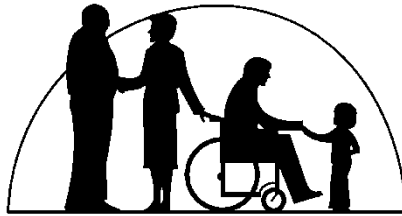


Vulnerable Children and Adults Act (VCA)

Service Plan



Minnesota Department of **Human Services**

Type of Service plan

Individual county plan Multi-county plan

County name: Otter Tail County	County names:
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Contact Information

Contact person:	John W. Dinsmore
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Part A: Needs and Priorities

State the type of needs that the county will be addressing for vulnerable children and adults who experience dependency, abuse or neglect using VCA funds?

Vulnerable children

- **Children/Adolescent Mental Health and Chemical Dependency**

Stigma: Promote the reduction of stigma through community education and awareness activities and strategic delivery of mental health services that aims at reducing stigma.

Early Childhood: Increase connecting with early childhood/preschool programs to provide early prevention and intervention through making available in-home supports for families and expanding school-based mental health into preschool programs.

Crisis Services: Provide/promote training opportunities for schools pertaining to mental health crisis intervention; Support and promote CIT training for law enforcement; continued support of the mobile crisis team providing services to children and families in crisis with the desired outcome of maintaining safety of the child and family as well as reduced out-of-home placements and inpatient psychiatric hospitalizations.

Respite Care: Continue to provide flexible respite care options to support children and families. Such options shall include family purchased respite care, foster care and non-traditional respite resources that support providing respite in the most “natural” setting that also promotes improving parent-child relationships.

Improved Mental Health: Children served will demonstrate improvement in mental health functioning as measured by the CASII - in 2012, a minimum of 65% of children served will demonstrate improvement and in 2013, 70% of children served will demonstrate improvement; Develop models of mental health service delivery for children at high levels of care as measured by the CASII to facilitate improved mental health and community-based care.

School-based Mental Health: The delivery of school-based mental health services to provide mental health services in school settings with the focus of the reduction of stigma, increased accessibility of mental health services, increased coordination of mental health services with the schools and the provision of the opportunity to provide mental health support and skills training to children in the most “natural environment”.

Chemical Dependency Services for Adolescents: Goals we will study: (a) Consider implementing and billing for CW-TCM for eligible cases; (b) utilization of family based services to support an adolescent’s recovery, e.g., Intensive In-Home Treatment (IIT); (c) utilization of Genograms and Eco-maps as tools to support better assessment and treatment planning activities.

- **Child Safety, Child Permanency, and Child Well Being**

Reduce the recurrence of maltreatment: Our goals for 2012/2013 plan will be to continue implementation of the signs of safety approach in working with families in child protection. We will continue increasing the percentage of cases that use the family assessment approach

Child Permanency: develop networks for families to be able to ensure the permanency of their children. Will continue our goals to (a) identify fathers sooner, offering them services and utilize them as an option as appropriate. We will continue to utilize our CFSR developed procedure to identify and collaborate with fathers. We will continue to use our 20 day staffing, family group decision making and pre-placement review teams to identify individuals who may be options to support the parents in the reunification, or if that is not possible, be available to care for the children.

Child Well Being: This will continue to present challenges considering the ongoing reduction of financial support from the State through reductions in grants. Counties are continuing to have to meet the needs using local funds and resources. Our goal for 2012/2013 plan will be to complete children’s mental health screenings on all children eligible to identify concerns early. We will then determine if there are resources available to address the identified needs. We intend to continue our Family Dependency Treatment Court (FDTC); however, funding through the Office of Justice Programs is ending effective 12/31/11. The FDTC serves families involved in the child welfare system, whose parents have been assessed as chemically dependent, and whose chemical use has adversely affected their ability to meet the needs of their children.

Vulnerable adults

- To inform and educate different audiences about healthy communities by providing health education to general public and to providers who serve vulnerable adult populations
- To identify and address needs of vulnerable population by preventing facility placements and promoting utilization of least restrictive alternatives
- Increase or enhance public transportation options. A local provider has done an excellent job of providing public transportation; however, as the 8th largest county geographically, travel distance continues to present access challenges
- Increased demands for guardianship services is expected as the county's demographic trends projects a growth in our over 65 population
- We also acknowledge that our work will be guided by the following benchmarks during the next two years:
 - Beginning in fall 2011, the Minnesota Department of Human Services will work collaboratively with counties to develop vulnerable adult performance measures.
 - Performance measures will reflect federal, state and county standards, and will include implementation strategies and integration into VCA service plans.
 - Counties will be informed when such activities are completed, with instructions for integration into the Vulnerable Children and Adult Act Service Plan.

Part B: Strengths and Resources

A county has many strengths and resources to address the diverse social services needs of vulnerable children and adults. Briefly state what strengths and/or resources will be engaged (continued or implemented) to address the needs stated in Part A above?

Vulnerable children

Children/Adolescent Mental Health and Chemical Dependency: Strategies to Address Needs

- Otter Tail County will continue to maintain partnerships with schools in the provision of school-based mental health services. These partnerships have facilitated increased collaboration that has included co-location of mental health services including psychiatric.
- Continued collaboration with Becker, Clay and Wilkin counties in managing and providing the mobile crisis program serving both children and adults.
- Otter Tail County will continue to utilize the respite grant program to support Rule 79 children and their families in accessing respite care services to promote improved functioning for the child and family and prevent the need for out-of-home placements.

Child Safety, Child Permanency, and Child Well Being: Strategies to Address Needs

- Otter Tail County will continue to work with regional counties to standardize the signs of safety approach in our work with families, with the intent to integrate services through the State-County Results Initiative to promote greater accountability, productivity and results in our region's human services system.
- We will also continue to coordinate services with the Otter Tail County Family Services Collaborative. This will provide a forum to identify needs within the County and identify which partners are able to address them.

Vulnerable adults

Across many of our adult services programs – mental health, developmental disabilities, long term care, disability Medicaid waiver programs, vulnerable adults and chemical dependency - case management or care coordination continues to be our agency's most significant resource and well funded strength. This will serve as our primary method of addressing the diverse social service needs of adults in need of services.

Case management/care coordination is defined as follows:

- A systematic process of ongoing assessment, planning, referral, service coordination, monitoring, consultation and advocacy assistance through which multiple service needs of clients are addressed.
- The primary focus of case management/care coordination is coordinating services for vulnerable consumers- people who would otherwise need to navigate a complex - and often fragmented - health and social services system on their own. Case managers collaborate with consumers, families, legal representatives, and relevant medical experts and service providers in the development and annual review of the individualized service and habilitation plans.

Part C: Measures and Performances

Access the link below to review the county's CY 2010 performance on VCA measures.

[CY 2010 Performance Summary on VCA Federal and State Measures](#)

Use the county's performance summary to complete the table and questions below. In the table, enter the county's performance on each of the measures and enter a "✓" if the standard was met, or an "✗" if the standard was not met in CY 2010. In the last two columns, set practical performance targets the county will work towards achieving in 2012 and 2013.

Federal and State Measures

Measures (abbreviated)	Standard (STD)	2010 State/County Performance			Anticipated Targets	
		State	County	STD Met? (✓ or ✗)	2012	2013
1. No repeat maltreatment w/in six mths.	≥ 94.6 %	✓ 95.1%	95.8%	+	96%	97%
2. Re-entered foster care w/in 12 mths.	≤ 9.9 %	✗ 24.4%	37.8%	x	20%	20%
3. Reunified w/in 12 mths.	≥ 75.2 %	✓ 84.5%	88.6%	+	90%	90%
4. Adopted w/in 24 mths	≥ 36.6 %	✓ 48.2%	100.0%	+	80%	80%
5. Two or fewer pl. settings w/in 12 mths.	≥ 86.0 %	✓ 86.8%	96.6%	+	90%	90%
6. Health examination w/in 12 mths.	≥ 63.5%	✗ 56.4%	75.9%	+	80%	85%

≥ = Greater than or equal to; ≤ = Less than or equal to; ✓ = Standard met; ✗ = Standard not met

For each measure for which the county did not meet the standard, identify the measure below and discuss what plans are in place to improve performance on the respective measure. Include what issues/barriers/challenges are hindering the county from meeting the standard, and what may need to be changed or be done differently to achieve the stated targets (add more boxes, if needed).

Measure #2:	As of 01/01/11, Otter Tail County Human Services remove Probation Department placements from SSIS. In our previous CCSA Plan, we reported that Probation client placements accounted for less than half our placements yet represented 71% to 91% of all out-of-home placement re-entries. During the first 9 months of 2011, 30% of our child social service out-of-home placements re-entered foster care within 12 months. The majority of these placements have involved children who present significant mental health symptoms and needs.
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Part D: Budget

Access the link below to review the county's CY 2012 allocation. Use the county's allocation to complete the budget table below.

[Vulnerable Children and Adults Act CY 2012 Allocation](#)

Fill in the proportion (percent) of the county's VCA allocation that will be budgeted for vulnerable children and adult services for CY 2012 and beyond. Because VCA funds are directed at vulnerable children and adults, only two budget line items are listed. Subsequently, the department will apply these proportions to the most currently available allocation data. If the county changes these proportions at any time, the department should be informed by sending an email to: paul.ramcharit@state.mn.us.

VCA Annual Budget Allocations Otter Tail County Human Services	CY 2012 and beyond
Children services (Mental Health (40%) - \$430,068 & Child/Family services (50%) - \$537,585)	90%
Adult services (\$107,517)	10%
Total (\$1,075,170)	100%

Part E: Certification and Assurances

Federal Certifications (signed documents have also been attached as Plan Appendices)

The federal Office of Community Services (OCS) requires the following certifications for the use of federal Social Services Block Grant (SSBG) funds (CFDA # 93.667, federal award number 0901MNSOSR, 1001MNSOSR, 0601MNSOS2). Follow the links for a complete description of each certification. Checking these boxes certifies that the county complies with these requirements for the use of SSBG funds administered through the service plan and county sub-contracting process.

- Drug Free Workplace
- Environmental Tobacco Smoke
- Lobbying
- Debarment, Suspension and Other Responsibility Matters

Public Input

Prior to submission, did the county facilitate a process for soliciting public input for at least 30 days on the contents of the agreement?

Yes No Was public input received/used? Yes No

Assurances

It is understood and agreed by the county board that funds granted pursuant to this service plan will be expended for the purposes outlined in Minn.Stat.§256M; that the Commissioner of the Minnesota Department of Human Services has the authority to review and monitor compliance with the service plan, and that documentation of compliance will be available for audit; and that the county shall make reasonable efforts to comply with all VCA requirements including documenting annual public input processes.

Service Plan Certification

Checking this box certifies that this service plan has been prepared as required and approved by the county board(s) under the provisions of [Minn. Stat. §256M](#). In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

Name (chair or designee)	Mailing address	County
John Lindquist	500 West Fir Avenue Fergus Falls, MN 56537	Otter Tail County

Date of Certification:

October 25, 2011