yourself,” Resume and Interview workshops will be offered to all MFIP and DWP customers.

Washington County encourages customers to take advantage of the new policy not requiring full-time students to work 20 hours per week while in training. Additionally, staff is working closely with customers to identify the customers’ educational needs and connecting them with appropriate educational opportunities.

Washington County has placed addressing racial disparities as one of the top priorities and will continue to do so by developing innovative and culturally competitive services for MFIP and DWP customers. An active Racial Disparities Committee was established in Washington County to focus on the following areas: credit and finance literacy, transportation, education, empowerment and self-esteem. The county has also offered extensive training and offered open discussion forums to staff in addressing cultural diversity, anti-racism and racial disparities related topics which included learning opportunities in Hmong Culture, East African / Somali, We’re Not All Mexican, Understanding Intercultural Conflict, The Magic of Attitudes and Perceptions, Breaking Ice, as well as numerous anti-racism sessions.

Needed support for these more persistent needs are related to additional funding, continued commitment in improving services and sharing innovative ideas by other counties when addressing these needs.

3. For each of the categories listed below, tell us what proportion of the MFIP participant caseload will likely need these services in the 2008-09 biennium. A participant could be included in more than one category.

Needs/Services	Percent of Participants
Education	90%
Transportation	50%
Child Care	75%
Employment	90%
Housing	15%
Mental Health	40%
Chemical/Substance	20%
Support Services	95%
Language	5%

4. If you have additional comments regarding the needs of MFIP participants, use the space provided below.

N/A

5. Do the needs of the Diversionary Work Program (DWP) participants differ from your MFIP participants? If yes, briefly describe their most important needs below. If no, enter “same” in the response box.

Same

B. Strengths and Resources to Address MFIP Needs

1. In the previous service agreement, counties described plans and efforts to maximize strengths and resources available to the county to address needs of MFIP/DWP families during CYs 2006-7 (Section 1, Part B). Provide a brief evaluation on how well these efforts are working and what your county is planning to do differently in the 2008-09 biennium. Include any new strengths and resources available to the county in 2008-09.

Child care resource and referral services are provided under contract with Resources for Child Caring (RCC). In addition to their normal service delivery provided over the phone, RCC has had a staff person on-site in the Workforce Center several days per month. This continues to be a successful way for customers to connect with licensed daycare providers in Washington County.

A professionally developed and presented series of job preparation classes designed to DWP and MFIP participants has been offered since August 2004. These classes are provided under contract with a community non-profit agency, East Suburban Resources (ESR). The county has also contracted with ESR for several years to provide job placement services. These services have been strengthened in 2005 by a much greater focus on building relationships with specific employers and a mandatory referral of all DWP and MFIP clients who are not employed. A Business Services Representative from DEED now works full time out of the Woodbury office. MFIP and DWP staffs collaborate with this representative on Business of the Day events and Job Fairs. An MFIP counselor will now participate on a Business Services Committee. Unpaid work experience placement services have been provided since October 2004 by another community non-profit agency, Community Volunteer Service (CVS). These services continue to be a strong part of Washington County's employment and training services. Additional funding is anticipated for supported work opportunities. Additionally, Washington County's job preparation classes are being developed into a Career Training program which will be marketed as professional training opportunities.

Expanded resource rooms are available in Cottage Grove and Forest Lake Service Center locations. Both of these locations include a variety of health and human services and a resource room for employment and training needs.

Case specialization based on customer needs. Washington County has developed teams and formats to address specific customer needs. The STEPS to Success team comprised of a social worker, employment counselor, and financial worker, continues to provide intensive assessment, referral, and job placement services to long term MFIP customers (over 54 months), MFIP extension customers and MFIP minor parent customers. This has been a successful model for Washington County when identifying and addressing customers' needs. A reorganization was led to more clearly define roles for each team member. Additionally, Washington County has employment counselors specializing in working with customers with disabilities. As a part of the improved service model counselors utilize the expertise of the Minnesota Department of Rehabilitation Services for monthly case consultation and referrals.

Washington County has strong connections with Adult Basic Education programs and local vocational, technical and four-year colleges.

Washington County has received an MFIP Integrated Services Project (ISP) grant, with services provided under contract with HIREd, a non-profit employment services agency beginning in February 2005. The ISP team includes three ISP service coordinators and a supervisor. The project focuses on breaking down barriers between service entities and bringing together various service providers to coordinate service planning and delivery. The services most frequently involved in have been child protection, mental health, chemical dependency, housing and community corrections. An application has been placed for possible renewal of the ISP grant. The services for the next two years would re-focus and enhance the original goals of providing services for those with history of instability and for those who are moving in to Washington County and those who are moving to Ramsey and Hennepin Counties.

2. Family Stabilization Services Addendum

The 2007 legislature requires counties and tribes to describe how they will provide services for those families who qualify for Family Stabilization Services (FSS) under MFIP and DWP effective February 1, 2008. In order to satisfy this requirement, an addendum to the Service Agreement must be submitted to the department by December 31, 2007. The department will issue further instructions by November 1, 2007 on how to complete the addendum.

3. Employment Services Provider Information

List the name, address and phone number of current employment services (ES) providers in your county. *(Insert more rows if there are more than two providers.)*

Name	Address	Phone Number
Washington County WorkForce Center	2150 Radio Drive Woodbury, MN 55125	651-275-8651

C. MFIP Outcomes and Measures

Under the MFIP Consolidated Fund and the overall outcome for MFIP—*Economic Stability for Poor Families*—county performance will be based on the following indicators.

Three-year MFIP Self-support Index

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

In the 2006-07 Biennial Service Agreement, your county identified strategies to ensure that the county’s three-year Self-support Index (SSI) is either within or above the county’s range of expected performance during CYs 2006-07. Review the statistics provided below for your county’s performance on the SSI for the four quarters beginning April 2006 and ending March 2007.

- [Quarterly and Annualized Performance on the SSI](#)

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

If your county is “within” or “above” the county’s expected range of performance on the annualized Self-support Index, provide a concise analysis on your county’s performance

during this one-year period including an evaluation of how well the strategies stated in your 2006-07 Service Agreement (section I, part C, Indicator 1) are working to improve your county's current performance on this measure. Include any new strategies your county will implement in the 2008-09 biennium. In addition, enter whether your county is above or within the expected range, your county's annualized performance percentage, and targets your county hopes to achieve by the end of the two 12-month periods noted in the response box.

Analysis/evaluation/new strategies:

Increasing the Self-Support Index has been a major focus in Washington County for the last two years. Washington County's overall self-supporting index rating of 75% and quarterly range from 73% to 77% is a demonstration of strategies that worked well. This rating is "within" the expected range.

The targeted goals for the upcoming years are 77% by March 2008 and 79% by March 2009.

To increase the Self-Support Index outcomes in the county in general as well as with the targeted populations including American Indian, African American, Somali, Hmong, Hispanic populations, Washington County will continue the current strategies and encourage new innovative ways for improved performance.

The major existing services that will be continued to be utilized for duration of this new service agreement included:

- Financial Literacy Training and Overcoming Bad Credit Histories Assistance; - Access and encouragement to education including job preparation classes, GED, ABE, Banks Skills Training and other in demand educational opportunities; - Empowerment Workshops focusing on uplifting members to identify and obtain necessary life and employment skills including how to individually overcome discrimination in hiring, housing and credit. -Continued improvement in relationships with employers through contracted job placement services.- Continuance of Washington County's ISP project.
- Collaboration with the DEED Business Services Representative.
- Training and hiring culturally knowledgeable and diverse staff.

Additionally, Washington County will continue to develop new strategies which will include but are not limited to the following:

- Development of a resource fair specifically targeting American Indians, African Americans, Hispanics, Somalis, Hmong and American Indian populations as well as general MFIP and DWP populations.
- Development of "Express Yourself" workshop that will focus on building customers public speaking skills in various setting including job interviews, presentations, day-to-day personal contact in the community and at work. This workshop will focus on teaching the customers the tools need to successfully communicate with confidence in any setting.
- Encouragement of utilization of culturally competent health care providers.
- Development of educational opportunities in Washington County.

From the Apr. 06-Mar. 07 annualized data, enter where your county's performance is (above, within or below your expected range) and the percentage performance:		75%
Enter annualized targets you hope to achieve for the periods:	Apr. 07 – Mar. 08	77%
	Apr. 08 – Mar. 09	79%

2. Counties “below” the expected range of performance

If your county is “below” the expected range of performance on the annualized three-year SSI, your county will not receive the 2.5 percent performance bonus unless the county submits a Performance Improvement Plan (PIP) and it is approved by the department. If your county is planning to submit a PIP, access the link below for instructions on how to complete and submit the Performance Improvement Plan.

- [Performance Improvement Plan for the SSI](#)

MFIP Work Participation Rate

Measure: Percent of non-exempt MFIP adults who meet the TANF work participation requirements.

In the 2006-07 Biennial Service Agreement, counties identified strategies to improve their performance on the MFIP Work Participation Rate (WPR). Review the statistics provided below for your county's performance on the WPR Rate for the four quarters beginning April 2006 and ending March 2007.

- [Quarterly and Annualized Performance on the WPR](#)

1. Counties with a Work Participation Rate of 50 percent or more or a five percent increase from the previous year

If your county meets or exceeds 50 percent on the annualized MFIP Work Participation Rate or had a five percentage point increase from the year before (Apr. 05 – Mar. 06), provide a concise analysis of your county's performance during Apr. 06 – Mar. 07 and include an evaluation of how well the strategies stated in your county's 2006-07 Service Agreement (section I, part C, Indicator 2) are working to improve your county's current performance. Include any new strategies your county will implement in the 2008-09 biennium, and at the bottom of the response box enter anticipated targets your county will work to achieve in the next two years.

Analysis/evaluation/new strategies:		
N/A		
Enter your county's annualized Work Participation Rate for Apr. 06 – Mar. 07		N/A
Enter annualized targets you hope to achieve for the periods:	Apr. 07 – Mar. 08	N/A
	Apr. 08 – Mar. 09	N/A

2. Counties with a Work Participation Rate below 50 percent that did not achieve a five percentage point improvement from the previous year:

If your county performance is below 50 percent on the annualized MFIP Work Participation Rate for Apr. 06 – Mar. 07 and did not achieve a five percentage point increase from the previous year (Apr. 05 – Mar. 06), your county will not receive the 2.5 percent performance bonus unless your county submits a Performance Improvement Plan (PIP) and it is approved by the department. If your county is planning to submit a PIP, access the link below for instructions on how to complete and submit the Performance Improvement Plan.

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

Performance Improvement Plan for the WPR is attached.

Promoting Equity in MFIP Outcomes

Performance gaps of subgroups over the four alternate quarters covering the period Jul. 2005 to Mar. 2007 (Jul.-Sep. 2005, Jan.-Mar. 2006, Jul.-Sep. 2006 and Jan. - Mar. 2007) are provided below. Performance gaps were calculated when a subgroup within a county had at least 30 cases. Click on the link below to review a summary of subgroup performance data for SSI and WPR within your county (note: there are two sheets in the excel file):

- [Two-Year Performance Trend of Racial/Ethnic and Immigrant Groups](#)

1. Counties needing to submit an action plan for the 2008-09 biennium

If your county has one or more subgroups with a gap of at least five percentage points from the county rate in both the last quarter (Jan.-Mar. 2007) and the average of the four quarters, the county must submit an action plan addressing the questions below. If your county has already submitted an action plan in the 2006-07 service agreement, skip this question and move to question 2. *(One response box is provided below. Copy and paste if there are more than one subgroup).*

Name of subgroup: N/a	
Percentage gap from county's rate for the Jan.-Mar. 2007 qtr. (e.g. -15.3%):	N/A
Anticipated percentage gap you hope to achieve by the end of 2009 (e.g. -10%):	N/A

- i) What efforts has your county taken to date to acknowledge and address these outcome gaps?

N/A

- ii) What community-based partners has your county engaged with to address these gaps, and to what extent have these efforts been successful?

N/A

- iii) What is your county's plan to reduce these gaps in the next biennium?

N/A

2. Counties who already submitted an action plan for the 2006-07 biennium

If your county already submitted an action plan for the 2006-07 biennium, provide a concise response to the following questions:

Since the submission of your action plan, briefly summarize:

- Which activities were conducted by your county;
- Which partners were engaged;
- What progress has been made to reduce these gaps; and
- What activities are being planned for the 2008-09 biennium?

Reducing Racial Disparities gaps has been a major focus in Washington County and it will continue to be until the gaps are closed. The Workforce Center will continue its commitment in hiring culturally competent staff. The Workforce Center has diverse staff including strengths in speaking many different languages and cultural backgrounds similar to the MFIP and DWP customer base. The County has just recently hired a Hmong Employment Counselor and the Workforce Center Supervisor who is a recent first generation immigrant to the country. In Washington County over half of the MFIP and DWP counselors are people of color. The personal and professional experiences provided by these staff enhance the Workforce Center's ability to effectively work with populations of color.

The African American sub-group has achieved most significant gains in Washington County during the last two year performance period. It has narrowed the Work Participation Rate gap from -4.9% (July – September 2005) of the County rate to +3.9% (January – March 2007) of the county rate. Hispanic and Hmong sub-groups continue achieve higher than average outcomes in the Work Participation Rate during the measurement period. This should be an indicator of success in self sufficiency and meeting the Self Support Index.

However, both African American and Hispanic sub-groups do have substantially lower than average outcomes in the Self Support Index. Apparent causes of this include discrimination (often subtle and not always intentional) in hiring practices and in the workplace atmosphere, lack of successfully employed role models, availability of negative role models and untreated behavioral health problems. These are the issues that the Racial Disparities Committee is addressing and focusing on in Washington County.

Washington County's focus will be placed on enhancing existing services and developing innovative new strategies for closing the racial disparities gaps and increasing the participation rate among all the sub-groups.

The current strategies that will be enhanced and offered in Washington County:

- Financial Literacy Training and Overcoming Bad Credit Histories Assistance;
- Access and encouragement to education including professional job preparation classes, GED, ABE, Banks Skills Training and other in demand educational opportunities;
- Empowerment Workshops focusing on uplifting members to identify and obtain necessary life and employment skills including how to individually overcome discrimination in hiring, housing and credit.
- Continued improvement in relationships with employers through contracted job placement services.
- Continued support of Washington County's ISP project.
- Collaboration with the DEED Business Services Representative.
- Training and hiring culturally knowledgeable and diverse staff.

Additionally, Washington County will continue to develop new strategies which will include are not limited to the following strategies:

- Development of a Resource Fair specifically targeting American Indians, African Americans, Hispanics, Somalis, Hmong and American Indian populations as well as general MFIP and DWP populations.
- Development of the “Express Yourself” workshop that will focus on building customers
- Public speaking skills in various setting including job interviews, presentations, day-to-day personal
- Contact in the community and at work. This workshop will focus on teaching the customers
- The needed tools to successfully communicate with confidence in any setting.
- Encouragement of utilization of culturally competent health care providers.
- Development of the Educational Opportunities Booklet in Washington County.

3. Counties not required to submit an action plan

Minnesota is becoming an increasingly diverse state. If your county does not have a racial/ethnic or immigrant group with 30 or more cases, or a gap of five percentage points or more, provide a brief summary of your county’s approaches and practices as you work to address the diverse MFIP populations within your county during the 2008-09 biennium.

N/A



Section II: Children and Community Services Act (CCSA)

A. Statement of Needs

1. In the CYs 2006-07 Biennial Service Agreements, counties identified the most important social services issues/needs of children who experience dependency, abuse, neglect, poverty, disability, chronic health conditions or other factors in the following four program areas. For each of the four program areas below, answer the following questions: Will these needs change for the 2008-09 biennium? What are the long-term needs of children your county continues to wrestle with?

Children's Mental Health:

In the 2006-7 biennium report regarding Children's Mental Health, areas of need included the geographic availability of residential treatment facilities and inpatient mental health hospitals, and the on-going difficulty in accessing child psychiatric care. The report also identified a need for increased mental health resources to serve children and families, especially in the area of Children's Mental Health Case Management.

The demand for child psychiatric services continues to grow. We experience long wait lists to see psychiatrists and some clinics have stopped taking any new clients outside of their agencies.

The geographic location of Rule 5 Residential Treatment Facilities and/or Inpatient Mental Health Hospitals continues to be outside of our county boundaries. There continues to be a number of children who require this level of mental health intervention and are consequently placed outside of our county. At times, due to lack of bed space, we are placing children 200+ miles away from their family both for short term and long term treatment. This geographic distance creates a hardship for family visitation, therapy and reunification efforts to occur.

Additional areas of need in this area are therapeutic placements to treat the variety of mental health related issues. For example, within Children's Mental Health we have observed an increased need for treating children who have sexual offenses that are either not yet charged with a crime or will not be charged. It is very difficult to locate the least restrictive level of care that will meet the mental health needs of the child at the same time ensuring the safety of the child, family members and the community.

Many of our families are experiencing a high level of stress due to the severity of the mental health needs in multiple family members. This makes most out patient services unsuccessful and a more intensive level of care is necessary. We continue to need more intensive in-home therapeutic services to meet the needs of our client population. However, this array of service is often not covered by many insurance benefit sets and therefore not available to many families.

As we look forward into the 2007-8 biennium, another area of need continues to be adequate resources for service delivery. We experienced a loss of our Local Community Time Study (LTCS) funds in the 2006 financial year. These dollars funded two full time case management positions. The number of identified children requiring children mental health assistance has remained steady and our referrals continue to grow. We have experienced an increase in case load size as we have lost the LTCS positions.

Child Safety:

Meeting State and Federal required time frames in this area continues to be challenging due to limited resources. The 2004 CFPSR review rated this area as needing improvement due to the timeliness of initiating assessments, thoroughness of screening decisions, and training for mandated reporters. As a result, new protocols have been implemented to address the screening decisions, twice a month mandated reporter training was initiated and posted on the Community Services web site, and staff assignments have been changed to better match referral trends. Alleged reports of child maltreatment are reviewed for level of risk and triaged accordingly by supervisory or lead staff on a daily basis. Also, a Quality Assurance Quarterly Review process was started in September 2005. By July, 2007 two full years of reviews have been completed.

Two additional child protection intake positions were approved in the 2006 budget process, but due to funding uncertainty were filled in 2007. In addition, for 2008, two child protection intake positions and a Children's Program Supervisor are expected to be approved.

This is an area that will be closely monitored during the next two years.

Child Permanency:

In our Child and Family Service Review (CFPSR) conducted December 2004, this area was noted as an area we were performing at a high level. Now, three years later, this remains an area of strength. In the recent Federal CFPSR just completed September 2007, this county was reviewed and in this area, Washington County was noted as one of the highest performing sites reviewed nationally. We are expecting to continue to perform well in this area in 2008 and 2009.

However, as noted in previous plans, gaps in services which may result in delays of child permanency are in transportation, timeliness of evaluations and treatment, limited capacity of private service providers and the high cost of housing when families are without a place to live.

Child Well-being:

In response to Child Family Service Review (CFPSR) in 2004, a Program Improvement Plan (PIP) was developed to address the need for: an internal quality assurance measurement process; methods to improve our process of engaging fathers, non-custodial parents and other relatives in case planning; and, improving our practices to better engage children, parents and service providers in the development of timely case plans.

Other areas addressed were: Improvement in the service delivery for 'in-home' cases, increasing frequency of visits and documentation of content of social worker contacts; increasing worker contacts to more closely mirror SDM standards assigned to risk; developing uniform language in SSIS documentation in order to more quickly assess face-to-face contacts; being consistent in the documentation of mental health, health

screening and having ready access to child immunization records; and, working with DHS about noted concerns regarding lack of access to dental care for children on Medical Assistance, perhaps due to low reimbursement rates.

A number of changes and improvements were implemented in the last three years via the PIP. The quarterly review (QA/QR) process has been the cornerstone of this plan. The QA process was implemented September 2005 and two full years have now been completed as of June 2007. This remains an area where more improvement is needed.

Additional staff added in 2007 (2.0FTE) and planned for in 2008 (3.0 FTE) will assist in improving our time lines, our ability to engage with parent(s) and relatives, increase worker contacts with families and service providers.

2. In the 2006-07 service agreement, you identified key issues your county was planning to address in CYs 2006-07 for adults with developmental disabilities and other vulnerable populations in your county. For what issues is your county making the most progress and what priorities of needs will you be addressing in the 2008-09 biennium?

Legislative changes that limit Assisting Living Plus or Customized Care Plus and adult foster care to Elderly Waiver clients did not result in clients currently living in those settings being displaced. The clients living in those settings who were on Alternative Care were able to spend down their assets to Medical Assistance levels and roll over into the Elderly Waiver Program. Beginning in October, 2007 new and more stringent guidelines will be applied to Elderly Waiver clients seeking Customized Care Plus services. Scores from the clients screening assessment need to indicate a need for 24 hr. supervision/oversight and/or a need for some assistance in an activity of daily living in order for Customized Care Plus services to be authorized for payment. This will limit the clients entering these settings to those who truly need the 24 hr. supervision. Unless the Customized Care Plus providers develop a service package that does not include 24 hr. supervision, clients who no longer can live safely at home in their own homes will have fewer community living options.

Washington County is currently contracting with two managed health plans to provide care coordination under the Minnesota Senior Health Options Program (MSHO). Managed care will be making in-roads into the "Under 65" disability populations beginning in 2009. As an interim step in that direction, Washington County will be providing some care coordination for an Under 65/Disabled option called Special Needs Basic Care: Blue Plus Care Blue that combines the Medicare and Medicaid funding streams. This will give us an opportunity to provide care coordination for the disability populations under the managed care model.

Adult Protection: We still need resources for those clients who do not qualify for the long term care waiver programs who live in unsafe community settings and do not have appropriate safety nets of family members or other informal supports. Many of these clients are medically fragile and the only option available would be at least short term nursing home placement. We need to develop some more crisis care settings for these clients who may be resistant to spending their own financial resources and who will not agree to nursing home placement.

Persons with Developmental Disabilities: The key issues for 2006-2007 (in order of priority) were:

- 1) Address the basic health & safety needs of our clients,
- 2) Maintain safe & healthy environments for persons currently being served in out of home placements,
- 3) Support persons in their family homes within budget restraints.

Washington County has used all of the limited new resources (1% acuity and funds from client turnover) available in 2006-2007 to meet these three goals. Funding limitations have not permitted any elective service development during this time period. All new service development has been limited to health & safety concerns.

The priority of needs we will be addressing in the 2008-2009 biennium include:

- 1) Development of additional vocational service choices
- 2) Need for residential services for adults with developmental disabilities & support services to keep adults in their current homes.

Washington County will continue to provide Day Training & Habilitation services or alternative habilitation services during the day for persons with developmental disabilities to the extent required by the Individualized Service Plan and as County funds are available.

Adults with Serious and Persistent Mental Illness (SPMI):

In 2006 Washington County served 24 individual under our Bridges program which is subsidized housing certificate program for clients with a Serious and Persistent Mental Illness (SPMI). Eight of these were individuals new to the program.

So far in 2007 Washington County has served 28 individuals under our Bridges program. Five of these were individuals new to the program. There are four more pending Bridges which we hope to issue by year's end.

In 2006, Washington County hosted quarterly corporate foster care provider meetings to coordinate services for the SPMI population within the corporate foster care system. This increased collaboration between providers, foster care, and case management.

By August 2007, Washington County had developed seven corporate foster homes located throughout Washington County designated to serve specifically SPMI clients. Forty-four SPMI Waiver clients are now residing in corporate foster care. Corporate foster care allows for individuals to remain living independently in the community and to avoid hospitalizations.

To continue to enhance ARMHS services in Washington County to insure continued community based support and therapeutic services.

Washington County has 13 certified ARMHS providers. ARMHS has become a beneficial service to some of our SPMI population. 24% of consumers accessing

ARMHS services through Human Services, Inc. have been funded through grant dollars due to being uninsured or maintaining private insurance that does not currently cover ARMHS services. In 2006 and 2007, Washington County Adult Mental Health Unit hosted an annual ARMHS fair for certified providers to provide information regarding their ARMHS services to clients, case managers and other professionals, and to the general public.

In planning for the future of Adult Mental Health in Washington County, a primary focus is to respond to the shift in a state funded system of care to that of a managed care model of service. To meet this change in focus several questions need to be answered:

Whether to continue to provide ARMHS services through the Adult Mental Health unit. Barriers to successful implementation of ARMHS services include: a high rate of turnover in staff and subsequent high demands of training and clinical supervision, difficulty hiring mental health professionals interested in providing community based mental health services, low rates of reimbursement and no reimbursement for collateral functions necessary for ARMHS services such as documentation, clinical supervision and coordinating services.

Whether to implement Assertive Community Treatment. Our experience with an Intensive Case Management team has been tenuous at best, with a high rate of turnover with all of our positions. Most significantly has been the turnover in our nursing position and Team Leader position. With this experience, it leads us to significant questions about implementation of ACT. Preliminarily in our Intensive Case Management Team experience, it has been very difficult to partner with psychiatrists that appreciate community based care and can tolerate a high level of risk in client care. It has been difficult to find a mental health professional that has the clinical experience with community based care and can lead a highly dynamic team, and to maintain a team that is at risk for professional burn out due to the high demands of the position.

We are in the midst of extensive planning to determine the efficacy of both continuing with ARMHS and implementing ACT. It is anticipated that decisions regarding these two programs will be made by January 1, 2008.

Goals for 2008-2009 within Adult Mental Health Unit for SPMI population include:

1. Assisting SPMI clients to build skills towards recovery: Working with consumer groups to build recovery skills for clients.
2. Increase independent living for SPMI clients: Continuing to look for resources to assist in housing for clients.
3. Assisting SPMI clients to become more integrated in the workforce: Working with a partnership of providers to allow more clients to gain successful employment.
4. Develop an east metro plan to address service needs of individuals with a mental illness including inpatient services, outpatient services, and housing.

NOTE: As described in the previously DHS approved CCSA Service Agreement, no CCSA funds have been allocated to Adult/DD/VA/AMH service areas, except for the DT&H COLA added for 2007.

3. Minnesota is becoming an increasingly diverse state. What practices and approaches does your county have in place and/or developing to address the social services issues/needs of children from diverse racial/ethnic and immigrant groups in your county?

In 2006, the Community Services Department developed the “Anti-Racism Committee.” The Committee with department wide staff representation embarked on a full schedule of trainings and activities to raise the awareness and the importance of valuing diversity in the workplace and improving the service that we provide to the citizens of Washington County.

One of the tools used by the Committee was to train all Department staff, by using the video and group discussion, “Facing Race” – a multi-modal training developed by the St. Paul Foundation. Other staff training has followed with persons of other cultures presenting to staff in packed conference rooms.

Other approaches include targeted recruitment to fill staff vacancies with persons of color, displays of multicultural activities, etc.

These activities are designed to increase the awareness of the diverse cultures and practice in the county. The objective is to develop a work force that is increasingly culturally competent.

Whenever a need is identified for a culturally specific approach with a client, staff is encouraged to seek supervisory advice. A culturally specific approach and/or contact with a community provider for the service need may be used. If the need is determined to only be met through a culturally specific contracted service provider, that option may be considered based on the family or person’s case or service plan and level of need.

Washington County recently had its LEP plan approved by the Department of Human Services. In the LEP Plan, a variety of providers are used to meet the language needs of clients.

B. Strengths and Resources to Address CCSA Needs

In the previous service agreement, you described your county’s plan or efforts to maximize strengths and resources available to the county to address needs of CCSA families during CYs 2006-07 (section 1, part B). Provide a brief evaluation on how well these efforts are working and what your county is planning to do differently in the 2008-09 biennium. Include any new strengths and resources available to your county in 2008-09.

Several improvements were planned for 2006: Increase Child Protection Intake Social Worker staffing by 2.0 FTE in 2006. These 2.0 CPS Intake FTE’s were approved in 2006, but delayed hiring until 2007 due to funding uncertainty.

2.0 FTEs in Child Protection Intake are planned as well as an additional supervisor position in the Children's program area for CY 2008.

Increase Children's Mental Health contracted case management staffing by 2.0 FTE in 2006. Funding uncertainty resulted in a 1.0 FTE increase; however, this was offset by 1.0 FTE in CMH being to on hold in mid-2006 due to funding decrease in the LCTS program.

Washington County developed a Program Improvement Plan (PIP) that was implemented in mid-2005. The PIP addresses areas needing improvement as cited by the 2004 Children and Family Service Review (CFSR). The cornerstone of the PIP is a Quarterly Review - Quality Assurance Process implemented in September 2005. In this review process, each quarter a sample of eight (8) cases are selected for review. During this local review, supervisors and staff conduct an in office review of the case, discuss the case with the assigned worker(s), assess compliance, document results and track overall progress toward improvement. Supervisors review the results with the assigned worker noting those areas of good practice and the areas needing correction or more attention.

This Quarterly Review QA process closely tracks results, determines priority areas needing additional work and additional resources and highlights training and coaching needs. The objective is to make steady and continued improvements called for in the plan.

Children's Mental Health Services have made several improvements within the 2006-7 biennium. Children's Mental Health Case Management cases were included in the cases pulled to be reviewed as part of the Quarterly Review- Quality Assurance Process. Additionally, a sample of CMHCM cases were part of the federal Child and Family Service Review in September, 2007. HSI was able to fill two additional Case Management positions that were allocated in the 2006 budget. However, as noted above, this has allowed staffing to stay status quo with the reduction of 2 positions from the LTCS positions. A request has been made in the 2008 budget year for two additional Case Management positions. This will support reaching the goal of attaining a staff to case load ratio to the state standard of 15 cases per worker. Children's mental health case management unit continues to work closely with the Mobile Crisis Response team at HSI to address mental health crisis situations that arise for children and families in the community. In an increasing number of situations we are utilizing the Mobile Crisis Response Stabilization program to assist children and families reunifying after an out of home placement in a hospital or shelter setting has occurred. These new services are proving to be invaluable to our continuum of care for children and families.

The Home Free Housing project that was designed to meet the needs of homeless young adults has been filled since its opening in 2005. In addition, the revision of procedures for the review and monitoring of rule 5 placements has resulted in a more efficient process which is able to track the integration of available funds including county, third party and medical assistance dollars. In the next tow years, we will continue to build on our relationship with the State Operated Services in order to more directly access hospitalization privileges through a community psychiatrist. We will continue to explore methods to address the lack of mental health services for the early

childhood population within our county. We will also be improving access to elementary day treatment programs through the development of new collaborations with school districts within our county. HSI will continue to recruit for child psychiatrists to fill the obvious need.

The county opened two new service centers in Cottage Grove and Forest Lake in April and September of 2007. Each one of these service centers has a significant number of county services available to the public, including child protection services at both facilities.

There remain other areas to work on, including improving transportation and access to specialized services, including culturally specific providers; learning better methods to serve a population with multiple addictions, including Meth, and ensuring the safety of the children in these families; and exploring ways to increase funding to serve the multiple needs for children and families served by Children’s and Children’s Mental Health Services.

However, our greatest resources are the well-trained and committed staff who work each day to provide quality services, engage with families and strive to keep kids safe.

C. CCSA Outcomes and Measures

Keeping children safe and improving their well-being is the overall goal for CCSA. In 2005, the department began issuing annual performance reports on CCSA measures starting with calendar year 2004 data ([Bulletin #05-68-08](#) and [Bulletin #06-68-11](#)). The performance report with CY 2006 data is being prepared for publication.

The link below provides a summary of county performance for the last three years, including an average three-year performance. Review your county performance and respond to the questions that follow:

- [CCSA Performance Data for Calendar Years 2004-06](#)

1. All counties

In the table below, enter your county’s 2006 performance and three-year average (from the data provided) for each of the measures, and the anticipated target you hope to achieve in CYs 2008 and 2009.

CCSA Measures (abbreviated)	Fed/State Standards	County				
		CY 2006	3-Year Average	Anticipated Targets		
				2008	2009	
1: Children who showed improved mental health						
	within 6 months	6.1 %	6.5%	3.5%	4.5%	3.5%
2: Recurrence of child abuse/neglect	within 12 months	7.5 %	7.5%	5.3%	6.0%	5.5%
3: Child maltreatment by foster parent		.57 %	.94%	.43%	.40%	.35%
4: Re-entered placement within 12 months		8.6 %	25.1%	29.1%	22%	21%
5: Reunified within 12 months of placement		76.2 %	94.5%	93.4%	94%	94%
6: Adopted within 24 months		32.0 %	80%	57.9%	83%	84%
7: Transfer of legal custody to a relative within 12 months		64.0 %	66.7%	83.3%	85%	85%
8: Two or fewer placement settings		86.7 %	95.6%	95.6%	96%	96%
9: Received a health exam within one year						
10: Received mental health screening						

2. Counties not meeting the national/state standard for CY 2006 and for the three-year average

For any measure for which your county is not meeting the national/state standard for both CY 2006 and the county's three-year average, enter the measure number and briefly discuss strategies your county will continue, change or do differently to ensure your county reaches and exceeds the anticipated targets set for 2008 and 2009. If a Minnesota Child and Family Service Review were recently conducted in your county and your county is currently working under a Program Improvement Plan (PIP) for that measure, reference the PIP, and briefly describe the strategies. If your county would like to see the approaches and strategies of other counties on a particular measure as reported in the 2006-07 service agreement, refer to [bulletin #06-68-11](#) and [click on Link 4 on Page 8](#). (One response box is provided below. Copy and paste as needed).

Measure #: 2: Recurrence of child abuse/neglect - within 6 months/12 months

Steps to improve performance: In 2007 we have added 2.0 FTE child protection staff and we are planning on adding an additional 2.0 FTE child protection intake staff in 2008. An additional child protection supervisor is also planned to be added in 2008. The additional staff will allow for more timely response to child maltreatment reports. Also, the additional staff resource will result in more comprehensive assessments (along with identifying needed services). More 'face-to-face time' with clients is expected to result in improved functioning of the parent(s) and fewer repeat abuse / neglect reports in the future.

Measure #: 3: Child maltreatment by foster parent

Steps to improve performance: In looking back over the last few years of this data we note this is not an area that usually is problematic. We believe the increase in 2006 is a one year occurrence and not a trend. We will be monitoring this area in 2008 and 2009 for problems.

Measure #: 4: Re-entered placement within 12 months

Steps to improve performance: We have made modest improvement in this area and are planning for more improvement into 2009. Even so, we expect our re-entry rate will continue to exceed the state average thru 2009. The "Placement Team" (a multidisciplinary team to screen staff requests to place children in non-emergency out of home care) reviews all cases in which a foster care reentry occurs within 6 months of a previous placement discharge for services that could have prevented the placement and the data will be tracked. We also use the quarterly review QA process described above to track overall progress and affect change; coach staff on proper coding in SSIS when a child(ren) are in care outside the home; and consult with DHS as needed.

3. All Counties (optional)

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

Measure #: 5,6 &7
Approaches and steps that led to positive outcomes: We are pleased with the results of our Permanency outcomes, especially with children under 8 years of age. A variety of services and approaches are used in this area, including concurrent permanency planning, family group decision making, intensive case management and adoption services.

4. CCSA performance by racial/ethnic groups

CCSA 2006 data by racial/ethnic subgroups (using Bureau of Census categories) are provided for measures 4 (re-enter placement within 12 months), 5 (reunified within 12 months of placement) and 8 (two or fewer placement settings).

Counties with two or more racial/ethnic subgroups having 10 or more individuals in a numerator were examined to determine subgroup performance from the average county performance. Access the link below and review the data provided for Measures 4, 5 and 8. (Note: three spreadsheets—one for each measure—are included in this excel document).

- [CCSA Performance Data by Racial/Ethnic Groups for CY 2006](#)

If your county has a racial/ethnic subgroup with a performance rate that is five percentage points or more below the county rate on any measure (shaded cell), briefly described what issues may have led to these differences in outcomes, and steps your county will take to improve the outcome for this group for CYs 2008 and 2009.

<p>Washington County has two areas with a county performance gap of 5% or more. The performance gap is -9.4% for children reported as Black who re-entered foster care within 12 months. A 34.5% performance rate for Black population vs. White population was at 26% for 2006. The national standard is 8.6% or fewer children.</p> <p>Steps to improve performance:</p> <ul style="list-style-type: none">• Identify African American in-home social service providers;• Individualize plans to a greater extent;• Relatively small numbers are served, one or two cases re-entering foster care will significantly increase percentage;• During past period, a large group (4) re-entered care due to parental drug use and SPMI, ultimately was TPR.
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The second area of performance gap is -17.0% for children reported as American Indian who had two or more foster care placements. A 78.6% performance rate for American Indian vs. White population was at 95.8%. The national standard is 86.7%.

Steps to improve performance:

- Make more attempts to engage tribes;
- Individualize plans to a greater extent;
- Relatively small numbers are served, one or two cases having two more foster care placements will significantly increase percentage.

Section III: Integrating Services for Child Welfare and MFIP Families

In the 2006-07 service agreement, the department asked counties if they were looking at integrating services for families who are receiving MFIP and CCSA services. Nearly half (40) of Minnesota counties responded favorably and described various approaches and issues.

In the response box below, briefly discuss: (1) what efforts your county has taken since the last service agreement to assist families that need MFIP and child welfare services, (2) your county's experiences as you worked with these families, (3) strategies to coordinate these services, and (4) strengths and limitations of your county's efforts.

1. Community Services Department continues to have available a Service Coordination Committee that brings together supervisors and staff from various divisions and services within the department for coordinated case planning. This group is brought together for the most challenging families. A family experiencing housing problems (eviction) combined with child maltreatment and other needs, MH, CD, DD, physical disability are examples of situations where this team has functioned to coordinate all services provided by the department and affect positive change.
2. Our experience with this coordinated approach has been quite productive.
3. The MFIP Integrated Services Project continues to operate with contracted staff from HIRED and does have the goal of bringing together various service providers in case planning and service delivery. This does include collaboration between Child Protection and ISP staff, within the limits of law and with the permission of the family. The Washington County ISP project does have a stronger connection to community mental health services and in following families that move to another county. All MFIP, DWP and ISP staff attend Child Protection Mandated Reporter training.
4. Grant funding supports the ISP – if grant funds are no longer available, it would be difficult to take over this specific program with limited levy funding.

In 2007, two new county service centers opened. The centers, located in Cottage Grove and Forest Lake both have social services staff and economic assistance staff, Work Force Center (WFC) resource rooms and WFC staff. The two centers have also other general county government staff housed in them. These smaller facilities provide additional opportunities for staff in the same workspace to consult with one another across divisions and services to problem solve.

Limitations generally consist of limited staff resources, financial constraints, transportation, etc.

If your county has a racial/ethnic or immigrant group with an inequity in **both** an MFIP and CCSA outcome measures, briefly discuss your county's efforts to coordinate and address these inequities across MFIP and child welfare programs across your county agency.

N/A

Section IV: Public Input

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

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

<input type="checkbox"/>	Public hearing
<input type="checkbox"/>	Newspapers
<input checked="" type="checkbox"/>	Community meetings: Community Services Advisory Committee, Citizen Review Panel and Work Force Investment Board
<input type="checkbox"/>	Radio announcements
<input checked="" type="checkbox"/>	County Website: Notice added to Web site on August 31, 2007.
<input type="checkbox"/>	Others (specify):

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

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

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

<input checked="" type="checkbox"/>	Public input was received (<i>continue with the questions below</i>)
<input checked="" type="checkbox"/>	Did not impact our planning process/service agreement
<input type="checkbox"/>	Did impact our planning process/service agreement, particularly the:
<input type="checkbox"/>	Needs Statement section
<input type="checkbox"/>	Strategies and Outcomes section
<input type="checkbox"/>	Budget section
<input type="checkbox"/>	Other (specify):
	Briefly describe the changes made to the service agreement:
<input type="checkbox"/>	No public input was received

Washington County received written comments from Southern Minnesota Regional Legal Services, Inc. However, these comments specifically regarded only the County's emergency services program.

Section V: County Budget

In the budget table below, indicate the amount and percentage for each item listed with the specific MFIP or CCSA consolidated fund for calendar years 2008-09. Also note:

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

2008 MFIP	Budgeted Amount	Percent	2008 CCSA	Budgeted Amount	Percent
Employment Services (DWP)	\$185,000	10.0%	Children’s Mental Health	\$550,794	21.75%
Employment Services (MFIP)	\$914,712	49.5%	Child and Family Services	\$1,981,594	78.25%
Emergency Services ¹	240,000\$	13.0%	Adult Services	0	%
Administration	\$138,625	7.5%	DD Services (DT&H Cola):	0	%
Income Maintenance Administration	\$370,000	20.0%	Other 2:	0	%
Other 1:	\$	%	Other 3:	0	%
Other 2:	\$	%	Other 4:	0	%
2008 MFIP Budget	\$1,848,337	100.0%	2008 CCSA Budget	\$2,532,388	100%

A portion of 2009 allocations to counties will depend on legislative actions in 2008. Use your county’s 2008 allocation or its anticipated allocation for CY 2009. When 2009 final allocations are published, use the criteria set forth in the instructions bulletin to determine if your county should submit an amended budget page.

2009 MFIP	Budgeted Amount	Percent	2009 CCSA	Budgeted Amount	Percent
Employment Services (DWP)	\$185,000	10.0%	Children’s Mental Health	\$550,794	21.75%
Employment Services (MFIP)	\$914,712	49.5%	Child and Family Services	\$1,981,594	78.25%
Emergency Services ¹	\$240,000	13.0%	Adult Services (2)	0	%
Administration	\$138,625	7.5%	DD Services: (Assumes DT&H COLA will also be added in 2009.) (2)	0	%
Income Maintenance Administration	\$370,000	20.0%	Other 2:	0	%
Other 1:	\$	%	Other 3:	0	%
Other 2:	\$	%	Other 4:	0	%
2009 MFIP Budget	\$1,848,337	100 %	2009 CCSA Budget	\$2,532,388	100%

1. If dollars are budgeted for emergency services, send a copy of the county’s emergency services policy as an email attachment when submitting the 2008-09 MFIP/CCSA Biennial Service Agreement.
2. As noted in the two previous CCSA plans, as well as in this plan period, there are no CCSA funds allocated to Adult Services, DD Services or Adult Mental Health Services. In 2004, a re-allocation plan was implemented by this Department that proportionally re-directed replacement levy funds to those areas that previously had CSSA funds. In 2007 an allocation for DT&H COLA was added to DD Services budget.

Administrative Cap Waiver

Is your county requesting a waiver of the MFIP administrative cap?

- | | | |
|-------------------------------------|-----|--|
| <input type="checkbox"/> | Yes | If yes, provide a concise response to the following three questions. |
| <input checked="" type="checkbox"/> | No | If no, skip this section. |

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

2. What new activities or services will be provided?

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

Section VI: Assurances

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

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

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

Contingency Planning

As required under the Child and Family Services Improvement Act of 2006 and under state guidance, counties and subcontractors will have a contingency plan in place by Sept. 28, 2007, to address specific federal criteria on how programs funded through Title IV-B, part 2 and Title IV-E would respond to a natural or man-made disaster. The federal criteria of the county and subcontractor's disaster preparedness plan would include:

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

Details on the preparation of this plan can be found in Bulletin #07-68-10, titled "Child Welfare Disaster Preparedness Plans." If you have questions or need clarification, contact Jean Thompson at (651) 431-3856.

NOTE: This Plan has been completed. Jean Thompson, Department of Human Services was informed via email on 9-27-2007.

Section VII: Certification for Submission

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

Chair, County Board of Commissioners or Authorized Designee

(State the name of the chair or designee, their mailing address and the name of the county)

Name (chair or designee)	Mailing Address	County
Gary Kriesel, Chair	Gov't Ctr, 14949 62nd Street, Stillwater, MN 55082	Washington County

Date of Submission

Date: October 9, 2007	
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