MANAGEMENT AND BUDGET

Analysis of Parent Support Outreach Program

Descriptive Report

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About the Team

Minnesota Management & Budget's Impact Evaluation Unit is a team of data and social scientists that rigorously evaluates state investments and policies to find what works. It is part of the Results Management Team, which is nested within MMB's Budget and Results Division. Minnesota's legislature established the unit in 2019 to assess the impact of the state investments. We prioritize working with state agencies and other partners to identify and answer pressing questions and creating evidence that is rigorous, relevant, and used by policymakers. For more information about our team or to learn about current and future areas of study, please visit https://mn.gov/mmb/impact-evaluation/ or contact ResultsManagement@state.mn.us.

Executive Summary

Minnesota's Parent Support Outreach Program (PSOP) is a voluntary, short-term, early intervention program that aims to prevent child abuse and neglect and promote family wellbeing by providing case management and financial supports to high-risk families. The program was first piloted in 2005, then expanded statewide in 2013. This analysis uses programmatic administrative and survey data to better understand PSOP implementation and outcomes. We separated our analysis of PSOP into two parts: (1) characteristics of the PSOP service including delivery model, duration of services, and use of flexible funds; and (2) characteristics of the households receiving PSOP services.

Importantly, this descriptive analysis is not designed to make claims of cause and effect. The findings in this report should be interpreted as a description of PSOP participants and their experiences.

Key Takeaways

- From 2013 to 2025, PSOP helped over 76,000 people in over 25,000 cases, with the number of families served growing steadily each year.
- Most families receiving PSOP services (61%) did not have any further child welfare involvement during the year after they started PSOP and very few families (3%) had a maltreatment determination.
- In counties where PSOP services were contracted out, fewer families were subsequently involved in child welfare reporting and investigation. Counties that contract PSOP services, however, may be different in important ways than counties that choose not to contract.
- Families receiving more intensive PSOP services—such as payments, connections to public benefits, or longer case management—had higher rates of child welfare involvement in the following year. These families may experience both a greater objective need for child welfare involvement and increased contact with state systems, which can result in more intensive monitoring.
- PSOP families with greater financial needs, indicated by PSOP service use and public benefit connections, experienced more subsequent child welfare involvement.

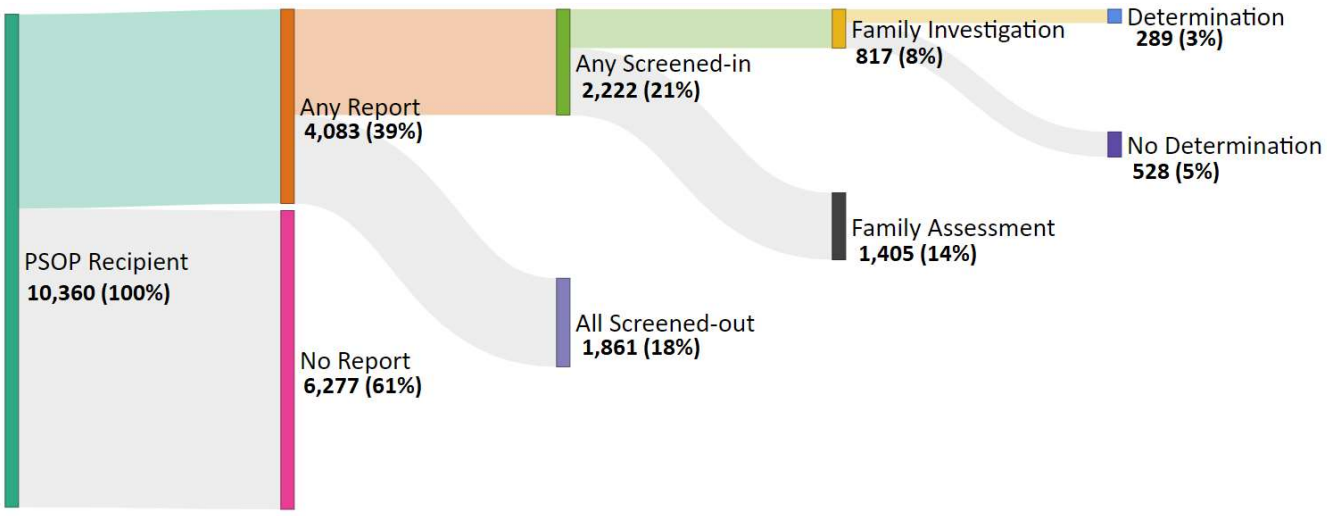
Characteristics of Households Receiving PSOP Services

From 2013 to 2025, there were 25,419 PSOP cases and 76,506 unique participants. Over that time, annual participation increased by 78%, or 1,277 cases per year. In the last five years, participation increased by 27%, or 475 cases per year. There were 2,809 PSOP cases in Fiscal Year 2024. Most PSOP families have at least one child under 5, participate for four months or less, and include at least one person in the household who identifies as Black, Indigenous, and People of Color (BIPOC). The most common primary presenting problem at intake was parenting or family interactions, including family conflict, parent/child relationships, or parenting skills.

PSOP endeavors to prevent future child welfare involvement. Many families in PSOP have already experienced a child maltreatment report, making them at-risk for future involvement. Figure 1 shows that, for all families who have received services from PSOP since the beginning of 2020, 61% did not experience any new child welfare involvement for one year after they started receiving services. Additionally, of all the families participating in

PSOP between 2020-2024, only 3% (289) had maltreatment determinations within one year of the start of PSOP services.

Figure 1. Process Flow of Child Welfare Involvement for PSOP Participants During Following 12 Months, Fiscal Years 2020-2024.

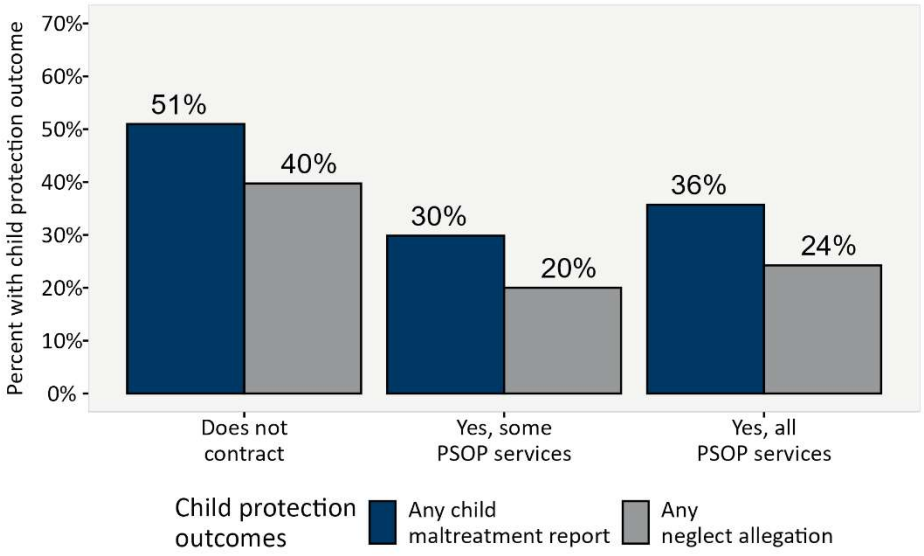


Trends in subsequent child welfare involvement did differ between families with varying sociodemographic characteristics. For example, 56% of American Indian/Alaska Native families experienced a child maltreatment report compared with 39% overall. Also, 29% of families where the youngest child was over 10 years old experienced a child maltreatment report, less than the average rate of child maltreatment reporting (see Appendix Figure 1 to view the Sankey diagram broken down by race and ethnicity).

Characteristics of PSOP Delivery Model

Using new data collected from a statewide survey of counties, we analyzed how counties use and implement PSOP. We found of 84 respondent counties, 3.5% contract for all their PSOP services and 7% contract some PSOP services; 89% deliver PSOP services entirely through county staff. When comparing counties that contract for PSOP services to those that did not use contracts, we see a lower frequency of subsequent child welfare involvement for those that contract. For example, Figure 2 shows that families in counties that contracted out all or some of their services experienced fewer subsequent child maltreatment reports and neglect allegations than cases in counties that did not contract out their services. This is not a causal claim, as counties that contract may differ in ways that impact family outcomes. The report further explores what we know and do not know about this association.

Figure 2. Child Protection Outcomes by Counties Contracting PSOP Services, FY 2020-2024.



We also observed that families receiving more intensive services—such as PSOP payments, connections to public benefits, or longer periods of case management—were more likely to experience child welfare involvement in the year following the start of PSOP services. In cases where chemical dependency was the primary presenting concern, there was a notably higher frequency of neglect allegations and determinations. As this is a descriptive analysis, we do not infer causality; it is likely that families receiving more intensive services also face greater underlying risk.

Overall, we found that most PSOP cases appear to resolve without subsequent child welfare involvement, but some demographic groups are more likely to have additional child welfare reporting after beginning PSOP, suggesting disparate family experiences. The analysis also indicates that both how services are delivered—for example, through contracted providers—and underlying socio-demographic differences, such as family need, are associated with the likelihood of further system contact. These findings can help inform policy and practice, but as indicated throughout, additional qualitative and quantitative analysis is needed to further explore these differences and assess the program's impact for vulnerable families.

Background

Introduction

Minnesota's Parent Support Outreach Program (PSOP) is a voluntary, short-term, early intervention program that aims to prevent child abuse and neglect and promote family wellbeing by providing case management and financial supports to high-risk families. It began as a pilot program in 2005, first offered in 38 counties, then expanded in 2013 to all 87 counties and American Indian Child Welfare Initiative Tribes, which include Leech Lake and White Earth Nations. (To respect Initiative Tribe's data sovereignty, families who received PSOP services from an Initiative Tribe were not included in this report.) Families often enter the program when there has been a child maltreatment report alleged that does not meet criteria for further investigation or services (*i.e.*, the report is screened out). Families may also be self-referred or referred by a community organization.

To be eligible for the program, a family must have at least one child aged 10 or younger or be expecting a child. The family must also have at least two identified stress factors including, but not limited to, poverty, mental health concerns, housing concerns, chemical use, domestic violence, and grief or loss. However, PSOP has purposefully flexible eligibility criteria, and the PSOP best practice guide encourages workers to consider if families would benefit from PSOP services, even if their stress factors are not specifically listed on the eligibility criteria list. PSOP is not intended for families who are already involved with child welfare services.

PSOP is designed to be a short-term program, though some families may receive services for more than a year. Specific services offered to families differ between counties and tribes, but generally the program aims to alleviate crises, specifically financial stress, through provision of concrete supports and navigation to other resources. For example, PSOP often provides support related to basic needs, medical and mental health care, parenting skills, transportation, and child care. Some counties and tribes have dedicated PSOP staff to do this, while in other counties, individual workers may be simultaneously responsible for both child protective services and PSOP cases. Additionally, counties and tribes may choose to contract some or all of their PSOP services out to community organizations. They also have discretion on whether they spend their PSOP money on administrative costs or reserve funds to provide concrete supports to families. The logic model for the program can be found in Appendix Figure 2. PSOP's current $4 million allocation includes federal Community-Based Child Abuse Prevention (CBCAP) and state Children's Trust Fund and expansion funds. Some counties also add their own funding. The 2022 allocations can be seen here.

Current State of Evidence

PSOP was designed by drawing from the Alternative Response and Protective Factors frameworks. PSOP was created following the development and evaluation of Minnesota's Alternative Response (now called the Family Assessment Response), which is a track for child protection cases that do not involve allegations of substantial child endangerment or sexual abuse. The state piloted the Alternative Response track in 20 counties beginning in 2001. The Institute of Applied Research conducted an evaluation of the pilot in 2004 (Loman & Siegel, 2004)., The evaluation found families in the alternative response group were less likely to have new maltreatment

reports, had reduced maltreatment recurrence, and had fewer children removed from the home and placed in out-of-home care compared to the families in the traditional investigation group.

Following the pilot, the Alternative Response track was implemented across the state. PSOP was then designed to expand this work by providing similar services to families further upstream, to help meet families' needs before full child protection intervention is necessary. Similar to the Alternative Response track, PSOP provides non-investigative services to families. PSOP, however, begins providing these services before a child protection case has started, and aims to prevent the need for that family to become further involved in the system.

PSOP was piloted in 38 counties beginning in 2005. The Institute of Applied Research conducted an evaluation of the pilot program in 2009 using administrative data along with surveys and interviews of PSOP workers and families (Loman et al., 2009). They found that the group of families receiving PSOP services who were least likely to have a subsequent CPS report were those with the highest level of needs and highest level of PSOP services (compared to families with high needs and low PSOP services and families with low needs and high or low PSOP services). They also found that counties that had more PSOP cases per total number of maltreatment reports tended to have a greater reduction in child maltreatment reports over several years than counties with a lower ratio of PSOP services to total reports or counties who were not part of the pilot. The study lacked the ability to make causal claims but demonstrates the potential association between PSOP and child maltreatment outcomes.

In addition to the alternative response framework, PSOP was designed by drawing from the Protective Factors framework. The Protective Factors Framework is a strengths-based approach to enhance child development, promote family wellbeing, and ultimately lessen the risk of child abuse and neglect. It includes five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete supports, and social and emotional competence of children (Center for the Study of Social Policy, 2018). PSOP uses this framework to help inform what resources to provide to families. Additionally, Chapin Hall has produced a substantial body of work that pulls together evidence regarding the positive impact of concrete supports on family wellbeing and child welfare system involvement (Chapin Hall, 2023).

The Department of Child Youth and Families (DCYF) Promotion and Prevention team is finalizing a qualitative research report conducted in collaboration with the Child Safety and Permanency Continuous Quality Improvement (CQI) team and The Improve Group (MN DCYF, 2025). Between December 2023 and February 2024, interviews with 35 parents and 10 providers highlighted key themes such as shifting PSOP away from child protection, enhancing needs assessments, broadening support roles, emphasizing peer mentoring, and increasing funding to help agencies build stronger partnerships for family support. Themes that emerged from the work were formed into 5 key recommendations that aim to improve PSOP practice. The current quantitative study's goal aligns with the CQI study's goal: to explore data to identify strengths of the program as well as areas for improvement.

Study Aims and Definitions

This analysis provides descriptive information about PSOP that may clarify how agencies are implementing the program, who is using services, and how family and service characteristics are related to child welfare outcomes.

We used administrative and survey data from July 1, 2013 to June 30, 2024 to answer the following primary research questions:

- Amongst PSOP recipients, do child welfare outcomes vary by sociodemographic factors, type of risk factors, or differences in type or provider of services?
- Are connections to public benefits during PSOP services associated with decreased rates of subsequent maltreatment reporting?
- Is duration of PSOP services associated with subsequent child welfare involvement?

While previous work has demonstrated the potential benefits of PSOP, gaps remain about program implementation and how family and service characteristics are related to child welfare outcomes, such as screened-in or -out reports, what track the case goes on (family assessment vs. investigation), and substantiation (if maltreatment is determined). Descriptions of each of these terms include (MN DHS, 2023):

Reports of alleged maltreatment – When a report of alleged child maltreatment is made to a child welfare agency, workers determine if the report should be screened in or out.

- Screened-out – Maltreatment allegations that do not meet criteria for child protection assessment or investigation, does not have enough identifying information, or has already been assessed or investigated. These reports do not proceed further in CPS, but may lead to a PSOP referral.
- Screened-in – Maltreatment allegations that do meet criteria for child protection assessment or investigation. These reports proceed on to the family assessment or family investigation tracks.

Screened-in tracks – Once child maltreatment reports are screened in, they must go to one of three tracks: family investigation, family assessment, or facility investigation.

- Family Investigation –This track involves investigating allegations of child maltreatment. Child protection workers may assign a report to a family investigation track for various reasons, depending on the context of the allegation and history of the family. Reports must receive an investigation if they involved alleged substantial child endangerment or sexual abuse.
- Family Assessment – Cases that do not involve alleged substantial child endangerment or sexual abuse may go on this track, particularly if the family has no prior CPS involvement. These cases are comprehensive assessments but do not receive a determination of maltreatment.
- Facility investigation – This track is used when maltreatment reports involve child foster care, family child care, or legally unlicensed child care. This outcome is not relevant for the current study and therefore this outcome has been excluded.

Maltreatment determination – Once cases have undergone an investigation, workers use the information collected to determine if there is a preponderance of the evidence to determine whether maltreatment occurred.

All child protection responses involve a decision of whether child protective services are needed, which indicates a need for further services or supports.

Methods

Study Design

This report is a descriptive analysis of PSOP in Minnesota over an eleven-year period after it was expanded statewide in 2013. Using a combination of primary and administrative data, we aim to provide a comprehensive picture of the program by describing key features and characteristics of PSOP cases (which we will sometimes refer to as "families") and the people involved. While some patterns and trends may be identified when analyzing the data, we made no attempt to establish any causal relationships. Therefore, these findings should be interpreted as a description of PSOP participants and their journeys, not as an evaluation of the impact PSOP may have on their lives.

Data Sources

We drew from two state administrative data systems: Social Service Information System (SSIS) and MAXIS. SSIS is Minnesota's child welfare reporting system, covering PSOP, child protective services, foster care, and related areas like adoption, adult protective services, and children's mental health. MAXIS is Minnesota's primary system for tracking eligibility and payments in many public assistance and health care programs, including the following: Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), Emergency Assistance (EA), Diversionary Work Program (DWP), Group Residential Housing, IV-E services, Minnesota Supplemental Aid, General Assistance (GA), Work Benefit, and Refugee Cash Assistance.

Previously, no information was available identifying which counties contracted with community organizations to deliver PSOP services. To answer these questions, we distributed a brief survey to all PSOP directors and supervisors asking if their county contracted out PSOP services and, if so, how many contracts they had. We received responses from 84 of Minnesota's 87 counties. For additional information, see the appendix.

Results and Discussion

We separated our analysis of PSOP into two sections: first looking at characteristics of the PSOP service including delivery model, duration of services, and use of flexible funds; second looking at characteristics of the households receiving PSOP services.

PSOP Service Delivery Characteristics (or Service Model Factors)

PSOP case management services were opened for 25,419 cases between July 1, 2013 and June 30, 2024. Those cases included 93,270 people; however, because people could receive PSOP services more than once, there were 76,506 unique people, including adults and children, who ever received PSOP case management during the study period (See Appendix Table 1 for further descriptives and Appendix Table 2 for summary statistics by race).

Trends in the number of PSOP cases since the program expanded to all counties can be seen in Figure 3. Since FY 2014, there has been a somewhat steady increase in PSOP cases. Looking at the most recent time point (FY 2024), we can see that there were 2,809 PSOP cases that received services across the state. The increasing number of PSOP cases does not appear to be only due to population growth because the rate of PSOP cases per child also increases over time.

Figure 3. Annual PSOP cases, fiscal years 2014-2024.

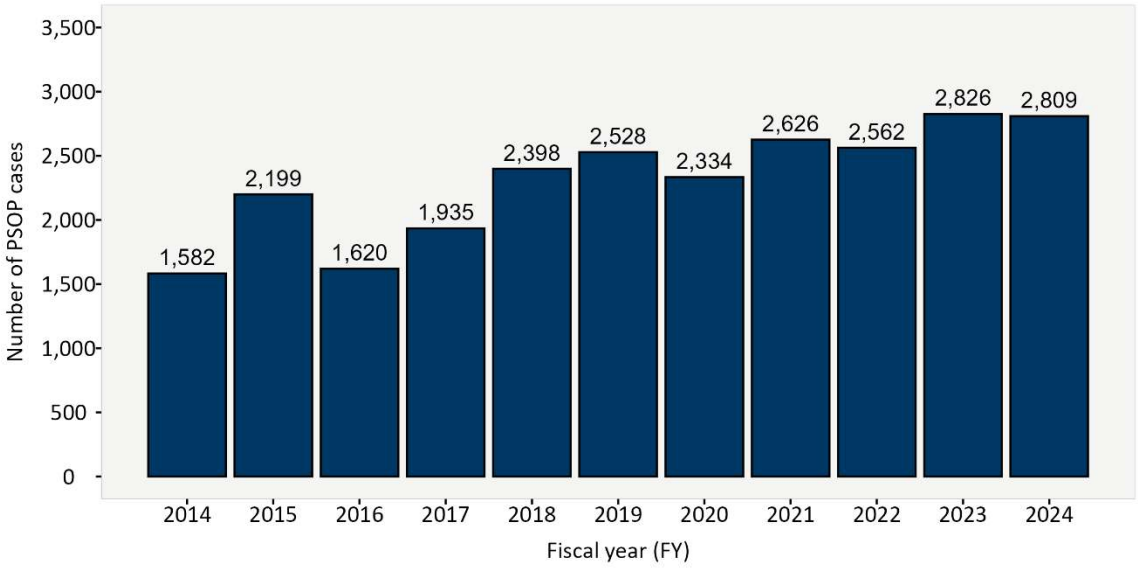
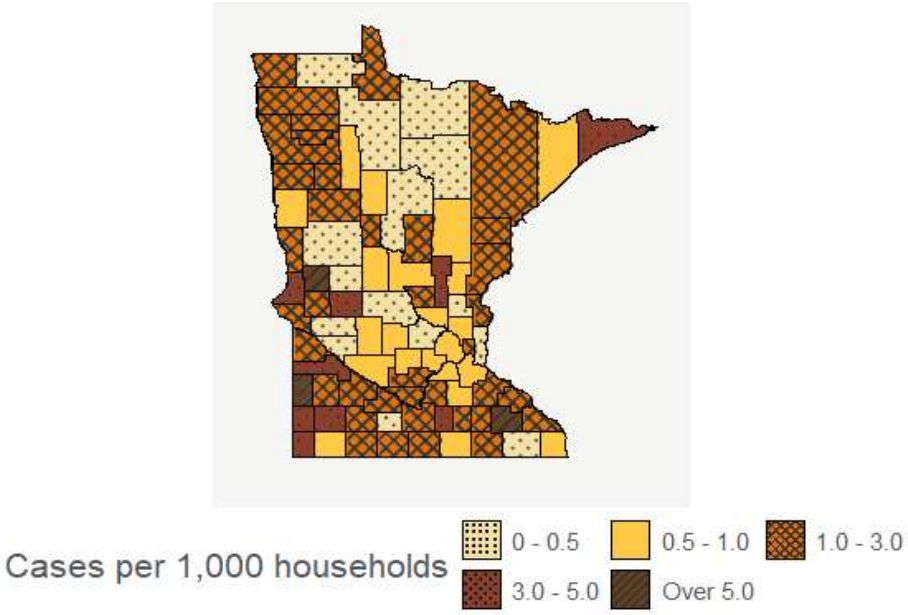


Figure 4 displays a map of the average number of PSOP cases per year between Calendar Years 2019-2023 per 1,000 households for each county (according to the average number of households over Calendar Years 2019-2023, Minnesota State Demographic Center).

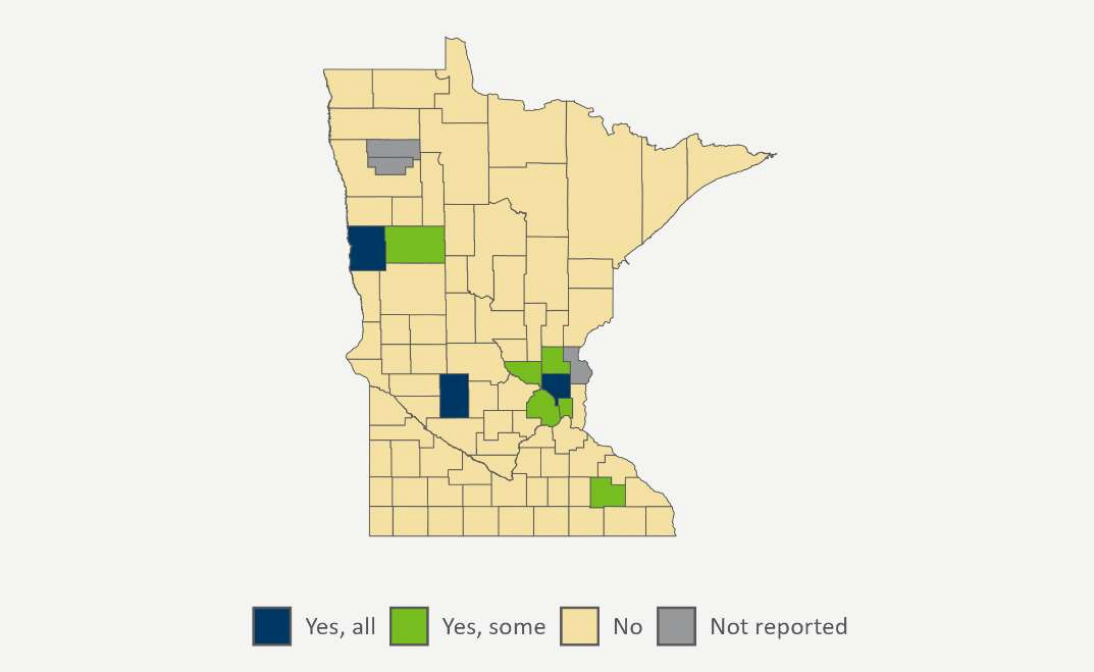
Figure 4. Average PSOP cases per household by county, calendar years 2019-2023



Contracted Service Delivery

We also analyzed child welfare outcomes based on service delivery characteristics. Our county survey identified whether counties contracted out all, some, or none of their PSOP services. As shown in Figure 5, seventy-five counties reported not contracting out any services, six contracted out some services, three contracted out all services, and three did not respond. For full information about survey responses, see Appendix Table 3.

Figure 5. PSOP contracting services survey responses by county, 2024.



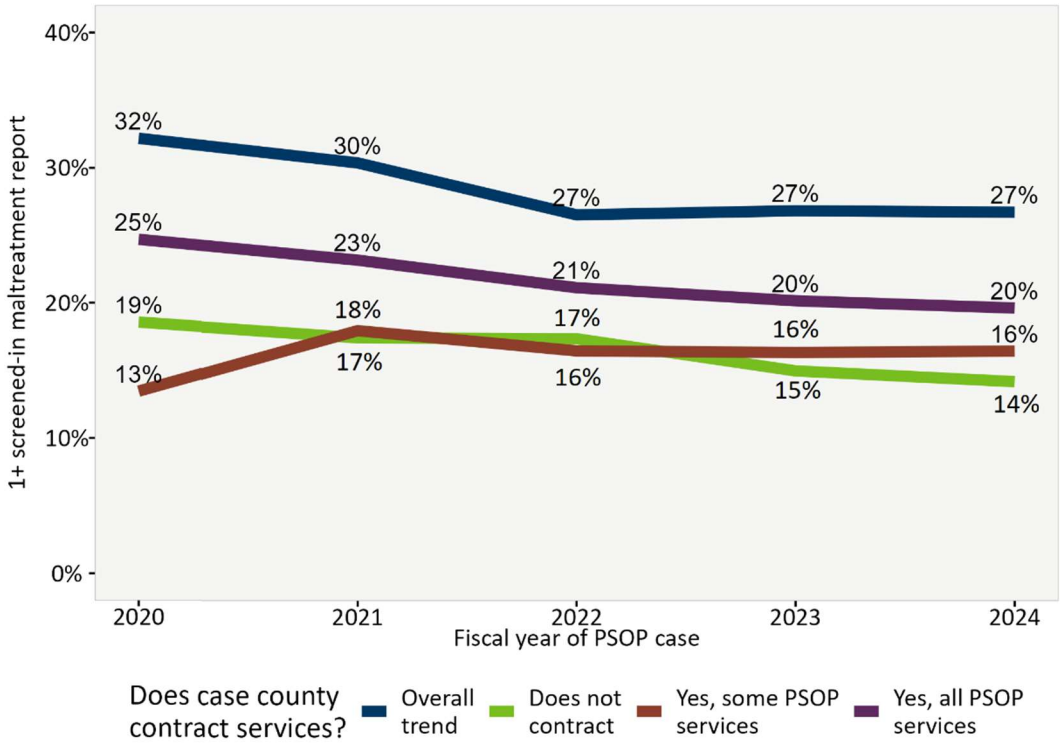
As can be seen in Table 1, we found that cases in counties that contract out all or some of their services had lower amounts of subsequent child welfare involvement than cases in counties that did not. On average, counties that contract some or all of their PSOP services are more urban, have larger population size, have higher household incomes, and more educational attainment. It is possible that community-based services can provide better quality services because they may have smaller caseloads, less turnover, or greater ability to provide culturally appropriate care than county staff. Forthcoming qualitative research (MN DCYF, 2025) provides support to this latter theory, suggesting county staff may be more likely to identify and report maltreatment that subsequently leads to a report and involvement of child protection services. This could also merely be a relic of the relatively small sample sizes. Additional analysis is needed to understand the relationship. For more details see Appendix Table 4.

Table 1. Child welfare outcomes by county PSOP service contracting, fiscal years 2020-2024.

PSOP Services Contracts	Does not contract	Yes, some PSOP services	Yes, all PSOP services	Total
N	4,418	5,139	627	10,360
No Report	49%	70%	64%	61%
Neglect Allegation	40%	20%	24%	29%
Screened-in Report	28%	16%	17%	21%
Family Investigation	10%	6%	6.7%	7.9%
Maltreatment Determination	3.9%	2.0%	1.9%	2.8%
Neglect Determination	2.9%	1.4%	1.4%	2.0%

As can be seen below in Figure 6, trends in screened-in child maltreatment reports for these groups have remained stable over the past 5 years.

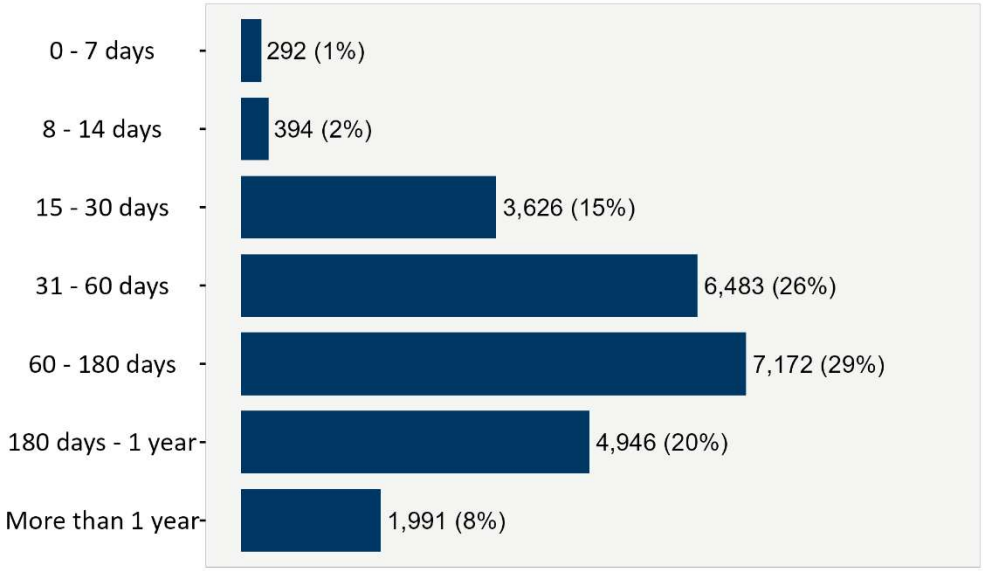
Figure 6. Time trends for screened-in child maltreatment reports by county PSOP service contracting, fiscal years 2020-2024.



Duration of Services

We defined duration of service as the number of days between the date a PSOP case began receiving services and the date a PSOP case closed. The duration of service for most PSOP cases was between one and six months (Figure 7). While the median PSOP case duration of service was four months, the mean was slightly higher at 152 days, or approximately five months, because 8% of PSOP cases went longer than one year.

Figure 7. Duration of PSOP case management, fiscal years 2014-2024.



*152 days, [43, 194], (Mean, [Q1, Q3])

Duration of PSOP services and subsequent child welfare involvement

To examine how the duration of PSOP services is related to subsequent child welfare involvement, we categorized cases based on how long they were open, with four months being the median length. As shown in Table 2, across all outcomes, cases with a longer duration of services experienced more child welfare involvement than cases with a PSOP duration under four months.

One possible explanation is that families who interact with case workers for a longer period may be more likely to have a report of alleged maltreatment made by the case worker, who, as a mandated reporter, interacts regularly with the family. Families under increased surveillance may be more likely to be reported, though these reports — like most reports — are typically unsubstantiated. Another possible explanation is that families requiring longer services may have had higher needs before, during, and after their participation in PSOP, making them more likely to subsequently engage with the child welfare system.

A limitation of this analysis is that while we could examine the duration of PSOP services, we could not assess the intensity of services provided. Although workers are required to meet with families at least once a month, in practice, meetings may occur more or less frequently. A family may receive intensive services over a few months or meet only sporadically over a year. Future research could explore how the frequency of meetings, or other measures of service intensity, may relate to subsequent child welfare outcomes.

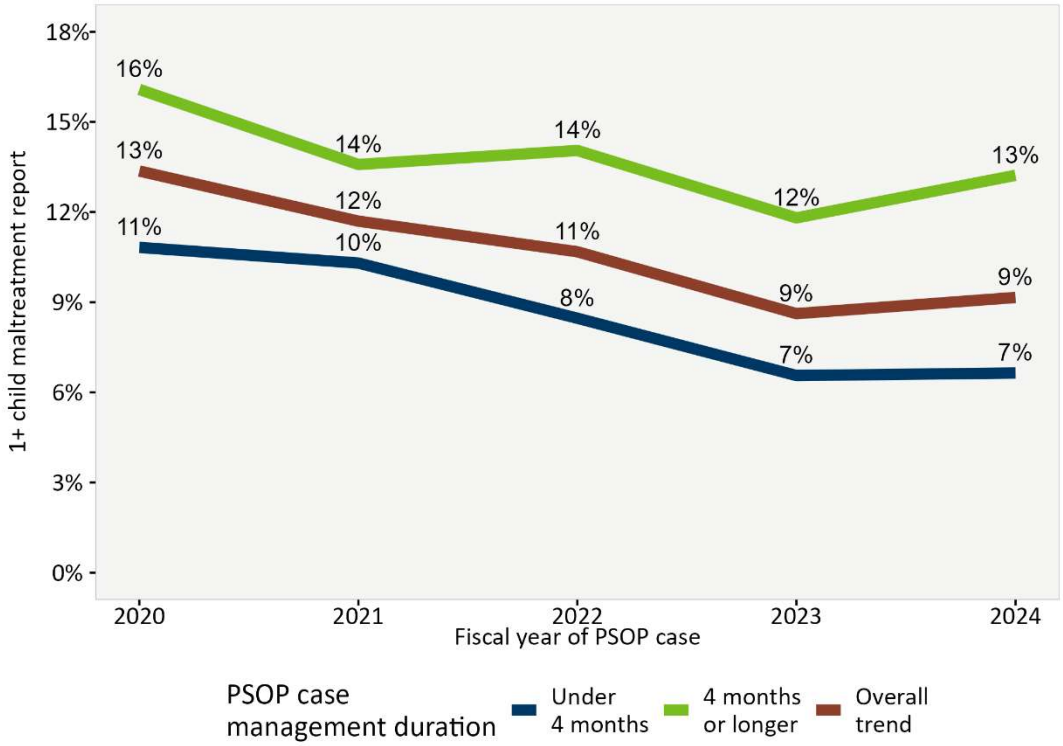
Table 2. Child welfare outcomes (in months 4-12) by duration of PSOP case management, fiscal years 2020-2024.

Duration of PSOP services	Under 4 months	4 months or longer	Total

N	4,671	3,245	7,916
No Report	82%	74%	78%
Neglect Allegation	12%	18%	15%
Screened-in Report	8.4%	14%	11%
Family Investigation	2.8%	4.6%	3.5%
Maltreatment Determination	0.9%	1.4%	1.1%
Neglect Determination	0.8%	1.0%	0.8%

Figure 8 displays trends of screened-in child maltreatment report over time by duration of case management. For all cases, there was a gradual decrease in screened-in child maltreatment reports over time.

Figure 8. Time trends for screened-in child maltreatment reports (in months 4-12) by duration of PSOP case management, fiscal years 2020-2024.



Use of Flexible Funds

Some, but not all, agencies use their PSOP dollars as flexible funds to support families. These funds can help cover expenses such as groceries, transportation, home repairs, and other basic needs. Agencies vary in whether they provide these funds, how often they do so, and how much they provide to each family.

When a PSOP county makes a payment toward an expense for a case, workers record the transaction in SSIS. We used this data to examine flexible fund use across PSOP cases. As shown in Figure 9, the percent of PSOP cases

receiving any flexible funds varies by county. Among counties that did provide funds, most appear to do so for approximately half or more of their cases.

Figure 9. PSOP cases where flexible funding was used by county, fiscal years 2014-2024.

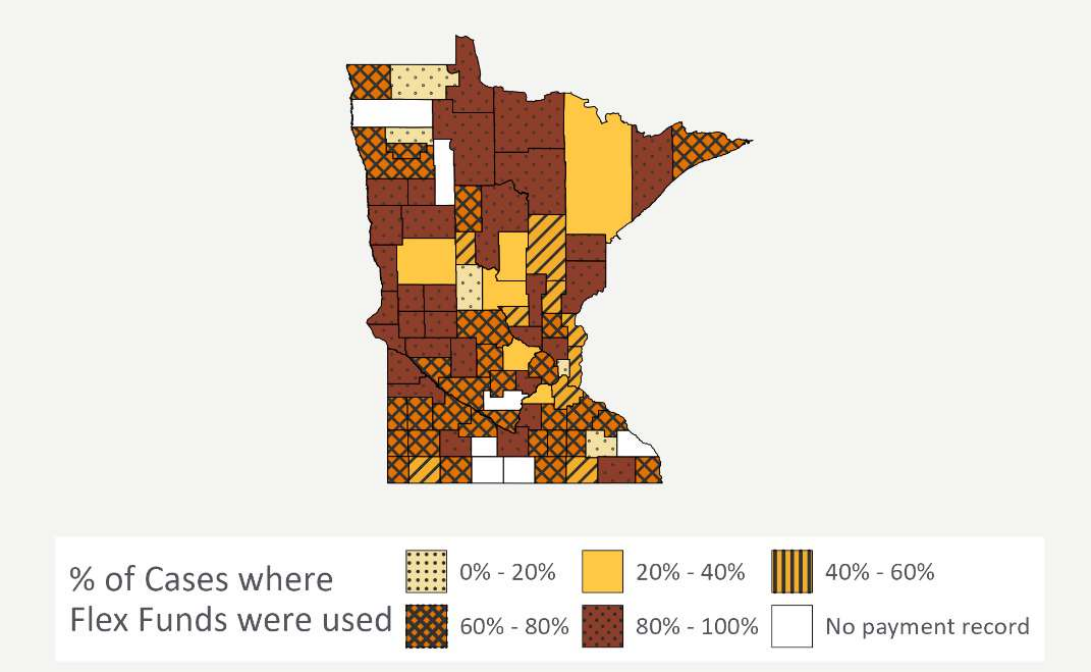
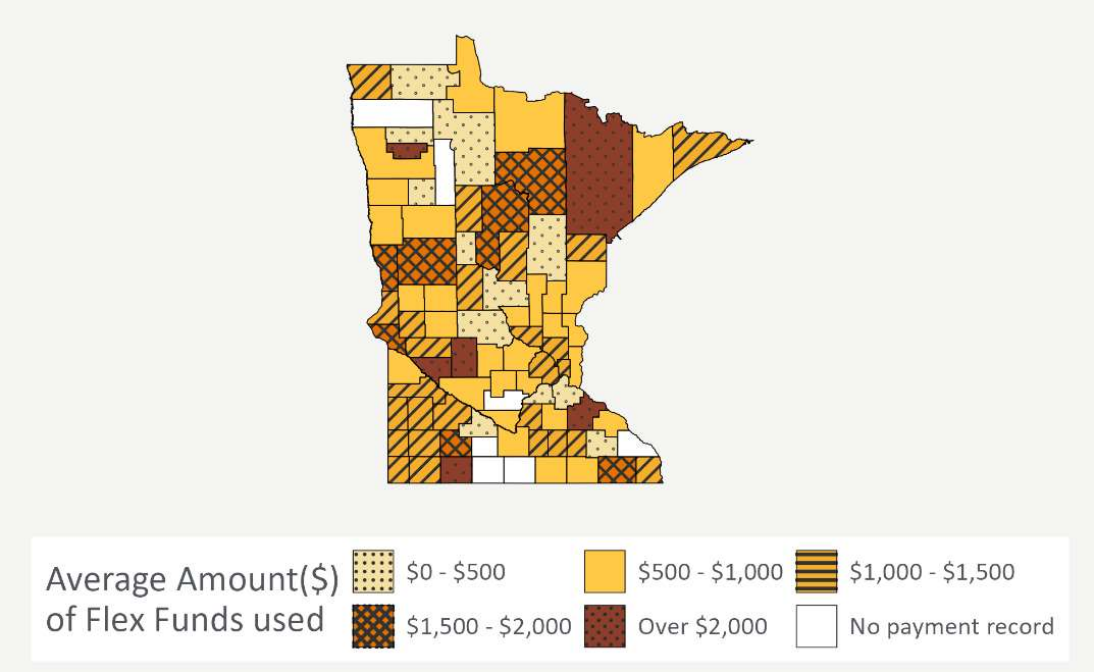


Figure 10 shows the average amount of flexible funds among PSOP cases that received funds in each county. The counties that did not use flexible funds are shown in white. Across the state, the average payment amount per case when using flexible funds was $1,131.96.

Figure 10. PSOP cases' average amount of flexible funds used by county, fiscal years 2014-2024.



As discussed above, counties can provide concrete supports by providing flexible funds to families, which can be in the form of gas or grocery cards, rent, or contributing towards utility bills, among others. We identified all PSOP cases that received flexible funds and compared their subsequent child welfare reports to the group of PSOP cases that did not receive flexible funds (Table 3). We found that cases receiving flexible funds experienced more child welfare involvement than those who received no flexible funds.

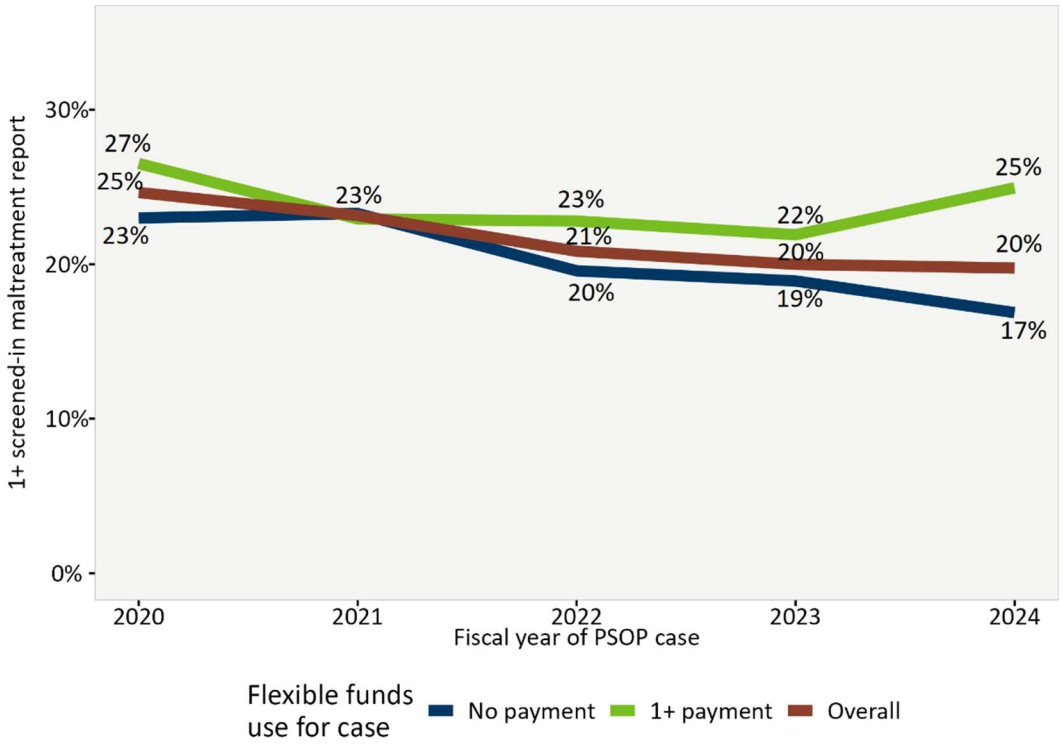
This is contradictory to what might be hypothesized (that families receiving flexible funds to cover needs would experience *less* subsequent child welfare involvement), but it is likely that cases receiving these funds had greater financial need and/or other higher risk factors than cases that did not. Additional analysis could help untangle the relationship between the use of these funds and participant outcomes.

Table 3. Child welfare outcomes by use of flexible funds, fiscal years 2020-2024.

PSOP Flexible Funds	No flexible funds	Flexible funds	Total
N	6,397	3,963	10,360
No Report	64%	56%	60%
Neglect Allegation	26%	33%	29%
Screened-in Report	20%	23%	21%
Family Investigation	7.4%	8.8%	7.9%
Maltreatment Determination	2.6%	3.1%	2.8%
Neglect Determination	1.8%	2.3%	2.0%

Figure 10 shows the trend of screened-in reports by receipt of flexible funds over the past 5 years. This trend has remained fairly stable over the last five years—though with a small increase in screened-in reports for cases that received flexible funds in Fiscal Year 2024

Figure 10. Time trends for screened-in child maltreatment reports by use of flexible funds, fiscal years 2020-2024.



Household Risk Factors

Connections to public benefits and rates of subsequent maltreatment reporting

To understand the relationship between public benefit use and child welfare outcomes, we categorized cases into three groups: 1) no connection to public benefits, 2) began receiving new benefits during the first four months of PSOP services, or 3) already receiving benefits and continued to do so.

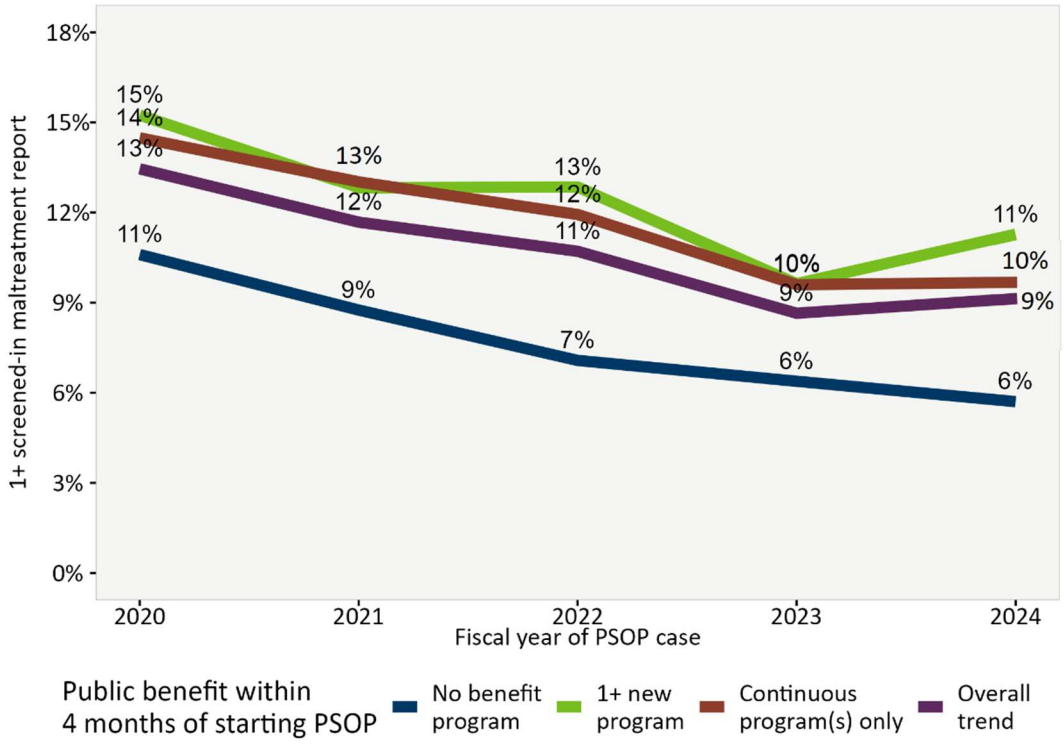
We found that cases with no connection to public benefits had less subsequent child welfare involvement than the other groups, as shown in Table 4, while cases that began or continued benefits had higher rates of subsequent maltreatment reports. This, in part, runs counter to a large body of research that additional resources can reduce child welfare system involvement (e.g., Farrell et al., 2018; Rostad et al., 2020). It may be, instead, families receiving benefits may have greater need. Alternatively, families connected to public benefits may have more system involvement, increasing the chances of a maltreatment report. More evaluation is needed to understand the association between public benefit receipt and maltreatment outcomes.

Table 4. Child welfare outcomes (in months 4-12) by receipt of public benefits, fiscal years 2020-2024.

Connection to Public Benefits during first 4 months of PSOP services	No	Yes, new benefit(s)	Yes, continuous benefit(s) only	Total
N	2,483	3,217	2330	8,030
No Report	83%	75%	77%	78%
Neglect Allegation	10%	17%	16%	15%
Screened-in Report	7.5%	12%	12%	11%
Family Investigation	2.0%	4.7%	3.7%	3.6%
Maltreatment Determination	0.6%	1.4%	1.2%	1.1%
Neglect Determination	0.2%	1.2%	1.0%	0.8%

Figure 11 shows the percentage of cases that had a screened-in child maltreatment report depending on their connection to public benefits over time. For all groups, there has been a decline in screened-in reports over time. There was a slight increase in screened-in reports between Fiscal Years 2023 and 2024 for cases that started a new public benefit program.

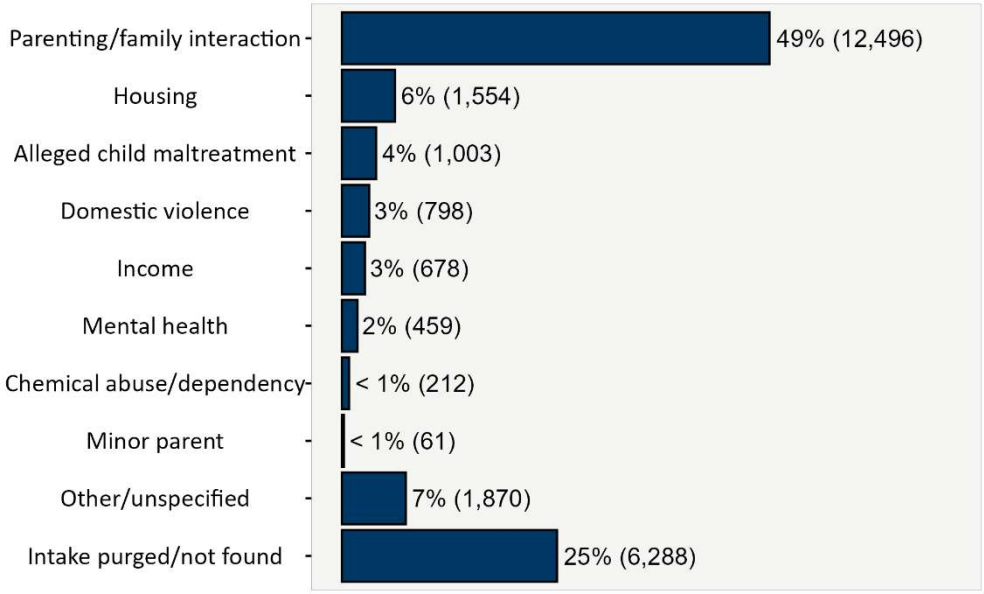
Figure 11. Time trends for screened-in child maltreatment reports (in months 4-12) by receipt of public benefits, fiscal years 2020-2024.



Risk Factors in PSOP Cases

Figure 12 shows that the most common primary presenting problem at intake was parenting or family interaction, identified in nearly half of all cases. This category includes issues such as family conflict, parent-child relationships, and parenting skills. Importantly for interpretation of these findings, case workers, rather than families themselves, identify families' presenting problems. An intake record was not found for nearly one-quarter of cases, likely due to data deletion for cases older than five years (see Appendix Table 5).

Figure 12. Types of presenting problems from PSOP case intake, fiscal years 2014-2024.



We see 58% of cases (Table 5) where alleged child maltreatment was the presenting problem experienced a subsequent child maltreatment report. Families who proceeded through the system with this presenting problem also had more screened-in reports and went on the family investigation track more often that families with most other presenting problems, but these families experienced approximately the same percentage of maltreatment determinations compared to families with most other presenting problems.

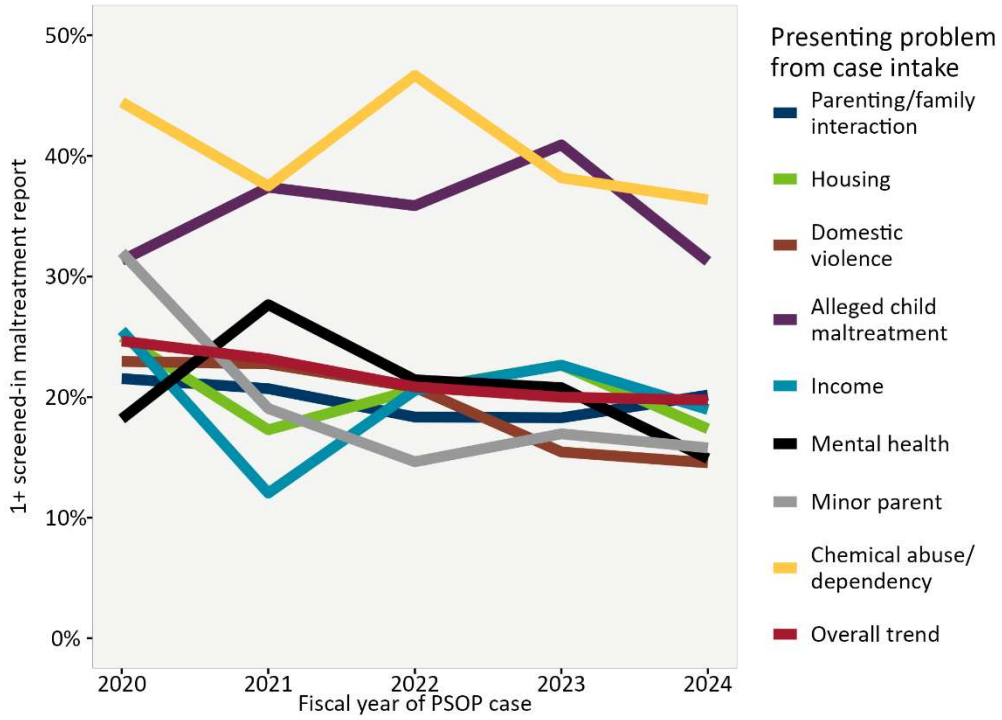
Families with chemical abuse/dependency as the primary problem were only about 1% of PSOP cases, but had much higher rates of maltreatment, and specifically neglect, determinations compared to cases with other presenting problems.

Table 5. Child welfare outcomes by presenting problem at PSOP intake, fiscal years 2020-2024.

Intake Presenting Problem	Parenting/ family interaction	Housing	Domestic violence	Alleged child maltreatment	Income	Mental health	Minor parent	Chemical abuse/ dependency	Other/ unspecified	Total
N	6,093	950	555	459	392	329	186	121	1,007	10,360
No Report	63%	63%	66%	42%	65%	58%	59%	40%	57%	61%
Neglect Allegation	27%	26%	22%	44%	27%	26%	32%	46%	34%	29%
Screened-in Report	20%	20%	20%	36%	19%	21%	19%	41%	25%	21%
Family Investigation	7.2%	8.1%	8.3%	11%	5.9%	9.1%	4.3%	22%	8.5%	7.9%
Maltreatment Determination	2.5%	2.8%	2.7%	4.4%	2.3%	2.1%	1.6%	12%	3.4%	2.8%
Neglect Determination	1.7%	2.1%	2.2%	3.3%	1.5%	1.8%	0.5%	9.9%	2.5%	2.0%

Most presenting problems have a similar rate of screened-in reports of around 20 percent. Substance use disorder (recorded in SSIS as chemical abuse/dependency) disorder has a notably higher percentage of screened-in reports in Fiscal Years 2022, with this percentage dropping in 2023 and 2024, though this only about represents 120 cases or 1.1 percent over the period.

Figure 13. Time trends for screened-in child maltreatment report by presenting problem at PSOP intake, fiscal years 2020-2024.

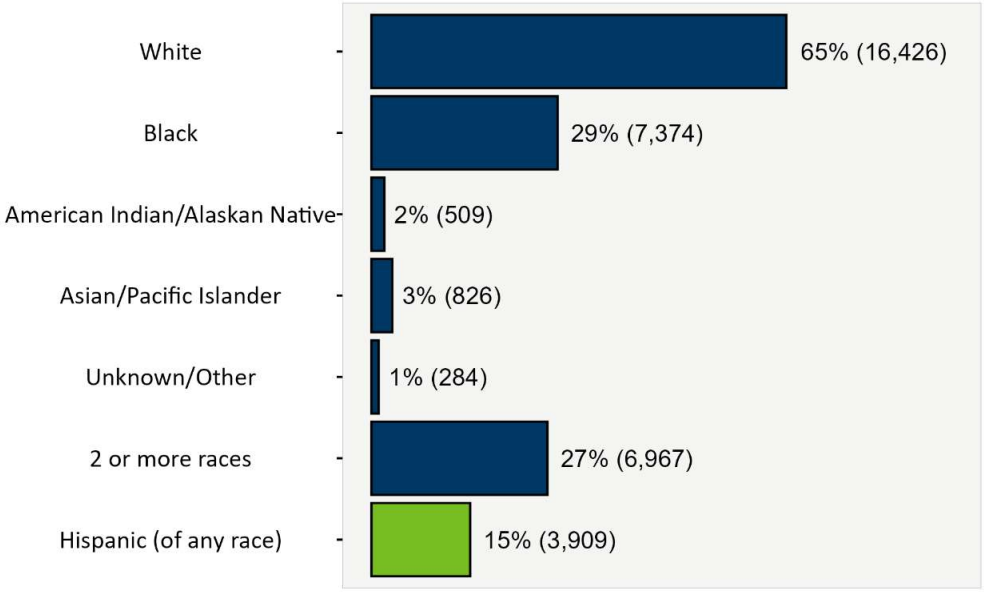


Sociodemographic Factors

Race and Ethnicity

Figure 3 shows the number and percentage of cases by race and ethnicity from the full study population (FY 2014–2024, N = 25,419). Categories are inclusive, so cases may appear in multiple groups. Each case includes at least one member who self-identified with that race or ethnicity. Cases with multiracial members were categorized as “two or more races,” and any case with a Hispanic member was categorized as Hispanic. Therefore, the percentages in Figure 3 total more than 100 percent.

Figure 14. Race and ethnicity of PSOP cases, fiscal years 2014-2024.



The largest group was white, with nearly two-thirds of cases including at least one individual who identified as white. The next largest groups were Black and two or more races, followed by smaller percentages of Asian/Pacific Islander, American Indian/Alaska Native, and unknown/other. Data from two participating Initiative Tribes were excluded from the study, given state policies to show deference to data sovereignty. Additionally, 15 percent of cases included at least one individual who identified as Hispanic.

Part of our analysis examined variation in child welfare outcomes based on sociodemographic factors such as race/ethnicity and age of the youngest child, as well as case characteristics such as service duration, type, provider, and presenting problem.

Table 6 presents the proportion of PSOP cases that had a subsequent child welfare event within 12 months of starting a PSOP case, stratified by race and ethnicity. Because SSIS allows individuals to select multiple races and ethnicities, these categories are not mutually exclusive. Cases were counted in each relevant race category and, when appropriate, also grouped under “two or more races.” As a result, totals across groups exceed the number of individual cases.

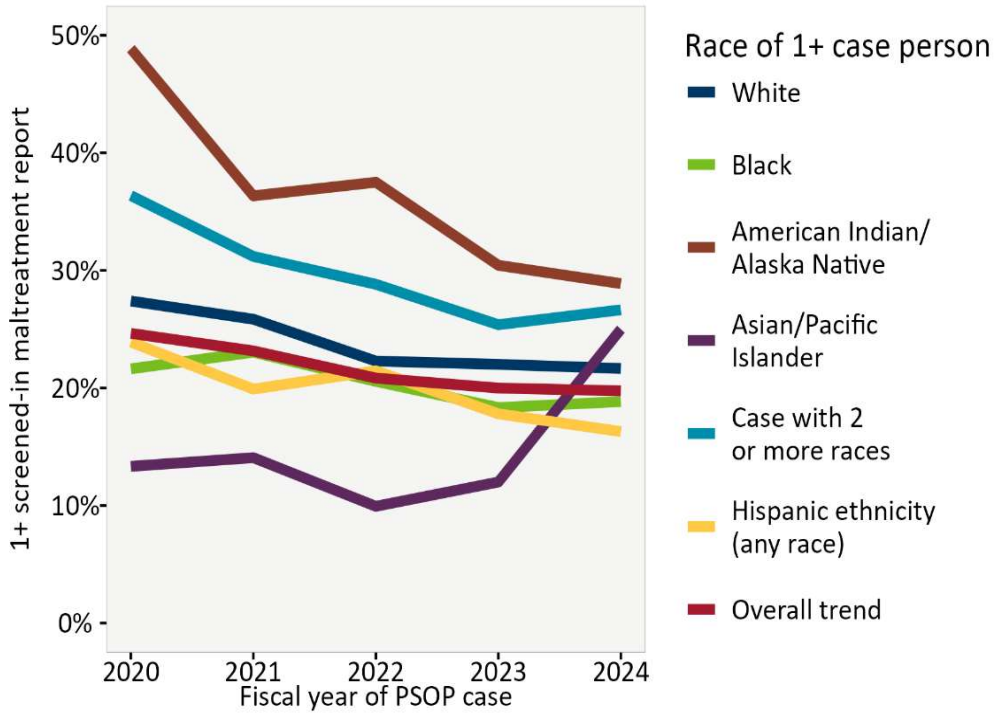
American Indian/Alaska Native families had the highest rates of child welfare involvement following PSOP participation. In contrast, Asian/Pacific Islander families were only half as likely to experience subsequent involvement — the lowest of all racial and ethnic categories. Black families experienced fewer child welfare outcomes than white families, while families categorized as two or more races had the second highest rate of involvement. These findings align with Minnesota’s most recent annual child maltreatment report, which similarly found that American Indian and Alaska Native families are disproportionately represented in the child welfare system. This suggests that factors beyond PSOP services — including increased contact with mandated reporters, racial bias in reporting, historical trauma, and poverty — likely contribute to the disparities observed.

Table 6. Child welfare outcomes by race and ethnicity of any person in the case, fiscal years 2020-2024.

Race/Ethnicity	White	Black	American Indian/Alaska Native	Asian/Pacific Islander	Two or more races	Hispanic, any race	Total
N	6,832	4,420	1,730	640	2,958	1,691	10,360
No Report	55%	65%	44%	72%	50%	63%	61%
Neglect Allegation	33%	26%	43%	19%	38%	27%	29%
Screened-in Report	24%	20%	35%	14%	29%	20%	21%
Family Investigation	8.7%	7.4%	14%	5.9%	11%	7.4%	7.9%
Maltreatment Determination	3.1%	2.3%	5.0%	2.5%	3.7%	2.4%	2.8%
Neglect Determination	2.2%	1.7%	3.9%	1.9%	2.8%	1.6%	2.0%

Figure 15 displays these trends over time for screened-in child maltreatment reports. American Indian/Alaska Native cases and cases with 2 or more races have both declined over the past 5 years. Asian/Pacific Islander cases increased between Fiscal Years 2023 and 2024. All other racial groups remained fairly stable over time.

Figure 15. Time trends for screened-in child maltreatment reports by race and ethnicity, fiscal years 2020-2024.

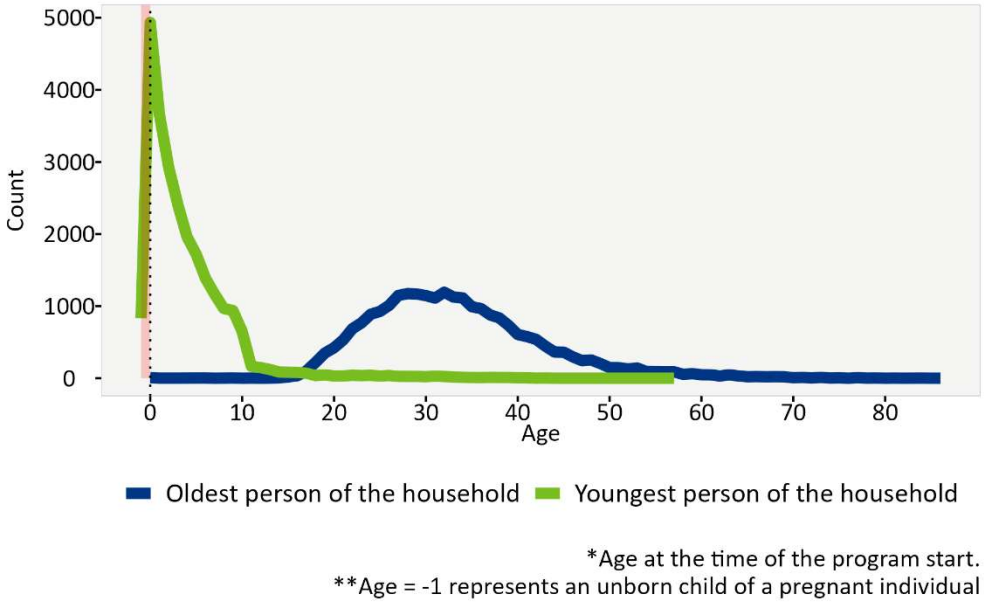


Age of Individuals in PSOP Cases

Figure 16 shows the distributions of the ages of the oldest and youngest members of each PSOP case. The green line represents the youngest member of the PSOP case. Because expecting families may receive PSOP services, children who have yet to be born are represented as less than 0 years old. PSOP cases most often contain a very young child, with the most common youngest member of the household in infancy and then dropping sharply as children age. The blue line represents the oldest member of the PSOP case.

This distribution increases steadily in the late teens and peaks at approximately 30 years old before steadily declining and flattening out around age 60. While the majority of oldest PSOP members are around 30 years old, there is a wide variance.

Figure 16. Age of oldest and youngest individual in each PSOP case, fiscal years 2014-2024.



In Table 7, we categorized the age of the youngest member in the case at the time the PSOP case opened. The age category most likely to have had any report matches the age when children start going to school (6-10), but the proportion of cases to experience a subsequent child welfare report is not much different than the three younger age groups. Overall, the share of cases with a subsequent report when the youngest member of the cases is age 10 or younger ranges from 37% to 42%. It falls to 29% for the age 11-17 group. While current eligibility requirements do not allow cases where the youngest child was older than 10, during the covid pandemic, eligibility requirements were changed to allow participation of families with older children.

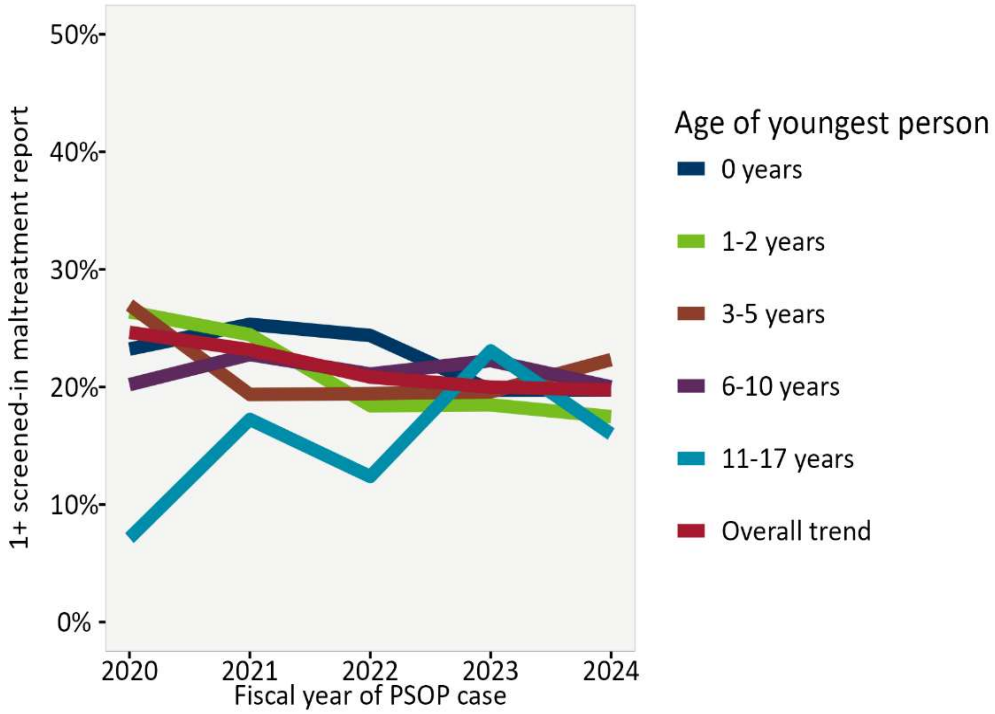
Table 7. Child welfare outcomes by age of youngest person, fiscal years 2020-2024.

Age of Youngest Person in Case	0	1-2	3-5	6-10	11-17	Total
N	2,411	2,659	2,506	2,112	411	10,360
No Report	60%	63%	60%	58%	72%	61%
Neglect Allegation	30%	28%	28%	30%	21%	29%
Screened-in Report	23%	21%	21%	22%	16%	21%
Family Investigation	9.0%	7.4%	6.7%	7.4%	6.1%	7.9%
Maltreatment Determination	3.2%	2.9%	2.1%	1.8%	2.4%	2.8%

Age of Youngest Person in Case	0	1-2	3-5	6-10	11-17	Total
Neglect Determination	2.2%	2.2%	1.8%	1.2%	1.9%	2.0%

These trends are largely stable over time. In Figure 17, you can see that there was an increase in cases receiving a subsequent screened-in child maltreatment report for the 11-17 age group corresponding with the COVID pandemic, which then stabilizes from Fiscal Year 2021 on.

Figure 17. Time trends for screened-in child maltreatment reports by age of youngest child, fiscal years 2020-2024.



Conclusion

This report describes key characteristics of the families who have participated in PSOP, how the program has served those participants, and their subsequent child welfare outcomes. Between fiscal years 2014-2024, most families served by PSOP were BIPOC or multiracial. Most PSOP families have a young child (under age 5). PSOP is designed to be a short-term program and the median duration of services was four months. Over half of the families entered PSOP with parenting/family interaction as their primary presenting problem at intake.

PSOP is designed to support families facing challenges, so all participating families experience stress factors, with most referred due to a prior screened-out maltreatment report. Despite this, the majority (61%) of families receiving PSOP services had no further child welfare involvement in the year following their enrollment. Additionally, only a small percentage (3%) of PSOP participants had a maltreatment determination within a year of starting the program.

All PSOP programs provide short-term intervention services to families through case management. However, counties have a great deal of flexibility in how they administer PSOP, and we found that it is implemented differently around the state. Counties differ in who administers the program (dedicated PSOP staff, workers who are responsible for child protective services and PSOP cases, or community workers), how much funding they receive, and what kinds of resources and programs they refer families to. Most, but not all, counties use flexible funds for their PSOP cases to pay for basic needs and services. Counties vary widely in how much they spent on average on each PSOP cases, ranging from $200 to over $5,000. We also found that 9 of 84 counties that responded to a 2024 survey contracted out some or all of their PSOP services.

Three key findings from our PSOP outcome analysis point to opportunities for future evaluation.

First, we found that in counties where some or all PSOP services were contracted out, fewer cases were subsequently involved in child welfare reporting and investigation compared to counties delivering all services with county staff. This aligns with forthcoming DCYF recommendation to move PSOP into a community-based setting (MN DCYF, 2025). However, due to measurement limitations, we could not determine which individual cases received contracted or community-based services. The descriptive methods used in this report, importantly, were not designed to determine whether or not contracting out—or some other factors—is causing fewer maltreatment reports, but further evaluation could better understand the relationship.

Second, we observed that families receiving more intensive services—such as PSOP payments, connections to public benefits, or longer case management—had higher rates of child welfare involvement in the year following PSOP enrollment. Families with greater needs may experience both heightened stress on the family and more intensive monitoring. This can increase reports through both objective need for support and from more frequent contact with state systems. In this way, families engaged more deeply or for longer periods with county or state services may be more likely to have a report.

Findings from the 2024 “Thriving Families, Safer Children Initiative” similarly showed that families reported fear of increased surveillance when seeking prevention services like PSOP (MN DHS, 2024). Mandatory reporting requirements may contribute to this fear; in 2021, more than 78% of child maltreatment reports came from mandatory reporters (MN DHS, 2023). Additionally, a systematic review of screening thresholds found about a quarter of children reported to Minnesota child protection services ultimately did not require services (MN DHS, 2024). These findings, taken together, indicate that many families may enter the system unnecessarily through reports by mandatory reporters. Our findings show there might be important variation therein (e.g., cases where chemical dependency or alleged maltreatment were the primary presenting issues were more likely to be screened in). This is further complicated by the fact that while PSOP workers select a single primary problem, many underlying issues—such as income, housing, parenting, mental health, and chemical dependency—are

interconnected with poverty. Families receiving more intensive services likely face greater underlying risks, although further analysis could help identify how to better match services to family needs.

Finally, our analysis suggested that PSOP families with greater financial needs, indicated by service use and public benefit connections, experience more subsequent child welfare involvement. As a short-term program with limited financial assistance capacity, PSOP may not sufficiently address these families' broader needs. Future evaluation could explore service details (such as service duration, flexible fund use, and public benefits connections) and more closely examine the characteristics of subsequent maltreatment reports.

This descriptive analysis provides a detailed view of PSOP's current implementation, revealing important variations across sociodemographic groups and geography. Yet it leaves many critical questions unanswered—particularly about cause, effect, and the mechanisms driving observed trends—questions that only deeper evaluations can address. Even so, this analysis lays a crucial foundation for strengthening PSOP and advancing better outcomes for families.

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