

# **Minnesota Integrated Services Project: Participant Characteristics and Program Implementation**

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Services, and Population**

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## **EXECUTIVE SUMMARY**

This report presents interim results for the evaluation of the Minnesota Integrated Services Projects (ISP) operating in eight sites across the state. Conceived by the Minnesota Department of Human Services (DHS) and enacted in 2005, the ISP seeks to address the needs of long-term cash assistance recipients in the Minnesota Family Investment Program (MFIP), many of whom are in danger of reaching their time limit on cash assistance benefits. The project was designed to address the serious and complicated barriers these families face by requiring a more coordinated response from the human service system. To this end, DHS provided grants to eight sites to address the multiple needs of long-term MFIP recipients. ISP aims to improve both economic and family-related outcomes for this population by increasing access to more comprehensive services that address multiple needs, coordinating services provided by multiple service systems, and focusing on the needs of both adults and children in the household.

This paper is the second report in an ongoing evaluation of the Minnesota ISP. It documents the implementation and operational experiences of the eight sites involved in the project, providing baseline information on participants' demographic and economic characteristics and the prevalence of a wide range of employment-related barriers, and presenting changes in economic and other outcomes for program participants within a short (six-month) follow-up period.

### **Origin and Goals of the Minnesota ISP**

MFIP is Minnesota's Temporary Assistance to Needy Families (TANF) program and, like most TANF programs across the country, it requires all cash assistance recipients to work or participate in employment-related services or risk financial penalties (known as sanctions). MFIP also establishes a lifetime limit on the receipt of cash benefits of 60 months, with some extensions allowed, and allows recipients to keep some of their benefits when they go to work, until their income reaches 115 percent of the federal poverty level. While the MFIP program has experienced considerable success in moving some individuals off welfare and into work, concerns have grown over how to meet the needs of those who remain on cash assistance for long periods of time.

Program administrators in Minnesota developed the ISP in response to a number of challenges they were facing. First, many of those remaining on welfare had multiple barriers to employment that made it difficult to successfully transition from welfare to work, including mental health issues, chemical dependency, disability, issues with Child Protection Services, domestic violence, housing problems, and children with special needs. Moreover, many of these barriers were not diagnosed or identified until individuals were close to meeting their time limits on cash assistance and little time was available to provide needed assistance. Finally, the service delivery systems that provided support for these diverse problems were organized around single-issue expertise, often with little communication or coordination across different systems. Communication among agencies providing these different services could be difficult because of varying

goals, target populations, eligibility rules, and program practices, resulting in a fragmented set of services for the families who needed them most.

DHS established four primary goals of the ISPs: (1) to identify employment barriers earlier in the family's time on cash assistance; (2) to work with both adults and children in each family; (3) to fundamentally change the way services are delivered so they are provided in a manner that is accessible, integrated, and cost-effective; and (4) to identify policy and system issues that interfere with the delivery of services to the adults and children in these families. Eight sites representing diverse locations across the state were selected for the ISP: Anoka County, Chisago County, Crow Wing County, Hennepin County, Ramsey County, the Red Lake Band of Chippewa Indians, St. Louis County, and Washington County. The Chisago and St. Louis projects are regional in nature and include several surrounding counties. Each site received funding to operate their program for three years, although recently resources were provided to extend the ISPs an additional year.

When developing the ISPs, DHS did not provide a specific definition of "service integration." While certain partners were mandated (county human services agency, a managed health care plan, and a community-based health clinic), ISP sites were given significant discretion in determining how to structure and operate their service integration models. This approach builds on the county-administered welfare system in Minnesota, where counties are given significant latitude in designing a range of programs.

To understand the ISPs in Minnesota, it is useful to discuss the meaning of "service integration." The desire to simplify and streamline client processes through service integration is often cited as a solution to the wide range of uncoordinated programs that exist at the local level. Over the years, the terms "integration" and "coordination" as well as "collaboration" and "linkages" have often been used interchangeably and with varying connotations and meanings. It is generally recognized that there is no single definition of service integration.

While the coordination of service delivery systems usually takes place at the local level, studies have shown that a initiative to coordinate may either be locally developed ("bottom-up" coordination) or may be encouraged or imposed by federal or state officials ("top-down" coordination). Studies also recognize a distinction between *administrative* and *operational* service integration strategies. Administrative strategies are "behind the scenes" system changes, such as reorganizing government agencies to consolidate program administration and functions; collaborating in planning, management, and oversight; integrating a wide range of service providers in local systems; and blending funding streams. In contrast, operational strategies are those that directly affect client/worker processes, including co-locating staff from multiple programs and organizations; developing common client intake, assessment, and case management services; consolidating case plans and staff functions; and integrating staff from multiple agencies into teams. Administrative service integration strategies typically have more ambitious goals and are focused on reforming the delivery system. Operational strategies have more modest goals and are focused on linking clients to existing services and

uniting various service providers, without altering the program budgeting or funding process, service agency responsibility, or organizational structures.

## **The ISP Evaluation**

The ISP evaluation, funded by the McKnight Foundation and DHS, is a multi-component study employing a range of research strategies and data sources. The evaluation includes an implementation study; a study of participants' employment, welfare, and family-related outcomes based on administrative data; and a nonexperimental analysis examining the effects of the interventions on increasing participants' employment and earnings and reducing their welfare receipt.

The report studies individuals who enrolled in the program April 2005 through June 2006, a total of 987 participants across all sites. The Urban Institute is tracking ISP participants with administrative data provided by the State of Minnesota that show each individual's monthly welfare and food stamp benefits and their quarterly earnings in jobs covered by the Minnesota unemployment insurance (UI) program. For this report, data on employment and welfare history before enrollment are available, with post-enrollment data for a short six-month follow-up period available for about two-thirds of the participants. Later reports will cover a longer follow-up period for all ISP participants.

The study also examines data from the Employability Measure, an instrument developed by DHS for program staff to assess and track participant outcomes in 11 areas related to economic success: child behavior, dependent care, education, financial, health, housing, legal, personal skills, safe living environment, social support, and transportation. These data are available at the time individuals enrolled in the program and, for a small number of participants, about six months after enrollment.

Other data sources include participants' self-reported responses at ISP enrollment to a number of questions regarding specific barriers, including mental health, chemical dependency, learning disabilities, and criminal history, collected when they enrolled in the program. The implementation study is based on site visits by Urban Institute staff to each program, as well as a review of a sample of ISP case files in each site to document the types and levels of services received by ISP participants within a 6 to 18 month follow-up period.

## **Target Group and Characteristics of ISP Participants**

- **The ISPs established a broad target group of individuals on MFIP who have significant barriers to employment without specifically defining the type, number, or severity of barriers. A few sites target a more narrow population.**

Because of the nature of the eligibility criteria, there is significant discretion in determining who is eligible for and referred to the ISP. The program in Ramsey is unique in that it specifically targets individuals with mental illness. In addition to serving a broader range of families, Anoka targets individuals who are likely to be eligible for the

Supplemental Security Income (SSI) program, a federal income supplement program for the disabled, and assists them in applying for the program.

The most common method the sites use to identify appropriate families for ISP is direct referrals from the MFIP program. Some ISPs also receive referrals from other agencies, although this is less common. While the ISPs initially had difficulty getting an adequate number of referrals from MFIP staff, this improved over time. The ISP program staff undertook marketing efforts to help MFIP staff understand the defined target population and services offered, and these efforts greatly improved referral levels. MFIP staff often have significant latitude in determining which families will be referred to the program. In part because of the need to meet enrollment goals, the vast majority of those referred to the program are accepted as long as they meet the eligibility criteria.

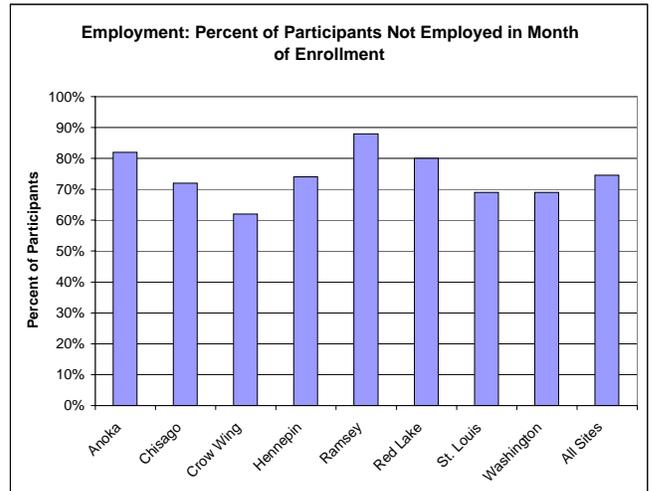
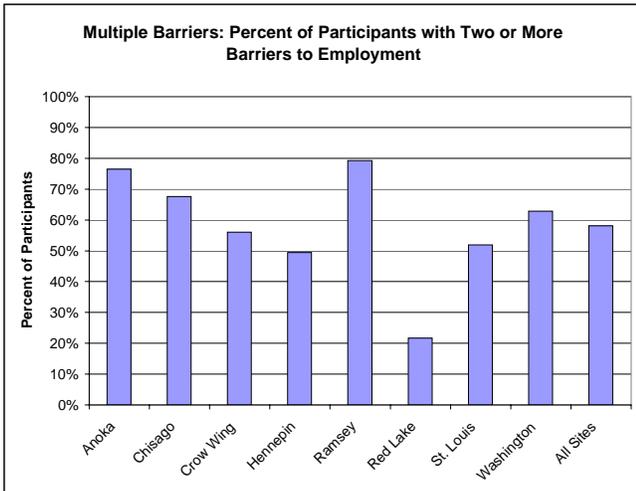
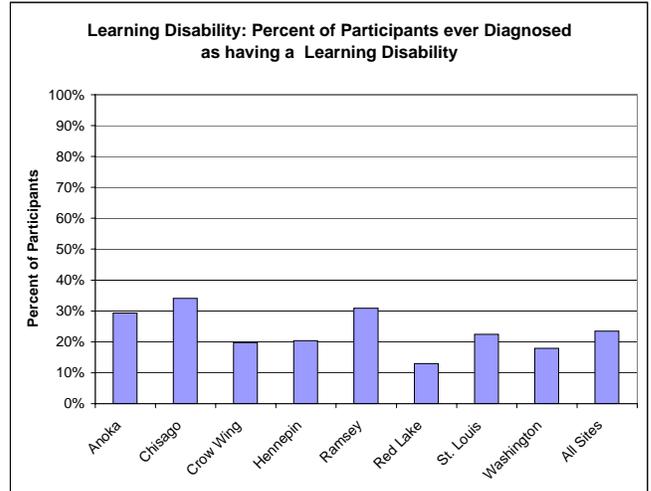
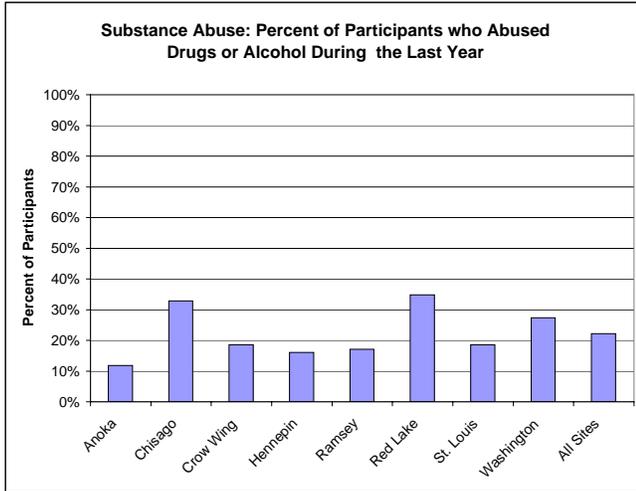
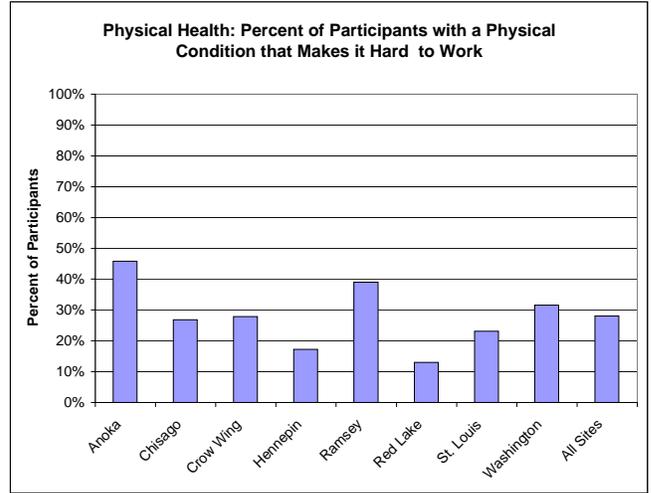
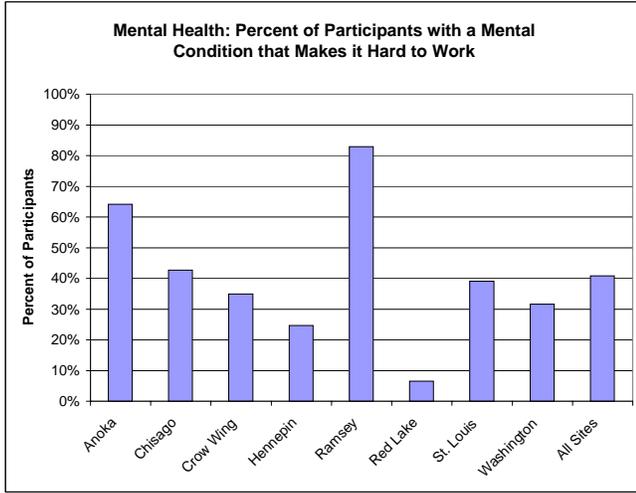
- **ISP participants had a wide range of employment-related barriers, with mental health barriers the most prominent in most sites. A significant portion also had multiple barriers to employment.**

Exhibit ES-1 shows the incidence of a range of selected barriers based on participants' self-reports, including a mental condition that makes it difficult to work, a physical condition that makes it difficult to work, abuse of drugs or alcohol in the past year, ever being diagnosed with learning disabilities, and having two or more barriers to employment. The level of mental health barriers reported by ISP participants is striking in some sites. More than one-third of ISP participants in several sites reported that they had a mental condition that made it hard to work, with close to or more than double this proportion in Anoka and Ramsey counties. An even higher rate of participants had ever been diagnosed with depression (not shown in exhibit). In several sites, these levels of mental health barriers are higher than those observed in other studies of welfare recipients, although in other sites they are comparable.

A smaller but still significant segment of ISP participants reported barriers related to physical health, substance abuse, learning disabilities, and domestic violence issues. When averaged across the sites (with each site given equal weight), almost 30 percent of all ISP participants reported having a physical condition that made it hard to work. Over 20 percent reported substance abuse issues, and nearly one-quarter had been diagnosed with learning disabilities at some point in their lives. In addition, 18 percent had confirmed domestic violence in the past year and a surprisingly large number (31 percent) had spent time in jail or prison (not in exhibit). This population also exhibited a high prevalence of multiple barriers to employment, with over 50 percent reporting two or more barriers on average across the sites and about 33 percent having three or more barriers in several sites.

The Employability Measure also provides information on participants' barriers, as rated by ISP staff based on interviews covering 11 employment-related areas. Although there are some differences across sites, the instrument shows that health (which includes mental, physical, and chemical health issues), financial balance between income and expenses, lack of social support networks, inadequate personal skills related to employment, and transportation issues were the barriers for which ISP participants were

**Exhibit ES - 1: Prevalence of Selected Employment-Related Barriers Among ISP Participants at Enrollment, by Site**



at the lowest levels, with over 50 percent receiving a 1 or 2 on a 4- or 5-point scale (depending on the measure) in many sites. Other barriers measured by this instrument, including child behavior, dependent care, education, housing, legal, and personal safety, were less prevalent although still problems for some participants.

Interestingly, and despite these barriers, the majority of ISP participants have some prior attachment to the labor force, indicating that many are able to work at least sporadically. Based on an analysis of UI records, when averaged across all sites, almost three-quarters of participants were employed at some point in the two years before enrollment. Employment in the month of enrollment was significantly lower, with about 25 percent of ISP participants working at this time (see exhibit ES-1). Still, these rates of employment are particularly noteworthy given the ISPs' focus on hard-to-employ MFIP recipients. Income levels were below the poverty level in the month of enrollment, with three-quarters of participants' income coming from public assistance benefits. According to MFIP administrative records, receipt of MFIP was also high for this population. When averaged across the sites, participants received MFIP benefits two-thirds of the time in the two years before enrollment, and they had used over half their months on MFIP that count toward the five-year time limit. As discussed, Minnesota allows individuals to combine work and welfare until their income reaches 115 percent of the poverty level, which might account for the relatively high rates of both employment and benefit receipt.

- **Anoka and Ramsey counties served the most disadvantaged populations as measured by the prevalence of a wide range of barriers, particularly the incidence of mental and physical health problems and weaker connections to the labor market.**

Anoka and Ramsey stand out in the disadvantages of their participants compared with the other sites, particularly their lower levels of employment and earnings, higher rates of benefit receipt, and the prevalence of employment-related barriers, particularly mental and physical health, learning disabilities, personal skills, and social support networks. This difference is due to the targeting of these initiatives, with Ramsey focusing on those with mental health issues and Anoka serving a large segment of individuals who are likely to be eligible for SSI.

Participants in Red Lake also do not report the same level or range of barriers as many of the other sites, although substance abuse and transportation are major concerns. Given the significantly low prevalence of barriers in this site (except for substance abuse), it appears that some items issues may be underreported by participants—perhaps owing to cultural norms of Native Americans or the small community in which the program operates that makes it difficult to reveal certain problems.

## Key Findings on Program Implementation

- **By design, the ISP programs are small and operated by well-established organizations in each community. All programs established partnerships with other organizations to serve ISP participants, although most do not have connections with a wide number of partners from other service delivery systems. Linkages with experts in mental health, child protection, substance abuse, and public health are most common.**

Exhibit ES-2 briefly describes each ISP. County social service agencies play an important role in several programs and serve as the lead operational agency in two sites. However, in five programs, the lead organization is a nonprofit community-based organization. These organizations bring a range of expertise to the program, and some have experience as MFIP employment service providers. With the exception of Crow Wing, the ISPs complement but are separate from the standard MFIP program in each county. Programs in the ISP are small by design, with target enrollments of 100 to 200 participants. Staff size ranges from 5 to 12 individuals.

Staff at Minnesota DHS play an important role in assisting sites in developing and maintaining the ISPs and have been an important partner in the initiatives. State staff conducted multiple site visits to each of the ISPs—holding discussions with program staff, reviewing cases, developing an understanding of specific problems and concerns in individual sites, and providing technical assistance as needed.

Reflecting the need to address the prevalence of mental health barriers, four programs established partnerships that provide expertise in this area. Three programs involve partners to assist with child protection services, three include a public health component, and two have partnerships to provide expertise in chemical dependency issues. While all the ISPs partner with a managed health care plan as required, in many programs, these organizations did not play a significant role.

Overall, the ISPs generally limited the number of partners from other service delivery systems that they established formal connections with and focused on establishing linkages with a few key organizations. Given the inherent difficulty of developing service integration efforts, starting with a focus on a few key linkages may be appropriate. Yet, with some exceptions, most programs did not expand the number of partners involved in their programs as they matured.

For some ISPs, this closely followed their initial plan proposed to DHS. In particular, four ISP sites (Anoka, Chisago, Crow Wing, and St. Louis) generally maintained their original key partnerships over the course of the project thus far, although with some redefining of responsibilities and/or addition of services. Hennepin is notable for making more significant changes to its initial program design by adding institutional partners. In the other sites, several partnerships did not work out as intended, with some partners less involved in the ISP than originally planned. Of all the sites, the program in Red Lake clearly has had the most trouble getting off the ground and implementing its model as

**Exhibit ES-2**  
**Minnesota Integrated Services Projects**

**Team-based approach**

**Anoka.** This, project, housed in the Anoka County Human Services Division, features a multidisciplinary service team that provides intensive case management and service coordination for participants. Staff specialize in specific areas, including juvenile and criminal justice, employment and vocational rehabilitation, public health, child protection, mental health, chemical dependency, and housing, and participants are assigned to a case manager based on the barriers they are facing. A staff disability advocate assists participants with the SSI application process. Whenever possible, services for the family are provided in-house by the project team, though team members also connect with other professionals involved with the family.

**Crow Wing.** Operated by Crow Wing County Social Services (CWCSS), this project builds on a segment of the county's existing MFIP program that targets hard-to-employ MFIP recipients, the Tier 3 program. MFIP recipients who have not found a job through the county's standard MFIP program are transferred to a MFIP outreach specialist at CWCSS who provides case management services and referrals to appropriate community resources. Supervisors from Child Protection Services (CPS) and Chemical Dependency divisions at CWCSS provide guidance and enhance coordination of services. An ISP specialist works with chemically dependent mothers, and a nurse from the Crow Wing Public Health Agency is also available to provide services as needed and participate in monthly staff meetings.

**Hennepin.** Sponsored by NorthPoint Health and Wellness Center, Inc., a community-based health and human services agency, the core service of this program is one-on-one case management provided by Family Facilitators employed by NorthPoint as well as several MFIP employment service providers. Family Facilitators connect participants and their families with services in the community that address employment and other barriers. Staff from African American Family Services and Turning Point, two community-based social service agencies, assist participants with chemical dependency and domestic violence issues, and an onsite psychologist provides mental health assessments and counseling.

**Service brokering approach**

**Chisago.** This program operates in a five-county region and is managed by Communities Investing in Families, a nonprofit organization with experience working with low-income families. Family advocates work one on one with participants to address barriers, refer them to additional resources in the community, and coordinate with MFIP employment counselors and other service providers who work with their clients.

**Red Lake.** This project is operated by the Tribal Council of the Red Lake Band of Chippewa Indians. Through multidisciplinary case management, community workers link hard-to-employ MFIP recipients with appropriate services and programs on the reservation, such as GED courses. The program also provides transportation assistance and instruction in traditional work activities for clients, such as wreath-making, beading, and gardening.

**St. Louis.** This project is operated in four counties by a set of community action agencies and the Minnesota Chippewa Tribe. Family employment advocates assess the needs of families and work with them one on one to help connect them with appropriate community resources to address a range of issues, including transportation, housing, substance abuse, child care, child support, probation, education, mental health, physical health, and domestic violence.

**Washington.** Operated by HIRED, a nonprofit organization that provides MFIP employment services, this project aims to reduce the likelihood that residents will relocate and assist those who have relocated to reestablish services in Washington County. Its larger goal is to facilitate case coordination across systems for families involved with multiple service providers. Integrated Services coordinators complete an in-depth assessment, make individualized referrals to a wide range of services, and communicate with other professionals involved with the family to better coordinate services. The program has established a close working relationship with the county's community mental health clinic to ensure quick access to psychological evaluations and mental health services for clients.

**Single service approach**

**Ramsey.** This initiative integrates mental health rehabilitation expertise into the county MFIP employment services program, while accessing new funding outside the regular MFIP allocation. The ISP provides financial support to several providers to meet capacity and certification standards to provide services under Adult Rehabilitative Mental Health Services (ARMHS). ARMHS aim to help individuals with serious mental illness improve functionality, and services are billed directly to Medical Assistance (Minnesota's Medicaid program). Each agency has flexibility to provide ARMHS services or partner with an agency that provides ARMHS services.

intended. Primarily because of changes in leadership and shifting priorities, key partnerships were never established, and the level of services provided to participants is relatively low compared to the other sites.

- **A key component of all the ISPs is the program staff, who identify participant barriers and coordinate program services through a strong case management system. The ISPs' models for integrating services relied primarily on the efforts of these case managers in bringing services together, rather than coordinating larger service delivery systems.**

A key goal of the Minnesota ISP is to develop partnerships with other service delivery systems (including public agencies and community-based organizations) to “integrate” services that address the needs of long-term MFIP recipients. We observed three different, although not mutually exclusive, approaches for integrating services in the ISP sites: (1) a *team-based approach*, which involves bringing staff with expertise in different areas together to provide services to ISP participants, with all staff housed at the same physical location. Participants may work with different staff or more than one staff person depending on their needs and the issues they are facing at a particular time; (2) a *service brokering approach*, where program staff are responsible for referring participants to other agencies in the community and coordinating these services based on the individual needs of participants (also used to some extent by sites using the team approach); and (3) a *single service approach*, unique to Ramsey, which focuses on providing in-depth assistance in one service area—mental health. Exhibit ES-2 shows the type of approach used by each site.

There appear to be several reasons for the focus on operational rather than systemwide service integration in the ISPs. First, the basic parameters of the ISP initiative may not have been sufficient to achieve systemwide change. DHS did not provide specific guidance on the type of service integration to be established, in large part reflecting the flexibility generally given to counties in the MFIP program. While providing flexibility was an important element of this initiative, an unintended effect may have been that it did not provide the leverage needed to involve other service delivery systems, many of which faced their own set of demands and constraints. Second, the projects were designed to operate for a limited duration (3 years initially) and sites did not typically undertake longer-term planning that more ambitious efforts may require. Third, because the ISP programs are small, system-wide integration, which would potentially affect a much greater number of families, did not generally appear warranted to some. Finally, in two sites, the ISP was launched in several counties simultaneously. Both these sites found it difficult to manage both implementation across several counties and within a single service delivery system, let alone working with multiple service systems in multiple counties.

- **While using different models, each ISP provides a high level of service in multiple areas, with assistance with mental health, employment, transportation, and child-related issues most common. Low caseloads allow program staff to maintain frequent contact with participants.**

Although frequency varies across sites and among individual staff, staff consistently report very frequent contact with participants, with many maintaining weekly contact with clients over long periods of time. An important aspect of ISP model in all sites is that staff have very low caseloads, ranging between about 10 to 40 cases. This caseload size generally allows staff adequate time to address the multiple barriers affecting these families. In addition to working with participants, many staff strive to make connections with staff from other service delivery systems that may be providing services to participants. ISP staff were generally not successful in bringing these different workers together for in-person case conferences, but depending on the nature of a specific case, they often had phone contact with other individual workers involved with the family, typically on an as-needed basis. Across the sites, ISP staff typically had frequent communication with the participants' MFIP employment counselor.

A case-file review for a sample of cases was conducted in each site examined whether participants received assistance in specific areas from program staff within the follow-up period. This shows high rates of assistance in multiple areas in most sites, reflecting both the voluntary nature of the program, where those who are enrolled have an interest in receiving services, and the intensive nature of the services provided by program staff. It also reveals substantial differences across sites in the types of services provided, demonstrating the differing program goals and design of each of the sites' ISPs as well as differences in the needs of their clientele. Although service assistance rates were strong across sites, the Crow Wing program provided the highest level of assistance in multiple areas, including mental and physical health, child-related issues, housing, domestic violence, and other public programs. Not surprisingly given the issues encountered in launching the ISP in Red Lake, this site had the lowest level of assistance receipt.

Reflecting the high prevalence of mental health barriers, assistance with a mental health issue was widely received across all sites, with about 57 percent of ISP participants receiving some sort of mental health assistance (when averaged across the sites), which typically included referrals to counseling services or therapy. A primary goal of the ISP was to more effectively address the needs of the entire family, and most programs showed high levels of assistance in addressing the needs of participants' children. This was a very common area for providing assistance, with over half of ISP participants (when averaged across the sites) receiving assistance in with child-related issues. While the ISPs focused on addressing a range of barriers and issues, our site visits and case-file review indicate that employment was emphasized, although to varying degrees, in ISPs. Among all participants in our sample, about two-thirds participated in some type of employment-related services or activities, with individual job search, usually conducted one on one with their case manager, the most common. Providing insights into the breadth of services provided, we found that across sites participants received services in six assistance areas on average within the follow-up period.

## Key Findings on Program Outcomes

- **Although conclusions of program effectiveness cannot be drawn for this analysis, ISP participants overall experienced statistically significant increases in employment and earnings and decreases in welfare receipt, and improved scores on measures related to family and personal outcomes within roughly a six-month follow-up period.**

The ISPs are designed to improve participants' economic levels, including employment, earnings, and welfare receipt levels, as well as a range of family-related outcomes as measured by the Employability Measure. These include living environment, personal skills, social support, child behavior, physical and mental health, housing, transportation, and legal issues. While statistically significant improvements were measured overall on many of these outcomes and in several sites, conclusions should not be drawn from these data at this point for several reasons.

First, these results provide information on how ISP participants are faring six months after enrollment, but they do not measure how directly the program was responsible for producing the result. Increased employment of ISP participants could, for example, result from stronger economic conditions and not the efforts of the ISP program. Second, six months is a short follow-up period. Given the disadvantaged nature of the population, many participants are likely still working with ISP program staff and these results are likely not indicative of the longer-term effects of ISP. Finally, follow-up information is not available for all the ISP participants included in this report, particularly for outcomes measured by the Employability Measure. A future report will include nonexperimental analyses that allow us to better examine the effects of the ISP program on participants' outcomes over a longer follow-up period.

## Issues for Consideration

The ISP sites have made significant progress in establishing partnerships and providing participants with services in a wide range of areas, with many receiving assistance in multiple areas. While sites vary, the ISPs are generally targeting a disadvantaged population with significant barriers to employment, although it is a population that does have some attachment to the labor market. It is too early to tell whether these efforts will result in increased employment and earnings or improved personal or family outcomes. Based on these analyses, there are several issues could be considered in moving forward with this and other service integration efforts:

**A different type of effort may be needed to integrate services at the system level rather than the operational level.** While the Minnesota ISP has provided a comprehensive set of services to its participants, for the most part, it did not successfully reduce the number of systems individuals are involved in or coordinate the actions of these systems. Rather, the ISP focuses on identifying a wide range of services that are appropriate for individuals and assisting individuals in accessing these services, sometimes through working with individual staff in other service delivery systems. If achieving a more systemic type of service integration is a goal, stronger mandates or

guidance may be needed from state or county officials. The ISPs found it difficult to achieve systemic change without the leverage provided by this type of “top-down” approach. The ISP programs were also very small and designed to operate for a limited period, which made it difficult to effect broader, long-run changes in the service delivery system. At initial implementation, focusing on a single geographic area may also be more productive than developing pilots covering a wider region.

**To further develop the ISPs with more limited institutional partnerships, consideration should be given to bringing in additional partners that address the key barriers faced by ISP participants.** Given the complex needs of those with mental and physical health issues and the specific training required to address them, this may be an important area for ISPs to further develop expertise more generally. A few ISPs have already included in-house or easily accessible mental health professionals or public health nurses. Other partnerships, such as those with organizations providing expertise in substance abuse or child protection systems, may also be appropriate. It may be useful for both DHS and the ISP sites to reevaluate the role of managed health care plans in the program. Many sites had difficulty integrating these services into their programs, although sites that have made more progress in developing this partnership may be instructive to others.

**The “team” approach, with a range of expertise provided in house, offers some clear advantages from an operational perspective.** At this point, it is too early to draw conclusions on the effectiveness of different models in absence of an analysis of longer-term outcome data. However, in terms of achieving service integration, it appears that sites using the team approach are closer to achieving this goal. Under this approach, staff with expertise in range of areas and a clear understanding of ISP objectives are available at the program office, with no additional referrals or scheduling needed to receive assistance. Particularly regarding mental health, an area of particular concern for this population, the ISP programs often experienced delays in scheduling and receiving completed mental health assessments and assistance, even from organizations that were program partners, due to the level of community demands for their services. Increasing the number of in-house partners also makes case conferencing, where staff representing different perspectives discuss key issues and made recommendations, a standard activity rather than occasional event. Many sites found that it was difficult to put together case conferences with staff outside the ISP who were providing services to an individual.

**Strengthened employment retention and advancement services are an important program component to consider.** The analysis in this report indicates that while ISP participants face barriers to employment, many work, although sporadically and at low levels of earnings. This finding indicates that efforts to help individuals stay in and advance in their jobs may be important to consider, rather than exclusively focusing on job placement.

**More narrow targeting criteria would result in a better focus on the hard-to-serve population.** The broad eligibility criteria established for the program in most sites meant the MFIP staff often had significant latitude in determining which families would be referred to the program. Anoka and Ramsey, with their more specific eligibility criteria,

succeeded in serving a more disadvantaged population. Given the limited number of program slots, tightening the eligibility criteria and enacting a more formal review of cases accepted to the program would focus services on those who need them most. This focus would have to be coupled with extensive outreach efforts that many sites are already operating to ensure an adequate number of referrals. This is a careful balancing act, as too stringent eligibility criteria can negatively affect enrollment. However, Anoka and Ramsey succeeded in both targeting services and meeting enrollment goals.

**Many services needed and provided to this hard-to-employ population do not count toward federal TANF participation rates.** The experiences of the ISP sites in providing services needed by hard-to-employ MFIP recipients demonstrate that much of the assistance provided requires a time commitment on the part of participants but is in activities that do not count toward this rate. While even this hard-to-employ population participated in some employment-related activities, it was often done in conjunction with other barrier-alleviation activities and was not at a sufficient level to meet the TANF participation rates. This is important to recognize in developing plans to address the requirements of the Deficit Reduction Act of 2005, which effectively establish higher participation requirements for the TANF program.

**Sustainability is a growing concern in most sites.** At the time of our site visits, when most sites were anticipating moving into the final year of their project, many were concerned about the long-term sustainability of their projects when ISP funding ends. Although funding for another year was subsequently provided, several programs indicated they could not continue operating without the funds provided by the ISP grant. Even the Ramsey County program, which was designed specifically to be financially self-sustaining, encountered significant problems that will make this difficult. Providing intensive services to a hard-to-employ population requires additional resources, which are difficult to identify and garner in most of these sites.

Overall, the experiences of the ISPs illustrate that providing comprehensive services to address the varied problems of long-term welfare recipients can be a complex undertaking, requiring time to develop and establish the projects, as well as a strong commitment by staff and other organizations and partners at the community level.

## I. Introduction

The passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 set the course for a work-oriented welfare system by establishing the Temporary Assistance to Needy Families (TANF) program, requiring many welfare recipients to enter the labor market and imposing a lifetime limit on cash assistance of 60 months. In the wake of these reforms, policymakers and program operators have a renewed interest in what kinds of services and supports are best able to help long-term welfare recipients find and keep jobs. Despite advances in the development of programs that help recipients find jobs, a significant portion of the welfare caseload remains on the rolls for long periods either not working or working sporadically. Many of those who remain on welfare have multiple barriers to employment that make it difficult to successfully move from welfare to work. Because of its wide-ranging needs, this population is often involved in multiple but uncoordinated service delivery systems.

In 2005, the Minnesota Department of Human Services (DHS) initiated a new effort that seeks to address the needs of long-term cash assistance recipients in the Minnesota Family Investment Program (MFIP), many of whom are in danger of reaching their time limit on cash assistance benefits. To this end, DHS provided grants to eight sites to address the multiple needs of long-term MFIP recipients. Reflecting its focus on bringing together multiple service systems to address the needs of this population, the project is known as the Minnesota Integrated Services Project (ISP). ISP aims to improve both economic and family-related outcomes for this population by increasing access to more comprehensive services that address multiple needs, coordinating services provided by multiple service systems, and focusing on the needs of both adults and children in the household.

This paper is the second report in an ongoing evaluation of the Minnesota ISP funded by the McKnight Foundation and DHS, documenting the implementation and operational experiences of the eight sites involved in the project, providing baseline information on participants' demographic and economic characteristics and the prevalence of a wide range of employment-related barriers in this population, and describing changes in economic outcomes among participants within a short (six-month) follow-up period. Subsequent reports will track longer-term employment, earnings, welfare, and other outcomes for program participants and assess the extent to which the interventions were able to improve economic and other outcomes for these individuals.

This section of the paper provides an overview of the ISP and sites and projects included in the initiative. Section II discusses how each site defined its target population and then presents comprehensive information on the characteristics of ISP participants at the time of enrollment in ISP. Section III provides an overview of the basic structure and staffing and discusses the strategies the sites used for integrating services. Section IV describes the primary services provided by the ISPs and the experiences of ISP participants in the program. Finally, section V discusses the short-term economic and family-related outcomes for ISP participants. Summary profiles of each project are provided in appendix A.

## **Policy and Program Context**

Like most TANF programs across the country, the Minnesota Family Investment Program (MFIP) requires all cash assistance recipients to work or participate in employment-related services or risk financial penalties (known as sanctions) and establishes a lifetime limit on the receipt of cash benefits of 60 months. MFIP also provides a generous earned income disregard, which allows recipients to keep more of their benefits when they go to work. While MFIP has successfully moved some individuals off welfare and into work, concerns have grown over how to address the needs of those who remain on cash assistance for long periods.

Research and program experience have recognized the substantial number of welfare recipients with barriers to sustained employment (Burt 2002). Forty percent of the caseload that receives cash assistance through the TANF program nationally has been identified with significant barriers, 20 percent of those with multiple barriers (Loprest 2001). In 2003, 13 percent of MFIP-eligible adult cases had a severe mental health diagnosis, and 17 percent generated a child protection assessment (Minnesota DHS 2004). A longitudinal study of long-term MFIP recipients finds large proportions have been homeless, have health or mental health problems, or have been treated at some point for chemical dependency (Minnesota DHS 2002). Many problems of the hard to employ are concurrent (e.g., mental illness and substance abuse; mental illness and very basic skill functioning; domestic violence, child abuse, and health and behavioral problems among family members).

The current service delivery systems providing support for this range of problems are generally organized around single-issue expertise, with little communication or coordination across different systems. Indeed, as part of a study of the needs of individuals who are facing a time limit in Minnesota, DHS found that significant proportions of the long-term MFIP caseload had received diagnosis or services through other public systems, including mental health, chemical dependency, disability, child protection, domestic violence, and services for children with special needs (Chazdon 2005).

Communication among the agencies providing these different services can be difficult because of varying goals, target populations, eligibility rules, and program practices, resulting in fragmented services for the families who need them most. Recognizing that the serious and complicated barriers these families face required a more coordinated response from the human services system, DHS provided grants to eight sites across the state to address the multiple needs of long-term MFIP recipients. The ISP is focused on improving the performance of the current MFIP for this hard-to-employ population by providing more comprehensive and integrated services to address the particular needs of each family member.

## **Defining Service Integration**

To understand the ISPs in Minnesota, it is first useful to discuss the meaning of “service integration” as well as the potential benefits and drawbacks of this approach based on past studies and efforts in this area. The desire to simplify and streamline client processes through

service integration is often cited as a solution to the wide range of uncoordinated programs that exist at the local level (Ragan 2003). Over the years, the terms “integration” and “coordination” as well as “collaboration” and “linkages” have often been used interchangeably and with varying connotations and meanings. It is generally recognized that there is no single definition of service integration (Corbett and Noyes 2004). Service integration efforts are organized with different goals, management, structure, and partners, although they share the common goal of creating a system that improves outcomes for clients.

While the coordination of service delivery systems usually takes place at the local level, studies have shown that a initiative to coordinate may either be locally developed (“bottom-up” coordination) or may be encouraged or imposed by federal or state officials (“top-down” coordination) (Martinson 1999). With top-down integration, federal and state officials may develop requirements that local agencies coordinate the delivery of specific types of services, or offer advice or incentives to promote collaboration. Coordination is sometimes required in legislation; at other times, requirements are contained in administrative communications ranging from the personal initiatives of key officials to joint policy statements or agency regulations.

Studies also recognize a distinction between *administrative* and *operational* service integration strategies (Ragan 2003; see also U.S. General Accounting Office 1992). Administrative strategies are “behind the scenes” system changes, such as reorganizing government agencies to consolidate program administration and functions; collaborating in planning, management, and oversight; integrating a wide range of service providers in local systems; and blending funding streams. In contrast, operational strategies are those that directly affect client/worker processes, including co-locating staff from multiple programs and organizations; developing common client intake, assessment, and case management services; consolidating case plans and staff functions; and integrating staff from multiple agencies into teams. Administrative service integration strategies typically have more ambitious goals and are focused on reforming the delivery system. Operational strategies have more modest goals and are focused on linking clients to existing services and uniting various service providers, without altering the program budgeting or funding process, service agency responsibility, or organizational structures. The most comprehensive examples of service integration occur where both operational and administrative changes have been implemented (Ragan 2003).

Studies point to the substantial benefits that can accrue to both clients and programs through service coordination and integration (Martinson 1999). These efforts often enable clients to access a wider range of services than would otherwise be available. Agencies may be able to reduce duplicative services with coordination or they may be able to provide new or expanded services. Clients may also experience reduced barriers to accessing services—primarily through a simplified referral process that reduces the cost and time associated with accessing services. From the agency perspective, the benefit is to reduce the duplication of services, refocus resources on new or extended services, offer a wider range of services, and increase knowledge and communication among program staff.

While there are clearly many benefits of coordinated services to both clients and programs, past studies and experiences show that there are barriers that make coordination and integration difficult (Sandfort 2004; Corbett and Noyes 2004; Hutson 2004). These include bureaucratic barriers and “turf” protection, differing philosophies or missions, differences in performance measures, legal or regulatory issues, incompatible management information systems, and different eligibility rules. The combination of these factors can be daunting to some coordination efforts and are most likely responsible for problematic past efforts.

## **Project Goals and Sites**

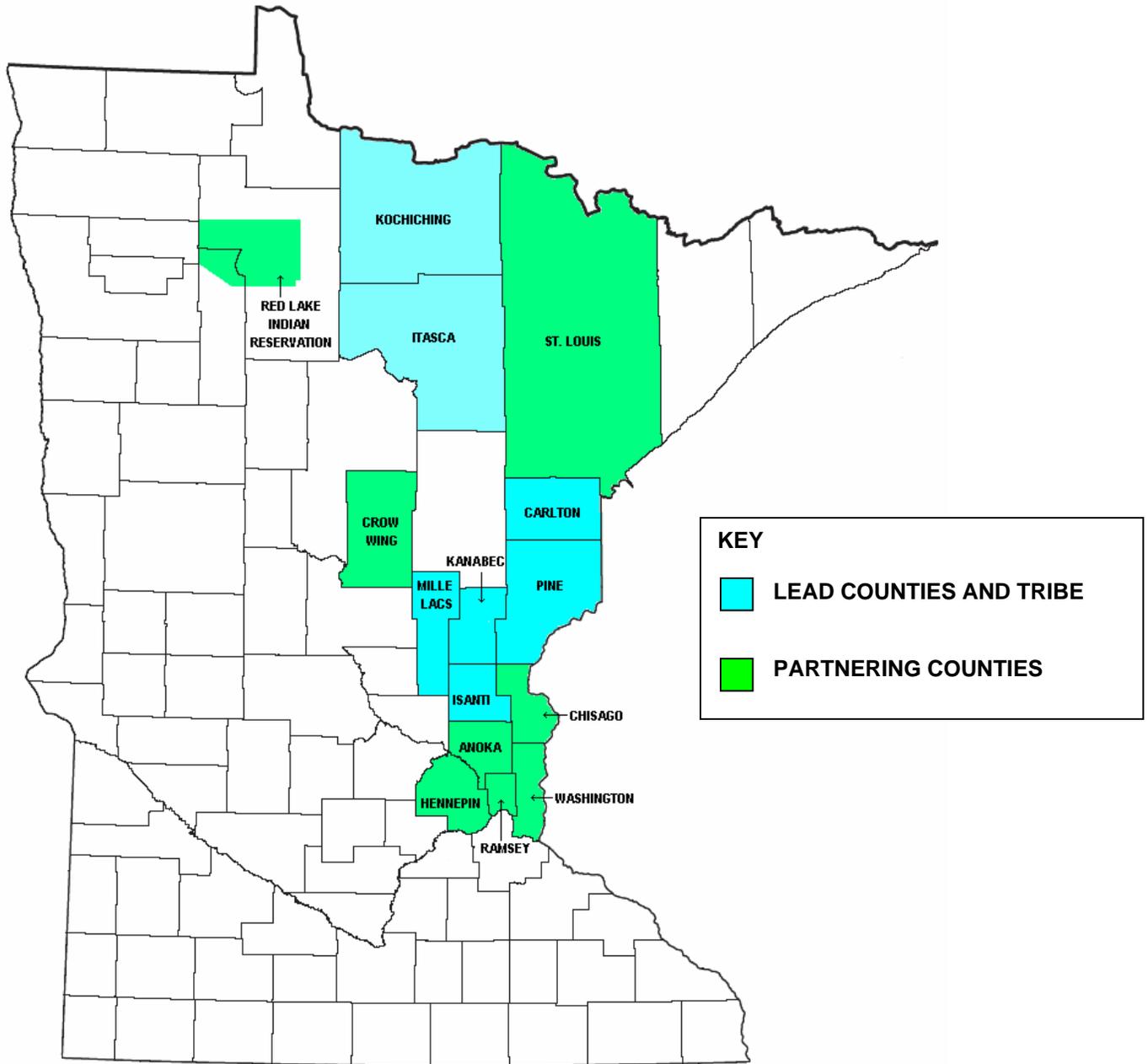
Minnesota DHS identified four primary goals of the Integrated Service Projects to address issues facing long-term welfare recipients: (1) to identify employment barriers earlier in the family’s time on cash assistance; (2) to work with both adults and children in each family; (3) to change fundamentally the way services are delivered so they are provided in a manner that is accessible, integrated, and cost-effective; and (4) to identify policy and system issues that interfere with the delivery of services to the adults and children in these families.

While this “top-down” service integration effort was initiated at the state level, DHS did not provide a specific definition of “service integration.” While certain partners were mandated (county human services agency, a managed health care plan, and a community-based health clinic), sites were given significant discretion in determining how they structured and operated their service integration models. This approach builds on the county-administered welfare system in Minnesota, where counties are given significant latitude in designing a range of programs.

The Minnesota ISP aims to improve both economic outcomes related to improved employment, earnings, and welfare receipt, as well as other noneconomic outcomes related to family functioning. These outcomes include improving family outcomes on a range of measures such as living environment, personal skills, social support, child behavior, physical and mental health, housing, transportation, and legal issues. To assist the sites in measuring progress on these family-related outcomes, DHS provided an instrument for program staff at all sites to assess and track participant outcomes in these areas on an ongoing basis, known as the Employability Measure. DHS also provided screening tools designed to assess barriers in several areas including mental health, chemical dependency, learning disabilities, and criminal history, known as the MFIP Self-Screen and the Brief Screening Tool for Special Needs (discussed further below).

Eight sites representing diverse locations across the state were selected for the ISP: Anoka County, Chisago County, Crow Wing County, Hennepin County, Ramsey County, the Red Lake Indian Nation, St. Louis County, and Washington County (see exhibit 1-1). Two of the sites serve surrounding counties under their ISP grant: the St. Louis program also serves Carlton, Itasca, and Koochiching counties and the Chisago program serves a five-county area that also includes Isanti, Kanabec, MilleLacs, and Pine counties. Each site received funding to operate their program for three years, although recently resources were provided to extend the ISPs an additional year.

**Exhibit 1-1**  
**Location of the Minnesota Integrated Services Projects**



Map created using U.S. Census Bureau Tiger Map Service.

The ISP sites represent a range of urban, rural, and suburban locations with substantial variation in many socioeconomic characteristics (see table 1-1). Hennepin and Ramsey counties are urban counties with strong economies, but their MFIP caseload comprises a greater proportion of minorities and immigrants. Both Anoka and Washington are suburban counties with higher levels of education and income and lower levels of poverty than the other sites, although the MFIP caseload in Anoka is similar to the urban counties in terms of its lower

education levels and diverse racial composition. The St. Louis program encompasses a wide geographic area that consists of one urban area (Duluth). The Chisago and Crow Wing programs operate in primarily rural areas. These sites also have higher levels of unemployment and lower levels of education than many of the other sites. Finally, the Red Lake program operates on the Red Lake Reservation, a very disadvantaged area in terms of its economy, education, and income levels.

## **The ISP Evaluation and Data Sources**

The ISP evaluation, sponsored by DHS and funded by the McKnight Foundation and DHS, is a multicomponent study employing a range of research strategies and data sources. The evaluation includes an implementation study; a study of participants' employment, welfare, and family-related outcomes based on administrative data and information collected through the Employability Measure; and a nonexperimental analysis examining the effects of the interventions on increasing participants' employment and earnings and reducing their welfare receipt.

This report focuses on the implementation phase for the eight projects, highlighting the design and operation of the programs, providing a description and analysis of the baseline characteristics of families enrolled in ISP, and discussing preliminary short-term economic outcomes for program participants. The report examines the characteristics and outcomes of individuals who enrolled in the program after its inception in April 2005 through June 2006. This results in 987 participants across all the sites distributed as follows: Anoka County, 306 participants; Chisago County, 82; Crow Wing County, 86; Hennepin County, 93; Ramsey County, 123; Red Lake, 46; St. Louis County, 156; and Washington County, 95. The following data sources are used in the study:

- **Baseline demographic data.** Participant demographics were from MFIP administrative data and from the ISP Baseline Data form (see appendix B), completed by ISP staff at the time of enrollment in the program.
- **ISP Baseline Data Form, MFIP Self-Screen, Brief Screening Tool for Special Learning Needs, and Employability Measure.** Participants' employment-related barriers at the point of enrollment in the program are examined through four sources. (See appendix B for copies of these instruments.) The ISP Baseline Data Form includes 25 items developed by DHS for the ISP evaluation and is administered by program staff at enrollment. It includes primarily self-reported responses to questions but could also

**Table 1-1  
Economic and Demographic Profile of the Minnesota Counties in which the Integrated Services Project Sites are Located**

Measure	Minnesota	Anoka	Beltrami <sup>1</sup>	Chisago					Crow Wing
				Chisago	Isanti	Kanabec	Mille Lacs	Pine	
<b>For Total Population:</b>									
<b>Race/Ethnicity</b>									
White	89%	94%	77%	97%	98%	97%	94%	94%	98%
Black	4%	2%	0%	1%	0%	0%	0%	1%	0%
Hispanic/Latino	3%	2%	1%	1%	1%	1%	1%	2%	1%
American Indian	1%	1%	20%	1%	1%	1%	5%	3%	1%
Asian	3%	2%	1%	1%	0%	0%	0%	0%	0%
<b>Education Level</b>									
No diploma	12%	9%	17%	11%	13%	20%	19%	21%	14%
High School graduate	29%	32%	29%	37%	38%	42%	40%	41%	34%
Some college	24%	28%	24%	27%	26%	22%	23%	23%	25%
College graduate	35%	30%	31%	24%	22%	16%	18%	15%	28%
<b>Median Income, 1999</b>									
Household income	\$47,111	\$57,754	\$33,392	\$52,012	\$50,127	\$38,520	\$36,977	\$37,379	\$37,589
Family income	\$56,874	\$64,261	\$40,345	\$57,335	\$55,996	\$43,603	\$44,054	\$44,058	\$44,847
<b>Families in female-headed households below poverty level, 1999</b>	19%	13%	36%	15%	19%	23%	22%	28%	26%
<b>Unemployment Rate, November 2005<sup>2</sup></b>	3.7%	3.6%	4.6%	3.8%	3.9%	5.3%	5.9%	5.2%	4.6%
<b>Unemployment Rate, November 2006<sup>2</sup></b>	3.6%	3.7%	4.8%	4.0%	4.2%	5.5%	5.6%	5.4%	4.3%
<b>For MFIP Caseload:</b>									
<b>Adults on MFIP Caseload, October 2005</b>	26,941	1,270	1,098	126	94	76	81	136	219
<b>Race/Ethnicity</b>									
White	38%	62%	15%	90%	95%	93%	86%	91%	90%
Black	37%	28%	1%	5%	0%	3%	1%	0%	3%
Hispanic/Latino	5%	2%	0%	1%	0%	0%	0%	2%	3%
American Indian	9%	3%	82%	1%	2%	1%	10%	4%	2%
Asian	9%	3%	0%	1%	1%	1%	1%	1%	0%
Mixed	1%	2%	1%	2%	1%	1%	1%	1%	2%
<b>Immigrant to U.S.</b>	19%	15%	0%	1%	0%	0%	0%	1%	2%
<b>Education Level</b>									
No diploma	44%	38%	51%	35%	32%	38%	35%	32%	29%
High School graduate	48%	50%	45%	57%	59%	58%	57%	61%	59%
Some college	8%	11%	4%	7%	10%	4%	9%	7%	16%
College graduate	1%	1%	0%	1%	0%	0%	0%	0%	0%
<b>Setting</b>		Suburban	Rural	Rural	Rural	Rural	Rural	Rural	Rural

Sources: U.S. Census 2000, Summary File 3 - Sample Data; Bureau of Labor Statistics, Local Area Unemployment Statistics; MFIP caseload data from the Minnesota Department of Human Services.

<sup>1</sup> The Red Lake Indian Reservation is located in Beltrami and Clearwater Counties, with most of its residents in Beltrami County.

<sup>2</sup> Unemployment rates not seasonally adjusted.

**Table 1-1 (Continued)**  
**Economic and Demographic Profile of the Minnesota Counties in which the Integrated Services Project Sites are Located**

Measure	Minnesota	Hennepin	Ramsey	St. Louis				Washington
				St. Louis	Carlton	Itasca	Koochiching	
<b>For Total Population:</b>								
<b>Race/Ethnicity</b>								
White	89%	81%	77%	95%	92%	95%	96%	94%
Black	4%	9%	8%	1%	1%	0%	0%	2%
Hispanic/Latino	3%	4%	5%	1%	1%	1%	1%	2%
American Indian	1%	1%	1%	2%	5%	3%	2%	0%
Asian	3%	5%	9%	1%	0%	0%	0%	2%
<b>Education Level</b>								
No diploma	12%	9%	12%	13%	16%	15%	18%	6%
High school graduate	29%	21%	25%	32%	37%	33%	38%	26%
Some college	24%	23%	22%	25%	25%	26%	22%	26%
College graduate	35%	46%	41%	30%	22%	26%	23%	42%
<b>Median Income, 1999</b>								
Household income	\$47,111	\$51,711	\$45,722	\$36,306	\$40,021	\$36,234	\$36,262	\$66,305
Family income	\$56,874	\$65,985	\$57,747	\$47,134	\$48,406	\$44,025	\$43,608	\$74,576
<b>Families in female-headed households below poverty level, 1999</b>	19%	17%	22%	27%	17%	31%	33%	10%
<b>Unemployment Rate, November 2005<sup>2</sup></b>	3.7%	3.6%	3.9%	4.5%	4.5%	5.2%	6.0%	3.3%
<b>Unemployment Rate, November 2006<sup>2</sup></b>	3.6%	3.4%	3.7%	4.4%	3.9%	5.7%	6.3%	3.3%
<b>For MFIP Caseload:</b>								
<b>Adults on MFIP Caseload, October 2005</b>	26,941	7,802	6,955	1127	141	203	76	459
<b>Race/Ethnicity</b>								
White	38%	18%	21%	72%	79%	70%	89%	62%
Black	37%	66%	45%	9%	1%	1%	0%	21%
Hispanic/Latino	5%	2%	5%	1%	1%	1%	1%	8%
American Indian	9%	5%	3%	14%	18%	26%	9%	2%
Asian	9%	6%	24%	1%	0%	0%	0%	5%
Mixed	1%	1%	1%	2%	1%	1%	0%	1%
<b>Immigrant to U.S.</b>	19%	25%	32%	1%	0%	0%	7%	8%
<b>Education Level</b>								
No diploma	44%	46%	52%	32%	32%	30%	29%	33%
High school graduate	48%	46%	40%	60%	61%	60%	68%	56%
Some college	8%	7%	7%	8%	6%	10%	3%	11%
College graduate	1%	1%	0%	1%	1%	0%	0%	0%
<b>Setting</b>		Urban	Urban	Urban/Rural	Rural	Rural	Rural	Suburban

Sources: U.S. Census 2000, Summary File 3 - Sample Data; Bureau of Labor Statistics, Local Area Unemployment Statistics; MFIP caseload data from the Minnesota Department Services.

<sup>1</sup> The Red Lake Indian Reservation is located in Beltrami and Clearwater Counties, with most of its residents in Beltrami County.

<sup>2</sup> Unemployment rates not seasonally adjusted.

include information which the staff person had through prior knowledge, reviewing a case history, or observation. It covers a range of barriers including education, mental and physical health, criminal history, housing, domestic violence, and transportation.

- The MFIP Self-Screen, based on self-reported responses of participants to 16 items, assesses participants' barriers in the areas of mental health and chemical dependency. Items are weighted 1, 2, or 3 with a total score of 3 being the threshold indicating that a referral for mental health or chemical dependency is needed.
- The Brief Screening Tool for Special Learning Needs examines the prevalence of learning disabilities or special needs in this area. It includes 13 items weighted with a 1, 2, 3, or 4, with a total score 12 being the threshold indicating that additional assistance is needed.
- The Employability Measure is designed to assess MFIP participants in 11 areas related to employment: child behavior, dependent care, education, financial, health (including mental, physical, and chemical health), housing, legal, personal skills, safe living environment, social support, and transportation. During face-to-face meetings, program staff trained on the administration of the instrument determine the level of the participant in each area on a scale from 1 to 4 or 5, depending on the area being measured. The Employability Measure is designed to measure change over time in each domain, and it is readministered about every six months after ISP enrollment when possible.
- **Unemployment insurance (UI) and MFIP receipt records.** UI records provide quarterly employment and earnings and MFIP records provide monthly cash assistance information. We examine these records for a two-year period before enrollment included in this report. Six-month follow-up information is available for only part of the individuals studied in this report—those who enrolled in the program by December 2005. Thus, changes in employment and MFIP outcomes over a six-month postenrollment are examined for a subset of approximately two-thirds of the participants (686 individuals).
- **Food Stamps, Child Support Enforcement, General Assistance, and Supplemental Security Income (SSI) records.** These records are used to calculate non-earned income at enrollment.
- **Field research.** Information on program operations was collected primarily during two-day site visits conducted in November 2006, when the programs had been operating for 12 to 18 months, depending on the site. During each visit, we held discussions with representatives of the key partners of each project, including managers and line staff. Appendix D provides details on the schedule and respondents for the site visits. We also reviewed a number of documents related to the ISP project for each site including the ISP grant applications, quarterly reports submitted to DHS, and other documents provided by the site.

- **Case-file review data.** These data are used to examine the type and level of service receipt among ISP participants. During visits to ISP sites in November 2006, Urban Institute researchers, guided by ISP staff who worked on each case, recorded the services and type of assistance received by a sample of participants based on documentation in their case file. Twenty cases were selected at random from each site. To ensure an adequate follow-up period that reflected the range of services provided, the sample was selected to provide a minimum of six months after program enrollment. The sample was randomly selected from the group of ISP participants who enrolled from program inception (which varied from April to August 2005 across the sites) through May 2006, and data was collected on services provided through October 2006. Overall, this allows for a 6 to 18 month follow-up period after enrollment to document the receipt of services. Vignettes describing the experiences of several ISP participants are also provided throughout the report and were developed from cases reviewed for this effort.

Subsequent reports will present longer-term employment, MFIP, and other outcomes for program participants and an analysis of the program's effects on economic outcomes.

## **II. Who Is Served by ISP: Target Population and Participant Characteristics**

In order to understand the services put in place and outcomes resulting from the ISPs, it is useful to provide information on the nature of the population being served. The following section discusses how each site defined its target population and then presents comprehensive information on the characteristics of ISP participants in all eight sites at the time they enrolled in the programs, including their demographic and economic characteristics and the prevalence of employment-related barriers. This and the remaining sections of the report also provide brief vignettes describing the experiences of several ISP participants. While it is difficult to select a “typical” case given the diverse nature of both participants and programs, these vignettes provide a flavor of the issues and barriers participants face and the strategies employed by program staff to address their needs.<sup>1</sup>

### **Defining the Target Group**

A key aspect of the Minnesota ISP is its focus on serving MFIP recipients with serious or multiple barriers to employment that are at risk of reaching their time limit on cash assistance. Because enrollment in the ISP is voluntary in most sites, it is also important that a potential participant is interested in enrolling in the program as well as meeting the formal criteria. While all eight ISP programs seek to serve long-term MFIP recipients that face significant barriers to employment, including mental health, chemical dependency, disability, and legal issues, they vary somewhat in which recipients they target for ISP services. While the sites established some criteria to define the target group, these criteria are broad and typically do not specify the severity or number of barriers participants must have to be eligible for program services. As a result, the eligibility criteria generally allow for significant discretion in determining which persons are eligible and referred for ISP services.

As shown in table 2-1, six programs (Anoka, Crow Wing, Chisago, Hennepin, Red Lake, and St. Louis) are designed to serve MFIP recipients who are generally considered to have multiple barriers to employment, without specifically defining the extent of the barriers, and their families. Crow Wing, for example, designed its program as an extension of its MFIP program serving recipients with particularly difficult or numerous barriers to employment, including chemical dependency, mental health, physical health, and educational issues. Similarly, other sites generally target hard-to-employ MFIP recipients who face multiple barriers. Hennepin requires participants to be involved in more than one county service system according to an integrated database developed by the county. In addition to targeting a general hard-to-employ population, the Anoka program has a strong focus on assisting individuals apply for the Supplemental Security Income (SSI) program, a federal income supplement program for the disabled, and thus also targets individuals who appear eligible for this program.

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<sup>1</sup> One vignette is presented from each ISP site. However, sites are not identified to ensure confidentiality. Whether the participant was from a site that used a team approach (see Section III) is indicated to provide a sense of how services were provided under this model.

**Table 2-1  
Target Group and Referral and Recruitment Strategies for Integrated Services Projects**

Site	Target Group
Anoka County	Individuals with children receiving multiple services who have multiple barriers to attaining employment and/or self-sufficiency. Participants do not need to be MFIP recipients, but those who do receive MFIP should have received it for less than 52 months (unless they need assistance applying for SSI).
Chisago County	MFIP recipients with multiple barriers, especially mental health, chemical dependency issues, poor work history, and other family stability issues.
Crow Wing County	MFIP recipients with multiple barriers including chemical dependency issues, mental or physical health issues, low IQ, and lack of education. Mothers who are under 18-years-old and eligible for MFIP are automatically placed in the program.
Hennepin County	MFIP recipients who live in in North Minneapolis or are served by an Employment Service Provider in North Minneapolis, are involved in more than one county service system, have multiple barriers to employment, and who have at least 24 months remaining on MFIP assistance.
Ramsey County	MFIP recipients with serious mental illness or serious and persistent mental illness.
Red Lake	MFIP recipients who face multiple barriers, including chemical dependency, mental health, and learning disabilities.
St. Louis County	MFIP recipients who have been receiving assistance for 24-48 months, particularly those who are a member of a racial or ethnic community experiencing disparities in outcomes, have one or more disabilities, and lack a substantial work history. Participants should also be motivated and willing to work.
Washington County	Current MFIP recipients that have been receiving assistance for 12-48 months and have barriers to stability and employment (including mental health issues, chemical dependency, involvement in the criminal justice system, or children with special needs) are targeted. In particular, the program targets MFIP recipients who have recently moved into Washington County or are at risk of frequent moves across county lines.

Two counties (Ramsey and Washington) have designed their programs with a more specialized target population. Given the nature of its service strategy, Ramsey County is specifically targeting MFIP recipients with mental illness. Washington County is directing services to MFIP recipients who are transient, including those who face issues that may eventually cause them to lose housing (owing to such problems as significant mental health issues, substance abuse issues, and involvement with the criminal justice system), in addition to targeting long-term TANF recipients more generally.

Several programs target, or prioritize, participants who have been on MFIP for a specified period of time (Anoka, Hennepin, St. Louis, and Washington). For example, Washington County targets MFIP recipients who have been on MFIP for 12–48 months, and the St. Louis ISP gives priority to those who have been on MFIP for 24–48 months, although it also considers other criteria. Recipients in Hennepin must have at least 24 months remaining on their MFIP grants. Similarly, Anoka County is trying to target those who have been on MFIP less than 52 months.

Most sites did not make changes to the target group over the course of the study. Hennepin initially focused on identifying participants in two zip codes but eventually expanded to include all of North Minneapolis to increase the potential number of participants. Over time, Washington found fewer participants than anticipated who were transient. While serving this group is still a priority, Washington now primarily targets MFIP recipients with significant barriers to employment.

## **Demographic and Economic Characteristics of ISP Participants**

This section provides a range of information on the characteristics of ISP participants at the time they enrolled in the program. This includes both basic demographic information on age, race, and family composition as well as economic characteristics including employment and public benefits receipt history. In addition to providing statistics for each site, the report provides an average across all sites, with each site given equal weight. In all cases, the “all sites” statistics presented in the tables and described in the text are the average of the eight site averages. As described in section I, data sources include information collected by program staff when individuals enroll in the program as well as administrative records provided to the Urban Institute by DHS.

### **Demographic Characteristics**

Table 2-2 presents selected demographic characteristics of the ISP participants at the time they enrolled in the program.

**Age, race, and ethnicity.** When averaged across the sites, the average age of ISP participants is just under 32 years old. This is slightly older than the average age of the MFIP population, which is 30 years old (Minnesota DHS 2006a). As discussed, many of the ISPs target individuals who have been in MFIP for an extended period of time, which may account for the higher age of ISP participants. This average varies across sites from a low of 29.3 in St. Louis to a high of 34.6 in Anoka, a difference of about 5 years. An examination by age group shows that across the eight sites close to half of ISP participants are under the age of 30. Very few ISP participants are between 18 and 19

**Table 2-2  
Demographic Characteristics of ISP Participants at Enrollment, by Site**

	All Sites	Anoka	Chisago	Crow Wing	Hennepin	Ramsey	Red Lake	St. Louis	Washington
<b>Average Age</b>	31.9	34.6	31.6	30.2	31.5	34.1	32.5	29.3	31.5
<b>Age Group</b>									
18-19	1.0 %	0.3 %	2.4 %	1.2 %	0.0 %	0.8 %	2.2 %	1.3 %	0.0 %
20-24	20.5 %	11.4 %	26.8 %	20.9 %	24.7 %	11.4 %	17.4 %	26.3 %	25.3 %
25-29	26.8 %	22.2 %	20.7 %	38.4 %	20.4 %	26.8 %	26.1 %	33.3 %	26.3 %
30-34	14.9 %	18.6 %	14.6 %	11.6 %	17.2 %	13.8 %	15.2 %	16.7 %	11.6 %
35-39	16.4 %	19.0 %	12.2 %	12.8 %	19.4 %	23.6 %	15.2 %	11.5 %	17.9 %
40+	20.3 %	28.4 %	23.2 %	15.1 %	18.3 %	23.6 %	23.9 %	10.9 %	18.9 %
<b>Race and Ethnicity</b>									
White, Non-Hispanic	55.2 %	67.3 %	92.7 %	91.8 %	11.8 %	25.0 %	2.2 %	72.8 %	77.7 %
Black, Non-Hispanic	23.4 %	23.1 %	1.2 %	3.5 %	86.0 %	55.8 %	0.0 %	3.3 %	13.8 %
Native American	17.3 %	4.6 %	3.7 %	3.5 %	2.2 %	3.3 %	97.8 %	21.2 %	2.1 %
Hispanic	1.9 %	1.3 %	2.4 %	1.2 %	0.0 %	4.2 %	0.0 %	0.7 %	5.3 %
Asian	2.3 %	3.6 %	0.0 %	0.0 %	0.0 %	11.7 %	0.0 %	2.0 %	1.1 %
<b>U.S. Citizenship</b>	96.4 %	94.1 %	100.0 %	98.8 %	98.9 %	87.0 %	100.0 %	96.8 %	95.8 %
<b>Gender</b>									
Female	90.8 %	87.3 %	84.1 %	96.5 %	89.2 %	89.4 %	91.3 %	95.5 %	92.6 %
Male	9.2 %	12.7 %	15.9 %	3.5 %	10.8 %	10.6 %	8.7 %	4.5 %	7.4 %
<b>Children</b>									
Average number of children	2.0	1.9	1.7	1.8	2.0	2.3	2.3	2.1	1.8
Average age of youngest child	5.6	7.3	6.0	4.7	5.8	5.9	5.7	4.2	5.3
<b>Marital Status</b>									
Married	9.1 %	13.4 %	9.8 %	9.3 %	5.4 %	11.4 %	6.5 %	9.7 %	7.4 %
Never married	63.1 %	51.6 %	47.6 %	53.5 %	75.3 %	63.4 %	87.0 %	64.5 %	62.1 %
Divorced	11.6 %	17.0 %	18.3 %	16.3 %	7.5 %	11.4 %	2.2 %	8.4 %	11.6 %
Separated	15.7 %	17.0 %	24.4 %	20.9 %	11.8 %	12.2 %	4.3 %	16.8 %	17.9 %
Widowed	0.5 %	1.0 %	0.0 %	0.0 %	0.0 %	1.6 %	0.0 %	0.6 %	1.1 %
<b>Cohabiting with non-married partner</b>	9.2 %	4.9 %	13.2 %	10.8 %	9.4 %	7.3 %	18.2 %	5.8 %	4.3 %
<b>Number of Observations</b>	8*	306	82	86	93	123	46	156	95

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment and administrative data, provided by the Minnesota Department of Human Services.

\*All sites number is the average of the eight site averages.

years old. Almost a third of ISP participants are between 30 and 39 years old, and about one fifth of participants are 40 years old or older.

There is substantial variation across sites in terms of the race and ethnicity of ISP participants. Hennepin and Ramsey counties have a higher percentage of black participants than the other sites, with 86 percent and 56 percent in this group, respectively. Not surprisingly, Red Lake, which operates on an Indian reservation, serves a primarily Native American population. Almost one-quarter of ISP participants in St. Louis are also Native American. Chisago and Crow Wing serve a predominantly white population, with over 90 percent of participants in this group. Compared with the other sites, Ramsey County serves a population with a substantial proportion of Asians (12 percent), reflecting the large Hmong population in this county.

The vast majority of ISP participants are U.S. citizens—96 percent when averaged across the sites. This is somewhat higher than the proportion of U.S. citizens in the total MFIP population (84 percent) (Minnesota DHS 2006a). In two sites, Chisago and Red Lake, all participants have U.S. citizenship. Ramsey County has the lowest proportion (87 percent) of ISP participants that are U.S. citizens. The large Hmong population in Ramsey County may account for this variation.

**Gender, children, and marital status.** As shown in table 2-2, a large majority of ISP participants are women, with the proportion ranging from 84 percent in Chisago to 97 percent in Crow Wing. ISP participants have about two children with little variation across sites. The average age of the youngest child across sites is almost 6 years old, reflecting the older age of ISP participants. This variation ranges from 4.2 years old in St. Louis County (where participants are the youngest) to 7.3 years old in Anoka County (where they are the oldest).

Averaged across the sites, 9 percent of ISP participants are married. This is substantially lower than 30 percent who are married in the statewide MFIP population (Minnesota DHS 2006a). Among ISP participants who are not married, the vast majority have never been married. Hennepin and Red Lake have the largest percentage of participants who have never married (75 and 87 percent, respectively). Also, Red Lake has a relatively high percentage of participants who are cohabiting with a nonmarried partner (18 percent) compared with other sites.

### **Employment, Earnings, Income, and Receipt of Public Benefits**

This section describes the employment and earnings of ISP participants, as well as the income and benefit receipt of participants and their families.<sup>2</sup> We begin by discussing participants' employment history, followed by their employment at the time they enrolled in the ISP program. Next, we present the total income and income sources of participants

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<sup>2</sup> Information on MFIP, food stamps, SSI, and general assistance receipt, as well as child-support payments received, are provided at the case-level, not the individual-level. Thus, these benefits are received by participants and/or other family members, not only the ISP participant. For simplicity in the text, we refer to benefits and child-support income as ISP participants' income, but the reader should keep in mind that this income could be received by other family members.

(and their families). Finally, we present an overview of benefit receipt history and benefit receipt in the month of enrollment. This information is presented in table 2-3.

**Employment history.** Measured using unemployment insurance records, the majority of ISP participants have prior attachment to the labor force within the past two years.<sup>3</sup> When averaged across the sites, 73 percent of participants were employed at some point in the two years before enrollment. Among those employed, participants were employed an average of four of the eight quarters in the two-year period. Given that the ISP program is designed to target families with multiple barriers to employment, these rates of prior employment are particularly noteworthy.

Participants' employment histories vary substantially across sites, although all eight sites have a majority of participants who worked in the two years before enrollment. Ramsey County's participants have the lowest rate of prior labor force attachment (54 percent were employed in the two years before enrollment), followed by Anoka County (62 percent). Ramsey County's focus on serving families with mental illness and Anoka County's focus on SSI recipients may account for these lower rates of prior labor force attachment. In three sites—Chisago, Crow Wing, and Red Lake—over 80 percent of participants were employed in the two years before enrollment.

**Employment at enrollment.** Participants' employment histories do not translate into strong labor force attachment at the time participants enrolled in the ISP. When averaged across the sites, based on UI records, 32 percent of ISP participants were employed in the quarter that they enrolled, and 25 percent were employed in the month of enrollment (table 2-3). ISP participants' employment rates are low relative to the employment rate of 41 percent for the statewide MFIP population (Minnesota DHS 2006a). Once again, there

*Pam* was referred to ISP by her MFIP financial worker because she was having trouble maintaining stable housing and employment and was struggling with mental health and substance abuse issues. In addition, she was having difficulty dealing with her children's behavioral problems. Pam and her children were referred for further assessment, and she and her 5-year-old son both began regular counseling. Enrolled in an ISP site using a team-based approach, Pam's case worker assisted her with the application for a Section 8 housing voucher and helped her find stable housing. She took part in a job search class and was able to find employment, but had difficulty retaining it—throughout her time on ISP, Pam held six different jobs. Pam was referred to an early childhood education program, through which home visitors came to Pam's house to work with her children. When her children turned 3, they transitioned into the program's center-based preschool, and Pam's ISP worker made a referral for a day care provider to watch her children when center-based care was not available. In addition, Pam became very involved in a parent support group sponsored by the program. Pam went through a divorce while enrolled in ISP, so her caseworker directed her to Legal AID for legal assistance. Her caseworker also connected her with a program that donates household items, financial assistance for car repairs, a public health nurse, and WIC.

<sup>3</sup> The UI records consist of employer reports to the state UI agency. All employers subject to the state UI tax are required to report employee earnings quarterly. Although these data will cover most civilian employees, earnings reports are not required, for example, for self-employed individuals, most independent contractors, and military and federal employees. In addition, UI records will miss earnings for individuals who work "off the books" or for cash and for those who work out of state (since records are collected at the state level).

**Table 2-3**  
**Economic Characteristics of ISP Participants and Their Families, by Site**

<b>Economic Characteristic</b>	<b>All Sites</b>	<b>Anoka</b>	<b>Chisago</b>	<b>Crow Wing</b>	<b>Hennepin</b>	<b>Ramsey</b>	<b>Red Lake</b>	<b>St. Louis</b>	<b>Washington</b>
<b>Employment</b>									
<i>Employment History of Participants</i>									
Employed in 2 years before enrollment	72.5 %	62.1 %	82.9 %	82.6 %	72.0 %	53.7 %	82.6 %	75.6 %	68.4 %
Quarters with any employment in 2 years before enrollment among those employed	4.1	3.7	4.3	4.7	3.6	3.4	4.1	4.3	4.4
<i>Employment of Participants at Enrollment<sup>1</sup></i>									
Employed in <u>quarter</u> of enrollment	31.6 %	13.7 %	34.1 %	44.2 %	39.8 %	18.7 %	26.1 %	37.2 %	38.9 %
Earnings among those employed	\$1,363	\$1,349	\$1,156	\$1,389	\$1,825	\$720	\$1,988	\$1,235	\$1,242
Hours worked among those employed	148	158	139	163	169	74	215	146	124
Employed in <u>month</u> of enrollment	25.4 %	17.6 %	28.0 %	38.4 %	25.8 %	12.2 %	19.6 %	30.8 %	30.5 %
Earnings among those employed	\$688	\$850	\$624	\$618	\$700	\$628	\$714	\$636	\$733
Hours worked among those employed	83	105	82	81	75	71	81	90	82
<b>Family Income</b>									
Total income in month of enrollment	\$1,010	\$1,060	\$910	\$993	\$1,031	\$996	\$1,076	\$995	\$1,017
Earned income	\$165	\$151	\$150	\$241	\$128	\$78	\$146	\$202	\$220
Public assistance income	\$765	\$804	\$711	\$652	\$802	\$850	\$899	\$727	\$673
MFIP cash	\$388	\$385	\$347	\$324	\$400	\$434	\$483	\$379	\$352
MFIP food	\$327	\$326	\$310	\$289	\$327	\$363	\$373	\$328	\$298
Other programs (SSI and GA)	\$50	\$93	\$55	\$39	\$74	\$54	\$43	\$21	\$24
Child support income	\$58	\$80	\$28	\$92	\$77	\$37	\$0	\$51	\$102
Other unearned income <sup>2</sup>	\$22	\$24	\$20	\$8	\$25	\$31	\$31	\$15	\$21
<b>Benefit Receipt of Participants and Their Families</b>									
<i>MFIP History</i>									
Received MFIP in 2 years before enrollment	97.1 %	96.1 %	95.1 %	95.3 %	95.7 %	99.2 %	100.0 %	95.5 %	100.0 %
Months of MFIP in 2 years before enrollment	16.2	17.0	13.8	13.1	16.7	17.2	19.8	15.4	17.0
Countable months on MFIP before enrollment <sup>3</sup>	30.2	39.3	24.7	30.4	33.1	42.9	10.8	31.3	29.0
<i>Benefit Receipt in Month of Enrollment</i>									
Total benefits	\$785	\$827	\$730	\$692	\$824	\$873	\$917	\$741	\$679
Receiving MFIP	94.2 %	97.1 %	93.9 %	94.2 %	88.2 %	98.4 %	93.5 %	92.3 %	95.8 %
MFIP benefit among recipients	\$719	\$707	\$658	\$613	\$728	\$803	\$876	\$716	\$652
MFIP cash portion	\$390	\$383	\$347	\$324	\$400	\$436	\$495	\$384	\$352
MFIP food portion	\$329	\$325	\$310	\$289	\$327	\$367	\$382	\$332	\$300
Receiving Food Stamps	18.4 %	24.2 %	19.5 %	19.8 %	23.7 %	20.3 %	17.4 %	11.5 %	10.5 %
Food stamps benefit among recipients	\$167	\$117	\$193	\$238	\$198	\$120	\$117	\$226	\$127
Receiving Supplemental Security Income (SSI)	10.2 %	18.4 %	10.5 %	7.4 %	14.6 %	10.8 %	9.1 %	4.2 %	6.5 %
SSI benefits among recipients	\$486	\$505	\$518	\$530	\$504	\$498	\$469	\$495	\$365
Receiving General Assistance (GA)	0.2 %	0.0 %	0.0 %	0.0 %	0.0 %	0.8 %	0.0 %	0.6 %	0.0 %
GA benefits among recipients	\$35	\$0	\$0	\$0	\$0	\$203	\$0	\$76	\$0
<b>Child Support of Participants and Their Families</b>									
Receiving child support	18.3 %	22.9 %	15.9 %	24.4 %	20.4 %	13.8 %	0.0 %	19.2 %	29.5 %
Child support payment among recipients	\$152	\$198	\$121	\$198	\$142	\$201	\$0	\$159	\$197
Child support arrears among recipients	\$101	\$139	\$45	\$157	\$190	\$59	\$0	\$86	\$134
Number of Observations	8*	306	82	86	93	123	46	156	95

Source: Authors' tabulations of Minnesota Unemployment Insurance, MFIP, Food Stamp, General Assistance, Supplemental Security Income, and child support data, as well as ISP data collected from participants by program staff at enrollment. All data provided by the Minnesota Department of Human Services.

\*All sites number is the average of the eight site averages.

<sup>1</sup>Employment information in the quarter of enrollment is derived from Unemployment Insurance data, while employment in the month of enrollment is derived from administrative data based on individuals' self reports. Because they are derived from different sources and count different types of employment, monthly employment rates may be higher than quarterly rates.

<sup>2</sup>Other unearned income includes Disability Insurance, Unemployment Insurance, Workers' Compensation, spousal support, and other gifts and prizes.

<sup>3</sup>Does not include months that are exempt from the 60-month lifetime limit.

is considerable variation across counties. Ramsey and Anoka have the lowest employment rates in the month of enrollment (12 and 18 percent, respectively), while Crow Wing County's employment rate of 38 percent is substantially higher and close to the statewide average.

When averaged across the sites, participants employed in the month of enrollment earned \$688 and worked 83 hours in that month. This translates into an average wage rate of roughly \$8.30 an hour. The statewide MFIP population earns more and works more hours—employed participants earned an average of \$1,016 a month and worked an average of 113 hours a month, for an average wage rate of \$9 an hour (Minnesota DHS 2006a). Both earnings and hours worked among employed ISP participants vary across the eight sites. For example, monthly average earnings vary from \$618 in Crow Wing County to \$850 in Anoka County.

**Income at enrollment.** In the month of enrollment, the monthly income of ISP participants was \$1,010 (table 2-3) when averaged across the sites. At this level of income, families are economically disadvantaged and are living below the federal poverty level.<sup>4</sup> Overall, public assistance accounts for the largest share of ISP participants' income, followed by earned income, child-support income, and other unearned income (e.g., unemployment insurance and workers compensation payments). When averaged across the sites, 76 percent of participants' income is derived from public assistance benefits (\$765), most of which comes from MFIP cash and MFIP food benefits. Only 16 percent of total income comes from earnings (\$165),<sup>5</sup> while child-support and other unearned income combined makes up 8 percent of income (\$80). Across the eight sites, average total income ranges from \$910 in Chisago County to \$1,076 in Red Lake County. Differences in total income of across the sites stem primarily from differences in public assistance income and earned income.

**Benefit receipt history.** The vast majority of the ISP participants received MFIP benefits in the two years before enrollment—97 percent when averaged across the sites (table 2-3). On average, participants received benefits for 16 of the 24 months (or 1 year and 4 months), or about two-thirds of the time. However, participants' countable months on MFIP, which measures the total amount of the five-year limit that participants had used at enrollment, are significantly higher at 30 months (or two years and 6 months). As discussed above, the majority of ISP participants also had some attachment to the labor force in the two years before enrollment. Minnesota allows individuals to combine work and welfare until their income reaches 115 percent of the poverty level, which might account for the relatively high rates of employment and benefit receipt.

Participants in all eight sites have a strong attachment to the MFIP, with 95 to 100 percent of participants in each site receiving MFIP benefits in the two years before enrollment. The number of months of receipt within the two years, however, differs

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<sup>4</sup> Our calculation is based on the 2006 poverty thresholds (U.S. Census Bureau 2006). Poverty thresholds are based on annual income, so we divide the poverty thresholds by 12 to get a monthly measure. In 2006, the poverty threshold for a family of two divided by 12 is \$1,158.

<sup>5</sup> This earnings figure represents average earnings among all ISP participants, not just working ISP participants.

somewhat. The months of MFIP receipt in the two years before enrollment ranges from roughly 13 months in Crow Wing and Chisago to 20 months in Red Lake—a difference of seven months. Countable months of MFIP receipt also differ across the sites. On average, participants in Red Lake have the fewest countable months of receipt, at 11 months, in large part because of the time limit exemption for Indian reservations with high not employed rates. Ramsey County and Anoka County have the highest countable months of receipt (43 and 40 months, respectively).

**Benefit receipt at enrollment.** When averaged across the sites, 94 percent of ISP participants were receiving MFIP benefits at the time of enrollment (table 2-3).<sup>6</sup> The average benefit was \$719, with roughly 54 percent coming from MFIP cash benefits (\$390) and 46 percent coming from MFIP food benefits (\$329).<sup>7</sup> In addition, almost 20 percent of participants across the eight sites were receiving food stamp benefits, where the average benefit among recipients was \$167. An average of ten percent of ISP participants or their family members were receiving SSI benefits, and the average monthly benefit was substantial at \$486. Less than 1 percent of participants, on average across the sites, were receiving General Assistance benefits. In addition to these benefits, 18 percent of ISP participants were receiving child-support payments.

There is some variation in benefit at the time of enrollment receipt across the eight sites. The percent receiving MFIP benefits at enrollment varies from 88 percent in Hennepin County to 98 percent in Ramsey County. Food stamp benefit receipt varies somewhat from 11 percent in Washington County to 24 percent in Anoka County. Somewhat surprisingly since its program focuses on helping individuals become eligible for this program, Anoka has a high percentage of ISP participants or their family members who were receiving SSI at enrollment (18 percent). Hennepin County also has a relatively high number of SSI recipients (15 percent) compared to the other sites, followed by Chisago County and Ramsey County (11 percent). St. Louis County has the lowest percentage of SSI recipients among ISP participants at enrollment (4 percent).

## **Prevalence of Employment-Related Barriers**

This section discusses the prevalence of a wide range of barriers for the ISP participants at the time of enrollment, including education and learning disabilities, physical, and mental health issues as well as barriers related to chemical dependency, domestic violence, criminal history, housing, and transportation. We examine the prevalence of barriers as measured by two sources. First, we examine barriers reported by participants to program staff at the time of enrollment. For these types of measures, there may be some underreporting of some issues that may be particularly sensitive or difficult to admit. This examination also includes some discussion of how the characteristics of this population compare with the general MFIP population, and in some cases to other

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<sup>6</sup> A few individuals may have been referred to ISP inappropriately and been determined ineligible. Based on discussions with program staff, in some instances, these individuals completed the initial ISP assessment and are included in the database of ISP participants.

<sup>7</sup> Under MFIP, the cash grant and food stamps are combined into one payment, as permitted by a waiver. Minnesota's MFIP food portion and stand-alone Food Support Program (for persons not eligible for MFIP) are both funded by the federal Food Stamp Program.

welfare recipients. Second, we examine scores participants received on the Employability Measure, focusing on the extent to which participants face barriers in 11 areas covered by this instrument. These scores are determined by program staff, based on participant responses to probing questions in each area.

### **Self-Reported Barriers**

As part of the enrollment process in ISP, participants answered a wide range of questions regarding whether they were currently or had in the past experienced a range of problems. These results are reported in tables 2-4 through 2-6 and discussed below.

**Educational attainment.** As shown in table 2-4, Crow Wing and Hennepin have the highest proportion with a high school diploma as their highest degree (about 60 percent) and Anoka, Ramsey, and Red Lake have the lowest (about 48 percent). Though educational attainment varies by site, when averaged across the sites, only 9 percent of ISP participants report that they have completed at least some college, and less than 2 percent have graduated. In three sites—Ramsey, Red Lake, and Washington—none of the participants reported that they have graduated from college. The Chisago program has the highest proportion with a college degree (5 percent).

**Reading level.** ISP participants' reading levels are collected at baseline—a reading test may be administered at this time, but as shown in table 2-4, this did not occur consistently and reading scores are not available for some. The available data indicate that English literacy is not a problem for participants except in Ramsey County, with less than 2 percent of participants reporting that they cannot read. Crow Wing has the highest reading level, with 84 percent reading at a 9th grade level or higher. Hennepin, Red Lake, St. Louis, and Washington have about 66 percent or more at this level. Reflecting their larger proportion of participants who are not U.S. citizens, Ramsey County has the lowest literacy levels. About 9 percent of the participants in this county report that they cannot read, and 16 percent are reading below a 3rd grade level.

**Proficiency in English.** Communication in English is not a barrier for most ISP participants. On average, the sites have over 90 percent of ISP participants who report that they are fluent in English, and almost all participants (98 percent) report that they can communicate in English. Again reflecting the number of immigrants in this program, Ramsey County has the largest percentage of ISP participants who are not fluent in English (18 percent) and who cannot communicate in English (10 percent).

**Learning disabilities.** When averaged across the sites, nearly a quarter of ISP participants have at some time been diagnosed with a learning disability, ranging from 13 percent in Red Lake to about 33 percent in Chisago and Ramsey. As discussed in section I, the Brief Screening Tool for Special Learning Needs contains several questions to measure the existence of learning disabilities; these data are presented on table 2-4 (see appendix B for a copy of this instrument). From these questions, an overall composite score is computed; it is recommended that those scoring over a certain threshold on this composite score receive additional assistance addressing their learning disability. Compared with the other sites, participants in Anoka and Ramsey score particularly high on the learning disability screen (and, as would be expected, on many individual

**Table 2-4**  
**Educational Attainment and Prevalence of Learning Disabilities for ISP Participants at Enrollment, by Site**

	All Sites	Anoka	Chisago	Crow Wing	Hennepin	Ramsey	Red Lake	St. Louis	Washington
<b>Highest degree attained</b>									
Less than high school	36.3 %	38.2 %	37.8 %	24.4 %	33.3 %	44.7 %	50.0 %	33.5 %	28.4 %
High school diploma or GED only	53.5 %	47.4 %	52.4 %	62.8 %	59.1 %	48.0 %	47.8 %	53.5 %	56.8 %
Some college	8.8 %	13.1 %	4.9 %	11.6 %	5.4 %	7.3 %	2.2 %	11.0 %	14.7 %
College degree	1.4 %	1.3 %	4.9 %	1.2 %	2.2 %	0.0 %	0.0 %	1.9 %	0.0 %
<b>Reading level</b>									
Cannot read	1.5 %	1.6 %	0.0 %	0.0 %	0.0 %	8.6 %	0.0 %	0.6 %	1.1 %
3rd grade level or below	5.5 %	5.9 %	6.1 %	2.3 %	9.9 %	15.5 %	2.2 %	0.0 %	2.1 %
4th to 8th grade level	16.3 %	25.2 %	26.8 %	7.0 %	14.3 %	18.1 %	13.0 %	9.0 %	17.0 %
9th grade level or above	59.9 %	35.1 %	39.0 %	83.7 %	63.7 %	45.7 %	73.9 %	66.7 %	71.3 %
Don't know/hasn't been assessed	16.8 %	32.1 %	28.0 %	7.0 %	12.1 %	12.1 %	10.9 %	23.7 %	8.5 %
<b>Proficiency in English</b>									
Cannot communicate in English	1.8 %	1.0 %	0.0 %	1.2 %	0.0 %	10.2 %	0.0 %	1.3 %	1.1 %
Communicate in English with difficulty, needs interpreter	1.0 %	2.6 %	0.0 %	0.0 %	0.0 %	5.1 %	0.0 %	0.0 %	0.0 %
Communicate in English without interpreter, some misunderstandings	3.0 %	5.2 %	0.0 %	2.3 %	2.2 %	2.5 %	2.2 %	3.2 %	6.4 %
Fluent in English	94.2 %	91.2 %	100.0 %	96.5 %	97.8 %	82.2 %	97.8 %	95.5 %	92.6 %
<b>Learning Disabilities</b>									
Ever diagnosed as having a learning disability	23.5 %	29.4 %	34.1 %	19.8 %	20.4 %	30.9 %	13.0 %	22.4 %	17.9 %
Ever in a special program or given extra help at school <sup>†</sup>	31.0 %	37.8 %	41.1 %	40.7 %	37.7 %	12.1 %	19.6 %	34.6 %	24.2 %
Problems learning in elementary school <sup>†</sup>	26.3 %	33.1 %	32.9 %	29.1 %	31.6 %	20.7 %	4.3 %	31.4 %	27.4 %
Problems learning in middle school/junior high <sup>†</sup>	37.1 %	45.6 %	37.0 %	48.8 %	36.8 %	31.9 %	21.7 %	37.8 %	36.8 %
Difficulty working from a test booklet to an answer sheet <sup>†</sup>	20.6 %	34.8 %	17.8 %	20.9 %	22.4 %	30.2 %	2.2 %	18.6 %	17.9 %
Difficulty working with numbers in a column <sup>†</sup>	14.9 %	25.3 %	15.1 %	8.1 %	14.5 %	29.3 %	6.5 %	11.5 %	8.4 %
Trouble judging distances <sup>†</sup>	22.9 %	32.8 %	17.8 %	29.1 %	21.1 %	29.3 %	10.9 %	25.6 %	16.8 %
Difficulty working with mixing mathematical signs <sup>†</sup>	26.0 %	16.9 %	17.8 %	34.9 %	27.6 %	38.8 %	28.3 %	30.1 %	13.7 %
Difficulty with filling out forms <sup>†</sup>	24.4 %	37.8 %	23.3 %	22.1 %	21.1 %	37.9 %	8.7 %	21.2 %	23.2 %
Difficulty memorizing numbers <sup>†</sup>	23.3 %	31.8 %	21.9 %	20.9 %	19.7 %	37.9 %	10.9 %	22.4 %	21.1 %
Difficulty remembers how to spell simple words <sup>†</sup>	25.9 %	34.1 %	20.5 %	20.9 %	34.2 %	32.8 %	13.0 %	19.2 %	32.6 %
Difficulty taking notes <sup>†</sup>	24.5 %	35.8 %	23.3 %	23.3 %	23.7 %	32.8 %	6.5 %	23.1 %	27.4 %
Difficulty adding or subtracting numbers in your head <sup>†</sup>	16.2 %	22.3 %	17.8 %	23.3 %	11.8 %	25.9 %	2.2 %	13.5 %	12.6 %
Has family members with learning problems <sup>†</sup>	38.4 %	44.6 %	41.1 %	46.5 %	51.3 %	32.8 %	17.4 %	39.7 %	33.7 %
<b>Special Learning Needs Screen<sup>1</sup></b>									
Score above threshold of 12 (%)	27.3 %	41.2 %	28.8 %	26.7 %	27.6 %	35.3 %	6.5 %	27.6 %	24.2 %
Average score	7.5	9.8	7.6	8.2	7.8	8.8	3.3	7.3	6.8
Number of Observations	8*	306	82	86	93	123	46	156	95

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services.

\*All sites number is the average of the eight site averages.

<sup>1</sup>Persons who receive a score above the threshold of 12 on the "Special Learning Needs Screen" should be referred for further assistance.

<sup>†</sup>This question is one of 13 items of the Special Learning Needs Screen (see Appendix B for a copy of the instrument).

questions on this instrument), with over one-third scoring above the threshold indicating that additional assistance was needed. In several other sites, about one-quarter have been diagnosed with learning disabilities.

There is a particularly low incidence of learning disabilities in the Red Lake site, with only 7 percent reaching the threshold on the learning disability screen that indicated a problem was likely. Native American participants in Red Lake may be less likely to report such problems as learning disabilities or they may have attended schools where fewer diagnostic tools were available or administered for identifying learning disabilities. In the remaining sites, about one-quarter of participants showed a learning disability issue according to the screening instrument.

**Physical health.** On average, the sites have 28 percent of ISP participants who report having a physical condition that makes it hard to work (table 2-5). This ranged from 13 percent in Red Lake and 17 percent in Hennepin to 39 percent in Ramsey and 46 percent in Anoka. For Anoka County, this high share is at least partly explained by the program's emphasis on helping individuals apply for the SSI program (which provides income support to those with serious physical or mental health problems). Anoka also has a significant proportion of participants who report having a family member with an illness or disability making it hard to work (38 percent), while Red Lake again had the lowest (7 percent).

**Mental health.** The level of mental health barriers is striking in some sites (table 2-5). More than one-third of ISP participants in several sites report that they have a mental condition that makes it hard to work, with close to or more than double this proportion having a mental health barrier in Anoka and Ramsey counties. An even higher rate of participants has ever been diagnosed with depression. When averaged across the sites, a substantial proportion (58 percent) of ISP participants report that they have been diagnosed with depression at some time (table 2-5). As expected given Ramsey County's focus on providing services to participants with mental health issues, this figure is especially high in this site, where 83 percent of the participants report they have been diagnosed with depression. Participants in other sites besides Red Lake also report very high levels of depression, ranging from 51 to 67 percent. Compared to the other sites, a relatively low percentage of participants in Red Lake report that they have mental health problems, but again this could possibly be because of reluctance to report this type of information given the small community in Red Lake.

Similar patterns are observed across sites for a range of other questions related to mental health, with significant proportions of individuals experiencing problems in the different areas (feeling sad, trouble sleeping, being tired or tense, having trouble concentrating). Participants in Anoka report more problems in these areas, while those in Red Lake indicate significantly fewer problems than the other sites.

Comparisons show that prevalence of mental and physical health barriers is somewhat higher than the level found in other studies of welfare recipients in most ISP sites, and significantly higher in Anoka and Ramsey counties. Comparisons are difficult, however, because many studies do not distinguish between mental and physical health barriers, and

**Table 2-5**  
**Prevalence of Physical and Mental Health, Substance Abuse, and Domestic Violence Barriers for ISP Participants at Enrollment, by Site**

	All Sites	Anoka	Chisago	Crow Wing	Hennepin	Ramsey	Red Lake	St. Louis	Washington
<b>Physical Health</b>									
Physical condition that makes it hard to work	28.1 %	45.8 %	26.8 %	27.9 %	17.2 %	39.0 %	13.0 %	23.1 %	31.6 %
Family member with illness or disability making it hard to work	20.9 %	38.2 %	26.8 %	18.6 %	22.6 %	21.1 %	6.5 %	18.6 %	14.7 %
<b>Mental Health</b>									
Ever diagnosed with depression	57.8 %	59.5 %	67.1 %	62.8 %	50.5 %	82.9 %	19.6 %	66.7 %	53.7 %
Mental condition that makes it hard to work	40.8 %	64.1 %	42.7 %	34.9 %	24.7 %	82.9 %	6.5 %	39.1 %	31.6 %
Felt sad or depressed most of the time <sup>†</sup>	48.3 %	67.0 %	55.1 %	55.4 %	53.4 %	57.5 %	4.3 %	47.4 %	46.3 %
Had trouble sleeping <sup>†</sup>	63.8 %	87.0 %	60.9 %	67.5 %	76.7 %	60.2 %	32.6 %	61.5 %	64.2 %
Too tired to get anything done <sup>†</sup>	62.9 %	82.3 %	68.1 %	72.3 %	65.8 %	49.6 %	39.1 %	67.3 %	58.9 %
Been extremely restless or tense <sup>†</sup>	55.6 %	77.0 %	52.2 %	69.9 %	75.3 %	45.1 %	10.9 %	54.5 %	60.0 %
Had trouble thinking/concentrating/making decisions <sup>†</sup>	53.8 %	75.1 %	46.4 %	57.8 %	67.1 %	61.9 %	17.4 %	56.4 %	48.4 %
Unable to get rid of bothersome thoughts <sup>†</sup>	42.0 %	54.1 %	33.3 %	39.8 %	60.3 %	50.4 %	15.2 %	44.2 %	38.9 %
Heard voices <sup>†</sup>	8.7 %	9.5 %	7.2 %	10.8 %	16.4 %	11.5 %	0.0 %	9.0 %	5.3 %
Had nightmares or flashbacks <sup>†</sup>	37.0 %	46.7 %	34.8 %	47.0 %	41.1 %	48.7 %	8.7 %	40.4 %	28.4 %
Had uncontrollable angry outbursts <sup>†</sup>	27.5 %	33.0 %	29.0 %	41.0 %	27.4 %	36.3 %	6.5 %	25.0 %	22.1 %
Had periods of extreme fear <sup>†</sup>	26.9 %	42.6 %	21.7 %	37.3 %	24.7 %	32.7 %	2.2 %	28.8 %	25.3 %
Thought about harming self or someone else <sup>†</sup>	15.7 %	14.8 %	14.5 %	26.5 %	16.4 %	16.8 %	4.3 %	22.4 %	9.5 %
Tried to harm self or someone else <sup>†</sup>	9.7 %	3.8 %	4.3 %	27.7 %	9.6 %	2.7 %	6.5 %	15.4 %	7.4 %
<b>Substance Abuse</b>									
Abused drugs or alcohol during the last year	22.2 %	11.8 %	32.9 %	18.6 %	16.1 %	17.1 %	34.8 %	18.6 %	27.4 %
Ever in chemical dependency treatment	25.4 %	14.1 %	28.0 %	26.7 %	23.7 %	16.3 %	39.1 %	27.6 %	27.4 %
Failed to meet normal expectations due to drinking or drugs <sup>†</sup>	8.3 %	2.9 %	5.8 %	21.7 %	5.5 %	7.1 %	4.3 %	11.5 %	7.4 %
Felt guilty or remorseful after drinking/using drugs <sup>†</sup>	15.2 %	7.2 %	8.7 %	31.3 %	11.0 %	9.7 %	23.9 %	17.9 %	11.6 %
Used alcohol or drugs to cope with stress <sup>†</sup>	16.5 %	10.5 %	13.0 %	31.3 %	15.1 %	15.0 %	13.0 %	19.2 %	14.7 %
Can't remember something after drinking/drug use <sup>†</sup>	11.5 %	4.8 %	7.2 %	28.9 %	6.8 %	3.5 %	15.2 %	16.7 %	8.4 %
Lived with someone abusing drugs or alcohol in past year	24.9 %	13.7 %	45.1 %	31.4 %	16.1 %	19.5 %	23.9 %	26.9 %	22.1 %
<b>MFIP Mental Health and Substance Abuse Self-Screen<sup>1</sup></b>									
Score above threshold of 3 (%)	71.9 %	91.8 %	66.7 %	77.1 %	83.6 %	72.6 %	41.3 %	73.1 %	69.5 %
Average score	7.5	8.4	6.6	11.2	8.1	7.4	3.5	8.3	6.5
<b>Domestic Violence</b>									
No evidence of family violence in past year	76.9 %	87.3 %	62.2 %	67.9 %	74.7 %	75.9 %	100.0 %	76.3 %	71.3 %
Suspected family violence in past year	5.2 %	3.6 %	14.9 %	3.6 %	2.3 %	12.1 %	0.0 %	4.5 %	1.1 %
Confirmed domestic violence in past year	17.8 %	9.2 %	23.0 %	28.6 %	23.0 %	12.1 %	0.0 %	19.2 %	27.7 %
Number of Observations	8*	306	82	86	93	123	46	156	95

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services.

\*All sites number is the average of the eight site averages.

<sup>1</sup>A score above 3 on the MFIP Self-Screen indicates that an individual may have a mental health or chemical dependency problem and should be referred for a professional assessment.

<sup>†</sup>This question is one of 16 items on the MFIP Mental Health and Substance Abuse Self Screen (see Appendix B for a copy of the instrument).

there are differences in the nature of the questions asked.<sup>8</sup> For example, in 2005, 13 percent of MFIP eligible adult cases had a severe mental health diagnosis (Minnesota DHS 2006a). A study by the General Accounting Office (GAO) found 44 percent of adult TANF recipients reported having a physical *or* mental impairment, compared with 16 percent of nonrecipients.<sup>9</sup> Further, 38 percent of recipients reported suffering from a severe mental *or* physical impairment that rendered them unable to complete one or more daily activities (GAO 2001).

Urban Institute researchers, using data from the 2002 National Survey of America's Families, found similar rates with about one-third (35 percent) of welfare recipients reporting having very serious mental or physical health problems (Zedlewski 2003). The Women's Employment Study, which followed current and former welfare recipients in Michigan from 1997 to 2003, found that nearly half met the diagnostic criteria for depression, approximately 40 percent for post-traumatic stress disorder, and about one-third for generalized anxiety disorder (Michigan Program on Social Welfare Policy 2004). Rates of mental health issues in a New Jersey study of welfare recipients were lower, with 16 percent of respondents with a diagnosed mental health problem. In addition, recipients were asked to rate their own health status, and over 10 percent considered their health poor (Wood, Rangarajan, and Deke 2004).

**Substance abuse.** When averaged across the sites, over one-fifth of ISP participants report that they have abused drugs or alcohol during the past year and one-quarter report that they have ever been in chemical dependency treatment. The proportion that reports substance abuse in the past year is particularly high in Chisago (33 percent), Red Lake (35 percent), and Washington (27 percent) counties (see table 2-5). Over one-quarter of ISP participants in Chisago, Crow Wing, St. Louis, and Washington and over one-third in Red Lake have received treatment for chemical dependency.

These rates are somewhat higher than those found in other studies examining substance abuse among welfare recipients. Again, determining the prevalence of substance abuse among welfare recipients is difficult, largely because estimates rely on self-reporting and individuals may be unlikely to disclose illicit substance use or abuse of legal drugs. Further, there are discrepancies over what constitutes abuse and dependence, and the differences between use, abuse, and dependence can be hard to untangle.

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<sup>8</sup> Most surveys, however, rely on self-reports, which make it difficult to ascertain a precise percentage. Prevalence of barriers may be underreported, and varying measurement tools may distort results and make comparisons between studies difficult.

<sup>9</sup> This study analyzed the Survey of Income and Program Participation (SIPP), a national household multi-panel survey. The SIPP collects information on income, program eligibility and participation, general demographic characteristics, and other topical issues, including disability status, and sample sizes range from 14,000 to 36,700. The SIPP defines individuals as mentally or physically impaired based on criteria established by the Census. Individuals who meet one or more of the following criteria are considered to have an impairment: having difficulty performing a functional or daily activity; having a specific condition, including a learning or developmental disability; having an emotional or mental condition that severely interferes with daily activities, including depression or anxiety; having a condition that compromises the ability to work; receiving federal benefits due to inability to work; or using a wheelchair, cane, crutch, or walker.

Generally, estimates of the proportion of welfare recipients that *abuse* alcohol and/or use illicit drugs hover around one-fifth, and estimates of alcohol and/or drug *dependence* range from 5 to 10 percent. For example, the National Household Survey on Drug Abuse found that approximately 22 percent of female welfare recipients self-reported using an illicit substance at least once in the year before the survey in 2002 (Morgenstern and Blanchard 2006). Using earlier data from 1998, researchers estimated that about 8 percent of recipients were dependent on alcohol and about 5 percent on illicit drugs (Pollack et al. 2002). The Women’s Employment Study produced similar results. Based on self-reports, approximately 14 percent were dependent on alcohol and 11 percent were dependent on drugs at some point in their lifetime (Phinney et al. 2005). Within Minnesota, over one-fifth of MFIP adult cases in 2005 had a chemical dependency diagnosis (Minnesota DHS 2006a).

*Kim*, a mother of three who had recently moved from another county, was referred to ISP by her MFIP employment counselor. Upon enrollment in ISP, Kim had a medical exemption from MFIP participation requirements due to depression and chemical dependency issues. Enrolled in an ISP site using a team-based approach, after completing the ISP assessment, she was referred to a mental health professional for counseling, who she still sees weekly. In addition, she attends two ISP monthly support groups regularly and is helping organize a women’s group through ISP. After going into therapy, Kim chose to enter a chemical dependency treatment program with the support of her caseworker. Kim had a child protection case open in the county she previously lived in; her caseworker contacted the child protection worker and confirmed that the case had been closed. Her caseworker has accompanied her to court on several occasions for a pending charge. Kim’s caseworker helped her leave an abusive relationship and move into a shelter where she is currently living. Her caseworker has arranged for a subsidized apartment, which Kim will move into in several months.

As discussed in section I, many items presented here were drawn from the MFIP self-screen that is used to identify mental health and substance abuse issues (see appendix B for a copy of this instrument). Overall, aside from Red Lake, a large proportion—over two-thirds of participants in all sites—scored above the threshold indicating that they may have a mental health or chemical dependency problem. This rate was particularly high in Anoka, where 92 percent scored above the threshold.

**Domestic violence.** ISP participants were also asked whether they had experienced family violence in the past year, and depending on their response, program staff recorded whether there was confirmed, suspected, or no evidence of it. When averaged across the eight sites, 18 percent of ISP participants have confirmed family violence in the past year, and it is suspected for an additional 5 percent of participants. Participants in Red Lake report no evidence or suspicion of family violence, which may reflect some hesitancy reporting on this issue. While direct comparisons are not possible because of the nature of questions asked, these rates are at least comparable to domestic violence rates found in other studies of welfare recipients. In 2003, the Women’s Employment Study found that 19 percent of current welfare recipients had experienced domestic violence in the past year (Michigan Program on Social Welfare Policy 2004).

**Criminal background.** As shown in table 2-6, about a quarter of participants in Hennepin and Washington counties have been convicted of a felony, a relatively high

**Table 2-6**  
**Criminal History, Housing Situations, Modes of Transportation, and Prevalence of Multiple Barriers for ISP Participants at Enrollment, by Site**

	All Sites	Anoka	Chisago	Crow Wing	Hennepin	Ramsey	Red Lake	St. Louis	Washington
<b>Criminal Background</b>									
Ever convicted of a felony	15.4 %	11.8 %	12.2 %	4.7 %	28.0 %	18.7 %	6.5 %	18.6 %	23.2 %
Ever in jail or prison	30.6 %	16.3 %	28.0 %	34.9 %	33.3 %	19.5 %	43.5 %	36.5 %	32.6 %
<b>Housing History</b>									
Ever homeless	35.4 %	20.3 %	29.3 %	39.5 %	52.7 %	37.4 %	19.6 %	53.2 %	31.6 %
Ever evicted	26.4 %	21.2 %	42.7 %	32.6 %	25.8 %	21.1 %	8.7 %	34.0 %	25.3 %
Average number of moves in past 12 months	1.1	0.9	1.1	1.6	1.3	0.8	0.8	1.4	0.8
<b>Current Living Situation</b>									
Living in emergency housing	1.4 %	2.6 %	3.7 %	1.2 %	2.2 %	0.9 %	0.0 %	0.0 %	1.1 %
Living with friends	10.1 %	16.0 %	11.0 %	9.4 %	7.7 %	11.1 %	6.5 %	6.4 %	12.6 %
Living in public housing	9.6 %	2.0 %	1.2 %	4.7 %	1.1 %	10.3 %	39.1 %	9.0 %	9.5 %
Living in subsidized rental	31.9 %	38.6 %	17.1 %	27.1 %	39.6 %	43.6 %	15.2 %	50.0 %	24.2 %
Living in unsubsidized rental	28.9 %	23.5 %	47.6 %	37.6 %	33.0 %	28.2 %	17.4 %	17.3 %	26.3 %
Living in own home	6.1 %	8.8 %	8.5 %	11.8 %	1.1 %	0.0 %	8.7 %	6.4 %	3.2 %
Other current living situation	12.0 %	8.5 %	11.0 %	8.2 %	15.4 %	6.0 %	13.0 %	10.9 %	23.2 %
<b>Valid Driver's License</b>	53.8 %	57.2 %	69.5 %	68.6 %	33.3 %	29.3 %	43.5 %	64.1 %	65.3 %
<b>Primary Mode of Transportation</b>									
Own car	44.1 %	43.1 %	58.0 %	66.3 %	19.1 %	19.8 %	47.8 %	44.2 %	54.7 %
Access to someone else's car	9.5 %	12.1 %	7.4 %	8.1 %	10.1 %	6.9 %	10.9 %	9.6 %	10.5 %
Rides with others	15.5 %	15.7 %	29.6 %	7.0 %	5.6 %	18.1 %	15.2 %	17.3 %	15.8 %
Public transportation	22.6 %	21.2 %	1.2 %	4.7 %	62.9 %	50.0 %	15.2 %	17.3 %	8.4 %
Walk	4.6 %	0.7 %	2.5 %	11.6 %	0.0 %	3.4 %	4.3 %	7.7 %	6.3 %
Other	1.4 %	1.3 %	0.0 %	2.3 %	1.1 %	1.7 %	2.2 %	0.6 %	2.1 %
None	2.2 %	5.9 %	1.2 %	0.0 %	1.1 %	0.0 %	4.3 %	3.2 %	2.1 %
<b>Number of Barriers to Employment<sup>1</sup></b>									
Zero	14.8 %	5.2 %	13.5 %	10.7 %	17.2 %	0.9 %	32.6 %	24.4 %	13.8 %
One	27.1 %	18.3 %	18.9 %	33.3 %	33.3 %	19.8 %	45.7 %	23.7 %	23.4 %
Two	26.7 %	30.7 %	24.3 %	29.8 %	27.6 %	30.2 %	19.6 %	25.0 %	26.6 %
Three	15.8 %	25.5 %	14.9 %	13.1 %	13.8 %	27.6 %	2.2 %	13.5 %	16.0 %
Four or More	15.6 %	20.3 %	28.4 %	13.1 %	8.0 %	21.6 %	0.0 %	13.5 %	20.2 %
Number of Observations	8*	306	82	86	93	123	46	156	95

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services

\*All sites number is the average of the eight site averages.

<sup>1</sup> Seven barriers identified at the time of enrollment are included in this analysis: mental condition that makes it difficult to work, abused alcohol/drugs in the last year, confirmed family violence in the last year, physical condition makes it hard to work, family member with illness making it hard to work, ever diagnosed with a learning disability or reading below the 9th grade level, and score of fair or poor on housing Employability Measure.

percentage compared with other sites. A surprisingly high percentage has spent time in jail or prison—about a third or more in Crow Wing, Hennepin, Red Lake, St. Louis, and Washington counties.

**Housing.** Homelessness is particularly prevalent in Hennepin and St. Louis counties (see table 2-6), where over half the participants have been homeless at some point. However, few were living in emergency housing at the time of enrollment in ISP. Subsidized housing is the most common living situation in Anoka, Hennepin, Ramsey and St. Louis counties, where at least one-third has this type of arrangement. Use of public housing is very high in Red Lake, where close to 40 percent report living in this type housing, while Chisago has the highest rate of living in unsubsidized rentals (48 percent).

**Transportation.** As would be expected, possession of a driver's license and owning a car are more common in rural and suburban counties where public transportation is limited. While about two-thirds of the ISP participants have a valid driver's license in Chisago, Crow Wing, St. Louis, and Washington, one-third or less have a driver's license in the urban counties of Hennepin and Ramsey (see table 2-6). Half of participants in these urban counties or more rely on public transportation as the primary way of getting around, while participants are less likely to own their own car.

**Multiple barriers.** Particularly with a hard-to-employ population, it is likely that many experience multiple barriers to employment. Examining seven barriers identified at the time of enrollment,<sup>10</sup> most ISP sites having over 50 percent with two or more barriers to employment, and about one-third having three or more barriers. The prevalence of multiple barriers is high in Anoka and Ramsey, as would be expected (76 and 80 percent, respectively, with two or more barriers), but also in Chisago and Washington, where 28 and 20 percent, respectively, have four or more barriers. These rates are somewhat higher than those found in other studies of welfare recipients. For example, the GAO study discussed earlier found that 54 percent of a national sample of TANF recipients had two or more barriers, while in the Urban Institute's NSAF survey, 44 percent did so (GAO 2001; Zedlewski 2003).

### **Staff Assessments of Barriers: Employability Measure**

This section examines ISP participants' levels on the Employability Measure at enrollment. The Employability Measure is designed to assess the strengths and barriers of ISP participants and their families in 11 areas related to employment: child behavior, dependent care, education, financial, health, housing, legal, personal skills, safe living environment, social support, and transportation. During face-to-face meetings, program staff trained on the administration of the instrument determine the level of the participant in each area on a scale from 1 to 4 or 5, depending on the area being measured. Most scores are based on a scale of 1 to 5. Five areas—child behavior, health, legal, social

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<sup>10</sup> These include: mental condition that makes it difficult to work, abused alcohol/drugs in last year, physical condition that makes it hard to work, family member with illness making it hard to work, every diagnosed with a learning disability or reading below 9<sup>th</sup> grade level, and score of fair or poor on housing area of Employability Measure.

support, and transportation—are based on a four-point scale of 1 to 4/5 (with no differentiation between the 4 or 5 score). Appendix B provides a copy of the instrument.

Although related, results from this instrument are discussed separately from those above because they provide the opportunity to compare the severity of different types of barriers on a uniform scale. This study will also examine changes in these measures over time (see section V), so it is important to have an understanding of their levels at baseline. Table 2-7 presents the proportion of participants who scored 1 or 2 in each area of the Employability Measure, indicating areas of particular difficulty for them. Complete distributions of scores in each area for each site are provided in appendix C.

In most sites, there were several measures where ISP participants and/or their families were rated poorly overall, receiving either a 1 or 2. Across most sites, five areas were most problematic for participants or their families: health, financial, personal skills, social support, and transportation. Four areas fell in a middle range: child behavior, dependent care, education, and housing; and two were less problematic: legal and safe living environment. Most sites fell in these general groups, with some exceptions. Details for those areas with the lowest scores are provided below:

- **Health.** This measure assesses the physical, mental, and chemical health of participants and their families. Of the 11 areas on the Employability Measure, participants in most sites scored lowest on this measure when averaged across the sites. When averaged across the sites, 58 percent of participants received a score of 1 or 2 in this area. Consistent with the findings on mental and physical health barriers discussed above, scores are particularly low in both Anoka and Ramsey counties, where over 80 percent of participants received a score of 1 or 2 on this measure. Chisago, St. Louis, and Washington also had over 60 percent of participants receiving this score.
- **Financial.** This domain indicates whether family income covers the family's basic living expenses. Not surprisingly given that they are receiving cash assistance, this was another area where participants' scores were quite low. When averaged across the sites, 54 percent received a score of 1 or 2 on this measure, and 2 percent received a score of 4 or 5 (not on table). Participants in Crow Wing, St. Louis, and Washington County scored particularly low in the financial domain, with 60 percent or more receiving a score of 1 or 2.
- **Social support.** The social support measure focuses on the amount of positive support participants receive from friends and family. Interestingly, lack of social support systems apparently was a problem for the majority of ISP participants, with close to 60 percent scoring 1 or 2 on this measure. Participants in Chisago, Ramsey, and St. Louis also scored particularly low on the social support measure, with nearly three-quarters in the lower category. Participants in Hennepin scored somewhat better in this area compared to other sites, with one-quarter receiving a score of 1 or 2.

**Table 2-7**  
**Percent of ISP Participants Scoring 1 or 2 on the Employability Measure at Enrollment, by Site**

<b>Domain</b>	<b>All Sites</b>	<b>Anoka</b>	<b>Chisago</b>	<b>Crow Wing</b>	<b>Hennepin</b>	<b>Ramsey</b>	<b>Red Lake</b>	<b>St. Louis</b>	<b>Washington</b>
Child Behavior	32.1%	35.1%	35.0%	25.3%	23.5%	47.5%	15.4%	35.8%	38.9%
Dependent Care	33.4%	27.5%	39.7%	29.8%	11.1%	53.7%	19.2%	46.3%	40.2%
Education	35.2%	38.9%	32.5%	24.7%	28.4%	45.2%	53.8%	25.2%	32.6%
Health (Physical, Mental, and Chemical)	58.3%	84.7%	60.8%	55.4%	33.3%	86.9%	19.2%	64.9%	61.1%
Housing	31.0%	32.8%	31.3%	34.1%	32.1%	29.8%	7.7%	30.5%	49.5%
Financial	54.1%	44.3%	57.5%	62.4%	39.5%	51.2%	19.2%	71.8%	87.4%
Legal	21.6%	20.7%	17.9%	11.8%	17.3%	21.4%	23.1%	21.5%	38.7%
Safe Living Environment	21.0%	17.9%	22.1%	14.1%	14.8%	28.9%	19.2%	17.1%	34.0%
Personal Skills	44.6%	58.7%	35.0%	42.4%	30.9%	69.0%	26.9%	42.7%	51.6%
Social Support	57.5%	48.4%	72.5%	63.5%	25.9%	75.0%	46.2%	69.5%	58.9%
Transportation	51.3%	38.7%	53.8%	58.8%	21.0%	50.0%	65.4%	63.4%	59.6%
Number of Observations	8*	306	82	86	93	123	46	156	95

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services.

\*All sites number is the average of the eight site averages.

- **Personal skills.** This domain indicates the level of participants' self-management and job-seeking skills. Overall, close to half the ISP participants scored 1 or 2 on the personal skills measure when averaged across the sites. Again, participants in Anoka and Ramsey scored the lowest, with 59 and 69 percent receiving this score, respectively. In contrast, Hennepin and Red Lake had less than 31 percent in this category.
- **Transportation.** The transportation measure indicates the reliability of participants' transportation to work. Transportation was a barrier that affected participants in some sites more than others, but it was a major concern in several sites according to this measure. Except in Anoka and Hennepin, 50 percent or more of participants received a score of 1 or 2 on this measure, with about 65 percent of participants in Red Lake and St. Louis scoring below 3 in this area.

There are several other areas where barriers are problematic for a significant proportion of participants, although not as widespread as those discussed above:

- **Child behavior.** The child behavior measure indicates whether parents spend so much time dealing with their children's behavior that it prohibits or limits employment. When averaged across the sites, about one-third of the participants scored 1 or 2 on this measure. While not affecting as many participants as other barriers, this clearly is an issue for a significant subset of families. Participants in Crow Wing and Hennepin fared better on this measure, with about one-quarter receiving lower scores. Participants in Ramsey scored the lowest, with almost half receiving a score of 1 or 2.
- **Dependent care.** The dependent care measure assesses the stability of participants' child care arrangements. Finding quality child care for their children also appeared problematic for about one-third of participants, while the remainder were relatively evenly split between a score of 3, 4, and 5 (not on table). Participants in Hennepin and Red Lake appeared to have fewer barriers in this area, with less than one-fifth scoring 1 or 2, while Ramsey and St. Louis had more, with about half the participants receiving this score.
- **Education.** This measure assesses participants' level of education, training, and job readiness. Three sites (Crow Wing, Hennepin, and St. Louis) had about a quarter of participants who scored 1 or 2, and about half or more with a score of 3 (not on table). Two other sites (Red Lake and Ramsey) had closer to half of recipients who scored 1 or 2, with other sites falling between these proportions.
- **Housing.** This domain indicates the condition and stability of families' living situations. When averaged across the sites, housing was rated as a score of 3 for more than half the participants (not on table), although nearly one-third scored 1 or 2. Perhaps because public housing is most common in Red Lake, participants in Red Lake received better scores than other sites in the housing area, with less than 10 percent of participants in this site scoring 1 or 2 on this measure.

Participants in Washington County scored lowest on this indicator: half of participants scored below 3 in the housing area, possibly due to the lack of affordable housing in this affluent county.

Two domains appeared to present problems to fewer ISP participants:

- **Legal.** The legal domain focuses on criminal and legal issues affecting participants' employment. When averaged across the sites, 22 percent of ISP participants received a score of 1 or 2, with close to 60 percent of ISP participants receiving a score of 4/5. Scores did not vary much across sites on this measure.
- **Safe living environment.** This measure indicates the level of safety in participants' neighborhoods and households. When averaged across the sites, participants scored the highest in the safe living environment area. About one-fifth scored 1 or 2 and almost two-thirds received a score of 4 or 5 in this domain, except in Ramsey and Washington counties, where closer to one-third of the participants experience problems in this area.

In Red Lake, the major barriers for ISP participants were education and transportation, as measured by the employability measure. Ramsey had a high prevalence of a large number of barriers, which in addition to those highlighted above, included measures related to their children, specifically child behavior and dependent care.

### **Overall Assessment of ISP Participants' Barriers**

Analysis of participants' demographic, economic, and employment-related barriers indicates that the sites are serving disadvantaged populations but with significant variation across the sites. On average, participants are older, about 32, than the typical MFIP population and also have older children and are likely to never have been married. Just over half report that a high school diploma or GED is the highest degree they have attained, and very few have received postsecondary education. While the majority can read at above a 9th grade level, a significant portion cannot, and about one-quarter have been diagnosed with learning disabilities at some point. Most of the programs do not serve non-English speakers, except Ramsey, which includes a group of Hmong participants.

More than one-third of ISP participants in several sites reported that they have a mental condition that makes it hard to work, with approximately double this proportion having this barrier in Anoka and Ramsey counties. An even higher rate of participants has ever been diagnosed with depression. Fewer but still a significant segment report physical health, substance abuse, and domestic violence issues. When averaged across the sites (with each site weighted equally), nearly one-third have a physical health problem that makes it difficult to work, and approximately one-fifth report substance abuse issues or have confirmed domestic violence in the past year. A surprisingly large number (nearly one-third) have spent time in jail or prison. Particularly in terms of mental health barriers, these numbers are higher than those observed in other studies of welfare recipients.

Interestingly, and despite these barriers, the majority of ISP participants have prior attachment to the labor force within the past two years, indicating that many are able to work at least sporadically. When averaged across the sites, 73 percent of participants were employed in the two years before enrollment, but employment levels were significantly lower in the month of employment (about one-quarter). Income levels were below the poverty level in the month of enrollment, with three-quarters of participants' income coming from public assistance benefits. On average across the sites, ISP participants received MFIP benefits about two-thirds of the time in the two years before enrollment, and they had used over half their countable months on MFIP.

In terms of site variation, Anoka and Ramsey stand out in terms of the disadvantaged nature of their participants compared with the other sites. Anoka and Ramsey participants have lower levels of employment earnings, higher rates of benefit receipt, and more employment-related barriers, particularly mental and physical health, level of learning disabilities, level of personal skills, and social support networks. Participants in Red Lake also do not report the same level or range of barriers as most of the other sites, although substance abuse and transportation stand out as major barriers in this site. Given the very low barrier incidence level in this site, it is likely that some items were underreported. This is likely due in part to the cultural norms specific to Native Americans, or perhaps the small community in which the program operates that makes it difficult to reveal certain problems.

Certain barriers are more prevalent in some sites. Compared to the other sites, Washington has a relatively high reported incidence of substance abuse and domestic violence, and it has more issues with housing. Chisago and Crow Wing also have higher levels of domestic violence, with Chisago also experiencing significant substance abuse issues. St. Louis, along with Washington, has a high proportion of participants with a criminal history. In most sites, transportation appears to be a major issue.

*Sonya* was referred to the ISP program by her MFIP employment counselor. A psychological evaluation completed by a mental health agency resulted in a diagnosis of borderline personality disorder. Sonya was pregnant and considered a high-risk pregnancy owing to reported heavy drinking in her first trimester. Her goals in the ISP program included actively participating in managing mental health symptoms, dealing with her dyslexia, and obtaining competitive employment. Sonya was referred to a work preparation program, a combination of subsidized work and support groups focusing on managing mental health issues. Since graduating from the program, she has been working on interviewing and application skills and is currently engaged in job search. In addition, her ISP caseworker assisted her in setting up therapy, discussed her diet and other physical health issues with her, assisted in arranging child care, and helped her get into a short-term shelter to temporarily escape a domestic violence situation.

### III. Program Design

The Minnesota Integrated Services Projects (ISPs) involve a range of organizations and services in their efforts to improve economic and family-related outcomes. This section provides information on several issues relating to program design including enrollment levels and staffing, sponsoring organizations and key partners, the models used for integrating services, sustainability issues, and the status of performance measurement systems. As discussed earlier, this and other sections of the report also provide brief vignettes describing the experiences of several ISP participants.

#### Program Size and Enrollment Levels

The Integrated Service Projects are designed to operate on a relatively small scale. As shown in table 3-1, most grantees plan to serve 100–200 families. Anoka County anticipates serving the largest number of people with a stated goal of 300 MFIP families per year for a total of 900 families.

**Table 3-1**  
**Cumulative Enrollment Levels for Integrated Services Projects,**  
**December 31, 2006**

Site	Target enrollment	Actual enrollment
Anoka County	300 families/year	388 families
Chisago County	200 families over 2–3 years	103 families
Crow Wing County	100 families over 3 years	105 families
Hennepin County	200 families over 3 years	153 families
Ramsey County	No stated target	312 adults
Red Lake	100 families over 3 years	80 families
St. Louis County	130–50 families over 3 years	183 families
Washington County	200 families over 3 years	138 families

At the time of our site visits, most programs felt they would meet their enrollment goals, and three (Anoka, Crow Wing, and St. Louis) had surpassed their goal. By December 31, 2006, Anoka, for example, had enrolled 388 families, and the Ramsey program was also relatively large with more than 300 participants. St. Louis was serving 183 families, Chisago 103 families, and Hennepin more than 150 families. Program staff in Washington County thought they may fall short in meeting their goal, although not by much. Data is not available on how many families are served at a particular point in time.

## **Sponsoring Organizations**

As shown in table 3-2, the ISPs are operated by well-established organizations in each community. County human services agencies play an important role in several programs. They operate the program in two sites (Anoka and Crow Wing), while in others (Chisago, Hennepin, Ramsey, and St. Louis) they play an overall coordinating role, although in Hennepin and Ramsey the county played a stronger role in the initial phases of the program and was less involved in operational issues as the program progressed. In five sites (Chisago, Hennepin, Ramsey, St. Louis, and Washington), the organization responsible for the operation of the program is one or several nonprofit community-based organizations.

These organizations bring a range of expertise and experience to the program. For example, a nonprofit organization with experience with working with low-wage populations and community organizations (Communities Investing in Families, or CIF) oversees and coordinates the program in Chisago and other partner counties. In Hennepin, NorthPoint Health and Wellness Center, Inc., a community-based health and human services agency, is the sponsoring organization. In St. Louis and other counties in this site, several community action agencies play a key role in the program, with one (Arrowhead Economic Opportunity Agency, or AEOA) playing an overall coordinating role. Other community organizations have more direct experience with the MFIP program and population. In Ramsey, most MFIP employment service providers in the county are also directly operating the ISP program. In Washington, an organization that provides MFIP employment services in other counties (HIRED) is the lead organization, but it is not a MFIP employment service provider in this county.

By design, the ISPs are complementary but, for the most part, separate programs from the standard MFIP program in each county. In addition, enrollment in ISP is voluntary for participants in most sites, although activities may be mandatory through inclusion in the MFIP employment plan. Participants generally maintain their MFIP employment counselor when they enroll in the ISP and continue to work with MFIP staff on employment-related issues. Only the Crow Wing ISP takes a different approach. In this county, a program specifically serving long-term MFIP recipients was already in place (known as Tier 3), and the ISP grant was used to supplement the services provided through this program.

## **Institutional Partnerships**

This section examines the types of service delivery systems and organizations the ISPs included in their integration efforts and how they have changed over time. A key goal of the Minnesota ISP is to develop partnerships with other service delivery systems (including public agencies and community-based organizations) in order to “integrate” services that address the needs of long-term MFIP recipients. While certain partners were required by DHS—specifically, county human services agencies, a community-based health clinic, and a managed health care plan representative—each site was given the flexibility to establish partnerships with other service delivery systems and organizations.

**Table 3-2:  
Program Design of Integrated Services Projects: Lead Agency, Key Partners, and Primary Services Included in Integration**

Site	Lead Agency	Key Partners	Primary Services Included in Integration Efforts
Anoka County	Anoka County Human Services Division	Central Center for Family Resources; Medica/United Behavioral Health	ISP staff specialize in specific service areas: housing, Supplemental Security Income advocacy, child protection, vocational rehabilitation services, chemical dependency, cognitive impairments, mental health, and public health.
Chisago County	Chisago County Health and Human Services	Communities Investing in Families (CIF); Isanti, Mille Lacs, Pine, and Kanabec County Health and Human Services; RISE, Inc.; Pine Technical College Employment and Training Center; Five County Mental Health Crisis Services	Staff make referrals to a range of services depending on individual participant needs.* Formal coordination with supported employment program and mental health services.
Crow Wing County	Crow Wing County Social Services	Crow Wing County Child Protection Services; Crow Wing County Chemical Dependency Unit; Crow Wing County Public Health;	Staff make referrals to a range of services depending on individual participant needs.* Formal coordination with child protection, chemical dependency, and public health services.
Hennepin County	NorthPoint Health and Wellness Center, Inc.	Hennepin County Human Services; Minneapolis Urban League; HIRED; Pillsbury United Communities; African American Family Services; Turning Point	Staff make referrals to a range of services depending on individual participant needs.* Staff from organizations with chemical dependency and domestic violence issues on site. Staff can refer participants to NorthPoint's psychologist or its public nurse.
Ramsey County	Ramsey County Community Human Services Department	Ramsey County Workforce Solutions; Employment Action Center; HIRED; Family Support Services, Inc.; South Metro Human Services; Goodwill/Easter Seals, and LifeTrack Resources.	Exclusive focus on integrating rehabilitative mental health services into the MFIP program.
Red Lake	Tribal Council of the Red Lake Band of Chippewa Indians	New Beginnings; Beltrami County Human Services	Staff make referrals to a range of services depending on individual participant needs.* Incorporate activities that focus on traditional/cultural beliefs.
St. Louis County	Arrowhead Economic Opportunity Agency	Community Action Duluth; Lakes and Pines Community Action Council; Koothasca Community Action; St. Louis, Carlton, Itasca, and Koochiching Human Service Agencies; the Minnesota Chippewa Tribe	Staff make referrals to a range of services depending on individual participant needs.* Circles of Support links participants to individuals in community who serve as allies and provide social support network.
Washington County	Washington County Community Services	HIRED; Human Services, Inc.; Blue Cross/Blue Shield	Staff make referrals to a range of services depending on individual participant needs.* Formal coordination with mental health services.

\*These could include referrals for mental or physical health issues, substance abuse, domestic violence, special needs of children, Child Protection Services, probation and criminal justice issues, transportation, child care, and others as needed.

Staff at Minnesota DHS play an important role in assisting states in developing and maintaining the ISPs and have been an important partner in the initiatives. DHS staff conducted multiple site visits to each ISP—holding discussions with key staff, reviewing cases, developing an understanding of specific problems and concerns in individual sites, and providing technical assistance as needed. DHS also sponsors quarterly grantee meetings that allow the ISPs the opportunity to discuss common issues and receive training and guidance on specific topics. These meetings typically include presentations by experts on issues of interest, sometimes providing information on other services or programs that would be of potential benefit to the ISPs.

Each site made different choices about partnerships established, depending on the existing services and the needs of the MFIP population in their community. The institutional partnerships for each site and how they have evolved over time are briefly summarized below and in table 3-2. Appendix A also provides a detailed summary for each site.

**Anoka.** The Anoka ISP formally integrates the widest range of services by staffing the program with partners from divisions within the county’s human service department, including staff with expertise in juvenile and criminal justice, developmental disabilities, public health, vocational rehabilitation, mental health, chemical dependency, and child protection. ISP has a partnership with Central Center for Family Resources, a community mental health agency, where they can refer participants for psychological assessments and counseling. In part because this project was developed from an already-established program, the partnerships for this program have remained relatively stable. One exception is that Anoka added a public health nurse as a partner (with funding from the Medica Foundation) to assist in providing preventive care. The health plan partner (Medica) has plays a more limited role in the program, but has provided training to ISP staff on its services and, at the time of our site visit, was in the process of developing a health care screening tool for ISP.

**Chisago.** The Chisago program is a multicounty initiative and human service staff from each of the counties are important program partners. The Chisago program includes a supported employment provider (RISE, Inc.) and a technical college (Pine Technical College Employment and Training Center) in overall coordinating roles. A mental health partner, Five County Mental Health and River Recovery Services, while initially playing a small role, became a more active partner in the second year of the study, with staff making referrals more regularly. The Chisago program is working to include the MilleLacs band of Ojibwe in the ISP, but it is still developing these networks. A substance abuse program (Rum River Recovery) and child care resource and referral program are secondary partners and their services are accessed on an as-needed basis. The health plan (Medica) has only played a minimal role in the program.

**Crow Wing.** The program in Crow Wing enhances the current MFIP by incorporating joint supervision from the child protection division within the Department of Human Services. In addition, the chemical dependency supervisor from this agency is brought in for case supervision and consultation. While not a formal partner, a public health nurse

from the Crow Wing Public Health Agency is also available to provide services as needed. The health plan provider from the original proposal, UCare, has not been responsive to requests from the ISP to become involved in the initiative. The partnerships in this program have remained very stable over the course of the study.

**Hennepin.** The Gateway program in Hennepin County, operated by a community health clinic (Northpoint), made the most changes in their partnerships over time compared to other sites. In addition to its initial plan of involving staff from NorthPoint and several MFIP providers to serve as case managers for the program, Hennepin brought in several partner organizations during the first year of program that focused on substance abuse (Turning Point) and domestic violence (African American Family Services). Another relatively recent addition was to assign an on-site psychologist and public nurse from Northpoint to the program. The health plan provider (Metropolitan Health Plan) has not been active in the program. The Hennepin County Human Services Department, while a very active partner in the initial planning phase, has become less active as the program has moved to the operational phase.

**Ramsey.** The Ramsey County program systemically brings rehabilitation expertise in mental health into the county MFIP. The ISP grant provides financial support to several of the county's MFIP employment service providers to meet capacity and certification standards to provide services under Adult Rehabilitative Mental Health Services (ARMHS). Once a provider is determined capable of delivering this set of services, it becomes certified as an ARMHS service provider and is able to bill Medical Assistance (Minnesota's Medicaid program) directly for services provided. In this way, the program was designed to be self-sustaining and not rely on special grant funding. Ramsey County has several providers involved in providing ARMHS services, although there have been changes over time. Two had not started the program at the time of our site visit: Hmong American Partnership decided not to proceed owing to funding constraints, while Lifetrack Resources was still planning to move ahead in the near future. In addition, one provider, Mental Health Resources, had to drop out because of budgetary issues (discussed below). Ramsey County Community Human Services Department, while officially the lead agency, was heavily involved in the planning phase (particularly the Mental Health division of this agency), but has been less involved in the operational phase of the program. More recently, Ramsey County Workforce Solutions, the county MFIP employer service provider, has taken on more of an overall coordinating role.

**Red Lake.** Red Lake had difficulties engaging many of the proposed program partners, primarily owing to lack of stable leadership. By the time of our second visit, partners that were listed in the original grant, such as Red Lake Family Children Services, Red Lake Chemical Health Programs, and Red Lake Comprehensive Health/Mental Health Department, were still not participating in the project. Though the MFIP (New Beginnings) and Beltrami County Human Services were technically considered partners, they had very little contact with ISP staff.

**St. Louis.** This project operates in four counties, with community action agencies and county human services agencies key partners in each. Circles of Support, a program in

which participants are matched with community members who support their move out of poverty, is also an important program component. The Minnesota Chippewa tribe, although officially considered a partner, has been less involved than other groups. The several health plan partners, while less involved than other organizations, have participated in methods to identify and resolve barriers to medical access for ISP participants. St. Louis County has generally maintained its original institutional partnerships over the course of the study.

**Washington.** Operated by a MFIP employment service provider (HIRED), Washington County's ISP involves a community mental health center (Human Services, Inc.) to provide assessment and diagnoses and also establishes a formal link with the county's child protection system for referrals, information, and data sharing. The child protection system became less involved in the ISP project over time, primarily because they faced budget constraints. The Common Health Clinic, while an initial partner in program, currently plays a minimal role.

Overall, the ISPs generally limited the number of partners from other service delivery systems that they established formal connections with and focused on establishing links with a few key organizations. For some, this closely followed their initial plan for ISP proposed to DHS. In particular, four ISP sites (Anoka, Chisago, Crow Wing, and St. Louis) generally maintained their original key partnerships over the course of the project thus far, although with some redefining of responsibilities and adding of services. Hennepin is notable for making more significant changes to its initial program design by adding institutional partners. In the other sites, several partnerships did not work out as intended, with some partners less involved in the ISP than originally planned.

In terms of the types of services that were formally included in integration efforts, four programs (Anoka, Hennepin, Ramsey, and Washington) include coordination with partners that provide expertise on mental health services. Three (Anoka, Crow Wing, and Washington) formally involve partners to assist with child protection services. Crow Wing and Hennepin also added expertise in chemical dependency issues. The Anoka program brings expertise in other areas including criminal justice and developmental disabilities through its multidisciplinary staff.

While all the ISPs partner with a managed health care plan as required by DHS, in many programs, these organizations did not play a significant role. Some staff reported that they could not find a meaningful role in the project, while others found the health plans were not interested in ISP. Anoka and St. Louis made more progress in developing this partnership by involving the health plan providers in health assessment instruments and understanding barriers to health access. As noted above, several sites found it was useful to bring in a public health nurse to assist on physical health issues, rather than addressing these needs through the involvement of health plan representatives.

Given the inherent difficulty of developing service integration efforts, starting with a focus on a few key linkages may be appropriate. However, with some exceptions, as the programs matured, most did not expand the number of partners involved in their

programs, and some found it difficult to integrate certain providers as intended. As the ISPs move forward, they should consider bringing in a wider range of service delivery systems as institutional partners.

## **Program Staffing**

Reflecting their diverse institutional partnerships, the Minnesota ISP programs are staffed in various ways. Given that the programs are small (see above), the programs generally employ relatively few staff, ranging from 5 in Red Lake to 12 in St. Louis County. Some programs, particularly those using a team approach, include staff employed by more than one organization. For example, while a county community-based organization is directing the program in Hennepin County (NorthPoint Health and Wellness Center), three of the five case managers are employed by other county MFIP employment service providers, and the program includes part-time substance abuse and domestic violence experts from other organizations. Individuals from four organizations staff the Chisago program, including a nonprofit organization that works with low-income families, a supported employment provider, an MFIP employment service provider, and the county human service agency. In Anoka and Crow Wing, program supervisors are employed by different divisions within the county human services agency. In St. Louis, the program is staffed by several different community action agencies operating in the region.

## **Service Integration Models**

While the ISP sites clearly developed unique and individualized approaches to service integration, there are some patterns in the models adopted. Overall, we observed three different general approaches for integrating services in the ISP sites:

- ***Team-based approach.*** Three sites (Anoka, Crow Wing, and Hennepin) use a team approach that involves bringing staff with expertise in different areas to provide services to ISP participants, with all staff housed at the same physical location. Participants may work with different staff or more than one staff person depending on their needs and the issues they are facing. Even within this single approach, there were different models. As discussed above, Anoka brought together a multidisciplinary team with staff from different divisions within the county human services division to provide expertise in a range of areas. Participants are assigned to case managers based on their needs, but also work with more than one staff person if needed. Another approach is to contract with other organizations that bring expertise in needed areas. For example, Hennepin County contracted with other organizations to provide on-site staff with expertise in substance abuse and domestic violence. Hennepin was also able to use a psychologist and public nurse already on staff within the organization to develop a team that provided services in a range of areas. Finally, the program in Crow Wing enhances the current MFIP by incorporating joint supervision of program staff from the child protection division and the inclusion of a chemical dependency supervisor for case consultation, both from within the Department of Human Services, and a public health nurse.

- **Service brokering approach.** Four sites (Chisago, St. Louis, Red Lake, and Washington) use an approach that involves putting program staff in a “service brokering” role, where they are responsible for coordinating referrals to other services in the community based on the individual needs of participants. It is also used to some extent by sites using the team-based approach when specific services beyond the expertise of the staff are needed. Under this approach, primarily through the efforts of line staff, the ISPs coordinate a wide range of services that address the multiple needs of individuals on their caseload including physical or mental health, substance abuse, housing, special needs of children, and domestic violence. ISP staff may draw on the expertise of specific program partners, but they are responsible for overall coordination of services.
- **Single service approach.** Ramsey County is unique among the sites in that it focuses on providing in-depth assistance in one service area—assistance with mental health issues—and thus does not fit under either of the models discussed above. This program systemically brings rehabilitation expertise in mental health into the county MFIP but by design does not generally address the other service needs of participants.

**Interagency staff conferences.** Within each of these models, a potential operational strategy for achieving service integration is case conferences, where key professionals from a range of service delivery systems that are involved with a family are brought together regularly to develop a coordinated service plan. While several sites were planning to use case conferences regularly during the early phases of the project, all consistently reported that it was very difficult to launch this effort in any systematic way, primarily because it was difficult to gain a commitment to participate from many organizations. Washington County appeared to use case conferencing more than the other sites, but it still found it difficult to arrange for these as often as the county would like. Crow Wing discontinued its plans to use a family group decision-making model, which brought together a range of professional staff involved with the family, because other agencies were resistant to attending.

*Linda*, a recovering methamphetamine addict and young mother of four, was referred to ISP by her MFIP employment counselor when she moved into the county. She was struggling with mental health issues, including anxiety, and was not taking her medication regularly. Her caseworker referred her to a doctor for a physical, and she received a subsequent referral to a therapist, whom she began seeing regularly. Based on her therapist’s recommendation, Linda was connected with assistance in applying for SSI and a mentoring program for adults. Linda’s daughter was referred to a social worker for her severe ADHD, and her caseworker helped her find day care for her two youngest children. Because Linda is unable to work due to her mental health issues, her caseworker has encouraged her to volunteer and get her GED.

All the sites using the team approach brought ISP staff members together in regularly scheduled meetings where they discussed specific cases. While not the same as case conferencing with those from other service systems, the team approach does make it easier to bring a range of expertise to assist staff in managing a particular case. In

addition, because team members are often co-located, staff reported that they frequently spoke informally about specific cases rather than waiting for a weekly meeting.

**Administrative versus operational service integration.** As discussed in section I, research on service integration recognizes a distinction between *administrative* and *operational* service integration strategies. Administrative changes are those requiring the reorganization of government agencies to consolidate program administration and functions, while operational strategies are those that directly affect client/worker processes and are focused on linking clients to existing services without altering existing service delivery systems. The ISPs have clearly focused on developing operational service integration strategies, with most integration occurring at the staff level rather than involving the coordination of service delivery systems. Anoka, with representatives from different divisions within the county human service agency staffing the program, and Crow Wing, with supervisors from different systems overseeing the program, come closest to this more comprehensive reform. But even in these sites, services were generally coordinated by individual staff. Some sites (St. Louis and Washington) started with more ambitious goals for service integration but overall found it was difficult to facilitate systemwide change.

There appear to be several reasons for the focus on operational rather than system-wide service integration in the ISPs. First, the basic parameters of the ISP initiative may not have been sufficient to achieve system-wide change. DHS did not provide specific guidance on the type of service integration to be established, in large part reflecting the flexibility generally given to counties in the MFIP program. While providing flexibility was an important element of this initiative, an unintended effect may have been that it did not provide the leverage needed to involve other service delivery systems, many of which faced their own set of demands and constraints. Second, the projects were designed to operate for a limited duration (3 years initially) and sites did not typically undertake longer-term planning that more ambitious efforts may require. Third, because the ISP programs are small, system-wide integration, which would potentially affect a much greater number of families, did not generally appear warranted to some. Finally, in two sites, the ISP was launched in several counties simultaneously. Both these sites found it difficult to manage both implementation across several counties and within a single service delivery system, let alone working with multiple service systems in multiple counties.

### **Program Funding and Sustainability**

As discussed above, as part of being selected for ISP, each site received funding for a three-year period. At the time of our site visits, when most sites were anticipating moving into the final year of their project, many were concerned about the long-term sustainability of their projects when ISP funding ends (funding was extended for one additional year after our site visits). There were some exceptions. Crow Wing, which uses its ISP funds to enhance services provided through its MFIP rather than operating a separate program, had a relatively small budget and viewed continued operations after the grant ends as a strong possibility. St. Louis receives a federal grant in addition to state resources to operate its project, so it has options for funding. Others were seeking out

*Sarah's* MFIP employment counselor referred her to ISP after her husband kicked her and her children out of the house, leaving them homeless. With the help of ISP, Sarah moved into a shelter and began looking for stable housing. Sarah was working part time as a personal care assistant when she enrolled in ISP, but chose to leave her job and enter a partial hospitalization program to deal with her mental health issues. After leaving the program, she went back to work part time and eventually accepted a new, full-time job as a teller at a bank, where she is currently employed. Sarah's caseworker connected her with fuel assistance, day care, household goods from the Salvation Army, and a program that helped her purchase a car and car insurance and transported her to appointments when her car broke down. Sarah regularly participates in an ISP-sponsored support group.

additional funding, but none had secured any resources at the time of our site visit. Subsequent to our site visits, DHS was able to secure funding for another year, although long-term sustainability remains an issue in most sites.

The Ramsey County initiative was initially designed to develop self-sustaining funding sources once the ISP grant ends. However, the Ramsey program experienced some difficulties with this financing model, and at this point it does not appear that they will achieve their goal of being financially self-sustaining. Many of the referrals received for the ISP were individuals with severe mental illness who were often not at a point where they were ready to engage in the rehabilitative services provided by

ARMHS. The ISP often had to provide a range of other services before an individual was ready to enter ARMHS, such as assistance with pressing physical health issues, family issues, or housing needs. These additional services were typically not billable to ARMHS, and this put some providers in a difficult financial situation, causing two to drop out of the program.

## **Performance Measurement Systems**

Most ISPs have not developed formal systems of measuring program performance.<sup>1</sup> At this time, only two ISPs have developed specific measures to evaluate the success of their ISP programs. Hennepin County's contract with the ISP includes four outcome measures that will be used to gauge the project's success: (1) at least 40 percent of ISP participants will meet the MFIP participation rate at the time of project completion; (2) no more than 10 percent of ISP participants will have additional MFIP sanctions imposed during program participation; (3) children of ISP participants will show a statistically significant improvement over baseline at the time of project completion in school readiness, attendance, and performance; and (4) at least 75 percent of ISP participants will have achieved at least one of the family's self-identified goals to contribute to family well-being, as identified in their case plans. The performance measurement system in Hennepin was still being put in place at the time of our site visit, with staff determining how best to collect the information.

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<sup>1</sup> DHS has two performance measures for the MFIP program. The MFIP Participation Rate, calculated according to the federal regulations governing the TANF program, except for the entire caseload rather than only the TANF-funded cases, and the MFIP Self-Support Index, measuring the extent to which individuals were off MFIP or working 30 hours per week three years after a baseline quarter.

Three primary outcome measures are being used to evaluate the success of the ISP initiative in Washington County: (1) 70 percent of clients will be employed 20 hours a week, (2) 50 percent will meet the MFIP participation requirements, and (3) the proportion of the caseload that moves out of the county remains below 20 percent. This site has been tracking ISP participants' performance on these measures over time, and in particular has found the MFIP participation rate measure very difficult to meet given the barriers faced by ISP participants. While other sites are informally tracking employment and participation outcomes for ISP participants using a range of different measures, it may be useful to consider more systematic methods for monitoring the program performance. This is an area DHS could consider providing further technical assistance.

Overall, the ISP sites structured their programs in different ways and involved different organizational partners, with the goal of coordinating services for hard-to-employ MFIP recipients. These differences both reflected the needs of their population and their experiences with previous service coordination efforts in the county, although most limited the number of partners they involved. The next section discusses how these decisions regarding program structure and partners played out in terms of the types of services participants received.

## **IV. Services and Other Assistance Provided by the ISPs**

This section describes both the primary services provided by the ISPs and the experiences of ISP participants in the program. It describes the flow of participants through the various steps of the ISPs, starting with the initial referral and assessment, and then moves to a discussion of the types and level of services received. As discussed earlier, this and other sections of the report also provide brief vignettes describing the experiences of several ISP participants.

The findings discussed in this section are based on interviews with staff as well as a review of approximately 20 case files in each site. To ensure an adequate follow-up period that reflected the range of services provided, the sample was selected to provide a 6 to 18 month follow-up period after program enrollment (see section I for more details). The case-file review recorded the types of assistance and services ISP participants received within the follow-up period. It did not record the intensity or duration of services provided, but rather indicates whether participants received any type of assistance in specific areas. Because of the small number of cases reviewed in each site, site differences should be interpreted carefully, and the results should serve as indicators of the level and types of services received rather than a definitive measure of service receipt. The results are useful for understanding the range and level of services provided and also for highlighting differences in county approaches.

Overall, the eight ISP programs offered a wide range of services to address diverse needs, including assistance with mental and physical health, applying for SSI applications, child-related issues, criminal justice issues, employment services, housing, and transportation. Because of each program's unique model and focus, there is considerable variation in the nature and level of service among sites.

### **Referrals and Initial Engagement**

Across the sites, the primary source of referrals to the ISP was from MFIP employment counselors. While our study on early implementation found that the sites often had difficulty in getting an adequate number of referrals, particularly from MFIP employment counselors, this issue was resolved for the most part during the subsequent months of operation. Program staff consistently reported that it took time to establish the program within the community, and particularly for MFIP employment service providers to understand what the ISP projects had to offer and who could benefit. But at the time of the site visits for this report, staff generally reported that they had successfully established a good understanding of the ISP among key organizations and were receiving an adequate number of referrals. While the ISPs did receive occasional referrals from outside agencies or through word of mouth at the time of the site visits, the vast majority were referred from the MFIP.<sup>1</sup>

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<sup>1</sup> The exception is in Red Lake where participants generally hear about the program through word of mouth.

Despite general improvements to the referral process, some sites did experience a few difficulties. Hennepin County has an unusually large number of MFIP employment service providers (over 20), which made marketing the program more difficult. To increase referrals, the county office that oversees the MFIP has begun providing the ISP program with data on all MFIP recipients who meet the program's eligibility criteria. Program staff are then able to contact these individuals' MFIP employment counselors and request that they refer them to the ISP. This effort is enhanced by the county's data sharing system, which allows staff to easily identify participants involved in other county systems (including criminal justice, child protection, probation, mental health and chemical dependency, teen parent education programs, and shelter/homeless programs), one of the key eligibility criteria in this site.

Overall, the broad eligibility criteria established for the program in most sites meant that MFIP staff often had significant latitude in determining which families would be referred to the program. Because of the need to meet enrollment goals and the broad criteria, the vast majority of those referred to the program were accepted as long as they met the eligibility criteria. One exception to this trend was Ramsey County, where issues with receiving "appropriate" referrals were encountered. Outside the ISP program, most ARMHS referrals come from mental health professionals who have the training to identify the types of individuals with mental health issues that can benefit from ARMHS rehabilitative services. However, MFIP staff do not generally have the training to distinguish between severely mentally ill individuals, who often face a range of problems and are not ready to engage in the rehabilitative services provided by ARMHS, and those mentally ill individuals who could benefit. This required that ISP staff provide a range of non-mental health services before an individual was ready to enter ARMHS, such as assistance with pressing family issues and housing needs. As discussed in section II, these additional services were typically not billable to

*Monique* was referred to ISP by her MFIP employment counselor because of concerns about the safety of her children. Monique lacked a high school diploma and was struggling with high levels of stress owing to several job losses, housing problems, two miscarriages, and her child's physical health problems. She was referred for further assessment at a community-based mental health agency, which revealed chemical dependency, undiagnosed learning disabilities, and mental health issues, including anxiety. In addition, her two children were referred for assessment. At ISP enrollment, Monique was working part time at a bookstore in Minneapolis, but she eventually quit because of high levels of stress and anxiety. Enrolled in an ISP site using a team-based approach, Monique was connected with a therapist and began regular counseling, while her caseworker started looking into inpatient substance abuse treatment programs for her. While enrolled in ISP, Monique was diagnosed with breast cancer; her caseworker drove her to doctor's appointments and stayed in close contact with her doctors and therapists regarding her treatment and medications. Monique's treatment was successful and she is currently cancer free. Monique was referred to a transitional housing program and a community-based organization that helped her obtain a car. With assistance from ISP, Monique applied for SSI and was denied, but has chosen not to appeal. Her caseworker helped to coordinate child care payments for Monique's mother, who watched her children while she worked or attended counseling. Monique also received assistance with parenting skills and attended a parent support group. She began attending GED-preparation classes. Monique's case closed when she moved to a different city, where she was connected with a transitional housing program.

ARMHS, and this put some providers in difficult financial situations, causing one to drop out of the program.

Because participation in the ISPs is voluntary, program staff consistently report that significant efforts are sometimes needed to engage and enroll clients in the program. After receiving a referral for an eligible client, most sites initiate direct contact with individuals to encourage them to enroll in the ISP. After being referred to the ISP, potential participants in several sites are contacted directly by ISP staff by telephone or a home visit to explain program services. Referred clients in Anoka County are contacted by an ISP intake worker who does an in-depth initial screening to determine whether referrals are appropriate. Hennepin developed a strategy that they used more in the early phases of the project, in which referred clients were sent an invitation to a “family gathering,” or introductory session where the program services are explained. Meetings to complete assessments are scheduled with clients at this time. If clients do not attend the gathering, staff follow-up with phone calls and sometimes home visits reminding participants of the next session. While requiring more staff resources, respondents report that this level of in-person interaction is needed to fully explain the program’s services and to facilitate participant buy-in.

## **Assessment and Case Management**

ISP staff follow various procedures for enrolling participants in the program, though staff in all sites hold face-to-face meetings with prospective clients. Typically, ISP staff contact clients and schedule an initial meeting to begin the enrollment process. During this initial meeting, staff begin conducting assessments and developing a case plan for the clients. These meetings vary somewhat in length and content, but all are used to gather more information about referred clients and provide more information about the ISP and available services.

**ISP assessment.** As part of their initial meeting, ISP staff either conduct an assessment of client needs or schedule one for a future date. As discussed above, the key tools staff at the ISP sites use to complete the assessment are the ISP Baseline Data Collection Form, the MFIP Self-Screen, the Brief Screening Tool for Special Needs, and the Employability Measure, which require participants to answer questions designed to assess their mental health, chemical dependency, learning disabilities, and criminal history barriers. Some programs also supplement these tools with their own county-designed intake and screening forms. Reflecting the program’s family focus, sites generally review the needs of all family members with the primary participant as part of the assessment process. The assessment process is sometimes spread out over several meetings to provide adequate time to build relationships and establish trust with participants and to collect all necessary information. Some sites were still establishing procedures for enrollment at the time of our visit.

The three assessment instruments are completed at different times during the initial enrollment period, depending on the site and sometimes depending on the preferences of individual staff members. Some sites complete it during the initial meeting with the

individual, while others wait until they have established rapport with the participant, taking several meetings with clients to fully complete the measure. Some sites, such as Washington, incorporate the questions into a broader assessment they complete. Building on the partnerships established for integrating services, two sites (Anoka and Crow Wing) access client information from other service delivery systems before meeting with participants. This provides them with a more comprehensive picture of client service needs than they would typically have before meeting with a client.<sup>2</sup>

Two sites include relatively more in-depth assessments than the other sites. Ramsey County has one of the most sophisticated assessment processes, reflecting the clinical nature of its program. To develop the case for the medical necessity of supportive services and determine eligibility for ARMHS, clients are first given a diagnostic assessment by a mental health professional to assess whether the client has a serious mental illness. After completion of the diagnostic, a functional assessment looking at 14 different life areas is completed, and a treatment plan is developed accordingly. In Washington County, clients complete what is known as a Full Family Assessment (FFA) during their initial ISP meeting. This lengthy assessment, developed by HIRED, collects comprehensive information on the client's history and integrates a number of screening tools, including the MFIP Self-Screen and the Employability Measure.

**Case management services.** Based on the results of participants' assessments, ISP staff work with clients to develop individualized and comprehensive plans that identify a set of services to address participant goals and barriers in their lives. ISP staff in all sites meet with their clients regularly. Based on the site visits conducted for this report, staff consistently report very frequent contact with participants, with many maintaining weekly contact with clients over long periods. An important aspect of the ISP model in all sites is that staff have very low caseloads, ranging between 10 and 40 cases (depending on the site), allowing them adequate time to address the multiple barriers affecting these families.<sup>3</sup> As discussed earlier, ISP staff in many sites function as "service brokers" who work to coordinate and refer clients to a range of resources in the community to address their specific needs, including mental health, chemical dependency, housing, rehabilitation, public health, and legal assistance, while others have team members on site who specialize in providing specific services.

In addition to working with participants, many staff also strive to make connections with staff from other service delivery systems that may be providing services to the participant. As discussed in section III, while ISP staff were generally not successful in

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<sup>2</sup> In Anoka County, for all referrals to the ISP, a specialized intake worker conducts background research on all household members using several management information systems within the jurisdiction of the human services agency: MAXIS (MFIP and food stamps), Workforce One (MFIP employment services), Social Services Information System (SSIS, child protective services), and the Statewide Supervision System (S<sup>3</sup>, corrections). In Crow Wing, due to formal, established institutional linkages, ISP staff also access SSIS before client assessment to assist them in understanding child protection-related issues that need to be addressed.

<sup>3</sup>Research suggests that lowering caseloads and greater client-worker interactions are in and of themselves are not sufficient to increase program effectiveness. Higher levels of participation in appropriate services is also needed (see LeBlanc et al, 2007).

bringing these different workers together for in-person case conferences, depending on the nature of a specific case, they often had phone contact with other individual workers involved with the family, typically on an as-needed basis. Across the sites, ISP staff typically had frequent communication with the participants' MFIP employment counselor.

Most ISP sites provide some type of specialized training to ISP program staff to enable them to better address the more difficult barriers faced by program participants. Some had a strong initial training component. Hennepin provided the most intensive staff training during the initial phases of the program, with five half-day sessions focused on goal setting, motivation, empowerment, and a range of other issues. Washington also developed a program orientation when the ISP program started. Ramsey has a strong emphasis on staff training, which is to be expected given that training is required to be certified for ARMHS. Training continues on an ongoing basis in some sites. St. Louis sponsors quarterly training sessions for ISP workers covering a range of topics tailored to staff needs. Chisago has sponsored workshops and cross-training to familiarize workers with resources available in the region, and also used some of the trainers and sessions developed in Hennepin. Ramsey dedicated a portion of the ISP grant for training designed to improve the referral process. Staff in Crow Wing note that their program model, which includes supervisors from income maintenance and child protection, gives staff access to a wider range of departmental training sessions. Some respondents reported that training has not been as strong for staff that join the program after its initial phases when more structured training was emphasized. There was also an interest expressed in some sites about the need for more training on the nature and treatment of specific barriers, most notably mental health.

## **Types and Level of Services Provided**

This section discusses both the type and level of services provided to ISP participants provided within a 6 to 18 month follow-up period, based on the case-file review conducted for this study as well as interviews with program staff. These issues are examined for a random sample of ISP participants in each site, drawn from the population of ISP participants.<sup>4</sup> As in section 2, in addition to providing statistics for each site, the report provides an average across all sites, with each site given equal weight. In all cases, the “all sites” statistics presented in the tables and described in the text are the average of the eight site averages.

Overall, this analysis shows that most ISP participants received services in multiple areas, with assistance on mental health, employment, transportation, and child-related issues being most common. This service level reflects both the voluntary nature of the program, where those who are enrolled have an interest in receiving services, and the intensive level of service provided by program staff. While the ISPs provide services in a range of areas, there are noteworthy differences across the sites in the types of services provided,

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<sup>4</sup> While 20 cases were selected at random from each site, in a few instances (two cases in Hennepin and one in Washington) staff assigned were not available to review the cases with Urban Institute staff on the day of the site visit. Therefore, these cases were not included in the analysis.

reflecting the differing goals and design of each program as well as differences in needs of the clientele. Although service assistance rates were strong across the sites, the program in Crow Wing provided the highest level of assistance in multiple areas, including mental and physical health, child-related issues, housing, and domestic violence. In general, reflecting the implementation issues they experienced, Red Lake demonstrated the lowest level of service receipt overall. Service levels in Anoka were also lower than the other sites in several areas. This reflects their specific service strategy, where about half the program participants are working primarily on their SSI applications and do not receive the wider range of services provided to other participants.

**Completing the ISP assessment.** Averaged across all sites, a very high rate of ISP participants (94 percent) completed the initial step in the program, the ISP assessment (which at minimum required completion of the four instruments discussed above). However, because of variations in when sites entered individuals in the ISP database from which the case-file sample was drawn, these statistics (as well as participation rates in other types of services) are not strictly comparable across sites. In Crow Wing, Red Lake, and Washington, an individual is not enrolled and considered part of the ISP program until all the baseline forms are completed. Thus, by definition, all participants complete the initial step in the program, the ISP assessment. In Hennepin and St. Louis, enrollment can occur when the individual agrees to participate even if the full assessment is not completed. Nonetheless, all individuals in these sites completed the ISP assessment, except in St. Louis, where 95 percent did so.

As discussed, Anoka includes a different track for individuals only interested in applying for SSI, and these individuals can receive SSI-related services without completing the ISP assessment. Because some individuals in the Anoka sample were on the SSI track and did not complete the ISP assessment, Anoka has a lower rate of individuals completing the ISP assessment (75 percent) than the other sites. In Ramsey, the different providers use varying methods for determining who is an ISP participant. Some enroll clients when they are diagnosed with a mental illness, even if it is before they have agreed to participate in the program. As shown, 85 percent of participants in Ramsey completed the ISP assessment. The 15 percent of participants in Ramsey who did not complete the ISP assessment represent instances where staff were unable to engage participants after they had been diagnosed with a mental illness and officially enrolled in the program.

**Additional assessments.** After completing the initial ISP assessment, most sites have the option to refer participants for further in-depth assessments as needed. The most common types are assessments for chemical dependency and mental health issues, but staff may also refer clients for work-readiness skill testing or career assessments. As shown in table 4-1, when averaged across all sites, about 38 percent of ISP participants completed an assessment by an outside agency within the follow-up period. The rate of referral in each individual site ranged from 5 percent in Red Lake to 70 percent in Ramsey County.

The high prevalence of outside assessments in Ramsey County is not surprising given the nature of the program and requirements of ARMHS. In order to begin billing Medical Assistance for ARMHS services, participants must have completed a diagnostic

**Table 4-1**  
**Types of Services and Assistance Received by ISP Participants Who Completed Initial Assessment within a Six-Month Follow-Up Period, by Site**

	All Sites	Anoka	Chisago	Crow Wing	Hennepin	Ramsey	Red Lake	St. Louis	Washington
<b>Completed ISP Assessment</b>	94.4 %	75.0 %	100.0 %	100.0 %	100.0 %	85.0 %	100.0 %	95.0 %	100.0 %
<b>Additional Assessment Completed by Outside Agency</b>	38.0 %	35.0 %	45.0 %	60.0 %	11.1 %	70.0 %	5.0 %	20.0 %	57.9 %
<b>Assistance with Mental Health Issue</b>	56.6 %	35.0 %	65.0 %	95.0 %	55.6 %	75.0 %	25.0 %	60.0 %	42.1 %
Participated in Counseling or Therapy	45.7 %	35.0 %	40.0 %	60.0 %	38.9 %	75.0 %	15.0 %	60.0 %	42.1 %
<b>Assistance with Physical Health Issue</b>	25.4 %	20.0 %	20.0 %	35.0 %	16.7 %	50.0 %	0.0 %	30.0 %	31.6 %
<b>Assistance with Substance Abuse Issue</b>	20.3 %	20.0 %	30.0 %	40.0 %	11.1 %	5.0 %	0.0 %	35.0 %	21.1 %
Participated in Substance Abuse Treatment	9.6 %	10.0 %	5.0 %	10.0 %	5.6 %	5.0 %	0.0 %	20.0 %	21.1 %
<b>Assistance in Applying for Supplemental Security Income Program</b>	32.9 %	90.0 %	30.0 %	25.0 %	16.7 %	40.0 %	10.0 %	20.0 %	31.6 %
<b>Assistance with Child-Related Issues</b>	53.5 %	40.0 %	70.0 %	100.0 %	55.6 %	30.0 %	15.0 %	70.0 %	47.4 %
Assistance with Child Care	25.2 %	15.0 %	35.0 %	65.0 %	5.6 %	10.0 %	5.0 %	45.0 %	21.1 %
Assistance with Child Protection Issues	23.3 %	15.0 %	35.0 %	55.0 %	0.0 %	10.0 %	0.0 %	40.0 %	31.6 %
Assistance with Parenting Issues	9.4 %	0.0 %	10.0 %	30.0 %	0.0 %	5.0 %	0.0 %	20.0 %	10.5 %
Referred for Assessment	8.3 %	15.0 %	5.0 %	30.0 %	11.1 %	5.0 %	0.0 %	0.0 %	0.0 %
Assistance with Mental Health Issue	10.8 %	15.0 %	5.0 %	40.0 %	5.6 %	5.0 %	0.0 %	0.0 %	15.8 %
Assistance with Physical Health	8.2 %	5.0 %	10.0 %	45.0 %	5.6 %	0.0 %	0.0 %	0.0 %	0.0 %
Assistance in Applying for SSI for Child	3.8 %	5.0 %	5.0 %	5.0 %	0.0 %	0.0 %	0.0 %	5.0 %	10.5 %
Referral to Head Start or other Preschool	13.1 %	10.0 %	20.0 %	45.0 %	0.0 %	0.0 %	5.0 %	25.0 %	0.0 %
Referral to Tutoring or Mentor Program	4.5 %	5.0 %	15.0 %	0.0 %	11.1 %	5.0 %	0.0 %	0.0 %	0.0 %
Contacted Staff at Child's School	9.5 %	5.0 %	10.0 %	25.0 %	5.6 %	5.0 %	0.0 %	20.0 %	5.3 %
Assistance with Other Child-Related Issues	4.5 %	5.0 %	10.0 %	0.0 %	11.1 %	0.0 %	5.0 %	5.0 %	0.0 %
<b>Participated in Employment-Related Services</b>	59.2 %	30.0 %	45.0 %	80.0 %	44.4 %	35.0 %	65.0 %	85.0 %	89.5 %
Individual Job Search	47.9 %	20.0 %	45.0 %	65.0 %	33.3 %	20.0 %	40.0 %	70.0 %	89.5 %
Structured Job Search Class	12.6 %	0.0 %	25.0 %	40.0 %	0.0 %	10.0 %	5.0 %	10.0 %	10.5 %
Education and Training	22.8 %	10.0 %	20.0 %	35.0 %	22.2 %	10.0 %	35.0 %	45.0 %	5.3 %
Supported Work	9.0 %	5.0 %	0.0 %	20.0 %	16.7 %	10.0 %	0.0 %	10.0 %	10.5 %
<b>Assistance with Domestic Violence</b>	11.4 %	10.0 %	15.0 %	25.0 %	5.6 %	5.0 %	0.0 %	15.0 %	15.8 %
<b>Assistance with Criminal Justice Issue</b>	19.2 %	15.0 %	25.0 %	30.0 %	11.1 %	0.0 %	10.0 %	15.0 %	47.4 %
<b>Assistance with Housing Issue</b>	44.0 %	35.0 %	50.0 %	85.0 %	33.3 %	15.0 %	10.0 %	55.0 %	68.4 %
<b>Assistance with Transportation</b>	50.7 %	25.0 %	55.0 %	65.0 %	22.2 %	25.0 %	65.0 %	80.0 %	68.4 %
<b>Assistance with Household-Related Issues</b>	26.9 %	10.0 %	20.0 %	45.0 %	22.2 %	25.0 %	0.0 %	35.0 %	57.9 %
<b>Assistance with Other Public Programs</b>	15.0 %	0.0 %	15.0 %	55.0 %	0.0 %	5.0 %	0.0 %	40.0 %	5.3 %

**Table 4-1 (Continued)**  
**Types of Services and Assistance Received by ISP Participants Who Completed Initial Assessment within a Six-Month Follow-Up Period, by Site**

	All Sites	Anoka	Chisago	Crow Wing	Hennepin	Ramsey	Red Lake	St. Louis	Washington
<b>Participated in Cultural-Related Activities</b>	2.5 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	20.0 %	0.0 %	0.0 %
<b>Attended Support Group</b>	28.5 %	15.0 %	20.0 %	45.0 %	83.3 %	10.0 %	0.0 %	55.0 %	0.0 %
<b>Sanctioned Since Enrollment</b>	8.3 %	0.0 %	5.0 %	35.0 %	5.6 %	0.0 %	0.0 %	5.0 %	15.8 %
<b>Average Number of Services Received by Participant After Assessment</b>	6.2	5	6	12	5	4	3	8	7
<b>Distribution of Number of Services Received After Assessment</b>									
No Services Received	5.8 %	10.0 %	0.0 %	0.0 %	11.1 %	15.0 %	10.0 %	0.0 %	0.0 %
1-2 Services Received	16.4 %	50.0 %	15.0 %	0.0 %	5.6 %	10.0 %	35.0 %	10.0 %	5.3 %
3-7 Services Received	41.3 %	5.0 %	50.0 %	5.0 %	77.8 %	60.0 %	55.0 %	25.0 %	52.6 %
8-12 Services Received	27.8 %	30.0 %	30.0 %	50.0 %	5.6 %	15.0 %	0.0 %	60.0 %	31.6 %
13 or more Services Received	8.8 %	5.0 %	5.0 %	45.0 %	0.0 %	0.0 %	0.0 %	5.0 %	10.5 %
<b>Sample Size</b>	8*	20	20	20	18	20	20	20	19

SOURCE: Review of ISP casefiles by Urban Institute staff. Percentages do not sum to 100 percent because individuals can receive assistance in more than one area.

\*All sites number is the average of the eight site averages.

assessment with a mental health professional that documents a serious mental illness and the need for rehabilitative mental health services. In some cases, referred participants have already undergone assessments, though in many instances the ARMHS worker must refer out for an assessment before billing can begin.

Other counties with a high percentage of participants who completed an outside assessment include Crow Wing and Washington. Washington County's ISP program has a formal partnership with Human Services, Inc., a community mental health agency, to conduct psychological assessments, and Crow Wing uses a range of local agencies to provide more in-depth assessments of ISP participants. ISP staff in Red Lake explained that there was a lack of licensed psychologists in the area, which may help explain the low rate of referrals for outside assessment. The recent departure of the psychologist at the local hospital has made obtaining outside assessments even more difficult. Hennepin County also has a lower percentage (11 percent) of participants who have completed an outside assessment within the follow-up period. However, the sample selected for this case-file review entered the program before Hennepin's addition of an on-site psychologist for mental health assessments.

*Elizabeth*, a recovering methamphetamine addict, was referred to the ISP program by her MFIP employment counselor. She had previous drug-related charges on her record and was currently on probation and had also recently escaped a severe domestic violence situation. Elizabeth was referred to a community mental health clinic for assessment and was diagnosed with persistent depressive symptoms that greatly inhibited her ability to function, dysthymic disorder, anxiety disorder, and chemical dependence. She and her son, who was struggling with his mother's divorce from his father, both began counseling. Despite Elizabeth's desire to work, her extensive criminal history, including assault on an officer and drug possession, made it difficult for her to obtain employment. Her ISP worker referred her to a job developer, where she was connected with a 12-week subsidized job at a public agency. This temporary job helped her obtain permanent, full-time employment at the Department of Motor Vehicles. Elizabeth's ISP worker helped her obtain gas cards and business attire.

Of those sites that routinely used assessments provided by an outside agency, most reported that it was sometimes difficult to get additional assessments scheduled and completed, and to receive a diagnosis, within a reasonable timeframe. This was primarily due to the competing demands placed on these mental health providers by other programs and the local community. Staff in Anoka, Ramsey, and Washington counties reported it could take several weeks to complete the assessment process, which delayed their development of a comprehensive service plan.

**Assistance with mental health issues.** Reflecting the high incidence of mental health barriers among ISP participants, assistance with a mental health issue was widely provided across all sites. This typically included assistance in diagnosing mental health problems and referrals to professionals who provide counseling, therapy, or drug treatment. Crow Wing and Ramsey had especially high levels of mental health assistance (95 and 75 percent, respectively), and at least 35 percent of participants received this type of assistance in all the other sites except Red Lake. Since Ramsey County explicitly focuses on mental health and participants must have a documented serious mental illness to receive services under ISP, it is not surprising that a large majority of participants in

the sample received mental health assistance. Further, Ramsey County has the highest percentage of individuals who participated in counseling or therapy (75 percent), also likely a factor of the program's primary emphasis on mental health. Receipt of mental health assistance and the percentage of individuals who participated in mental health counseling were the lowest in Red Lake, where, as mentioned earlier, the paucity of professional mental health services in the community might have constrained ISP workers' ability to assist participants in this area.

**Assistance with physical health issues.** Lower levels of assistance were provided on issues related to physical health. Receipt of services in this area varied substantially by county, with a high of 50 percent in Ramsey County followed by Crow Wing at 35 percent. The rehabilitative nature of the program in Ramsey appears to result in some individuals receiving assistance with physical as well as mental health issues, while staff in Crow Wing make regular referrals to nurses at the public health department, who are part of the ISP team.

**Assistance with substance abuse issues.** When averaged across all sites, approximately one-fifth of ISP participants received assistance with a substance abuse issue, with particularly high rates (over one-third) in Crow Wing and St. Louis County. Crow Wing County's ISP program has an ISP specialist on staff who works exclusively with mothers who have past or current chemical dependency issues, which may explain the high level of substance abuse-related service receipt. Furthermore, a supervisor from the county Adult Mental Health/Chemical Dependency agency acts as a consultant for the ISP program. While Red Lake participants reported the highest rates of substance abuse in the past year (see section II), the ISP program did not provide any assistance in this area. About 10 percent of participants across counties actually participated in substance abuse treatment, with Washington and St. Louis counties having the highest percent of participants who received treatment, at approximately one-fifth.

**Assistance applying for SSI.** An area that was a strong and growing component in several sites was helping individuals apply for SSI. While all sites offered assistance in applying for SSI to varying degrees, this is a major focus of the program in Anoka County, where 90 percent of ISP participants received SSI assistance. The other counties ranged from 10 to 40 percent of participants who received assistance with the SSI application process.

Anoka's ISP team includes a disability advocate who works exclusively with SSI-track participants, and many individuals are referred to the program for assistance in applying for SSI. Approximately half of ISP participants in Anoka County receive assistance solely focused on this activity, and many others receive SSI assistance in addition to other services. Given the significant barriers faced by many recipients, other sites have also added a strong focus on SSI. For example, Chisago added a part-time staff position to exclusively handle the needs of individuals applying for SSI, and Hennepin and Washington counties have a contract with SSI advocacy organizations to provide assistance with the SSI application process to ISP participants.

**Assistance with child-related issues.** A primary goal of the ISP was to more effectively address the needs of the entire family, and most programs showed high levels of assistance in addressing the needs of participants' children. This was a very common area of assistance; over half (54 percent) of ISP participants received assistance with child-related issues when averaged across all sites. Crow Wing had the strongest focus on this component with 100 percent of participants receiving assistance on issues related to their children. ISP participants in Chisago and St. Louis received relatively high levels of child-related referrals compared to the other sites, ranging from close to 50 to over 90 percent. Most services in this area consisted of referring families to special programs for the child or contacting another program involved with the child. ISP staff typically did not provide services directly to children.

One-quarter of participants received assistance with child care needs and issues when averaged across the sites. Given the older age of the children (see section II), this may have been less of a need for some families than others. Sixty-five percent of participants in Crow Wing County received such assistance, more than in any other county. For example, ISP staff in this site often refer participants to a crisis care nursery. The rate of child care assistance was also above average in St. Louis (45 percent) and Chisago counties (35 percent).

A similar proportion of ISP participants received assistance with child protection issues. Again, service receipt was highest in Crow Wing County, where 55 percent of families received assistance. The high level of child protection-related assistance in Crow Wing County is likely attributable to the program's strong connection with the county's Child Protection Agency. One of the ISP supervisors is from Child Protection, and ISP workers regularly collaborate with families' child protection workers. ISP programs often provide a range of other child- and family-related services, including contact with children's schools and teachers, referrals to preschool programs, assistance with the child's physical and mental health issues, and referrals to parenting programs. Although occurring too late to be reflected in the case-file review, Hennepin County recently added an ISP position to work exclusively with young males in ISP families.

**Employment-related services.** Because ISP participants remain on MFIP, employment is an important goal for many. While the ISPs focus on addressing a range of barriers and issues, our site visits and case-file review indicate that employment is an important goal in many programs. A large percentage of ISP participants received employment-related services. The case-file review did not record the duration or intensity of these services, but based on interviews with ISP staff, very few participated at a level that would meet the federal TANF participation requirement. But the overall level of assistance in this area shows that emphasis is given to employment, even among this hard-to-serve population.

When averaged across the sites, 59 percent participated in employment-related services or activities, including individual job search, structured job search class, education and training, and supported work. Within this area, individual job search was the most widely provided type of assistance. Close to 90 percent of the ISP participants in Washington County received some type of employment-related assistance. Washington County's ISP

program is infused with a strong employment-focused philosophy—it is located within the Washington County WorkForce Center, and the county has instituted employment-related performance measures for the ISP program, including attempting to meet the state’s 50 percent participation rate. Notably, Crow Wing, St. Louis, and Washington counties all provided employment-related assistance to at least 80 percent of ISP participants in their counties, and Red Lake provided assistance to 65 percent of participants. In Crow Wing, Red Lake, and St. Louis sites, over one-third of the sample participated in an education and training program within six months of enrollment.

Anoka and Ramsey had somewhat lower (but still substantial) levels of participation in employment-related activities. In Ramsey, the program focuses on assisting individuals with mental health issues with rehabilitation so they can function in their daily life. In Anoka, the prevalence of SSI-track participants in the ISP program, who are likely to have difficulty working, likely resulted in lower levels of assistance in this area.

**Assistance with transportation issues.** Transportation-related assistance was one of the most common types of assistance received by all ISP participants across sites. This typically included driving participants to appointments, arranging for financial assistance toward car repair, providing gas cards or bus passes, and providing assistance with obtaining a driver’s license. Rates of assistance with transportation were particularly high in Crow Wing, Red Lake, St. Louis, and Washington sites, where about two-thirds (and 80 percent in St. Louis) received this type of assistance. Not surprisingly, these are suburban and rural areas with limited public transportation in their communities. In Red Lake, the ISP program owns several vans to transport participants without a vehicle to and from appointments, and the staff in most other sites report that they commonly drive participants to appointments if needed.<sup>5</sup> A lower percentage of ISP participants received transportation assistance in Anoka, Hennepin, and Ramsey counties (25, 22, and 25 percent, respectively), in part because these are more urban areas with greater access to more comprehensive public transportation.

**Assistance with criminal justice issues.** Seven of the eight sites provided some assistance with criminal justice issues to our sample within the follow-up period, with close to one-fifth (19 percent) of ISP participants receiving assistance with a criminal justice issue when averaged across of sites. In many cases, this assistance included working with a participant’s probation officer or accompanying a participant to court. Notably, nearly half of participants in Washington County received criminal justice–related services. According to ISP staff, methamphetamine use has become endemic in Washington County, and some ISP participants have drug-related offenses on their records. Further, baseline data suggest that Washington County participants are more likely to have a criminal background than participants in most other sites.

**Housing assistance.** Housing-related assistance was another common type of service received by ISP participants in our sample, with high rates of service receipt overall and

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<sup>5</sup> Washington County had a general requirement that if program staff drove a participant anywhere, they had to be accompanied by another staff person. While not specific to ISP, this limited the ability of program staff to provide as much transportation assistance as they otherwise could have.

among individual counties. Averaged across the sites, 44 percent of participants in our sample received some type of housing assistance, and levels of service receipt among counties ranged from 85 percent in Crow Wing County to 10 percent in Red Lake. Assistance in this area generally consisted of obtaining public or Section 8 housing, taking steps to avoid eviction, or assistance in relocating to more suitable or affordable housing.

Notably, assistance in this area was also common in Washington County, where 68 percent of participants received some type of housing-related service, and Chisago and St. Louis counties, which provided assistance with housing to approximately 50 and 55 percent of participants, respectively. Washington County ISP workers commented on the lack of affordable housing in the area, which is largely an affluent community. In Crow Wing County, many participants received assistance in applying for Section 8 housing. One ISP worker in Anoka County specialized in housing assistance and was often called upon to help participants find housing in an area that also has a reportedly small stock of affordable housing.

**Assistance with other public programs.** Averaged across the sites, about 15 percent of ISP participants received assistance with other public programs (other than SSI) from program staff within the follow-up period, including child support, emergency assistance, TANF, fuel assistance, legal aid, and WIC. A particularly high level of assistance was reported in Crow Wing and St. Louis counties, where 55 and 40 percent of participants received assistance in this area, respectively. Assistance applying for and obtaining WIC services and benefits was the most common assistance provided in this area (not on table).

**Support groups and cultural activities.** Support groups were an important component in several but not all ISP programs, particularly Crow Wing, Hennepin, and St. Louis. In Crow Wing, the ISP established an eight-week support group program for their participants facilitated by ISP staff. Sessions focus on a wide range of issues, including creating routines, parenting, budgeting, domestic violence, employment, and mental health. Participation in support group activities was also very high in Hennepin County, where the ISP program sponsored a monthly support group that all ISP participants were required to attend. Topics covered in this support group included self empowerment, mental health, and employment-related issues. In St. Louis, participation in support groups is primarily attributable to the Circles of Support program, a key component of this ISP model in this site. In this site, participants are matched with “community allies” who volunteer to attend regular group meetings with the participant and support the participants’ efforts to find and maintain employment. The provision of cultural-related activities was unique to Red Lake. This program provided referrals to instruction in traditional Native American work activities for clients such as wreath-making, beading, and gardening.

**Domestic violence.** When averaged across all sites, slightly more than one-tenth of participants received assistance with domestic violence. This includes referrals to domestic violence shelters and domestic violence-related counseling. Notably, one-quarter of participants in Crow Wing County received assistance help in addressing domestic violence issues. Around 5 percent of participants received such assistance in Hennepin and Ramsey counties, and no participants received assistance with domestic violence in Red Lake. It should be noted that program participants in Hennepin County enrolled in the ISP program before the addition of an on-site advisor on domestic violence issues from an organization that specialized in this area, although participants had access to her expertise if they were still participating in the program.

*Susan* was referred to ISP because she had been on MFIP for over 40 months and was nearing the MFIP time limit. After enrolling in ISP, she was referred for assistance with the SSI application process and is currently applying. Susan's caseworker suggested she obtain her GED and helped her to enroll in GED preparation courses, to which ISP staff provided transportation. In addition, Susan received transportation to the Department of Motor Vehicles to get her driver's license. She currently is working irregular hours at a local store on an as-needed basis.

**MFIP sanctions.** Enrollment in the ISPs is voluntary except in Washington County. However, once enrolled, ISP services are generally incorporated into clients' MFIP employment plans and, in most sites, noncompliance with ISP activities could lead to sanction. Notably, in Ramsey County noncompliance in ISP activities is not a sanctionable offense because ISP services are viewed as a form of mental health treatment.<sup>6</sup> The case-file review revealed significant variation across the sites in the use of sanctions within the follow-up period, with a low sanction rate in most sites. Notably, 35 percent of participants in Crow Wing County had been sanctioned within a six month follow-up period of enrolling in ISP. The higher incidence of sanctions in Crow Wing may be attributable to the fact that ISP workers function as MFIP employment counselors and are responsible for making the determination that an individual should be sanctioned—a circumstance unique to this site. Based on the case-file review, participants in Crow Wing were sanctioned primarily for missing appointments with their ISP worker (not on table). In Anoka, Ramsey, and Red Lake, no ISP participants had been sanctioned, while in the other sites the sanction rate ranges from 5 percent to 16 percent.

**Number of services received.** In order to provide an understanding of the breadth of services provided, we examined the number of different types of services received by ISP participants. Most individuals received services in several different areas. On average, participants received services in 6 areas within the follow-up period, ranging from 3 in Red Lake to 12 in Crow Wing. About 10–15 percent of the participants in Anoka, Hennepin, and Red Lake received no services beyond the ISP assessment, while all participants in the other sites received assistance in at least one service area. The majority of participants received assistance in 3 to 7 service areas, except in Crow Wing and St. Louis, where most received assistance in a higher number of areas, and Anoka, where the

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<sup>6</sup> Under MFIP regulations, clients cannot be sanctioned for nonparticipation in mental health treatment.

majority received assistance in fewer areas (again reflecting the more narrow range of services received by those focused on applying for SSI).

While the data collected for this study did not allow us to examine whether the services received matched participant needs at an individual level, service receipt patterns appear to generally reflect the level participant barriers (as measured by ISP data collection instruments and discussed in section II) in many sites. For example, as discussed, assistance with mental health issues are very high in Anoka and Ramsey, where this was a significant barrier for most ISP recipients. In Washington County, where participants faced higher incidence of domestic violence and issues with housing and criminal justice, service assistance levels were relatively high in these areas compared to the other sites.

Crow Wing stands out for its high level of service receipt in most service areas, even for services where other sites had higher levels of reported barriers. For example, this site provided substance abuse–related services to the largest proportion of ISP participants (40 percent), even though other sites reported a higher incidence of substance abuse. There were a few instances where service assistance levels were lower than might be anticipated given the extent of the barriers indicated. Red Lake participants reported a relatively high level of substance abuse issues, but no services were provided in this area. In Hennepin, service receipt in some areas, particularly assistance with domestic violence and criminal justice issues, appeared low given the relatively high incidence of barriers in this site.

Overall, participants are receiving assistance on a wide range of issues, with many receiving assistance in multiple areas. Reflecting the different program models put in place, there are noteworthy variations across the sites in the types of services provided.

## **V. Change in ISP Participants' Employment, Earnings, MFIP Receipt, and Employability Measure Scores**

The ISP programs are designed to improve participants' economic levels including employment, earnings, and welfare receipt levels as well as range of outcomes related to family stability such as living environment, personal skills, social support, child behavior, physical and mental health, housing, transportation, and legal issues. This section describes the change in ISP participants' employment, earnings, and benefit receipt between the time they enrolled in the ISP program and six months after enrollment. In addition, we examine changes on participants' Employability Measure scores, which provide information on the extent to which participants face barriers in 11 areas related to family stability. To examine changes over time, we calculate (1) the average outcome at enrollment, (2) the average outcome six months after enrollment, and (3) the difference between these outcomes.<sup>1</sup>

These results should be considered preliminary and should be interpreted cautiously for several reasons. First, these results simply provide information on how ISP participants are faring six months after enrollment; they do not measure the extent to which the program was responsible for producing the result. Increased employment of ISP participants could, for example, result from stronger economic conditions and not the efforts of the ISP program. Future analyses, which will include a longer follow-up period, will include nonexperimental analyses that allow us to better examine the effects of the ISP program on participants' outcomes. Second, six months is a relatively short follow-up period. Given the relatively disadvantaged nature of the population, it is likely that many participants are still working with ISP program staff and that these results are not indicative of the longer-term effects of ISP.

Third, follow-up information is not available for all ISP participants included in this report. Specifically, we only have six-month follow-up information for individuals who enrolled in the ISP program before December 2005. Of the 987 ISP participants, we have follow-up employment, earnings, and MFIP receipt for 686 participants (70 percent). For the Employability Measure, we have six-month follow-up scores for fewer participants—only 348 of the 987 participants (35 percent). These findings in particular should be interpreted cautiously. Finally, care must be taken in making cross-site comparisons, since the selected target group and the number of participants served varied by site (meaning some sites have very small numbers at follow-up points). The “all site” statistics, which average the change in outcomes across the sites with each site weighted equally, also should be interpreted with care given the differences in target population and program services across sites.

### **Employment and Earnings**

The employment and earnings information presented here is based on unemployment insurance data, which measures these levels quarterly. We rely on UI data because it

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<sup>1</sup> The difference is calculated as the outcome at the six-month follow-up minus the outcome at enrollment. As described below, some of the information is only available quarterly, not monthly.

provides the most complete reporting of employment and earnings after enrollment. Our analysis with quarterly data is designed to closely mimic the monthly data analysis. We examine participants' employment and earnings in the quarter of enrollment and two quarters (or six months) after enrollment.

As shown in table 5-1, there was a significant increase in participants' employment and earnings in the two quarters after enrollment across all eight ISP program sites. Averaged across all sites (with each site weighted equally), 33 percent of participants were employed in the quarter of enrollment and 39 percent were employed two quarters after enrollment—an increase of 6 percentage points. Average quarterly earnings also increased during this time—from \$483 in the quarter of enrollment to \$862 two quarters later, an increase of \$379 when averaged across all sites.<sup>2</sup> Both these increases are statistically significant at the 1 percent level, meaning we are 99 percent confident that the difference is not zero and that earnings increased over time. The increase in earnings is mostly attributable to the higher number of participants who are employed two quarters after enrollment rather than an increase in the earnings among those employed in both quarters. As mentioned above, these increases in employment and earnings could be because of factors other than the ISP program, such as economic conditions.

Three of the eight sites experienced significant increases in employment over this period—Anoka, Chisago, and St. Louis. Each of these differences is statistically significant at the 5 percent level. Chisago and St. Louis saw employment rates increase by over 10 percentage points, while Anoka's employment rate increased by 6 percentage points. Other sites, such as Red Lake and Washington, show an increase in employment over time, but the increases are not statistically different from zero.<sup>3</sup> In addition to employment, significant increases in average earnings were observed in Chisago, Hennepin, St. Louis, and Washington.

## **MFIP Receipt and Benefit Levels**

Consistent with the increases in employment and earnings, the percentage of ISP participants receiving MFIP benefits declined between enrollment and the six-month follow-up (see table 5-1). When averaged across all sites (with each site weighted equally), the MFIP benefit receipt rate declined from 93 percent at enrollment to 77 percent six months after enrollment, a decline of 16 percentage points. With the exception of Red Lake, MFIP receipt significantly declined in all sites.<sup>4</sup> These declines ranged from over 30 percentage points in Chisago and Washington to 7 percentage points in Ramsey County.

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<sup>2</sup> The average of participants' quarterly earnings appears low because these calculations include persons with zero earnings.

<sup>3</sup> Part of the difference in statistical significance across the sites is owing to the difference in the number of participants. It is less likely that a fixed difference will be statistically significant if the site has a small number of participants versus a large number of participants.

<sup>4</sup> In Red Lake, the percentage of ISP participants receiving MFIP benefits increased from 88 percent in the month of enrollment to 94 percent six months after enrollment, but this increase is not statistically significant.

**Table 5-1**  
**Changes in Employment and MFIP Outcomes within a Six-Month Follow-Up Period, by Site**

<b>Economic Characteristic</b>	<b>All Sites</b>	<b>Anoka</b>	<b>Chisago</b>	<b>Crow Wing</b>	<b>Hennepin</b>	<b>Ramsey</b>	<b>Red Lake</b>	<b>St. Louis</b>	<b>Washington</b>
<b>Employment Rate</b>									
Quarter of enrollment	33.3%	13.9%	31.7%	43.8%	53.8%	20.3%	23.5%	37.8%	41.4%
Two quarters after enrollment	38.9%	20.0%	49.2%	45.2%	51.9%	15.3%	29.4%	48.7%	51.7%
Difference	5.6% *	6.1% *	17.5% *	1.4%	-1.9%	-5.1%	5.9%	10.9% *	10.3%
<b>Average Earnings</b>									
Quarter of enrollment	\$483	\$427	\$439	\$646	\$1,015	\$89	\$253	\$496	\$500
Two quarters after enrollment	\$862	\$289	\$1,138	\$929	\$1,759	\$137	\$332	\$939	\$1,372
Difference	\$379 **	-\$138	\$698 **	\$283	\$744 **	\$48	\$79	\$443 **	\$872 **
<b>MFIP Receipt</b>									
Month of enrollment	92.7%	97.1%	92.1%	94.5%	84.6%	98.3%	88.2%	91.6%	94.8%
Six months after enrollment	76.8%	82.0%	58.7%	78.1%	69.2%	91.5%	94.1%	80.7%	60.3%
Difference	-15.8% **	-15.1% **	-33.3% **	-16.4% **	-15.4% **	-6.8% *	5.9%	-10.9% **	-34.5% **
<b>MFIP Benefits</b>									
Month of enrollment	\$668	\$685	\$592	\$557	\$609	\$774	\$848	\$669	\$610
Six months after enrollment	\$524	\$557	\$354	\$478	\$422	\$691	\$820	\$526	\$348
Difference	-\$144 **	-\$127 **	-\$238 **	-\$80	-\$188 **	-\$83 *	-\$28	-\$143 **	-\$262 **
Number of Observations	8 <sup>†</sup>	245	63	73	52	59	17	119	58

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, and administrative data, both provided by the Minnesota Department of Human Services.

Note: \*\* and \* indicate statistical significance at the 1 and 5 percent levels, respectively.

<sup>†</sup>All sites number is the average of the eight site averages.

The amount of MFIP benefits received also declined in the six months after enrollment. When averaged across all the sites, the average MFIP benefit received by ISP participants fell by \$144, from \$668 at enrollment to \$524 six months after enrollment. This decline is statistically significant at the 1 percent level. Average benefits fell in each of the eight sites, although the decline is statistically significant in six of the eight sites—Anoka, Chisago, Hennepin, Ramsey, St. Louis, and Washington. These declines range from \$262 in Washington County to \$127 in Anoka County.

## **Employability Measure**

Across all sites, there was a statistically significant increase in the Employability Measure scores for 10 of the 11 evaluation areas (see table 5-2). The exception is the “legal domain” area, which focuses on criminal and legal issues affecting participants’ employment. On average, the Employability Measure scores increased between 0.2 to 0.4 points on a 4 or 5 point scale depending on the measure (see appendix B for a copy of the instrument). Ramsey and Red Lake were not included in this analysis owing to the small number of participants with follow-up data.

While these numbers show that participants’ employability scores are increasing, it is important to keep in mind that these calculations are based on only 35 percent of the participants—those who had scores available at both enrollment and six months later. Several individual sites also experienced significant increases in their Employability Measure scores, although most of these calculations are based on small numbers of participants (fewer than 50).

Given the short follow-up period, the small number of participants involved (particularly for the Employability Measure), and the descriptive nature of the analysis, it is too early to draw conclusions on the effect of the ISPs on participants’ economic levels or barriers. Future reports will provide results for all ISP participants for a longer follow-up period using statistical techniques that allow us to better examine the extent to which the programs were responsible for changes in participants’ outcomes.

The experiences of the ISPs underscore the importance of providing comprehensive services to address the varied problems of long-term welfare recipients. Their experiences show that an integrated services project can be a complex undertaking, requiring time to develop and establish the project, as well as a strong commitment by staff and other organizations and partners at the community level. Subsequent reports will present longer-term employment, MFIP, and other outcomes for program participants and an analysis of the program’s effects on economic levels.

**Table 5-2**  
**Changes in Average Scores on the Employability Measure within Approximately a Six-Month Follow-Up Period, by Site<sup>1</sup>**

<b>Domain</b>	<b>All Sites</b>	<b>Anoka</b>	<b>Chisago</b>	<b>Crow Wing</b>	<b>Hennepin<sup>2</sup></b>	<b>Ramsey<sup>2</sup></b>	<b>Red Lake<sup>2</sup></b>	<b>St. Louis</b>	<b>Washington</b>
<b>Child Behavior</b>									
Month of enrollment	2.7	2.8	2.7	2.9	--	--	--	2.7	2.6
Six months after enrollment	3.0	3.1	2.8	3.1	--	--	--	2.8	3.1
Difference	0.2 **	0.3 **	0.1	0.2 **	--	--	--	0.1	0.4 **
<b>Dependent Care</b>									
Month of enrollment	3.0	3.2	2.8	3.5	--	--	--	2.8	2.7
Six months after enrollment	3.2	3.5	3.0	3.4	--	--	--	3.1	3.2
Difference	0.2 **	0.3 **	0.2	-0.1	--	--	--	0.3 **	0.5 **
<b>Education</b>									
Month of enrollment	2.7	2.6	2.5	2.9	--	--	--	2.6	2.8
Six months after enrollment	2.8	2.8	2.8	2.8	--	--	--	2.7	3.0
Difference	0.2 **	0.2 **	0.3 **	-0.1	--	--	--	0.2 **	0.2 *
<b>Health (physical and mental)</b>									
Month of enrollment	2.1	1.7	2.2	2.3	--	--	--	2.2	2.1
Six months after enrollment	2.4	2.0	2.7	2.5	--	--	--	2.3	2.6
Difference	0.3 **	0.3 **	0.5 **	0.2	--	--	--	0.1	0.4 **
<b>Housing</b>									
Month of enrollment	2.7	2.7	2.7	2.9	--	--	--	2.7	2.2
Six months after enrollment	3.0	3.1	3.3	3.0	--	--	--	2.9	2.7
Difference	0.3 **	0.3 **	0.5 **	0.0	--	--	--	0.2 **	0.4 **
<b>Financial</b>									
Month of enrollment	2.2	2.5	2.2	2.4	--	--	--	2.1	1.8
Six months after enrollment	2.6	2.9	2.9	2.6	--	--	--	2.3	2.2
Difference	0.4 **	0.4 **	0.7 **	0.2 *	--	--	--	0.3 **	0.5 **
<b>Legal</b>									
Month of enrollment	3.3	3.4	3.4	3.5	--	--	--	3.3	2.9
Six months after enrollment	3.4	3.4	3.6	3.6	--	--	--	3.2	3.1
Difference	0.1 *	0.0	0.2	0.1	--	--	--	0.0	0.2 **
<b>Safe Living Environment</b>									
Month of enrollment	3.5	3.9	3.7	3.6	--	--	--	3.5	3.0
Six months after enrollment	3.9	4.0	4.4	3.9	--	--	--	3.8	3.6
Difference	0.4 **	0.0	0.7 **	0.2 *	--	--	--	0.3 **	0.7 **
<b>Personal Skills</b>									
Month of enrollment	2.6	2.3	2.8	2.6	--	--	--	2.6	2.5
Six months after enrollment	2.7	2.7	2.8	2.6	--	--	--	2.7	2.9
Difference	0.2 **	0.4 **	0.0	0.0	--	--	--	0.1	0.3 **
<b>Social Support</b>									
Month of enrollment	2.3	2.6	2.3	2.4	--	--	--	2.2	2.3
Six months after enrollment	2.6	2.9	2.7	2.4	--	--	--	2.5	2.8
Difference	0.3 **	0.3 **	0.3 **	0.0	--	--	--	0.3 **	0.5 **
<b>Transportation</b>									
Month of enrollment	2.3	2.9	1.9	2.4	--	--	--	2.1	2.2
Six months after enrollment	2.5	3.0	2.3	2.4	--	--	--	2.4	2.5
Difference	0.2 **	0.1 *	0.4 **	0.0	--	--	--	0.3 **	0.2 *
Number of Observations	8 <sup>†</sup>	130	35	45	13	3	5	76	41

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services.

<sup>†</sup>All sites number is the average of the eight site averages.

<sup>1</sup>Scores range from 1 to 5, with 5 indicating the highest score, and 1 the lowest. \*\* and \* indicate statistical significance at the 1 and 5 percent levels, respectively. While program staff aim to collect this data six months after enrollment, at times it can take longer.

<sup>2</sup>Calculations are not provided for sites with fewer than 15 participants observed at both enrollment and six months after enrollment. The number of such participants in Hennepin, Ramsey, and Red Lake are 13, 3, and 5, respectively.

## **VI. Looking Ahead: Issues for Consideration**

As discussed earlier, four primary goals established were established for ISP at the outset: (1) identifying employment barriers earlier in the family's time on cash assistance; (2) working with both adults and children in each family; (3) fundamentally changing the way services are delivered so they are provided in a manner that is accessible, integrated, and cost-effective; and (4) identifying policy and system issues that interfere with the delivery of services to the adults and children in these families. At this point, the ISPs have made significant progress in achieving some of these objectives, and are still working on others.

The ISPs have developed strong mechanisms for identifying employment barriers earlier in the family's time on cash assistance and also working with both adults and children in each family. In addition, a wide range of services are typically accessible and coordinated through the service brokering provided by program staff. It appears that more limited progress has been made in affecting "fundamental" changes in the way services are delivered, given the issues encountered in implementing systemic change. In addition, while service access and coordination have improved, the ISPs generally have not reduced the number of systems in which families are involved. The ISPs also continue to work on the goal of identifying and addressing the policy and system issues that interfere with the delivery of services to the adults and children in these families, although this generally occurs at the individual rather than system level.

Overall, the ISPs experience thus far indicates that a different type of effort may be needed to integrate services at the system level rather than the operational level. If achieving a more systemic type of service integration is a goal, stronger mandates or guidance may be needed from state or county officials. The ISPs found it difficult to achieve systemic change without the leverage provided by this type of "top-down" approach. The ISP programs were also small and designed to operate for a limited period, which made it difficult to effect broader, long-run changes in the service delivery system.

While the ISPs have made significant advances in establishing partnerships and providing participants with a wide range of services, consideration should be given to additional strategies to promote a continuing improvement in program services. Each ISP site faces unique challenges and issues in moving forward. Of all the sites, the program in Red Lake clearly had the most trouble getting the program off the ground and implementing their model as intended. Primarily owing to changes in leadership and shifting priorities, key partnerships were never established, and the level of services provided to participants is relatively low. This program also operates in an area with particularly limited resources and weak economic conditions, presenting another set of challenges. Red Lake staff are aware of these issues and are working on making necessary improvements. As DHS recognizes, this site may need additional technical assistance. It may be useful to focus on establishing a few key partnerships initially, working toward those that address specific barriers faced by participants in this program, such as assistance with substance abuse issues.

The initiative in Ramsey has also faced unique challenges. While the county initially envisioned that ARMHS funding would enable the project to sustain itself without ISP funding, it appears the program will not be able to achieve this goal given the significant financial issues the providers have faced. Many participants referred to the program are in “crisis mode,” and program staff must first address immediate concerns, such as mental or physical health stabilization or the threat of eviction, before they can focus on the rehabilitation activities that are billable under ARMHS. In large part because of these issues, there has been a high level of staff turnover at several providers, and two partners have dropped out. While Ramsey ISP still maintains several ARMHS providers, it may be worth considering consolidating the program with one or two providers who are better able to manage the financial challenges. Goodwill Industries in particular appears to feel less financial strain, in part owing to its past experience with ARMHS and overall organizational capacity and resources.

The Anoka ISP is distinct from the other sites because a significant proportion of the participants are working with program staff on applying for SSI. While this may be appropriate for these clients, DHS and Anoka staff may consider whether this component fits within the overall approach of the ISP, which has a stronger focus on moving individuals toward self-sufficiency and coordinating a range of services (rather than focusing on a single benefit).

Now that key partnerships have been established, several sites may want to consider coordinating with additional partners that address the specific barriers faced by ISP participants. In particular, Chisago, St. Louis, and Washington have relatively limited partnerships providing expertise in specific substantive areas compared to the other sites, and they could potentially benefit the most from coordinating with additional service delivery systems or organizations. Both Chisago and St. Louis face unusual challenges given that their initiatives involve a regional focus, and thus many of their partners are from additional counties rather than from different service delivery systems or organizations providing expertise in a specific area. In these sites, it may be useful to develop any new linkages in one or two counties initially and then expand if this model is successful.

In developing enhancements to their service integration models, ISPs should consider several issues. While at this point it is too early to draw conclusions on the effectiveness of different service integration models discussed in this report, the “team” approach, with a range of expertise provided in house, offers some clear advantages from an operational perspective. Under this approach, staff with expertise in specific areas and a clear understanding of ISP objectives are available at the program office, with no additional referrals or scheduling are needed to receive assistance. Moreover, given the complex needs of those with mental and physical health issues and the specific training required to address them, this may be an important area for ISPs without partnerships in this area to further develop expertise more generally. If services cannot be provided in house, consideration could be given to contracting with organizations to provide services in this area on an as-needed basis. Finally, it may be useful for both DHS and the ISP sites to reevaluate the role of managed health care plans in the program. Many sites had difficulty integrating these services into their programs, although sites that have made more

progress in developing this partnership (Anoka and St. Louis) may be instructive to others.

Many sites could also consider adapting more narrow targeting criteria that would result in a better focus on the hard-to-serve population. The broad eligibility criteria established for the program in most sites meant the MFIP staff often had significant latitude in determining which families would be referred to the program. Anoka and Ramsey, with their more specific eligibility criteria, succeeded in serving a more disadvantaged population. In other sites, given the limited number of program slots, tightening the eligibility criteria and enacting a more formal review of cases accepted to the program would focus services on those who need them most. This specificity would have to be coupled with extensive outreach efforts that many sites are already operating to ensure an adequate number of referrals. This is a careful balancing act, as too stringent eligibility criteria can negatively affect enrollment. Anoka and Ramsey succeeded in both targeting services and meeting enrollment goals, but in part because they serve a large MFIP population.

Strengthened employment retention and advancement services are an important program element to consider in all sites, as none currently provide services in this area. The analysis in this report indicates that while ISP participants face barriers to employment, many work, albeit sporadically and at low levels of earnings. Even though this population is relatively hard to employ, this analysis indicates that efforts to help individuals stay and advance in their jobs may be important to consider, rather than exclusively focusing on job placement. Strategies that are important to consider here include (1) focusing on retention as a participant goal, both before and after individuals find jobs; (2) strengthening reemployment services and moving quickly to find another job when job loss occurs; (3) helping individuals find their next job before they lose their current one, as often people know that a job will end or is not working out before they are laid off, quit, or are fired; (4) conducting employer site visits, and if appropriate, talking to both the worker and his or her supervisor about performance and any issues that have arisen on the job, such as attendance, punctuality, and relationships with coworkers; and (5) building staff expertise in the area of career advancement.

The experiences of the ISPs underscore the importance of providing comprehensive services to address the varied problems of long-term welfare recipients. Their experiences show that this can be a complex undertaking, requiring time to develop and establish the projects, as well as a strong commitment by staff and other organizations and partners at the community level.

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**APPENDIX A**

**Minnesota Integrated Services Project Site Summaries**

**Anoka County Partnerships for Family Success Program  
Site Summary**

**Project Name:** Partnerships for Family Success (PFS)

**Service Delivery Area:** Anoka County, Minnesota

**Lead Agency:** Anoka County Human Services Division

**Key Partners:** Central Center for Family Resources (a community-based mental health center); Medica/United Behavioral Health (the managed health care plan selected by the majority of MFIP families in the area).

**Overview of Project:** To better coordinate services, the project developed a service team with an expert representing each of five departments under the Human Services Division (corrections, community social services and mental health, community health and environmental services, income maintenance, and the job training center). The Anoka ISP builds on a previous service integration effort in the county involving the same departments within Anoka County Human Services Division. The core components of this program are intensive case management and coordination of services for clients. The program includes an emphasis on refining service needs and reducing the number, or level, of outside service providers involved with each family. The program also has a strong emphasis on Supplemental Security Income (SSI); over half the caseload works exclusively with a PFS disability advocate who assists them with the SSI application process. In addition, the PFS team includes a rehabilitation/job counselor who provides rehabilitation assessment and serves as the job counselor for most participants. A public health nurse works with participants to identify health concerns, develop a plan of care, and connect them to preventive health care. The program has established a partnership with Central Center for Family Resources, a community mental health agency, where they can refer participants for psychological assessments and counseling.

**Project Structure and Staffing:**

There are currently 13 employees under the project, including staff that specialize in child protection, criminal justice, public health, vocational rehabilitation, mental health, chemical dependency, developmental disabilities, SSI, and MFIP eligibility. Five employees are fully supported by supplemental county funding. Team members maintain ongoing connections and support from their respective county departments. The PFS team is housed at a single location, and all team members work in close proximity to one another.

**Target Group:**

The program targets families receiving multiple services in Anoka County who have multiple barriers to attaining sustained employment. This program also targets families who need assistance in applying for SSI. Participants do not need to be MFIP recipients, although non-MFIP cases are not supported by ISP funds. Participating families must have children in the household, must demonstrate resiliency (as determined by program staff), and must be willing to work with PFS. For clients on MFIP, the program targets those who have been receiving MFIP assistance for less than 52 months unless they are in a priority group or need help applying for SSI.

**Enrollment Level:**

As of December 31, 2006, 388 families had enrolled in the program. The enrollment goal for the ISP is 300 MFIP families a year.

**Referral and Recruitment Strategies:**

Referrals can come from any source in the county, but the majority of referrals come from MFIP financial workers and employment counselors, followed by child protection and corrections workers. While there is currently no waiting list for the PFS program, it generally takes approximately 30 to 60 days to complete the assessment and enroll in the program. Liaisons have been established with other county departments to market the program and to link families to resources and work jointly with some families.

**Primary Program Services:**

Referred clients are contacted by an ISP intake worker who conducts an in-depth initial screening and determines whether the referral is appropriate. After referrals are reviewed and accepted, clients are assigned to a case manager according to their specific needs and the assessment process begins. The case manager devises a plan identifying individual and family goals and works on addressing all issues that were identified during the assessment.

Other PFS team members or professionals may be used for consultation or assigned to families as a secondary worker, where appropriate. PFS workers try to provide services to clients within the team whenever possible and, at a minimum, to consolidate services for clients.

Key program services include case management, integration of services within the PFS team, a parent support group, ready access to other professionals that can provide support, home visits, and a focus on children in the family. PFS is designed to work with clients for nine months to a year. If families have significant impairments and would likely qualify for SSI, the program has an SSI advocate on staff who assists individuals with the application. The SSI advocate works with approximately half of participants in the Anoka County program. Further, the rehabilitation/job counselor serves as a job counselor for most PFS cases and provides vocational assessments for clients as necessary.

Whenever possible, services for the family are provided in house by the PFS team. Team members also connect with other professionals involved with the family, such as child protection workers and probation officers. PFS also has established liaison support from the child care assistance unit, child protection, income maintenance department, and the job training center.

**Interaction with MFIP  
Employment Services:**

Clients continue to work with a specialized MFIP employment counselor. PFS workers are responsible for monthly tracking of activities and hours with program participants. Very few program activities are considered countable under MFIP. Initial participation in the program is voluntary, but involvement becomes mandatory after services begin and PFS participation becomes part of the MFIP employment plan. If clients are not cooperating with the PFS team, they can be sanctioned.

## **Chisago County Integrated Services Project Site Summary**

**Project Name:** Integrated Services Project (ISP)

**Service Delivery Area:** Chisago, Isanti, Kanabec, Mille Lacs, and Pine counties, Minnesota

**Lead Agency:** Chisago County Health and Human Services

**Key Partners:** Communities Investing in Families (CIF, a nonprofit that works with community groups in the five counties to help low-income families), Isanti County Health and Human Services; Kanabec County Health and Human Services; Mille Lacs County Health and Human Services; Pine County Health and Human Services; RISE, Inc. (a nonprofit providing supported employment and other services); Pine Technical College Employment and Training Center (Pine Tech); Five County Mental Health Crisis Services.

**Overview of Project:** Operating in a five-county region, family advocates work one on one with participants to address their barriers to employment and refer them to additional assessment and resources in the community. Family advocates coordinate with other service providers who work with their clients, including child protection, probation, WIC, public health, and mental health. Family advocates can refer participants to Five County Mental Health Crisis Services to receive individualized treatment plans to stabilize their mental health issues. Supported employment is provided through a partnership with RISE, Inc. This project builds on a previous effort in the county that focused on serving hard-to-employ welfare recipients, but ISP has a stronger emphasis on coordinating a wide range of services.

**Project Structure and Staffing:** The project is overseen by the CIF executive director. Day-to-day supervision is provided by a full-time coordinator for the region. There are five part-time family advocate positions. One of these positions was vacant at the time of our second visit. Three family advocates are employed by Pine Tech and one is employed by Kanabec County Family Services. One family advocate is also the part-time regional SSI advocate for all counties. In addition, Chisago County ISP has a full-time supported employment case manager from RISE and a part-time social worker to provide services to ISP clients in the region.

**Target Group:** This project targets families receiving MFIP who are among the hardest to serve and have multiple barriers to self-sufficiency, including mental health, chemical dependency, poor work history, and housing issues. Different counties focus on different populations.

**Enrollment Levels:** As of December 31, 2006, 103 families had enrolled in the program. The goal of the project is to serve at least 200 families over two to three years.

**Referral and Recruitment Strategies:** Referral and recruitment strategies vary slightly from county to county. Generally, family advocates receive referrals from MFIP employment counselors.

**Primary Program Services:** Family advocates contact potential participants by telephone, mail, or in person. They complete an initial assessment, including the Employability Measure during their first few meetings with participants. Once enrolled, clients meet with a family advocate regularly for case management and support. The goal is for each part-time family advocate to work with a maximum caseload of 10 families. Family advocates refer clients to a variety of community resources, including in-depth assessment (e.g., mental health, chemical dependency), supported employment, job training, rehabilitation services, housing assistance, and others. Family advocates also contact other professionals who work with their clients.

**Interaction with MFIP Employment Services:** MFIP employment counselors remain the primary case manager for ISP participants; family advocates are considered additional workers for families. Once clients become enrolled, participation is added to their MFIP employment plan. Noncompliance with the employment plan is cause for sanction.

## **Crow Wing County Integrated Services Project Site Summary**

**Project Name:** Crow Wing Integrated Services Project (ISP)

**Service Delivery Area:** Crow Wing County, Minnesota

**Lead Agency:** Crow Wing County Social Services (CWCSS)

**Key Partners:** Crow Wing County Child Protection Services (CWCCPS); Crow Wing County Chemical Dependency Unit (a division of CWCSS); Crow Wing County Public Health.

**Overview of Project:** This project builds on a segment of the county’s existing MFIP program that targets hard-to-employ MFIP recipients, operated by CWCSS and known as the Tier 3 program. Through ISP, this project was able to bring in greater coordination with child protection and chemical dependency services than had existed in the past. For the ISP/Tier 3 program, MFIP recipients who have been identified as having multiple barriers that affect their ability to obtain and maintain employment are transferred to an MFIP outreach specialist at CWCSS who provides case management services and referrals to appropriate community resources. Using resources from the ISP grant, Tier 3 services are augmented by involving supervisors from child protection services (CPS) and chemical dependency divisions at CWCSS to provide ongoing guidance and enhance coordination with these services. In addition, an ISP specialist whose position was modeled after the Healthy Moms/Healthy Children chemical dependency program for mothers assists the MFIP outreach specialists with case management and home visits for participants with chemical dependency issues. A public health nurse from the Crow Wing Public Health Agency is also available to provide services as needed and participate in monthly staff meetings.

**Project Structure and Staffing:** ISP/Tier 3 staff include a director; an income maintenance supervisor responsible for project planning, budgeting, and program oversight; an MFIP supervisor responsible for day-to-day operations; four MFIP outreach specialists (two are part-time); and an ISP specialist (all the above from CWCSS). A child protection supervisor from Crow Wing County Protective Services provides supervision and coordination with CPS services routinely. A supervisor from the Crow Wing County Adult Mental Health Chemical Dependency Division plays an ongoing, consultative role

on the project. Finally, a manager from the Crow Wing County Department of Public Health is available for information and guidance.

**Target Group:**

All cases in the Tier 3 program are a part of ISP. To be eligible for ISP/Tier 3, individuals must have multiple barriers to employment that can include chemical dependency issues, mental health issues, physical health issues, low IQ, and lack of education. Mothers who are under 18 years old and eligible for MFIP are automatically placed in Tier 3/ISP.

**Enrollment Levels:**

Because Crow Wing did not have to enroll additional families in the ISP program (individuals who received services enhanced by the ISP grant were already enrolled in the Tier 3 program), they have met their goal of currently serving 60 families. As of December 31, 2006, 105 families had been served in the program, and Crow Wing has met its goal of serving at least 100 families over three years. There is a waiting list to get into the program.

**Referral and Recruitment Strategies:**

MFIP employment counselors and financial workers responsible for MFIP eligibility determination identify cases that appear to meet the criteria for the Tier 3 program and make a referral. The MFIP supervisor and child protection supervisor review these referrals and make a final determination regarding enrollment in the ISP/Tier 3 program.

**Primary Program Services:**

Those assigned to the ISP/Tier 3 program are assigned to an MFIP outreach specialist who replaces their MFIP employment counselor. Each MFIP outreach specialist carries a caseload of about twenty cases. After obtaining available documentation on participants (including background information from the CPS system), the MFIP outreach specialist completes an assessment and develops an employment/social service plan that documents key steps for the participants to take. Referrals are made as needed for a range of services including mental health and domestic violence, with special attention given to CPS and chemical dependency, given added program expertise in these areas. The MFIP outreach specialist maintains weekly contact with participants and is in contact with a professionals from other programs and systems in the community, including probation, Head Start professionals, and schools. One of the part-time MFIP outreach specialists works with mothers under the age of 18 who are automatically placed in ISP. The ISP specialist assists the MFIP outreach specialists with home visits and case management. Some funding is also available

through the ISP grant for respite care and the Lifeworks program, an eight-week program with sessions facilitated by ISP staff for Tier 3/ISP participants. Sessions of the Lifeworks program are focused on a wide range of issues, including creating routines, parenting, budgeting, domestic violence, employment, mental health, and others.

**Interaction with MFIP  
Employment Services:**

As they did before ISP, participants in the Tier 3 program work with an MFIP outreach specialist to address employability issues and can be sanctioned for not meeting the requirements of their service plan.

## **Hennepin County Gateway to Success Program Site Summary**

**Project Name:** Northside Families Gateway to Success

**Service Delivery Area:** North Minneapolis, Minnesota

**Lead Agency:** Hennepin County Human Services and Public Health Department

**Key Partners:** NorthPoint Health and Wellness Center, Inc. (a community-based health and human services organization.); three MFIP employment service providers: Minneapolis Urban League, HIRED, and Pillsbury United Communities; two community-based social service providers: African American Family Services and Turning Point; Metropolitan Health Plan.

**Overview of Project:** The core service of this program is case management services focusing on family development provided by family facilitators. Family facilitators seek to connect participants and their families with services in the community that address employment and other barriers faced by participants and their families. Gateway is located at a community health and human services center, which also includes an on-site medical, dental, and mental health clinic. An on-site psychologist from NorthPoint provides assistance and counseling on mental health issues to ISP participants. African American Family Services and Turning Point provide on-site staff assistance on domestic violence and substance abuse issues, respectively. The program includes an emphasis on promoting “family empowerment.” Before ISP, only limited efforts to coordinate services across service delivery systems had occurred in Hennepin County.

### **Project Structure and Staffing:**

Staff include a project director, who is responsible for the day-to-day operations; five family facilitators; and a psychologist. Two family facilitators are NorthPoint staff, and the remaining three are from MFIP employment service providers who partnered with Gateway on this initiative. All family facilitators spend the majority of their time at NorthPoint. There are staff members from African American Family Services and Turning Point who each spend 20 hours a week on site at NorthPoint to work with Gateway families. In addition, the program contracts with two consultants to provide services to male and female youth who are exhibiting difficulty with family dynamics, negative peer pressure, or having academic and social issues in school. NorthPoint assigns a

community health worker to assist families with health concerns and connect them to available resources. The project also includes a program consultant who provides assistance with program implementation, data collection and interpretation, and documentation.

**Target Group:**

The program primarily focuses on MFIP families who reside in North Minneapolis or are served by a participating North Minneapolis MFIP employment service provider. In addition, eligible MFIP families must meet at least one of the following criteria: (1) involvement in the adult or juvenile criminal justice system; (2) involvement in child protective systems; (3) involvement in behavioral and physical health services to include mental health, chemical dependency, chronic or debilitating medical issues and development disability concerns; (4) 18- or 19-year-old parent involved in educational programs at the West Broadway Community School located in North Minneapolis; or (5) involvement in shelter system or documented recent episodes of homelessness.

**Enrollment Levels:**

As of December 31, 2006, 153 families had enrolled in the program. The goal of the project is to enroll 200 families over the course of the project.

**Referral and Recruitment Strategies:**

The program primarily relies on MFIP employment counselors from the three key partner agencies (Minneapolis Urban League, HIREd, and Pillsbury United Community) as well as the other North Minneapolis MFIP employment service providers in Hennepin County to refer appropriate individuals from their caseloads. MFIP employment counselors use the county's data sharing system to identify participants involved in more than one county system. To increase referrals, county administrators of the MFIP program refer all MFIP recipients who meet the program's eligibility criteria. ISP program staff are then able to contact these individuals' MFIP employment counselors and request that they refer them to Gateway. Gateway management and staff have provided information sessions to all North Minneapolis MFIP employment service providers in the county. NorthPoint also occasionally hosts informal recruiting events with food and door prizes for eligible families, during which they are introduced to the program, staff, and other participating families.

**Primary Program Services:**

Family facilitators contact referred participants by phone or mail to set up an initial appointment, during which they conduct assessments (including completing the Employability Measure) and develop a comprehensive case plan that addresses the needs and barriers identified (this could involve referrals to a wide range of services and service providers). Family facilitators attempt to maintain regular contact with the participants to monitor progress on achieving established goals. All participants are encouraged to attend monthly empowerment groups focused on job readiness, job search skills, understanding poverty, and developing “personal power.” Sessions are based on curriculum developed by program consultants and facilitated by program staff. Staff from NorthPoint’s partner organizations have offices on site and are available to assist participants with domestic violence or substance abuse issues. Family facilitators can also refer participants to NorthPoint’s psychologist for further assessment and counseling.

**Interaction with MFIP Employment Services:**

Participants in the Gateway program maintain their regular MFIP employment counselor. The ISP program is voluntary, but once clients become enrolled, participation is added to their MFIP employability plan. Noncompliance with the employment plan is a cause for a sanction in the MFIP program.

## **Ramsey County Integrated Services Project Program Summary**

**Project Name:** Ramsey County Integrated Services Project (ISP)

**Service Delivery Area:** Ramsey County, Minnesota

**Lead Agency:** Ramsey County Community Human Services

**Key Partners:** Ramsey County Workforce Solutions; Employment Action Center/Health Choices; HIRED; Family Support Services, Inc.; South Metro Human Services; Health Choices; Goodwill/Easter Seals. Hmong American Partnership and Lifetrack Resources play a more limited role in the program.

**Overview of Project:** The Ramsey County initiative is designed to develop and integrate rehabilitation expertise in mental health into the county MFIP program, while accessing new funding outside the regular MFIP allocation. The ISP provides financial support to all county MFIP employment service providers and Goodwill/Easter Seals to meet capacity and certification standards to provide services under Adult Rehabilitative Mental Health Services (ARMHS). Services provided by ARMHS-certified providers aim to help individuals with mental illness or poor mental health improve functionality. Staff at Ramsey County Community Human Services, Mental Health Division played a lead role in staff training and program development. Before ISP, there was little coordination between MFIP and mental health services.

Once providers are determined capable of delivering this set of mental health services, they become certified as an ARMHS service provider and are able to bill Medical Assistance (Minnesota's Medicaid program) directly for services. Once certified to provide ARMHS services, providers are able to deliver the services to eligible MFIP clients. Each agency has flexibility in how they decide to bring ARMHS services into their MFIP programs.

**Project Structure and Staffing:**

Each MFIP employment service provider determines individual project staffing. The Employment Action Center/Health Choices has an ARMHS supervisor and one ARMHS practitioner, HIRED has two ARMHS practitioners, and Goodwill has seven. Lifetrack has yet to begin serving ISP clients, though at the time of our site visit, they intended to begin ARMHS services in early 2007.

Workforce Solutions has contracted with four ARMHS providers to provide services to clients: South Metro Human Services, Goodwill/Easter Seals, Family Support Services, and Mental Health Resources, Inc. Five of South Metro Human Services' 23 ARMHS practitioners work with ISP clients; Mental Health Resources, Inc., has six ARMHS practitioners on staff, all of whom work with some ISP participants. Mental Health Resources is no longer receiving ISP referrals as of December 2006, though it will continue to serve its current ISP caseload. Family Support Services joined the ISP in November 2006 and has four ARMHS practitioners working with ISP clients. Hmong American Partnership, while an original partner in the program, decided not to seek ARMHS certification but makes referrals to other providers.

**Target Group:**

The ISP is targeting MFIP participants with serious mental illness who are stabilized enough for rehabilitation. Potential participants are generally identified and referred by MFIP employment counselors.

**Enrollment Levels:**

As of December 31, 2006, 312 adults had enrolled in the program. The county has not set a target for the total number of clients to be served. The program started in fall 2005.

**Referral and Recruitment Strategies:**

MFIP employment counselors make referrals for ARMHS based on the MFIP assessment (particularly the MFIP self-screening tool) and their knowledge of the client. Also, the ARMHS practitioners train MFIP staff on signs used to identify potential participants. Under the ISP initiative, Goodwill/Easter Seals is fully integrating ARMHS into its program by offering all new referrals with mental illness ARMHS services.

**Primary Program Services:**

Before ARMHS services may begin, clients must receive a diagnostic assessment by a mental health professional. After a diagnostic is completed indicating the clients' medical necessity for receiving mental health services, a functional assessment is performed with the clients, which examines client functionality in 14 different life areas. To be eligible for ARMHS, individuals must have at least moderate impairment in 3 or more of the 14 areas.

Once clients are deemed eligible, an ARMHS case worker develops a treatment plan with the clients, which identifies functional goals. Services under ARMHS may include training on basic living skills, education on mental health symptoms,

medications, and side effects, or engaging and training individuals in the community such as employers or family members to support the clients. The frequency of meetings and services with clients varies, but are generally frequent and intensive. An ARMHS provider generally assigns around 12 to 15 clients to a worker. ARMHS case managers provide all services in the community and typically in the clients' homes.

**Interaction with MFIP  
Employment Services:**

When participating in ARMHS services, clients remain enrolled in MFIP, keep their MFIP employment counselor, and continue to work on the MFIP employment plan. Since ARMHS is voluntary, clients cannot be sanctioned for nonparticipation in ARMHS services. Most ARMHS services will not count toward MFIP participation requirements, though some activities may count toward the four weeks of job search under the 2006 Deficit Reduction Act.

## **The Red Lake Integrated Services Project Site Summary**

<b>Project Name:</b>	Mino Aanokii (Good Work)
<b>Service Delivery Area:</b>	The Red Lake Reservation
<b>Lead Agency:</b>	Tribal Council of the Red Lake Band of Chippewa Indians
<b>Key Partners:</b>	New Beginnings Employment and Training Center (the MFIP employment service provider); Beltrami County Human Services.
<b>Overview of Project:</b>	Through multidisciplinary case management, community workers link hard-to-employ MFIP recipients with appropriate services and programs on the reservation. The project focuses on addressing the needs of families who face multiple barriers to employment.
<b>Project Structure and Staffing:</b>	Staff include four community workers. The program is under the supervision of the executive director of the tribe. All staff members are tribal employees.
<b>Target Group:</b>	The project targets hard-to-employ MFIP recipients with multiple barriers to employment including chemical dependency, mental health issues, and learning disabilities. While the program initially focused on those receiving over 40 months of MFIP, now all MFIP participants are eligible to participate in the program.
<b>Enrollment Levels:</b>	By the time of our second site visit, the Red Lake project had served about 80 families. The project has a goal of serving 100 families over three years.
<b>Referral and Recruitment Strategies:</b>	Initially, the program received a list of families who had been on MFIP for over 40 months from Beltrami County Human Services and the families were sent a personalized letter describing the program and encouraging them to call for more information. At the time of our second visit, Community Workers were recruiting all MFIP participants through word of mouth.
<b>Primary Program Services:</b>	The initial meeting with clients lasts two to three hours and includes administration of several assessment tools (including the Employability Measure and TABE test). Community workers also develop an employability development plan, which includes participants' goals. The goal is for five community workers to each

carry a caseload of 20 clients. Participants may be referred to services on the reservation, such as GED courses. The program also provides transportation assistance for many clients and instruction in traditional work activities for clients such as wreath-making, beading, and gardening.

**Interaction with MFIP  
Employment Services:**

Participants in Mino Aanokii maintain their regular MFIP employment counselor at New Beginnings. The ISP program is voluntary and is not included in clients' MFIP employment plans.

## **St. Louis County Integrated Services Project Site Summary**

**Project Name:** The HOPE (Hope and Opportunity in the Pursuit of Employment) Project

**Service Delivery Area:** St. Louis, Itasca, Koochiching, and Carlton counties, Minnesota

**Lead Agency:** Arrowhead Economic Opportunity Agency (AEOA, a nonprofit community action agency in St. Louis County)

**Key Partners:** St. Louis County Public Health and Social Services and Community Action Duluth in St. Louis County; Carlton County Public Health and Human Services and the Lakes and Pines Community Action Council in Carlton County; Koochiching County Human Services, Itasca County Human Services, and Kootasca Community Action Agency in Itasca and Koochiching counties; the Minnesota Chippewa Tribe.

**Overview of Project:** The HOPE Project operates in four counties in northeastern Minnesota: St. Louis, Carlton, Koochiching, and Itasca counties. Before ISP, there were limited efforts to coordinate services across service delivery systems in these counties. In this project, family employment advocates assess the needs of families and work with them one on one to help connect them with appropriate resources in their communities. Family employment advocates, who are employed by the community action agencies and the Minnesota Chippewa Tribe, work with participants on a range of issues including transportation, housing, substance abuse, child care, child support, probation, education, mental health, physical health, and domestic violence. The HOPE Project also provides funding to expand the Circles of Support program, a program in which participants are matched with community members who support their move out of poverty.

**Project Structure and Staffing:**

The project director is employed by the lead agency, AEOA. The community action agencies and the Minnesota Chippewa Tribe employ seven family employment advocates. The community action agencies also employ five full-time Circles of Support coordinators who recruit volunteers for the program, organize weekly Circles of Support meetings, and train community volunteers and participants.

The family employment advocates in St. Louis County's Virginia location, Itasca County, and Carlton County are located in workforce centers with MFIP employment counselors, but advocates in St. Louis County's Duluth location and Koochiching County are housed in a separate location. The Minnesota Chippewa Tribe's advocate works at the workforce center in Carlton County and the Minnesota Chippewa Tribe office in Duluth.

**Target Group:**

The HOPE Project targets participants who have been on MFIP for 24 to 48 months, although it includes families who have been on MFIP for fewer months if they meet other eligibility criteria. Other criteria include being a member of a racial or ethnic community, having one or more disabilities, and lacking substantial work history. Participants should also be motivated and willing to work.

**Enrollment Levels:**

As of December 31, 2006, 183 families had enrolled in the project. The goal was to enroll at least 100–150 participants over three years.

**Referral and Recruitment Strategies:**

Family employment advocates receive most of the referrals from MFIP employment counselors. Family employment advocates and Circles of Support coordinators refer and recruit clients for Circles of Support.

**Primary Program Services:**

Most family employment advocates make the first contact with potential participants by calling, sending an introduction letter and brochure, or stopping by their house. At the initial meeting with HOPE participants, if the individuals want to enroll, advocates complete an assessment and write out a plan detailing the participants' goals. Advocates work closely with participants on achieving these goals. Some family employment advocates meet with the participants, their MFIP employment counselor, and their financial worker so they can coordinate their plans. Each advocate carries a caseload of about 20 participants.

The HOPE Project is also expanding the Circles of Support program that already existed in Duluth (in St. Louis County), Grand Rapids (in Itasca County), and International Falls (in Koochiching County). The program has expanded to Virginia and Hibbing (in St. Louis County). As part of Circles of Support, participants are matched with three community "allies" who volunteer to attend regular group meetings and support the participants' efforts to find and maintain employment. Allies assist

in any way possible to help participants move out of poverty. Circles of Support also offers weekly leadership meetings with participants and allies to discuss issues relating to self-reliance or advocacy.

**Interaction with MFIP  
Employment Services:**

HOPE participants work with their family employment advocate in addition to their MFIP employment counselor and MFIP financial worker. Once participants voluntarily agree to enroll in the HOPE Project, meeting with their family employment advocate becomes a mandatory part of their employment plan, and participants can be sanctioned for not following through with their plan.

## **Washington County Integrated Services Project Site Summary**

- Project Name:** Washington County/HIRED Integrated Services Project (ISP)
- Service Delivery Area:** Washington County, Minnesota
- Lead Agency:** Washington County Community Services
- Key Partners:** HIRED; Human Services, Inc. (a community mental health center); Blue Cross/Blue Shield of MN.
- Overview of Project:** The program’s focus is to stabilize families in Washington County who receive MFIP assistance, reduce the likelihood that residents will relocate, and assist those who have relocated from another county to reestablish services in Washington County. A larger goal of the project is to facilitate communication and cooperation among counties to develop a process for transitioning services for families relocating across counties. Integrated services coordinators complete in-depth assessments and make individualized referrals to a wide range of services. The ISP has established a close working relationship with Human Services, Inc., to ensure quick access to psychological evaluations and mental health services for clients. Child protection workers and other professionals involved with the family participate in case conference sessions to coordinate services.
- Project Structure and Staffing:** Program staff are employed by HIRED and housed at the Washington County WFC and offices nearby. Staff include an ISP manager, four integrated services (IS) coordinators, and one part-time data entry specialist. IS coordinators often provide services in the community and, at times, in participants’ homes.
- Target Group:** The project initially targeted MFIP recipients that had been receiving assistance for 12 to 48 months and were transitory (i.e., those who had moved during the last year or were facing eviction), but found that this population was smaller than they had anticipated. To increase participation, the program now also accepts individuals who are not transitory but who have a number of other barriers to stability that may cause them to eventually lose housing (including significant mental health issues, chemical abuse, involvement in the criminal justice system, or children doing poorly in school).

**Enrollment Levels:** As of December 31, 2006, 138 families had enrolled in the program. The goal is to enroll 288 families over three years.

**Referral and Recruitment Strategies:** Referrals are made by MFIP employment counselors. To facilitate referrals, the employment services supervisor meets monthly with each MFIP employment counselor to review caseloads for potential ISP participants. In addition, all MFIP recipients who have recently moved into Washington County are automatically referred to the ISP program regardless of whether they meet other eligibility criteria. A brochure was developed for the program and is selectively used in recruitment. The county has informed neighboring counties about the program.

**Primary Program Services:** IS coordinators make contact with clients and set up an initial meeting. ISP services begin with the completion of the Employability Measure and HIRED's Full Family Assessment. Clients are referred to Human Services, Inc., for psychological assessment and mental health services, as needed.

Services are determined individually for clients. A wide range of services is provided to clients, including primary medical care, counseling, parenting classes, education, and chemical dependency treatment. Staff conduct case conferences that include the multiple providers serving individual families to determine how best to meet families' needs and avoid duplication. IS coordinators also refer children to services. Workers typically carry caseloads of 15–25 families.

**Interaction with MFIP Employment Services:** MFIP employment counselors remain active with clients' cases after they are enrolled in ISP. MFIP employment counselors still meet with clients, although less frequently, and are responsible for accessing certain support services and, when necessary, imposing sanctions. The ISP is written into clients' employment plans. ISP enrollment and services are mandatory, and clients can be sanctioned for nonparticipation. IS coordinators are responsible for tracking clients' participation requirements.

## **APPENDIX B**

Data Collection Forms:  
ISP Baseline Data Form, MFIP Self-Screen, Brief Screening Tool for Special Needs,  
and Employability Measure

# Integrated Services Project Baseline Data

## Screen Three: Self-report items

MAXIS case number

00000000

Name

1. Number of months employed in the last 2 years:

Enter number of months

2. English literacy:

Enter one of the following numbers:  
1 = cannot communicate in English  
2 = can communicate in English with difficulty, needs an interpreter  
3 = can communicate in English without an interpreter, some misunderstandings due to language  
4 = fluent in English

3. Completed HS diploma or GED:

Check if YES

4a. Highest grade completed (if less than HS):

Enter number from 0 to 11

4b. Highest grade completed (if HS or more):

Enter the highest applicable number:  
12 = HS graduate  
13 = some college  
14 = certificate  
15 = Associated degree  
16 = Bachelor degree  
17 = some graduate school  
18 = graduate degree

5. Reading skills:

Enter one of the following codes:  
N = cannot read  
L = low (equivalent to 3rd grade level or below)  
M = medium (4th to 8th grade level)  
H = high (9th grade level or above)  
DK = don't know/haven't assessed

6. Ever diagnosed as having a learning disability:

Check if YES

7. Current marital status:

Enter one of the following codes:  
N = never married  
M = married living with spouse  
A = married living apart  
D = divorced  
W = widowed

8. Partner not spouse in household:

Enter one of the following codes:  
N = none  
S = living with second parent not spouse  
P = living with partner not second parent or spouse

Click to SAVE  
and go to next



## Integrated Services Project Baseline Data Screen Four: Self-report items, continued

MAXIS case number

Name

Check all  
that apply

- 9. Abused drugs or alcohol during the last year:
- 10. Lived with someone who was abusing drugs or alcohol during the last year:
- 11. Ever in chemical dependency treatment:
- 12. Ever diagnosed with depression:
- 13. Physical condition that makes it hard for him/her to work:
- 14. Mental condition that makes it hard for him/her to work:
- 15. Family member with illness or disability making it hard for participant to work:
- 16. Ever in jail or prison:
- 17. Ever convicted of a felony:

18. Family violence in last year:

Enter one of the following codes:  
N = no evidence of family violence  
S = suspected family violence  
C = confirmed family violence

19. Current housing:

Enter one of the following codes:  
P = public housing  
S = subsidized rental  
R = unsubsidized rental  
M = mortgage or owned  
E = emergency  
F = living with friends  
O = other

Click to SAVE  
and go to next



**Integrated Services Project Baseline Data  
Screen Five: Self-report items, continued**

**MAXIS case number**  **Name**

20. Ever homeless:  Check if YES

21. Ever evicted from housing:  Check if YES

22. Number of moves in last 12 months:  Enter number of moves

23. Main transportation:  Enter one of the following codes:  
C = own car  
A = access to someone else's car  
R = rides with others  
P = public transportation  
W = walk  
O = other  
N = none

24. Back-up transportation:  Enter one of the following codes:  
C = own car  
A = access to someone else's car  
R = rides with others  
P = public transportation  
W = walk  
O = other  
N = none

25. Valid driver's license:  Check if YES

Click to SAVE and  
start new record



Click to SAVE and  
end data entry



**Integrated Services Project Baseline Data  
Screen Five: Self-report items, continued**

**MAXIS case number**  **Name**

# MFIP Self-Screen



This information is available in other forms to people with disabilities by calling your county worker.  
 For TTY/TDD users, contact your county worker through Minnesota Relay at 711 or (800) 627-3529.  
 For Speech-to-Speech Relay, call (877) 627-3848.

**Instructions:** Sometimes people have problems that make it hard to do things they want to do. We would like to ask you some questions to see if you have these kinds of problems. Please think about only the last 30 days.

In the last 30 days, have you . . .	Please Circle	
1. Had a lot of trouble falling asleep or sleeping through the night?	Yes <sub>1</sub>	No
2. Been so tired or worn out that you couldn't get anything done?	Yes <sub>1</sub>	No
3. Failed to do what was normally expected from you because of drinking or drug use?	Yes <sub>3</sub>	No
4. Felt sad or depressed all or almost all of the time?	Yes <sub>1</sub>	No
5. Felt guilty or remorseful after drinking or using drugs?	Yes <sub>3</sub>	No
6. Been extremely restless or tense?	Yes <sub>1</sub>	No
7. Used alcohol or other drugs to cope with stress?	Yes <sub>3</sub>	No
8. Had a lot of trouble thinking, concentrating or making decisions?	Yes <sub>1</sub>	No
9. Had someone tell you about things you said or did while drinking or using drugs that you can't remember?	Yes <sub>3</sub>	No
10. Had thoughts that bother you that you can't get rid of?	Yes <sub>1</sub>	No
11. Heard voices in your head?	Yes <sub>3</sub>	No
12. Had nightmares or flashbacks about something that happened to you?	Yes <sub>2</sub>	No
13. Had angry outbursts that you could not control?	Yes <sub>2</sub>	No
14. Had periods of extreme fear when you were dizzy, sweating or shaking and felt like you were losing control?	Yes <sub>2</sub>	No
15. Thought about harming yourself or someone else?	Yes <sub>2</sub>	No
16. Tried to harm yourself or someone else?	Yes <sub>3</sub>	No

**Counselor:** Please fill in participant name and complete counselor information.

PARTICIPANT NAME	MAXIS CASE NUMBER
COUNSELOR NAME	COUNSELOR PHONE
AGENCY	DATE COMPLETED Appendix B – 5

# Brief Screening Tool for Special Learning Needs

## Directions:

DATE COMPLETED

- Read the following aloud to the client:

"The following questions are about your school and life experiences. This information will provide a better understanding of the services you will need to be successful in future plans. We are trying to find out how it was for you (or your family members) back in school or how some of these issues might affect your life now. These questions will help us identify resources that will help you in self-sufficiency planning with your worker.

- Ask client each question. Check box where client response is "yes".

## Section I

Yes

<input type="checkbox"/>	1. Have you had any problems learning in middle school or junior high?
<input type="checkbox"/>	2. Do you have difficulty working from a test booklet to an answer sheet?
<input type="checkbox"/>	3. Do you have difficulty or experience problems working with numbers in a column?
<input type="checkbox"/>	4. Do you have trouble judging distances?
<input type="checkbox"/>	5. Do any family members have learning problems?

\_\_\_\_\_ x1 = \_\_\_\_\_ **Section score:** Total the number of "yes" responses and multiply by number shown.

## Section II

Yes

<input type="checkbox"/>	6. Did you have any problems learning in elementary school?
<input type="checkbox"/>	7. Do you have difficulty or experience problems working with mixing mathematical signs (+/x)?

\_\_\_\_\_ x2 = \_\_\_\_\_ **Section score:** Total the number of "yes" responses and multiply by number shown.

## Section III

Yes

<input type="checkbox"/>	8. Do you have difficulty or experience problems with filling out forms?
<input type="checkbox"/>	9. Did you experience difficulty memorizing numbers?
<input type="checkbox"/>	10. Do you have difficulty remembering how to spell simple words you know?

\_\_\_\_\_ x3 = \_\_\_\_\_ **Section score:** Total the number of "yes" responses and multiply by number shown.

## Section IV

Yes

<input type="checkbox"/>	11. Do you have difficulty or experience problems with taking notes?
<input type="checkbox"/>	12. Do you have difficulty or experience problems with adding and subtracting small numbers in your head?
<input type="checkbox"/>	13. Were you ever in a special program or given extra help in school?

\_\_\_\_\_ x4 = \_\_\_\_\_ **Section score:** Total the number of "yes" responses and multiply by number shown.

**Total Score:** \_\_\_\_\_

## Scoring Instructions:

- In each section, enter the number of "Yes" responses and take that number times the number shown. For example, multiply the number of "yes" responses in Section III by 3.
- Add the section scores and enter the total in the "Total Score" field.
- If "Total Score" is **12 or more**, please refer for further assistance.

## **The Employability Measure**

The Minnesota Department of Human Services (DHS) and the Minnesota Department of Employment and Economic Development developed the Employability Measure to assess MFIP participants in eleven life areas related to employment: child behavior, dependent care, education, financial, health, housing, legal, personal skills, safe living environment, social support, and transportation. The Employability Measure is intended to provide a systematic way of measuring progress made by hard-to-employ MFIP participants in overcoming barriers to obtaining and retaining a job. The tool was also developed to help counselors assess MFIP participants' strengths and barriers to employment and help counselors write employment plans for these participants. The measure is not considered an in-depth assessment for mental illness, chemical dependency, or learning disabilities but serves as an indication of problems or barriers in certain areas. It is only available in English and thus should not be used with Limited English Proficiency participants.

DHS began piloting the Employability Measure in January 2005 to test the reliability, validity, and utility of the measure. Shortly before this pilot began, the Integrated Services Project (ISP) was implemented in eight sites. At the same time that pilot testing of the measure was taking place, DHS required that each of the eight ISPs use the Employability Measure.

In the Integrated Services Project, the Employability Measure is administered and completed by ISP caseworkers. They complete the measure during their initial meetings with ISP participants and every six months thereafter. During face-to-face meetings, trained caseworkers use probe questions outlined in the measure to score MFIP participants in the eleven life areas. Most scores are based on a scale of 1 to 5. However, five areas -- child behavior, health, legal, social support, and transportation -- are based on a four-point scale of 1 to 4/5 (with no differentiation between the 4 or 5 score).

Although the ISP sites continue to use the Employability Measure, the pilot testing of the measure at seven Employment Services providers ended in June 2006. The results demonstrate that scores correlate with employment status but that the measure depends on the quality of the training that job counselors receive on the tool. See Minnesota DHS, 2006b for more information on the Employability Measure.

# **EMPLOYABILITY MEASURE**

Minnesota Department of Human Services  
Minnesota Department of Employment and Economic Development

April 26, 2005

For information, contact Scott Chazdon at (651)296-2709 or [scott.chazdon@state.mn.us](mailto:scott.chazdon@state.mn.us)

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# EMPLOYABILITY MEASURE

Level	<b>Child Behavior</b> <i>Effect of actions of children in the family on participant's employability</i>
<b>4/5</b>	<b>Children exhibit positive behaviors.</b>
	<ul style="list-style-type: none"> <li>• All children have strong attendance and excelling in school AND</li> <li>• All children exhibit pro-social behaviors (chores, service activities, youth group, sports, music, arts, or other extra-curricular activities)</li> </ul>
<b>3</b>	<b>Behavior problems do not prohibit or limit employment.</b>
	<ul style="list-style-type: none"> <li>• All children attending school regularly AND</li> <li>• All children getting school work done and making progress AND</li> <li>• All children have generally positive behaviors</li> </ul>
<b>2</b>	<b>Considerable time spent dealing with children's behavior affects job attendance or job search.</b>
	For example, <ul style="list-style-type: none"> <li>• School truancy</li> <li>• Attending school but not making appropriate progress</li> <li>• Frequent misbehavior requiring parent to visit school or child care provider</li> <li>• Other risk behavior (sexual, anger, impulsiveness, destructive behavior, problematic social relationships)</li> </ul>
<b>1</b>	<b>Participant is unable to get or sustain a job due to time necessary to deal with children's behavior problems.</b>
	For example, <ul style="list-style-type: none"> <li>• Involved with a gang</li> <li>• Frequently suspended, expelled, or truant from school</li> <li>• Addicted to drugs/alcohol</li> <li>• Involved in illegal activities</li> <li>• Asked to leave child care provider due to child's behavior</li> </ul>

How are your children doing in school? Attending regularly? Making progress? How are they doing overall?

Are any of your children having behavior problems at school or at home?

Do you ever miss work due to your children's behavior?

Any problems with your children with things like gangs, drugs, illegal activities, or pregnancy?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Dependent Care</b> <i>For children under age 13 and/or vulnerable adults</i>
<b>5</b>	<b>Care arrangements are good and not subsidized.</b>
	For example, <ul style="list-style-type: none"> <li>• Dependent care not needed (e.g., not responsible for any children under 13 or vulnerable adults)</li> <li>• Good quality provider</li> <li>• Care facility is safe</li> <li>• Back-up care arrangements are available (for example, employer-provided sick leave includes sick child/adult care)</li> </ul>
<b>4</b>	<b>Care arrangements are good and subsidized.</b>
	For example, <ul style="list-style-type: none"> <li>• Good quality provider</li> <li>• Care facility is safe</li> <li>• Back-up care arrangements are available (for example, employer-provided sick leave includes sick child/adult care)</li> </ul>
<b>3</b>	<b>Care arrangements are generally stable with a few exceptions.</b>
	For working participants, <ul style="list-style-type: none"> <li>• Care provider is stable and safe AND</li> <li>• Receiving child care or adult care subsidy if needed AND</li> <li>• Back-up child care arrangement usually available (occasional problems, for example when child sick)</li> </ul> For other participants, <ul style="list-style-type: none"> <li>• If child care need arises (for example, for job search or a new job), care arrangements are available and accessible AND</li> <li>• Child care assistance eligibility has been approved if needed</li> </ul>
<b>2</b>	<b>Care arrangements are unstable or not reliable.</b>
	For example, <ul style="list-style-type: none"> <li>• Only available care is by unreliable or unwilling family member or friend</li> <li>• No back-up care arrangement available</li> <li>• Care not available during work hours</li> <li>• No sick care or sick days available</li> <li>• Care too costly to be sustained</li> <li>• Care not culturally appropriate</li> <li>• If needed for job search or a new job, care arrangements would be difficult to set up</li> </ul>
<b>1</b>	<b>Care arrangements are completely absent or detrimental to the child or adult.</b>
	For example, <ul style="list-style-type: none"> <li>• No care available or accessible (for example, not eligible for child care assistance, providers too far away)</li> <li>• Child or adult has special needs not accepted by providers</li> <li>• Care is unaffordable</li> <li>• Unwilling or refuses to use child care or dependent care</li> <li>• Care not safe or perceived as unsafe</li> </ul>

What do you do for child care? (or adult care if needed in the home to care for a family member who is ill or incapacitated)

Are you receiving a child care subsidy? (If not) have you applied for child care assistance?

For your children under 12, what do you do for child care for summer vacation, snow days, holidays, and sick children or when provider can't take children that day?

(If not employed or not previously doing job search) For job search or a new job, how would you handle child care?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	Education <i>Participant's education, training and job readiness</i>
<b>5</b>	<b>Excellent education attained.</b>
	<ul style="list-style-type: none"> <li>• Able and eager to learn new things (life-long learner) <b>AND</b></li> <li>• Advanced education credentials (usually college grad or beyond) <b>AND</b></li> <li>• More options for employment and earnings</li> </ul>
<b>4</b>	<b>Participant uses education for advanced opportunities.</b>
	For example, <ul style="list-style-type: none"> <li>• Certificate or diploma or successful college coursework (for example, associate degree, technical college, apprenticeship)</li> <li>• Previous successful experience in competitive employment</li> <li>• Any learning disability or physical or mental disability is managed</li> <li>• Able and willing to learn more to advance</li> <li>• Independent learner</li> <li>• May be attending college and working part-time</li> </ul>
<b>3</b>	<b>Participant is job ready with functional education.</b>
	<ul style="list-style-type: none"> <li>• Education adequate to get low-level competitive employment</li> <li>• May have low-level certificate (like Certified Nurse Assistant – CNA)</li> <li>• Usually, <i>but not necessarily</i>, high school diploma or GED</li> </ul>
<b>2</b>	<b>Basic education is in process.</b>
	For example, <ul style="list-style-type: none"> <li>• Getting training, like GED, ESL, ABE, skills training, etc.</li> <li>• In supported employment</li> <li>• If learning disability diagnosed, working on it</li> <li>• Able to learn</li> <li>• Has done some recent training but still needs to work on skills to obtain employment – especially literacy skills or English</li> </ul>
<b>1</b>	<b>Education is inadequate for employment.</b>
	Examples of reasons that participant is not job ready: <ul style="list-style-type: none"> <li>• Does not like to learn or lacked opportunity to learn</li> <li>• No GED or high school diploma</li> <li>• Does not enjoy learning</li> <li>• Dropped out of school</li> <li>• Illiterate or very poor reader</li> <li>• No education available in original country</li> <li>• Very limited education ability (for example, low IQ, severe mental or physical condition that interferes with learning)</li> </ul>

Do you have a high school diploma or GED? (*If yes*) Which one?

Did you like school?

Do you like to read? Did you have any trouble with reading in school?

Have you ever been in special education classes?

(*If appropriate*) Have you had any schooling beyond high school? (*If yes*) What type?

(*If appropriate*) Do you have any certifications or professional licenses?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Financial</b> <i>Family income in relation to expenses</i>
<b>5</b>	<b>Family has income well above basic living expenses.</b>
	<ul style="list-style-type: none"> <li>• Income/employment is stable AND</li> <li>• No income from public sources AND</li> <li>• Financial cushion for emergencies and discretionary spending</li> </ul>
<b>4</b>	<b>Family income is adequate.</b>
	<ul style="list-style-type: none"> <li>• Income/employment is stable AND</li> <li>• Close to 100% of income is from earnings and/or child support AND</li> <li>• Limited discretionary income</li> </ul>
<b>3</b>	<b>Income is stable, but pays only for basic living expenses (food, shelter, and other expenses particular to this family like medical care, child care, etc.)</b>
	<ul style="list-style-type: none"> <li>• Very little or no discretionary money AND</li> <li>• Very little cushion for emergencies</li> </ul>
<b>2</b>	<b>Income is sometimes adequate to meet basic living expenses (food, shelter, and other expenses particular to this family like medical care, child care, etc.)</b>
	<ul style="list-style-type: none"> <li>• One or more major sources of income are erratic or unstable (for example, child support payments, earnings)</li> <li>• May have new job but poor employment history</li> <li>• May not be paying basic bills even though income appears sufficient</li> </ul>
<b>1</b>	<b>Income is inadequate to meet basic living expenses (food, shelter, and other expenses particular to this family, like medical care, child care, etc.).</b>

**Note: Responses to first five questions will be needed for Employability Measure data entry on WF1 or TEAMS.**

Are you currently working? (If yes) Where? (If you cannot tell, ask whether it is subsidized employment.)

How long have you worked there?

(If yes) How many hours per week do you work?

(If yes) How much do you earn per hour?

How many jobs have you had in the last 6 months?

Did you receive MFIP cash and Food Support for this month? (If yes) How much?

Do you have Medical Assistance?

Do you receive any other type of income like child support or SSI? (If yes) Type and amount? How often do you receive this income?

Are you current on your rent and utilities? (If no) Why not?

Do you have concerns about having enough money to buy food?

Do you have any money saved?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Health</b> <i>Family physical, mental, and chemical health</i>
<b>4/5</b>	<b>Family has no serious physical, mental, or chemical health concerns.</b>
	<ul style="list-style-type: none"> <li>• Generally good health for self and all family members <b>AND</b></li> <li>• If working, not at risk of losing employment <b>AND</b></li> <li>• If working, employer provides personal/sick leave benefit</li> </ul>
<b>3</b>	<b>Physical, mental, or chemical health concerns are stabilized.</b>
	<ul style="list-style-type: none"> <li>• Following any treatment plans, including taking medication <b>AND</b></li> <li>• Chronic conditions may be present among self or family members, but they are managed and do not present barriers to employment or job search <b>AND</b></li> <li>• If working, employer offers flexibility to deal with time off for medical reasons, either sick/personal leave or unpaid leave <b>AND</b></li> <li>• If working, slight risk of losing employment because health concerns occasionally interfere with work attendance or performance <b>AND</b></li> <li>• If not employed, health concerns do not prevent job search</li> </ul>
<b>2</b>	<b>Serious physical, mental, or chemical health concerns often interfere with work attendance or performance or job search.</b>
	<p>For example,</p> <ul style="list-style-type: none"> <li>• Work absences due to health concerns place client at risk of losing job</li> <li>• Access to health care provider limited (for example, appointment times, clinic location, or referrals to specialists)</li> <li>• Lack of access to culturally appropriate and acceptable care</li> <li>• Treatment routinely needed during work day or multiple medical appointments each month for self or family members</li> <li>• Poor work history because of health issues for self or family members</li> </ul>
<b>1</b>	<b>Extremely serious physical, mental, or chemical health concerns prevent employment.</b>
	<p>For example,</p> <ul style="list-style-type: none"> <li>• Incapacitated or ill family member needing care</li> <li>• Documented medical condition preventing work</li> <li>• More than one family member with very serious health problems that are not managed</li> <li>• Medication or treatment does not control condition</li> <li>• Not compliant with treatment plan, leading to negative health consequences (includes not taking medication because cannot afford)</li> <li>• Cannot care for self and personal care is not available (for example, quadriplegia, recovering from surgery, terminal illness)</li> </ul>

How is your general health? Do you have concerns about your health?

Do you or any family members have any medical conditions that affect your ability to work or look for work?

Do you need to take medications daily?

Who is your doctor?

Do you or anyone in your household use tobacco, smokes or drinks alcohol? How much and how often?

Is there any type of health care that you or a family member need but are not getting? (If yes) What is it? Why aren't you getting it?

(If you suspect health concerns that the participant has not mentioned (for example, depression or bipolar disorder) you could ask a general question like the following) What is a typical day like for you?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Housing</b> <i>Condition of structure and stability of family's living situation</i>
<b>5</b>	Home ownership or market-rate rental housing meets family needs and requires no government assistance.
	<ul style="list-style-type: none"> <li>• Paying all housing expenses with own money AND</li> <li>• Requires NO government assistance for housing, such as MFIP, emergency assistance or fuel or energy assistance</li> </ul>
<b>4</b>	Family has stable non-subsidized housing.
	<ul style="list-style-type: none"> <li>• Non-subsidized and non-shared housing</li> <li>• May receive assistance toward housing needs, such as MFIP, emergency assistance or fuel or energy assistance</li> </ul>
<b>3</b>	Living situation is stable.
	For example, <ul style="list-style-type: none"> <li>• Subsidized rental housing (for example, Section 8) or public housing</li> <li>• Supportive housing (housing with services provided to help with daily living)</li> <li>• Transitional housing</li> <li>• Living in home of family or friends in a stable living situation</li> <li>• May be shared housing or help from family or friends</li> </ul>
<b>2</b>	Family is at risk of losing housing or is in temporary housing.
	For example, <ul style="list-style-type: none"> <li>• Has an Unlawful Detainer that is limiting their ability to get housing</li> <li>• In temporary or <i>unstable</i> housing including shelters or with family or friends</li> <li>• In danger of being evicted (for example, late on rent, bad behavior, foreclosure)</li> <li>• Frequent moves (three or more times in last year)</li> <li>• May be shared housing or help from family or friends</li> </ul>
<b>1</b>	Housing is nonexistent, dangerous, or structurally substandard.
	For example, <ul style="list-style-type: none"> <li>• Lives in unsafe and/or substandard housing (for example, serious problems with things like insects, rodents, broken windows or appliances, chronic plumbing problems, etc.)</li> <li>• Homeless with no shelter or other options available</li> </ul>

Do you like where you live?

Do you have any concerns about having a place to live?

Do you rent or own? (If renting) Is it subsidized?

Do you share housing with anyone? (If yes) With whom? How much of the housing costs do you pay?

How long have you been there?

How many times have you moved in the last year?

Are you current with your rent and utilities?

Have you ever been evicted? (If yes) When and why?

**Reason for level chosen:**

## EMPLOYABILITY MEASURE

Level	<b>Legal</b> <i>Family's criminal or civil legal issues affecting participant's employment</i>
<b>4/5</b>	<b>No significant legal issues affect employment.</b>
	<ul style="list-style-type: none"> <li>• Past issues have been resolved (for example, probation expired, license restored, divorce finalized, etc.) OR</li> <li>• Never had any legal issues</li> </ul>
<b>3</b>	<b>Work is possible, but legal issues interfere.</b>
	For example, <ul style="list-style-type: none"> <li>• Probation restrictions</li> <li>• Issues requiring court appearances like open child protection case, divorce, child custody case, bankruptcy, etc.</li> </ul>
<b>2</b>	<b>Legal issues limit work opportunities.</b>
	For example, <ul style="list-style-type: none"> <li>• Felony conviction limiting type or hours of work, including preferred or previous work</li> <li>• Professional license or driver license required for doing a particular job revoked due to child support nonpayment, DUI, professional malfeasance, etc.</li> <li>• Job lost due to legal issues</li> </ul>
<b>1</b>	<b>Participant is legally forbidden to work</b>
	For example, <ul style="list-style-type: none"> <li>• No work permit</li> <li>• Under threat of deportation</li> <li>• Incarcerated or scheduled to be incarcerated</li> </ul>

In order to assist you better with finding work, I need to find if there are any legal issues that prevent or limit you from working or from the type of work you can do:

- i. Are you currently on probation or parole?
- ii. Do you have community service obligations?
- iii. Are you going to court for any reason?
- iv. Any other convictions?

Have you lost a professional license or driver's license needed for your job?

*(If answer yes to any of above) How does this affect working or looking for work?*

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Personal Skills</b> <i>Participant's self-management and job-seeking skills</i>
<b>5</b>	<b>Participant's skills are sufficient to handle and make the best out of ordinary and extraordinary life and work situations.</b>
	Skill areas include: <ul style="list-style-type: none"> <li>• Able to manage work and home responsibilities well</li> <li>• Able to effectively manage crisis situations both at work and home</li> <li>• Conflict resolution, time management, problem solving are all part of daily functioning</li> <li>• Has retained a job more than 12 months OR proven ability to get, hold and manage job and home responsibilities</li> </ul>
<b>4</b>	<b>Participant's skills are sufficient to adequately manage ordinary life and work situations.</b>
	Skill areas include: <ul style="list-style-type: none"> <li>• Has back-up plans and/or is able to problem solve for unforeseen circumstances (for example, furnace out and able to make arrangements and show up to work)</li> <li>• Has retained a job for more than 6 months or left a job to take a better job (better pay, benefits, hours, etc.)</li> <li>• Successful job-seeking skills</li> </ul>
<b>3</b>	<b>Participant is learning to manage daily routines, work routine, and problem solving.</b>
	For example, <ul style="list-style-type: none"> <li>• Adequate or improving job seeking skills (interviewing, applications, etc.)</li> <li>• Has retained a job for 2- 6 months</li> <li>• Learning soft skills (although may have minor conflicts, time management issues, or reprimands at work, etc.)</li> </ul>
<b>2</b>	<b>Participant has limited skills to perform activities of daily living and work.</b>
	For example, <ul style="list-style-type: none"> <li>• Learning job seeking skills (interviewing, applications, etc.)</li> <li>• Occasionally cannot solve problems, time management conflicts, or personal conflicts in personal life and work life</li> <li>• Unable to hold employment longer than 2 months due to lack of soft skills (for example, not calling in when sick, tardiness or absenteeism, chaotic life and not able to balance work and personal life)</li> </ul>
<b>1</b>	<b>Participant's ability to perform activities of daily living and work is very limited.</b>
	For example, <ul style="list-style-type: none"> <li>• Unable to manage conflict, problem solving, communications with others, or time demands</li> <li>• Personal maintenance skills lacking (for example, poor hygiene, oral health, grooming, clothing)</li> <li>• Lacks budgeting skills (may have or may need vendor payments or a representative payee)</li> <li>• May be in or need sheltered workshops or supportive work environment</li> <li>• May not be able to get or hold onto a job more than a very short period of time due to lack of personal skills</li> </ul>

*(If not employed)* When were you last employed? How long did you work there?

How many jobs have you had in the last three years? What is the longest any of these jobs lasted?

Have you ever had conflicts with co-workers or supervisors? *(If yes)* What about?

Have any other kinds of problems come up at work?

Have you ever been fired? *(If yes)* What happened?

*(If not employed)* What steps do you need to take to get a job?

Do you feel you need help with budgeting money?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Safe Living Environment</b> <i>Neighborhood and household safety</i>
<b>5</b>	<b>Family members are as safe as possible from violence both at home and in the neighborhood.</b>
	<ul style="list-style-type: none"> <li>• All household members can avoid or leave unsafe situations <b>AND</b></li> <li>• Participant characterizes the neighborhood as safe <b>AND</b></li> <li>• Family interactions are nonviolent</li> </ul>
<b>4</b>	<b>Family members are safe from violence and the impact of violence most of the time.</b>
	<ul style="list-style-type: none"> <li>• Family interactions are nonviolent (any formerly violent abuser continues to refrain from violence) <b>AND</b></li> <li>• Participant characterizes the neighborhood as safe most of the time <b>AND</b></li> <li>• Participant feels comfortable going out to work (safe to leave family, safe to travel through neighborhood)</li> </ul>
<b>3</b>	<b>Family members are working toward being free from violence at home and in the neighborhood.</b>
	<ul style="list-style-type: none"> <li>• Abuser is developing a support system and skills to interact nonviolently</li> <li>• Violent abuser (may or may not be household member) begins to refrain from violence</li> <li>• Participant feels safe enough to go out to work (for example, leaving children at home, traveling through neighborhood)</li> <li>• If required, vulnerable person has a safety plan that is being followed or is working on one</li> <li>• Neighborhood is usually safe place to live</li> </ul>
<b>2</b>	<b>Family members have safety problems at home or in their neighborhood.</b>
	<p>For example,</p> <ul style="list-style-type: none"> <li>• Occasional shootings, break-ins, drug dealing in the neighborhood</li> <li>• Violent behavior of abuser (may or may not be household member) is unresolved, but interventions have been initiated</li> <li>• If needed, children/vulnerable adults placed in stable situation outside the home</li> <li>• Police may be called, but infrequently</li> <li>• Some involvement of helping agencies like domestic violence advocate or battered women's shelter</li> <li>• Order for protection in place if needed</li> </ul>
<b>1</b>	<b>Either home or neighborhood is extremely dangerous and any interventions are ineffective.</b>
	<p>For example,</p> <ul style="list-style-type: none"> <li>• Violent abuser threatens safety of household members</li> <li>• Police frequently called to respond to violence in the home or neighborhood</li> <li>• Victim of or impacted by frequent shootings, break-ins, drug dealing, etc. in the neighborhood</li> <li>• Limited involvement of helping agencies in violent household situation</li> <li>• Frequent battered women's shelter visits followed by return to abusive situation</li> <li>• No safety plan or safety plan is ineffective</li> </ul>

Do you feel safe in your neighborhood? *(If no) Why not?*

Do you feel safe at home? (free from violence in the home )

*(If no)* Do you currently have a safety plan? *(If yes)* Are you following it?

*(If does not feel safe)* Do you currently have an Order for Protection (OFP) against anyone? *(If yes)* Why and against whom?

Have you received services from a domestic abuse center or women's shelter? *(If yes)* What happened?

**Reason for level chosen:**

# EMPLOYABILITY MEASURE

Level	<b>Social Support</b> <i>Positive, helpful personal influences on the participant</i>
<b>4/5</b>	<b>There are supportive interactions with reliable adults and/or community organizations.</b>
	<ul style="list-style-type: none"> <li>• Network of friends or family or fellow members of one or more community organizations <b>AND</b></li> <li>• Some are role models <b>AND</b></li> <li>• They help participant overcome barriers</li> </ul>
<b>3</b>	<b>Some positive support is usually available.</b>
	<ul style="list-style-type: none"> <li>• A number of generally reliable supports such as other adults and community organizations <b>AND</b></li> <li>• Support sometimes, but may not always be there <b>AND</b></li> <li>• Destructive behaviors of others have little effect on work, direct or indirect</li> </ul>
<b>2</b>	<b>Participant has limited positive support.</b>
	For example, <ul style="list-style-type: none"> <li>• Few stable, mature adults are involved in the participant's life</li> <li>• Very limited connection to community organizations</li> <li>• Destructive behavior of others influences the participant</li> </ul>
<b>1</b>	<b>Participant has no effective positive social support.</b>
	For example, <ul style="list-style-type: none"> <li>• Other people sabotage efforts to work</li> <li>• No supportive adults and no connection to any community organizations (church, schools, etc.)</li> <li>• Isolated</li> <li>• Destructive behaviors of others greatly affect or harm the participant</li> </ul>

Do you have a support network of friends and family? Who are they?

How well do you get along with your family?

Do you have anyone you can confide in? (friend, mentor, counselor, elder, therapist)

Tell me about your friends, what kinds of things do you do with your friends?

Is there anyone who is not supportive of your working or who causes problems so you cannot go to work?

Do you regularly attend any groups or organizations? (church, support groups, coaching, sports, etc)

**Reason for level chosen:**

## EMPLOYABILITY MEASURE

Level	<b>Transportation</b> <i>Getting to work</i>
<b>4/5</b>	Transportation is dependable and reliable.
	<ul style="list-style-type: none"> <li>• Transportation is not a barrier to employment <b>AND</b></li> <li>• Could be good car or convenient public transit <b>AND</b></li> <li>• Reliable alternative transportation</li> </ul>
<b>3</b>	Transportation arrangements meet most needs.
	For example, <ul style="list-style-type: none"> <li>• Has valid driver's license and up-to-date insurance and registration and vehicle is generally reliable</li> <li>• Public transportation meets most daily work needs but has limitations (route, hours, convenience, etc.)</li> <li>• No reliable alternative transportation</li> </ul>
<b>2</b>	Transportation is unreliable.
	<ul style="list-style-type: none"> <li>• Public transportation not always available when needed</li> <li>• Has access to a vehicle that is not reliable</li> <li>• Vehicle maintenance and repairs are unaffordable</li> <li>• Time spent commuting is excessive (child care drop-offs, scheduling, etc.)</li> <li>• Only expensive private transportation for hire (taxis, Dial-a-Ride, etc.) is available</li> </ul>
<b>1</b>	Transportation is not adequate to meet work or job search needs.
	<ul style="list-style-type: none"> <li>• Car transportation is not adequate: driving illegally (no license or no insurance) or no access to vehicle <b>AND</b></li> <li>• Public transportation is not adequate: unavailable or unaffordable or participant refuses to use <b>AND</b></li> <li>• Other transportation arrangements are not adequate: getting rides, walking, etc. are unavailable or inconsistently available</li> </ul>

How do you get around? How well does this work?

Do you have good alternative transportation? *(If yes)* What is it?

How long does it take you to get to work (or job club or job search)?

Is public transportation available where you live? *(If yes)* Is it available when you need it?

Do you have a driver's license? *(If no)* Why not? (suspended, revoked, never got one)

*(If participant owns car)* Do you have insurance coverage on your car right now?

**Reason for level chosen:**

## **APPENDIX C**

### **ISP Participants' Distribution of Scores on the Employability Measure**

**Appendix Table C-1**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Anoka County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	2.9	5.7%	29.4%	36.8%	28.1%	N/A
Dependent Care	3.2	9.0%	18.5%	40.2%	12.2%	20.1%
Education	2.6	19.3%	19.7%	45.9%	14.3%	0.8%
Health (Physical and Mental)*	1.7	48.3%	36.4%	8.7%	6.6%	N/A
Housing	2.7	4.9%	27.9%	57.4%	7.8%	2.0%
Financial	2.5	12.3%	32.0%	52.5%	2.9%	0.4%
Legal*	3.4	3.9%	16.8%	18.1%	61.2%	N/A
Safe Living Environment	3.9	4.3%	13.7%	13.7%	29.1%	39.3%
Personal Skills	2.4	16.9%	41.7%	31.8%	7.0%	2.5%
Social Support*	2.6	9.0%	39.3%	36.5%	15.2%	N/A
Transportation*	2.7	11.1%	27.6%	40.7%	20.6%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services.

Note: There are 306 ISP participants in Anoka County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-2**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Chisago County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	2.7	8.3%	26.7%	48.3%	16.7%	N/A
Dependent Care	2.8	11.8%	27.9%	38.2%	10.3%	11.8%
Education	2.6	21.3%	11.3%	57.5%	8.8%	1.3%
Health (Physical and Mental)*	2.3	21.5%	39.2%	29.1%	10.1%	N/A
Housing	2.8	3.8%	27.5%	52.5%	16.3%	0.0%
Financial	2.3	17.5%	40.0%	42.5%	0.0%	0.0%
Legal*	3.4	2.6%	15.4%	25.6%	56.4%	N/A
Safe Living Environment	3.9	1.3%	20.8%	9.1%	26.0%	42.9%
Personal Skills	2.8	7.5%	27.5%	45.0%	18.8%	1.3%
Social Support*	2.3	12.5%	60.0%	17.5%	10.0%	N/A
Transportation*	2.2	40.0%	13.8%	35.0%	11.3%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of Human Services.

Note: There are 82 ISP participants in Chisago County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-3**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Crow Wing County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	3.0	2.7%	22.7%	49.3%	25.3%	N/A
Dependent Care	3.4	7.1%	22.6%	23.8%	15.5%	31.0%
Education	2.8	12.9%	11.8%	61.2%	12.9%	1.2%
Health (Physical and Mental)*	2.4	18.1%	37.3%	27.7%	16.9%	N/A
Housing	2.8	0.0%	34.1%	47.1%	18.8%	0.0%
Financial	2.3	8.2%	54.1%	35.3%	2.4%	0.0%
Legal*	3.5	1.2%	10.6%	25.9%	62.4%	N/A
Safe Living Environment	3.6	1.2%	12.9%	25.9%	40.0%	20.0%
Personal Skills	2.6	9.4%	32.9%	44.7%	10.6%	2.4%
Social Support*	2.4	1.2%	62.4%	34.1%	2.4%	N/A
Transportation*	2.3	22.4%	36.5%	27.1%	14.1%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of  
Note: There are 86 ISP participants in Crow Wing County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-4**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Hennepin County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	3.3	6.2%	17.3%	25.9%	50.6%	N/A
Dependent Care	3.6	2.5%	8.6%	38.3%	24.7%	25.9%
Education	2.8	16.0%	12.3%	48.1%	19.8%	3.7%
Health (Physical and Mental)*	2.8	12.3%	21.0%	40.7%	25.9%	N/A
Housing	2.8	9.9%	22.2%	45.7%	18.5%	3.7%
Financial	2.5	17.3%	22.2%	56.8%	2.5%	1.2%
Legal*	3.5	1.2%	16.0%	19.8%	63.0%	N/A
Safe Living Environment	3.7	4.9%	9.9%	22.2%	33.3%	29.6%
Personal Skills	3.0	4.9%	25.9%	44.4%	17.3%	7.4%
Social Support*	3.0	1.2%	24.7%	46.9%	27.2%	N/A
Transportation*	3.0	7.4%	13.6%	56.8%	22.2%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of  
Note: There are 93 ISP participants in Hennepin County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-5**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Ramsey County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	2.6	11.3%	36.3%	37.5%	15.0%	N/A
Dependent Care	2.7	14.6%	39.0%	25.6%	3.7%	17.1%
Education	2.3	33.3%	11.9%	44.0%	10.7%	0.0%
Health (Physical and Mental)*	1.8	33.3%	53.6%	13.1%	0.0%	N/A
Housing	2.8	4.8%	25.0%	58.3%	11.9%	0.0%
Financial	2.4	10.7%	40.5%	48.8%	0.0%	0.0%
Legal*	3.4	1.2%	20.2%	15.5%	63.1%	N/A
Safe Living Environment	3.3	6.0%	22.9%	21.7%	28.9%	20.5%
Personal Skills	2.1	31.0%	38.1%	23.8%	7.1%	0.0%
Social Support*	2.1	16.7%	58.3%	20.2%	4.8%	N/A
Transportation*	2.4	26.2%	23.8%	36.9%	13.1%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of  
Note: There are 123 ISP participants in Ramsey County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-6**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Red Lake**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	3.2	3.8%	11.5%	53.8%	30.8%	N/A
Dependent Care	3.6	7.7%	11.5%	26.9%	19.2%	34.6%
Education	2.3	30.8%	23.1%	26.9%	19.2%	0.0%
Health (Physical and Mental)*	3.4	0.0%	19.2%	19.2%	61.5%	N/A
Housing	3.3	0.0%	7.7%	57.7%	26.9%	7.7%
Financial	2.8	0.0%	19.2%	80.8%	0.0%	0.0%
Legal*	3.5	7.7%	15.4%	3.8%	73.1%	N/A
Safe Living Environment	4.0	0.0%	19.2%	11.5%	19.2%	50.0%
Personal Skills	3.0	7.7%	19.2%	46.2%	15.4%	11.5%
Social Support*	2.8	3.8%	42.3%	23.1%	30.8%	N/A
Transportation*	1.9	50.0%	15.4%	26.9%	7.7%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of  
Note: There are 46 ISP participants in Red Lake.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-7**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**St. Louis County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	2.8	6.5%	29.3%	45.5%	18.7%	N/A
Dependent Care	2.8	14.9%	31.4%	28.1%	11.6%	14.0%
Education	2.8	11.5%	13.7%	64.9%	7.6%	2.3%
Health (Physical and Mental)*	2.2	19.1%	45.8%	26.7%	8.4%	N/A
Housing	2.8	1.5%	29.0%	61.8%	7.6%	0.0%
Financial	2.1	18.3%	53.4%	28.2%	0.0%	0.0%
Legal*	3.3	0.0%	21.5%	26.2%	52.3%	N/A
Safe Living Environment	3.6	4.7%	12.4%	24.8%	31.8%	26.4%
Personal Skills	2.6	10.7%	32.1%	45.8%	10.7%	0.8%
Social Support*	2.3	13.7%	55.7%	20.6%	9.9%	N/A
Transportation*	2.2	32.1%	31.3%	26.0%	10.7%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of  
Note: There are 156 ISP participants in St. Louis County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**Appendix Table C-8**  
**ISP Participants' Distribution of Scores on the Employability Measure**  
**Washington County**

Domain	Average Score	Distribution of Scores				
		1	2	3	4	5
Child Behavior*	2.7	14.4%	24.4%	38.9%	22.2%	N/A
Dependent Care	2.7	17.1%	23.2%	37.8%	13.4%	8.5%
Education	2.6	21.1%	11.6%	55.8%	10.5%	1.1%
Health (Physical and Mental)*	2.3	21.1%	40.0%	28.4%	10.5%	N/A
Housing	2.4	15.8%	33.7%	44.2%	5.3%	1.1%
Financial	1.7	46.3%	41.1%	11.6%	1.1%	0.0%
Legal*	3.0	5.4%	33.3%	21.5%	39.8%	N/A
Safe Living Environment	3.2	20.2%	13.8%	14.9%	30.9%	20.2%
Personal Skills	2.5	23.2%	28.4%	34.7%	7.4%	6.3%
Social Support*	2.5	13.7%	45.3%	22.1%	18.9%	N/A
Transportation*	2.2	36.2%	23.4%	27.7%	12.8%	N/A

Source: Authors' tabulations of ISP data collected from participants by program staff at enrollment, provided by the Minnesota Department of  
Note: There are 95 ISP participants in Washington County.

\* This area was scored on a scale from 1 to 4, with no differentiation between a 4 or 5 score.

**APPENDIX D**

**ISP Site Visit Schedule and Respondents**

## ISP Site Visit Schedule and Respondents

**Anoka County.** On November 13-14, 2006 at the Blaine Human Services Center, Urban Institute staff met with managers of the Anoka County ISP, the Service Team Supervisor, the Project Coordinator, other line staff from the Human Services Division of Anoka County, and the Executive Director of Central Center for Family Resources.

**Chisago County.** On November 30-December 1, 2006 at the Isanti County Government Center in Cambridge, Urban Institute staff met with the Executive Director of Communities Investing in Families (CIF), the ISP Coordinator, the ISP Specialist/Employment Specialist from RISE, the Clinical Director of Crisis Services, and the ISP Family Advocates.

**Crow Wing County.** On November 28–29, 2006 at the Crow Wing Social Services Center in Brainerd, Urban Institute staff met with the Director of the Crow Wing ISP and the Financial Assistance Supervisor from Crow Wing County Social Services; the Child Protection Supervisor from the Crow Wing County Child Protection Division; the Chemical Dependency Supervisor from the Crow Wing County Chemical Dependency Unit; the ISP Specialist; and MFIP Outreach Specialists (ISP social workers).

**Hennepin County.** On November 30 and December 1, 2006 at the NorthPoint Health and Wellness Center, Inc. in Minneapolis, Urban Institute staff met with the Chief Operating Officer, the ISP Project Supervisors, the on-site psychologist, and ISP line staff from NorthPoint; ISP line staff employed by HIRED, Minneapolis Urban League, and Pillsbury United Communities; and a social worker from African American Family Services and case manager from TurningPoint.

**Ramsey County.** On November 28-29, 2006 in St. Paul, Urban Institute staff met with directors, managers, and line staff from the county's key partners and other contracted ARMHS providers (HIRED, the Employment Action Center, Goodwill/Easter Seals, Workforce Solutions, South Metro Human Services, and Mental Health Resources, Inc.).

**Red Lake.** On November 8, 2006 at the ISP office on the Red Lake Indian Reservation, Urban Institute staff met with Community Workers. At the New Beginnings Employment and Training Center, staff met with the Manager of MFIP Employment Services and an MFIP Financial Assistance Supervisor for Beltrami County.

**St. Louis County.** On November 6-7, 2006 at the Arrowhead Economic Opportunity Agency (AEOA) in Virginia, Urban Institute staff met with the Project Manager from AEOA, the Program Coordinator for MN Chippewa Tribe, the HOPE Manager from Community Action Duluth, the Financial Assistance Division Director from St. Louis County Social Services and ISP line staff including the Program Lead, Family Employment Advocates, and Circles of Support Coordinators.

**Washington County.** On November 15-16, 2006 at the Minnesota WorkForce Center in Woodbury, Urban Institute staff met with the Employment Services Supervisor, ISP line staff, and the Child Protection Services Supervisor. They also conducted a telephone interview with the Program Manager from HIRED.