# TABLE OF CONTENTS

Acknowledgements

Executive Summary ................................................................. i

<table>
<thead>
<tr>
<th>I. Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Policy and Program Context for the Minnesota Integrated Services Projects</td>
<td>1</td>
</tr>
<tr>
<td>B. Defining Service Integration</td>
<td>2</td>
</tr>
<tr>
<td>C. Defining Service Integration in the Minnesota ISP</td>
<td>3</td>
</tr>
<tr>
<td>D. The Integrated Service Project Sites</td>
<td>4</td>
</tr>
<tr>
<td>E. The Integrated Services Project Evaluation</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Program Design</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Program Goals</td>
<td>11</td>
</tr>
<tr>
<td>B. Sponsoring Organizations</td>
<td>11</td>
</tr>
<tr>
<td>C. Establishing Partnerships: Strategies for Integrating Services</td>
<td>13</td>
</tr>
<tr>
<td>D. Program Size and Enrollment Levels</td>
<td>15</td>
</tr>
<tr>
<td>E. Program Staffing</td>
<td>16</td>
</tr>
<tr>
<td>F. Planning the Integrated Services Projects</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Identifying and Recruiting ISP Participants</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Defining the Target Group</td>
<td>19</td>
</tr>
<tr>
<td>B. Identifying and Referring Eligible Families to ISP</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Establishing Program Services</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Participant Engagement</td>
<td>22</td>
</tr>
<tr>
<td>B. Enrollment and Assessment</td>
<td>22</td>
</tr>
<tr>
<td>C. Case Management and Other Services</td>
<td>24</td>
</tr>
<tr>
<td>D. Coordination with MFIP Employment Services</td>
<td>25</td>
</tr>
<tr>
<td>E. Management Information Systems</td>
<td>26</td>
</tr>
<tr>
<td>F. Measuring Performance</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>V. Conclusion</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

References ............................................................................. 30

Appendix A: Minnesota Integrated Services Project Site Summaries

Appendix B: ISP Site Visit Schedule and Respondents
<table>
<thead>
<tr>
<th>Exhibit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibit 1</td>
<td>Location of the Minnesota Integrated Services Projects</td>
</tr>
<tr>
<td>Exhibit 2</td>
<td>Economic and Demographic Profile of the Counties in which the Integrated Services Sites are Located</td>
</tr>
<tr>
<td>Exhibit 3</td>
<td>Description of Minnesota Integrated Services Projects</td>
</tr>
<tr>
<td>Exhibit 4</td>
<td>Program Design of Integrated Services Projects: Lead Agency, Key Partners, and Primary Services Included in Integration</td>
</tr>
<tr>
<td>Exhibit 5</td>
<td>Enrollment Levels for Integrated Services Projects</td>
</tr>
<tr>
<td>Exhibit 6</td>
<td>Target Group and Referral and Recruitment Strategies for Integrated Services Projects</td>
</tr>
</tbody>
</table>
Acknowledgements

The authors are especially grateful to the many people involved with the Minnesota Integrated Services Projects who took time to meet with us and help us learn about their programs. In particular, the authors would like to thank Sally Cleveland and Sandy Froiland from Anoka County, Marty Harding, Mike Harper and Phil Peterson from Chisago and Kanabec County, Dale Parks and Joan Hasskamp from Crow Wing County, Stella Whitney-West and Cathy Spann from Hennepin County, Janet Guthrie from Ramsey County, Wilma Mason from Red Lake, Lorrie Janatopoulos and Sonia Bonilla from St. Louis County, and Andrew Ervin from Washington County.

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EXECUTIVE SUMMARY

The welfare reforms of the 1990s, which required many welfare recipients to enter the labor market and imposed a lifetime limit on cash assistance, have led to a renewed interest among policymakers and program operators 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 to help recipients find jobs, a significant portion of the welfare caseload remains on the rolls for long periods without working. Many of those who remain on welfare have multiple barriers to employment that make it difficult to successfully transition from welfare to work, including mental health, chemical dependency, disability, issues with child protection services, domestic violence, housing, and children with special needs. The current service delivery systems that provide support for these problems are organized around single-issue expertise, often with little communication or coordination across different systems. Communication among agencies providing these different services can be difficult because of varying goals, target populations, eligibility rules, and program practices, resulting in a fragmented set of services for the families who need them most.

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. Recognizing that the serious and complicated nature of these families would require a more coordinated response from the human service system, DHS provided grants to eight sites across the state to address the multiple needs of long-term MFIP recipients. The project 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. 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).

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. This paper is the first report in an ongoing evaluation of the Minnesota ISP and documents the early implementation experiences of the eight sites involved in the project. The report is primarily based on discussions with staff from the program and key partners.

Program Design

DHS did not provide a specific definition of “service integration” and ISP sites received a significant level of discretion in determining how to develop and implement their service integration models. While DHS did require certain organizations to be partners in the projects, each of the sites made different choices regarding what institutional partnerships and services they developed for the program, depending on the existing services and needs of the MFIP population in their community. As a result, there is substantial variation across the sites in terms of program structure and services.
While sites vary along many dimensions, in terms of program goals, the ISP sites uniformly focus on improving both economic and family-related outcomes for MFIP recipients and their families. However, while the programs are striving to ultimately improve the economic status of these families, providing employment-related services is not the primary mission of these initiatives. The ISPs are strongly focused on identifying and resolving multiple barriers that may prevent sustained employment, such as mental and physical health problems, chemical dependency, child protection issues, children’s special needs, and others. By design, the ISPs complement but are, for the most part, separate programs from the standard MFIP employment program in the county (with one exception). In addition, enrollment in ISP is typically voluntary and participants generally continue to work with MFIP employment services staff.

ISPs are operated by well-established organizations in each community. County social service agencies play an important role in several of the programs, and serve as the lead operational agency in two sites. However, in five of the programs, the lead organization is a non-profit community-based organization. These organizations bring a range of expertise to the program and some but not all have experience as MFIP employment service providers. Programs in the ISP are relatively small by design with target enrollments of 100 to 200 participants, and a staff size ranging from 4 to 14 individuals. Reflecting the institutional partnerships established through the ISPs, several programs include staff employed by more than one organization.

**Strategies for Integrating Services**

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. In all but two of the sites, only limited efforts to coordinate services across service delivery systems had occurred prior to ISP and thus these efforts were breaking new ground. Although all the ISPs developed these collaborative efforts, the sites vary in the strategy they use to integrate different service delivery systems:

- **Formal coordination with service delivery systems.** An approach used by some of the ISP sites, is to formally involve different service delivery systems in providing or overseeing services offered through the ISP. The most common service delivery systems with which ISPs have established these formal institutional connections are mental health (in three sites) and child protection (also in three sites). Using this approach, some ISPs have been able to benefit from data sharing with other service delivery systems as well establish a formal contact to facilitate coordination of services at the management and line staff level. Sites establishing these formal linkages generally do so with one or two key partners.

- **Integration through “service brokering” by program staff.** Another method to integrate different service delivery systems is to use program staff in a “service brokering” role. Under this approach, staff make and coordinate referrals to a wide range of services in the community based on the individual needs of participants, including physical or mental health, substance abuse, housing, children’s services, and domestic violence. This is the most common approach to service integration used in the ISP sites. Four of the ISPs rely more heavily on initiative of individual staff to integrate services,
while the others use a combination of the formal coordination mechanisms discussed above and service brokering by program staff.

Some of the sites also facilitate service integration through a steering committee or advisory board composed of a range of service delivery systems to provide ongoing coordination and guidance. In addition, some of the ISP programs are establishing formal case conferences that bring together professionals from other service delivery systems involved with the family to develop a coordinated service plan. This aspect of the program is not well-developed at this early stage in the program, although it is an important feature in some of the initiatives.

**Target Group and Referrals to ISP**

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 have an interest in enrolling in the program as well as meeting the formal criteria. The target group for most ISPs are those families on MFIP who are considered to have multiple and/or severe barriers to employment, including mental health issues, chemical dependency, disability, and housing issues, and who have spent a specified period of time on MFIP. While a few sites target a more narrow population, most do not specifically define the type, number, or severity of barriers required to be eligible for the program. Because of the relatively broad nature of the eligibility criteria, there is significant discretion in determining who is eligible for and referred to the ISP.

The most common method the sites use to identify appropriate families for ISP are direct referrals from individual MFIP staff. Some ISPs also receive referrals from other agencies, although this is less common. Typically, MFIP staff members are responsible for identifying individuals on their caseload that would be eligible for ISP, based on their knowledge of the eligibility criteria and the ISP services. To ensure consistency in referrals, in some sites, joint staff meetings involving ISP and MFIP are held to review referrals and ensure that the individual is appropriate for ISP. During the initial stages of the program, some of the ISP programs put considerable effort into educating individual MFIP staff about the ISP program so that they could make appropriate referrals to the program.

Many of the sites experienced difficulties initially in receiving a sufficient level of referrals to the program. A range of factors appeared to affect the enrollment process including resistance on the part of MFIP staff to making referrals, lack of understanding by MFIP staff of ISP eligibility criteria and program services, the voluntary nature of the ISPs, and the lack of motivation on the part of some participants to enroll in a new program. Several programs took steps to improve enrollment levels, including directly recruiting recipients from MFIP job clubs or other community venues and in some cases expanding eligibility criteria.

**Program Services**

At the time of our site visits in the fall of 2006, many ISPs were still in the process of developing program services for participants, with much of the initial implementation period focusing on the
development of enrollment and assessment processes. Because enrollment in the ISPs is voluntary in most sites, program staff consistently reported that significant efforts including home visits and multiple contacts are sometimes needed to engage and enroll clients in the program. 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.”

An in-depth assessment of participant needs is typically the first step in the ISP program, including the completion of two screening tools developed by DHS to assess client barriers in a range of areas. Reflecting its 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 with participants and to collect all necessary information. Building on the partnerships established for integrating services, a few sites access client information from other data systems prior to meeting with the participant. This provides them with a more comprehensive picture of client service needs than they would typically have before meeting with a client.

At the heart of all the ISPs are case management services, where program staff work one-on-one with participants to address issues and resolve barriers. Although these services were still getting off the ground in several sites, ISP typically staff use the assessment results to develop comprehensive case plans that address participants’ goals and barriers. Following the development of case plans, ISP staff generally meet with their clients on a regular, often weekly, basis. While most of the ISPs had not reached full enrollment at the time of our site visits, it is anticipated that ISP staff will have very low caseloads, ranging between 15 to 40 cases, so staff will have adequate time to address the multiple barriers affecting these families. Once enrolled, ISP services are incorporated into clients’ MFIP employment plans and, in most sites, noncompliance with ISP activities is grounds for sanction.

**Conclusions**

The ISP sites are at different stages of implementing their initiatives. In part, this is due to each program’s starting point. Some programs are built on past initiatives and had some key components already in place when the initiative began, while others are starting from scratch. At this early stage of the program, as appropriate, most ISP sites have generally focused on establishing the institutional linkages needed to implement their service integration models and developing referral, enrollment, and assessment processes.

At this point, several sites have notable service integration approaches. For example, one site features a multi-disciplinary staff providing expertise in a range of areas that are critical to the ISP population, and another integrates a strong mental health component into the MFIP program that could potentially be sustained without MFIP funding. In addition, other sites have developed important linkages with child protection and mental health services.

As the sites move forward in developing and refining their programs, there are strategies for ISPs to consider that could potentially strengthen their service integration models. (Given their different stages of development, these issues do not necessarily apply to all sites.) These include: (1) Continuing to develop formal linkages to other service delivery systems, including
further development of multi-agency case conferences; (2) Improving the marketing of ISP throughout the community, but particularly to those MFIP employment service providers who may have some resistance to ISP; (3) Establishing mechanisms to standardize ISP referrals; (4) Developing concrete service plans for ISP participants; and, (5) Maintaining strong connections to the MFIP program and a focus on employment as a primary goal.

The experiences of the ISPs underscore the importance of providing comprehensive services to address the varied problems of long-term welfare recipients. Their experiences in the short-run suggest that this can be a complex undertaking, requiring time to develop and establish the projects, as well as a strong commitment by a number of organizations and partners at the community level. Subsequent evaluation reports will provide further information on the continuing implementation and outcomes of the Integrated Services Projects in Minnesota.
I. Introduction

The passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 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 without working. Many of those who remain on welfare have multiple barriers to employment that make it difficult to successfully transition from welfare to work. Because of 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. The project aims to improve both economic and family-related outcomes for this population by improving access to more comprehensive services that address multiple needs, coordinating services provided by multiple service systems, and providing more timely and in-depth assessments of participants’ needs. 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).

This paper is the first report in an ongoing evaluation of the Minnesota ISP, documenting the early implementation experiences of the eight sites involved in the project. Subsequent reports will provide more in-depth information on program implementation; track 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 the these individuals.

This section of the paper provides an overview of the ISP and sites included in the project. Section two provides an overview of the basic design of the projects, including program goals, key partners, and staffing. The third section discusses the target group, enrollment levels, and referral and recruitment strategies, and the final section describes the key services provided through the program. Summary profiles of each of the projects are provided in Appendix A.

A. Policy and Program Context for the Minnesota Integrated Services Projects

Like most TANF programs across the country, the MFIP program 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 the MFIP program has experienced considerable success in moving some individuals off of welfare and into work, concerns have grown over how to address the needs of those who remain on cash assistance for long periods without working.
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, a fifth 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). More recently, through implementation of a process to determine extensions on MFIP, DHS and the counties found barriers for some families that were not appropriately identified or resolved through the standard MFIP employment program.

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, health and behavioral problems among family members). However, the current service delivery systems providing support for these problems are 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 and/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 a fragmented set of services for the families who need them most. Recognizing that the serious and complicated nature of these families would require 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 program for this hard-to-employ population by providing more comprehensive and integrated services to address the circumstances of each family member.

B. Defining Service Integration

To understand the Integrated Service Projects 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 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). Existing 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.

Studies 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; collaborative 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 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 in locations where both operational and administrative changes have been implemented (Ragan, 2003).

Studies point to the substantial benefits that can potentially accrue to both clients and programs through service coordination and integration (Martinson, 1999). With respect to clients, these efforts often enable clients to access a wider range of services than would otherwise be available. Because agencies may be able to reduce duplicative services with coordination, they may be able to provide new or expanded services. Clients may also experience a reduction in the barriers to accessing services – primarily though 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, re-focus resources on new or extended services, the ability to offer a wider range of services, and increased 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 (MIS), 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.

**C. Defining Service Integration in the Minnesota ISP**

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 children and adults in each family; (3) to make fundamental changes in 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.

DHS did not provide a specific definition of “service integration” and sites have significant discretion in determining how they will develop and implement their service integration models. As discussed throughout this paper, at this stage, the focus of the service integration projects in Minnesota is on developing operational service integration strategies rather more comprehensive efforts that require administrative or system changes.
The Minnesota ISP aims to improve both economic outcomes related to improved employment, earnings, and welfare receipt, as well as other non-economic outcomes related to family functioning. These 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, the 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 a screening tool designed to assess barriers in several areas including mental health, chemical dependency, learning disabilities, and criminal history, known as the MFIP Self-Screen.

D. **The Integrated Services Project Sites**

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). 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.

The ISP sites represent a range of urban, rural, and suburban locations with substantial variation in many of their socioeconomic characteristics (see Exhibit 2). Hennepin and Ramsey counties are urban counties with strong economies, but their MFIP caseload is comprised of 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 as well as higher 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.
Exhibit 1
Location of the Minnesota Integrated Services Projects

Map created using U.S. Census Bureau Tiger Map Service.
### Exhibit 2
Economic and Demographic Profile of the Minnesota Counties in which the Integrated Services Project Sites are Located

<table>
<thead>
<tr>
<th>Measure</th>
<th>Minnesota</th>
<th>Anoka</th>
<th>Beltrami</th>
<th>Chisago</th>
<th>Isanti</th>
<th>Kanabec</th>
<th>Mille Lacs</th>
<th>Pine</th>
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<td></td>
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<td>Isanti</td>
<td>Kanabec</td>
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<td>$47,111</td>
<td>$57,754</td>
<td>$33,392</td>
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<td>$50,127</td>
<td>$38,520</td>
<td>$36,977</td>
<td>$37,379</td>
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<tr>
<td>Family income</td>
<td>$56,874</td>
<td>$64,261</td>
<td>$40,345</td>
<td>$57,335</td>
<td>$55,996</td>
<td>$43,603</td>
<td>$44,054</td>
<td>$44,058</td>
</tr>
<tr>
<td>Families in female-headed households below poverty level, 1999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19%</td>
<td>13%</td>
<td>36%</td>
<td>15%</td>
<td>19%</td>
<td>23%</td>
<td>22%</td>
<td>28%</td>
</tr>
<tr>
<td>Unemployment Rate, December 2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults on MFIP Caseload, October 2005</td>
<td>28,963</td>
<td>1,380</td>
<td>1,105</td>
<td>143</td>
<td>100</td>
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</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5%</td>
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<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>American Indian</td>
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<td>6%</td>
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<tr>
<td>Immigrant to U.S.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Education Level</td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>40%</td>
<td>46%</td>
<td>34%</td>
<td>31%</td>
<td>37%</td>
<td>35%</td>
<td>47%</td>
</tr>
<tr>
<td>High School graduate</td>
<td>49%</td>
<td>49%</td>
<td>48%</td>
<td>60%</td>
<td>64%</td>
<td>59%</td>
<td>54%</td>
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</tr>
<tr>
<td>College graduate</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<td>2%</td>
</tr>
<tr>
<td>Setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Suburban</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
<td>Rural</td>
</tr>
</tbody>
</table>

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

1 The Red Lake Indian Reservation is located in Beltrami County.
2 Unemployment rates not seasonally adjusted.
## Exhibit 2 (continued)

### Economic and Demographic Profile of the Minnesota Counties in which the Integrated Services Project Sites are Located

<table>
<thead>
<tr>
<th>Measure</th>
<th>Minnesota</th>
<th>Hennepin</th>
<th>Ramsey</th>
<th>St. Louis</th>
<th>Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>St. Louis</td>
<td>Carlton</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For Total Population:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89%</td>
<td>81%</td>
<td>77%</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>Black</td>
<td>4%</td>
<td>9%</td>
<td>8%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>3%</td>
<td>5%</td>
<td>9%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No diploma</td>
<td>12%</td>
<td>9%</td>
<td>12%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>High school graduate</td>
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<td>21%</td>
<td>25%</td>
<td>32%</td>
<td>37%</td>
</tr>
<tr>
<td>Some college</td>
<td>24%</td>
<td>23%</td>
<td>22%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>College graduate</td>
<td>35%</td>
<td>46%</td>
<td>41%</td>
<td>30%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Median Income, 1999</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household income</td>
<td>$47,111</td>
<td>$51,711</td>
<td>$45,722</td>
<td>$36,306</td>
<td>$40,021</td>
</tr>
<tr>
<td>Family income</td>
<td>$56,874</td>
<td>$65,985</td>
<td>$57,747</td>
<td>$47,134</td>
<td>$48,406</td>
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<td><strong>Families in female-headed households below poverty level, 1999</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19%</td>
<td></td>
<td>17%</td>
<td>22%</td>
<td>27%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Unemployment Rate, December 2005</strong></td>
<td>4%</td>
<td>3.4%</td>
<td>3.7%</td>
<td>4.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>For MFIP Caseload:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults on MFIP Caseload, October 2005</td>
<td>28,963</td>
<td>8,185</td>
<td>7,198</td>
<td>1,279</td>
<td>156</td>
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<td>Race/Ethnicity</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>39%</td>
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<td>23%</td>
<td>75%</td>
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</tr>
<tr>
<td>Black</td>
<td>36%</td>
<td>65%</td>
<td>45%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5%</td>
<td>2%</td>
<td>6%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian</td>
<td>10%</td>
<td>5%</td>
<td>3%</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>Asian</td>
<td>9%</td>
<td>7%</td>
<td>22%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Mixed</td>
<td>1%</td>
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<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Immigrant to U.S.</td>
<td>18%</td>
<td>24%</td>
<td>29%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No diploma</td>
<td>42%</td>
<td>44%</td>
<td>50%</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>49%</td>
<td>48%</td>
<td>42%</td>
<td>60%</td>
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</tr>
<tr>
<td>Some college</td>
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<td>7%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>College graduate</td>
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<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Setting</td>
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<td>Urban</td>
<td>Urban/Rural</td>
<td>Rural</td>
<td>Rural</td>
</tr>
</tbody>
</table>

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

1The Red Lake Indian Reservation is located in Beltrami County.

2Unemployment rates not seasonally adjusted.
E. The Integrated Services Project Evaluation

The ISP evaluation, sponsored by 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 information collected through the Employability Measure, and a non-experimental analysis examining the effects of the interventions on increasing participants’ employment and earnings and reducing their welfare receipt.

This report focuses on the initial implementation phase of the eight projects, highlighting the design, start-up, and early operation of the programs. Information for this report was collected primarily during one-to-two days site visits conducted between August and October 2005, when the program had been operating for only one to four 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 B 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, planning documents and intake forms provided by the site, and in some cases selected participant case plans.

Subsequent reports will present: (1) a more detailed implementation report on each of the eight sites, covering a longer period of operation, and (2) employment, MFIP, and other outcomes for program participants and an analysis of the program’s effects on economic outcomes. These reports will also include a description and analysis of the baseline characteristics of families enrolled in ISP.

II. Program Design

The Minnesota Integrated Services Projects operate in diverse localities and involve a broad range of organizations and services in their efforts to improve economic and family-related outcomes. This section provides an overview of the local projects in terms of their program goals, sponsoring organizations and the service systems involved in the integration efforts, and program size and staffing. Exhibit 3 provides an overview of each of the ISP sites included in the initiative.
### Exhibit 3
**Description of Minnesota Integrated Service Projects**

<table>
<thead>
<tr>
<th>Site</th>
<th>Project Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoka County</td>
<td>To better coordinate services, this project developed a multi-disciplinary service team with experts representing each of five departments from the Anoka County Human Services Division (Corrections, Community Social Services and Mental Health, Community Health and Environmental Services, Income Maintenance, and Job Training). Staff specialize in specific areas, including juvenile and criminal justice issues, disabilities, employment and vocational rehabilitation, public health, child protection, and housing. Participants are assigned to staff based on the specific barriers they are facing. The core components of this program are intensive case management and coordination of services. The program includes an emphasis on refining service needs and reducing the number, or level, of outside service providers involved with each family. Whenever possible, services for the family are provided in-house by the project team. Team members also connect with other professionals involved with the family.</td>
</tr>
<tr>
<td>Chisago County</td>
<td>This program operates in a five county region and is managed by a non-profit organization with experience working with community groups and low-income families (Communities Investing in Families). 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 MFIP Employment Counselors and other service providers who work with their clients, including child protection, probation, WIC, public health, and mental health. An emphasis on supported employment is provided through partnership with RISE, Inc.</td>
</tr>
<tr>
<td>Crow Wing County</td>
<td>This project builds on a segment of the county’s existing MFIP program that targets hard-to-employ MFIP recipients, operated by the Crow Wing Social County Social Services (CWCSS) and known as the Tier 3 program. It is the only ISP which does not operate separately from the MFIP program. MFIP recipients who have not found a job through the county’s standard (Tier 2) MFIP program are transferred to a Social Worker 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 guidance and enhance coordination with these services on an ongoing basis. In addition, a case manager from a chemical dependency program for mothers (the Healthy Moms/Healthy Children program) and a nurse from the Crow Wing Public Health Agency are available to provide services as needed and participate in monthly staff meetings. Finally, some funding through the ISP grant is available for Family Group Decision-Making (bringing all professionals who work with the families) and respite care.</td>
</tr>
<tr>
<td>Hennepin County</td>
<td>NorthPoint Health and Wellness Center, Inc., a community-based health and human services agency that includes an on-site medical, dental, and mental health clinic is the sponsoring organization. The core service of this program is one-on-one case management services provided by Family Facilitators who are employed by Northpoint as well as several MFIP employment service providers. 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. The program includes an emphasis on developing “family empowerment.” “Multidisciplinary” teams are planned with representatives from a range of local government and community resources to help Family Facilitators identify resources and coordinate case planning for participants.</td>
</tr>
</tbody>
</table>
### Exhibit 3 (continued)

**Description of Minnesota Integrated Service Projects**

<table>
<thead>
<tr>
<th>County</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramsey County</td>
<td>The Ramsey County initiative is designed to develop and integrate rehabilitation expertise in mental health into the county MFIP employment services program, while accessing new funding outside of 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). Services provided by ARMHS-certified providers aim to help individuals with serious mental illness improve functionality. Once a provider is 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 provided. Once certified to provide ARMHS services, providers are able to deliver the services to eligible MFIP clients. Each agency has flexibility to provide ARMHS services or partner with an agency that provides ARMHS services. Staff at Ramsey County Community Human Services, Mental Health Division play a lead role in staff training and program development.</td>
</tr>
<tr>
<td>Red Lake</td>
<td>The Red Lake project is operated by the Tribal Council of the Red Lake Band of Chippewa Indians. Through multi-disciplinary case management, Community Workers plan to link hard-to-employ MFIP recipients with appropriate services and programs on the reservation, including chemical dependency treatment, legal assistance, and vocational rehabilitation. The project focuses on addressing the needs of families who face multiple barriers to employment. Program staff may incorporate activities that focus on their language, traditional/cultural beliefs, traditional work activities, and a resource referral book.</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>Operated by a set of community action agencies, this project operates in four counties in northeastern, Minnesota: St. Louis, Carlton, Koochiching, and Itasca 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. The Family Employment Advocates, who are employed by the community action agencies, 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 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.</td>
</tr>
<tr>
<td>Washington County</td>
<td>Operated by HIRED (a non-profit organization that currently provides MFIP employment services in several counties (but not Washington), this project aims to reduce the likelihood that residents will relocate. A larger goal of the project is to facilitate communication and cooperation between counties to develop a process for transitioning services for families relocating across counties. Integrated Services Coordinators complete an in-depth assessment and make individualized referrals to a wide range of services. The program has established a close working relationship with Human Services, Inc. a mental health clinic, to ensure quick access to psychological evaluations and mental health services for clients. The project has also established an agreement with county Child Protection Services that allows for an exchange of information on clients, enabling collaborative planning. Child protection workers and other professionals involved with the family participate in case conference sessions to coordinate services.</td>
</tr>
</tbody>
</table>
A. Program Goals

Reflecting the overall goals of the Integrated Services Project and the comprehensive nature of anticipated program services, program staff across the ISP sites uniformly focus on improving both economic and family-related outcomes for MFIP recipients and their families. However, while the programs are striving to ultimately improve the economic status of these families, providing employment services is not the primary mission of these initiatives. The ISPs are much more strongly focused on assessing, addressing, and resolving multiple barriers that may prevent sustained employment, such as mental and physical health problems, chemical dependency, children’s special needs, and others. Providing employment-related services continues to be the primary responsibility of the regular MFIP program.

Some of the ISPs have more narrowly-focused goals. For example, the Ramsey County program is focused almost exclusively on improving the functionality of MFIP recipients with serious mental illness and does not address a broader range of barriers. The Washington County program is primarily focused on improving the status of transitory individuals who are at risk of losing or who have lost housing.

B. Sponsoring Organizations

As shown on Exhibit 4, the ISPs are operated by well-established organizations in each community. County human services agencies play an important role in several of the programs. In two of the sites (Anoka and Crow Wing), they operate the program while in others (Chisago, Hennepin, and Ramsey) they play an overall coordinating role. In five sites (Chisago, Hennepin, Ramsey, St. Louis, and Washington), the organization responsible operating the program is one or several non-profit community-based organizations. These organizations bring a range of expertise and experience to the program. For example, in Chisago and other counties at this site, a non-profit organization with experience with low-wage populations and community organizations (Communities Investing in Families) oversees and coordinates the program. In Hennepin, NorthPoint Health and Wellness Center, Inc., a community-based health and human services agency is the sponsoring organization. Other community organizations have more direct experience with the MFIP program and population. 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) playing an overall coordinating role.

By design, the ISPs complement but are, 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. As discussed later in this paper, participants generally maintain their MFIP Employment Counselor when they enroll in the ISP and continue to work with MFIP staff on employment-related issues. The Crow Wing ISP takes a different approach. In this county, the program already offered a program specifically serving long-term MFIP recipients (known as the Tier 3) and used the ISP grant to supplement the services provided through this existing program rather than operating a separate program.
### Exhibit 4

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

<table>
<thead>
<tr>
<th>Site</th>
<th>Lead Agency</th>
<th>Key Partners</th>
<th>Primary Services Included in Integration Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoka County</td>
<td>Anoka County Human Services Division</td>
<td>Central Center for Family Resources; Medica/United Behavioral Health</td>
<td>ISP staff specialize in specific service areas: child protection, vocational rehabilitation services, developmental disabilities, and mental health.</td>
</tr>
<tr>
<td>Chisago County</td>
<td>Chisago County Health and Human Services</td>
<td>Communities Investing in Families (CIF); Isanti, MilleLacs, Pine, and Kanabec County Health and Human Services; RISE, Inc.; Pine Technical College Employment and Training Center</td>
<td>Staff make referrals to range of services depending on individual participant needs.* Formal coordination with supported employment program.</td>
</tr>
<tr>
<td>Crow Wing County</td>
<td>Crow Wing County Social Services</td>
<td>Crow Wing County Child Protection Services; Crow Wing County Chemical Dependency Unit; Crow Wing County Public Health; Healthy Moms/Healthy Children</td>
<td>Staff make referrals to range of services depending on individual participant needs.* Formal coordination with child protection and chemical dependency services.</td>
</tr>
<tr>
<td>Hennepin County</td>
<td>NorthPoint Health and Wellness Center, Inc.</td>
<td>Hennepin County Human Services and Public Health Department; Minneapolis Urban League; HIRED; Pillsbury United Communities; and Metropolitan Health Plan.</td>
<td>Staff make referrals to range of services depending on individual participant needs.* Emphasis on promoting personal empowerment.</td>
</tr>
<tr>
<td>Ramsey County</td>
<td>Ramsey County Community Human Services Department</td>
<td>Ramsey County Workforce Solutions; Employment Action Center; Hmong American Partnership; HIRED; LifeTrack Resources; Goodwill/Easter Seals; Ramsey County Mental Health Division</td>
<td>Exclusive focus on integrating mental health services into the MFIP program.</td>
</tr>
<tr>
<td>Red Lake</td>
<td>Tribal Council of the Red Lake Band of Chippewa Indians</td>
<td>New Beginnings; Beltrami County Human Services; Tribal Employment Rights Organization; Tribal Human Resources; Mental Health Division of the Red Lake Hospital</td>
<td>Staff make referrals to range of services depending on individual participant needs.* Incorporate activities that focus on traditional/cultural beliefs.</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>Arrowhead Economic Opportunity Agency</td>
<td>Community Action Duluth; Lakes and Pines Community Action Council; Kootasca Community Action; St. Louis, Carlton, Itasca, and Koochiching Human Service Agencies; the Minnesota Chippewa Tribe</td>
<td>Staff make referrals to range of services depending on individual participant needs.* Circles of Support links participants to individuals in community who serve as mentors and provide social support network.</td>
</tr>
<tr>
<td>Washington County</td>
<td>Washington County Community Services</td>
<td>HIRED; Human Services, Inc.; Common Health Clinic; Blue Cross/Blue Shield</td>
<td>Staff make referrals to range of services depending on individual participant needs.* Formal coordination with mental health and child protection services.</td>
</tr>
</tbody>
</table>

*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.*
C. Establishing Partnerships: Strategies for Integrating Services

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. Although certain key partners were required by DHS (including county human services agencies, a community-based health clinic, and a managed health care plan representative), each of the sites made different choices about additional partnerships and the level of involvement with the program, depending on the existing services in their community and the needs of the MFIP population in their community.

Overall, as shown on Exhibit 4, each of the ISP sites established linkages with a wide number of partners in a range of different organizations and agencies. Although all the ISPs developed these collaborative efforts, some focused on integrating a wider range of services than others. The sites also vary in the strategy used to “integrate” different service delivery systems.

**Formal coordination with service delivery systems.** One approach to service integration in the Minnesota projects is to formally involve different service delivery systems directly in program services. Under this approach, for example, specific service delivery systems such as mental health or child protection play a formal role in providing or overseeing program services. Many, but not all, ISP sites chose to integrate their programs using this approach:

- The Anoka ISP formally integrates the widest range of services by staffing the program with a diverse team 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, and child protection.

- The Ramsey County program systemically brings rehabilitation expertise in mental health into the county MFIP program. The ISP grant provides financial support to the county’s MFIP employment service providers to meet capacity and certification standards to provide services under Adult Rehabilitative Mental Health Services (ARMHS). Once certified to provide ARMHS services, MFIP employment service providers are able to hire ARMHS case managers to provide mental health services to eligible MFIP clients.¹

- The program in Crow Wing enhances the current MFIP program 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.

- Washington County involves a community mental health center (Human Services, Inc.) to provide assessment and diagnoses and also establishes a formal linkage with the county’s child protection system for referrals and information and data sharing.

¹ Once a provider is determined capable of delivering this set of services, they become certified as an ARMHS service provider and are able to bill Medical Assistance (Minnesota’s Medicaid program) directly for services provided. In this way, the program is designed to be self-sustaining and not rely on special grant funding.
The Chisago program includes a supported employment provider (RISE, Inc.) in a coordinating role.

MFIP employment service providers are important partners in several of the programs. For example, in Chisago and Hennepin counties, several of the primary program staff are employed by the counties’ MFIP employment service providers. In Ramsey, most of the 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 they are not a MFIP employment service provider in this county.

Overall, three programs (Anoka, Ramsey, and Washington) include formal 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 also added expertise in chemical dependency issues, while the Anoka program brings expertise in criminal justice and developmental disabilities through its multi-disciplinary staff. All of the ISPs partner with a managed health care plan as required by DHS, although in many of the programs this organization is not playing a significant role at this early stage of the project.

In all but one of the sites, only limited efforts to coordinate services across service delivery systems had occurred prior to ISP and thus these efforts were breaking new ground. For example, in Crow Wing and Washington MFIP and child protection services were not previously coordinated and connections occurred only on a case-by-case basis. Prior to ISP, clients involved in both systems would typically work with a staff person in each, with little or no communication between them. The only site with a significant level of service integration prior to ISP is Anoka County. The Anoka program built on a previous program that integrated services across several departments in the human services agency by establishing multidisciplinary teams to work with clients.

Interestingly, the sites generally limited the number of partners they established formal connections with and did not attempt to establish these type of institutional partnerships with a wide range of systems. Given the inherent difficulty of developing service integration efforts, starting with a focus on a few key linkages may be appropriate. As the programs develop and mature, they may consider bringing in a wider range of service delivery systems as institutional partners.

Integration through “service brokering.” Another method used to integrate different service delivery systems involves program staff in a “service brokering” role to make and coordinate referrals to other services in the community based on the individual needs of participants. This is the most common approach to service integration used to some extent in seven of the ISP sites (all except Ramsey) and the primary approach in four of the sites. 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. Some of the ISPs rely more heavily on the initiative of individual staff to integrate services, while others use a combination of the formal
coordination mechanisms discussed above and service brokering by program staff to achieve the ISP objectives.

**Use of steering committees.** Several of the sites also use a steering committee or advisory board to involve different service systems in the project on an ongoing basis. For example, Chisago and St. Louis both have steering committees, which include all the counties and partners involved in their project, that meet on a regular basis to help address issues that cannot be addressed at the staff level. Washington County has two steering committees: one with representatives from MFIP, child protection, developmental disabilities, and mental health and the other (reflecting the project’s emphasis on facilitating client relocation) with representatives from several neighboring counties.

**Case conferences involving multiple partners.** Some of the programs are establishing formal processes to bring together other service delivery systems involved with the families on a case-by-case basis, although this aspect of the program is not well-developed at this early stage in the project. Washington County is currently conducting these case conferences involving multiple service providers, while Crow Wing has plans to use a Family Group Decision-Making model in a similar capacity. Hennepin County also plans to establish “multidisciplinary” teams with representatives from a range of local government and community resources to help program staff identify resources and coordinate case planning for participants.

**D. Program Size and Enrollment Levels**

As shown on Exhibit 5, the Integrated Service Projects range in size, although most operate on a relatively small scale. Most grantees plan to serve 100-200 participants. Anoka County anticipates serving the largest number of people with a stated goal of 300 MFIP participants per year for a total of 900 participants. Only Ramsey County had no set target for enrollment, according to respondents during our visit.

At the time of our visits, most programs felt they would meet their enrollment goals. By December 31, 2005, Anoka County, for example, had enrolled 254 families; St. Louis was serving 138 families and Chisago was serving 70 participants. Hennepin County managers had enrolled 100 participants by the end of December 2005. Despite a late implementation in Red Lake, staff felt they would be able to meet their targeted enrollment of 100 families over the course of their three-year grant and had enrolled 28 families by the end of December.
Exhibit 5
Enrollment Levels for Integrated Services Projects

<table>
<thead>
<tr>
<th>Site</th>
<th>Target Enrollment</th>
<th>Cumulative Enrollment as of December 31, 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoka County</td>
<td>300 families/year</td>
<td>254 families</td>
</tr>
<tr>
<td>Chisago County</td>
<td>200 families over 2-3 years</td>
<td>70 families</td>
</tr>
<tr>
<td>Crow Wing County</td>
<td>100 families over 3 years</td>
<td>68 families</td>
</tr>
<tr>
<td>Hennepin County</td>
<td>200 families over 3 years</td>
<td>104 families</td>
</tr>
<tr>
<td>Ramsey County</td>
<td>100 families over 2 years</td>
<td>104 families</td>
</tr>
<tr>
<td>Red Lake</td>
<td>100 families over 3 years</td>
<td>28 families</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>100-140 families over 3 years</td>
<td>138 families</td>
</tr>
<tr>
<td>Washington County</td>
<td>300 families over 3 years</td>
<td>60 families</td>
</tr>
</tbody>
</table>

Source: Quarterly Reports by ISP sites to DHS.

E. Program Staffing

One challenge in implementing programs that involve a number of partners and are designed to coordinate a range of services is developing staffing arrangements that are workable and yet are able to focus on service integration. Reflecting their diverse approaches to service integration, the Minnesota ISP programs are staffed in a variety of ways. Given that the programs are relatively small in scale (see above), the programs generally employ relatively few staff, ranging from five in Red Lake to 14 in St. Louis County.

Some programs, reflecting the partnerships established through the ISP, include staff employed by more than one organization. For example, in Hennepin County, while a county community-based organization is directing the program (NorthPoint Health and Wellness Center), three of the five line staff members are employed by other county MFIP employment service providers. Individuals from four organizations staff the Chisago program, including a non-profit organization that works with low-income families, a supported employment provider, and two MFIP employment service providers. In Anoka and Crow Wing, key program staff 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.

The Anoka program is unique among the eight sites in that it employs staff that specialize in a range of specific areas, including juvenile and criminal justice issues, disabilities, employment and vocational rehabilitation, public health, child protection, and housing. In this site, participants are assigned to staff based on the specific barriers they are facing. Ramsey County, because of its exclusive focus on mental health, uses staff with mental health expertise. The other sites use a more generalist approach, where program staff assist participants with a wide range of issues they may be facing.
Several of the programs are able to house ISP staff at the same location as the MFIP program. For example, ISP staff in Anoka, Crow Wing, Ramsey, some of the St. Louis and Chisago locations, and Washington are all co-located with the MFIP program. Some respondents reported an advantage of this approach as facilitating coordination with MFIP services, although others reported that separation was useful in distinguishing ISP and MFIP services.

F. Planning the Integrated Services Projects

Planning for and implementing the ISP programs generally proceeded more slowly than both DHS and the sites anticipated. While grants were awarded in early 2005, start-up rates varied across the sites, with some starting relatively quickly in the spring and others not starting enrollment until the fall of 2005. In part this is to be expected; similar initiatives that seek to coordinate multiple service delivery systems have also reported a longer than anticipated planning period.

Some of the programs based the ISP on an existing initiative in the county and were able to start services more quickly, including the programs in Anoka, Chisago, and Crow Wing. By building on an existing program or initiative, the need for an extensive planning and development process was greatly reduced in these sites. For example, because the Crow Wing ISP adds services their existing Tier 3 MFIP program, this program did not have to recruit new participants, hire staff, or establish new case management services. As discussed above, Anoka’s ISP is an extension of their earlier effort that integrated several departments within the Human Services Division to better serve the county’s most challenging families.

In the other sites, where the ISP is a completely new initiative, more time was spent on the planning phase and, in some cases, delayed the start-up of services. For example, Hennepin County went through an extensive planning period that lasted several months. Program administrators reported that the planning time was necessary to train and identify staff, refine the program model, and develop relationships with key partners. The St. Louis initiative found the planning period to be very useful given the logistical challenges they faced in a program that involves several partners in each of four counties and covers a wide geographic area. The Red Lake program was delayed by extenuating circumstances and staff turnover but is moving forward after these initial issues.

III. Identifying and Recruiting ISP Participants

A fundamental 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. As shown on Exhibit 6, each of the sites developed procedures for both defining and identifying eligible families and referring them to the programs, as discussed in this section.
### Exhibit 6

**Target Group and Referral and Recruitment Strategies for Integrated Services Projects**

<table>
<thead>
<tr>
<th>Site</th>
<th>Target Group</th>
<th>Referral and Recruitment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoka County</td>
<td>Families 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 must have received it for less than 52 months (unless they need assistance applying for SSI).</td>
<td>MFIP Employment Counselors are primary source of referrals. Staff liaisons with other county departments established to develop other referral sources.</td>
</tr>
<tr>
<td>Chisago County</td>
<td>Families with multiple barriers, especially mental health, chemical dependency issues, poor work history, and housing. Individuals who have been referred to or are sanctioned are also referred to ISP.</td>
<td>MFIP Employment Counselors and Financial Workers are primary source of referrals.</td>
</tr>
<tr>
<td>Crow Wing County</td>
<td>Families with multiple barriers including chemical dependency issues, mental health issues, physical health issues, low IQ, and lack of education.</td>
<td>MFIP Employment Counselors and Financial Workers are primary source of referrals. Referrals reviewed by ISP staff to determine which families become enrolled.</td>
</tr>
<tr>
<td>Hennepin County</td>
<td>Families residing in North Minneapolis, involved in more than one county service system, with multiple barriers to employment, and who have at least 24 months remaining on MFIP assistance.</td>
<td>MFIP Employment Counselors are primary source of referrals. ISP staff provide information sessions at all MFIP Employment Service Providers and recruit families directly at sponsoring organization (a community-based health and human services agency).</td>
</tr>
<tr>
<td>Ramsey County</td>
<td>MFIP participants with mental illness or poor mental health.</td>
<td>MFIP Employment Counselors are primary source of referrals.</td>
</tr>
<tr>
<td>Red Lake</td>
<td>MFIP recipients who face multiple barriers, including chemical dependency, mental health, and learning disabilities.</td>
<td>Families receiving MFIP for over 40 months were sent a personalized form letter describing the program and encouraging them to call for more information. Follow-up letters were sent to those families who did not respond to the initial mailing.</td>
</tr>
<tr>
<td>St. Louis County</td>
<td>MFIP recipients who have been receiving assistance for 24-48 months, particularly those who are a member of a racial or ethnic community, have one or more disabilities, and lack a substantial work history. Participants should also be motivated and willing to work.</td>
<td>MFIP Employment Counselors are primary source of referrals. ISP staff in some counties also directly recruits participants at MFIP job search clubs. One county offers a weekly information session about ISP.</td>
</tr>
<tr>
<td>Washington County</td>
<td>Current MFIP recipients that have been receiving assistance for 12-48 months and who are transitory (i.e. moved during the last year or are facing eviction). In addition, those with barriers to stability that may cause them to lose housing (including mental health issues, chemical dependency, involvement in the criminal justice system, or children with special needs) are targeted.</td>
<td>MFIP Employment Counselors are primary source of referrals. Child protection services also recommends families for referral to ISP. To facilitate referrals, the MFIP Employment Services Supervisor meets monthly with each MFIP Employment Counselor to review caseloads for potential ISP participants. G10</td>
</tr>
</tbody>
</table>
A. Defining the Target Group

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, there is some variation in which recipients they target for ISP services. While the sites did establish some criteria to define the target group, these criteria are quite broad and typically do not specify the severity and/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.

Six programs (Anoka, Crow Wing, Chisago, Hennepin, Red Lake, and St. Louis) are designed to serve families on MFIP who are generally considered to have multiple barriers to employment, without specifically defining the extent of the barriers. Crow Wing, for example, designed their program as an extension of their existing MFIP program serving families 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 families 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, in Chisago, the target population includes individuals who have been referred for sanction (through receiving a Notice of Intent to Sanction) or are sanctioned.

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

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 families who have been on MFIP 12-48 months and the St. Louis ISP gives priority those who have been on MFIP for 24-48 months, although they also consider other criteria. Families in Hennepin must have at least 24 months remaining on their MFIP grants. Similarly, Anoka County is trying to target clients who have been on MFIP less than 52 months. While Crow Wing does not specifically target participants by their time on MFIP, those families who have been receiving MFIP for 40 months or more are generally in their Tier 3 MFIP program, which means they automatically receive ISP services.

B. Identifying and Referring Eligible Families to ISP

Once ISP sites defined the target group, they developed mechanisms for identifying eligible families and making referrals to the program. As discussed, because some of the criteria are relatively broad, there is a fair amount of discretion in determining who is appropriate for ISP. In addition, because enrollment in ISP is voluntary, it is important that a potential participant has an interest in enrolling in the program in addition to meeting the formal criteria. Particularly during the early phases, many of the sites experienced initial difficulties in receiving a sufficient
level of referrals to the program and some had to implement new procedures to improve enrollment levels.

Identification and Referral Procedures. The most common method the sites use to identify appropriate families for ISP are direct referrals from individual MFIP staff. In most sites, some, if not all, referrals are made directly by individual MFIP Employment Counselors. In addition, MFIP Financial Workers, responsible for MFIP eligibility determination and review, also can make referrals in several sites including Chisago and Crow Wing.

Typically, individual MFIP staff members are responsible for identifying individuals on their caseload that would be eligible for ISP, based on their knowledge of the eligibility criteria and ISP services. To ensure consistency in referrals in some sites, including Anoka, Chisago, and Crow Wing, joint staff meetings involving ISP and MFIP are held regularly to review referrals and ensure that the individual is appropriate for the ISP program. In other counties, MFIP staff makes direct referrals to the ISP without review by other team or staff members.

In Hennepin County, MFIP Employment Counselors can use the county’s unique Data Sharing System (an automated system that details individuals’ involvement in a range of county service delivery systems including criminal justice, child protection, probation, mental health and chemical dependency, teen parent education programs, and shelter/homeless programs) to identify families enrolled in multiple service systems and eligible for the ISP. However, at this point, the system has not been used fully in this capacity due operational issues including lack of client authorization to release information.

Another method for identifying eligible families is through referrals from other agencies. For example, ISP projects in Anoka, St. Louis, and Washington receive referrals from outside of the MFIP agency. As a joint venture across departments, the Anoka ISP receives referrals from child protection services and adult mental health. Washington County also receives referrals from child protection services and the St. Louis program receives some referrals from the local Head Start agency.

Due to the structure of the referral process, particularly during the initial stages of the program, some of the ISP programs put considerable effort into educating individual MFIP staff about the ISP to facilitate appropriate referrals to the programs. This includes training on the eligibility criteria for the program, as well as the services that could be provided through ISP. This effort was more intensive in sites where the ISP program was new, rather than being built on an existing program (e.g., Crow Wing). In Ramsey, for example, ARMHS case managers train MFIP staff on identifying mental health issues among potential ISP participants.

In several sites, including Hennepin, St. Louis, and Washington, ISP staff meets with MFIP Employment Counselors to educate on the services available through the ISP. In Hennepin, for example, ISP staff attends team meetings at MFIP employment service providers to introduce the ISP and talk about the referral process. They also provide MFIP Employment Counselors with brochures on the ISP. The MFIP supervisor in Washington County holds monthly reviews with each MFIP Employment Counselor to review MFIP caseloads and recommend ISP referrals.
**Referral Difficulties.** In spite of these efforts, many ISPs struggled with enrolling a sufficient level of participants at the time of our visits, including Hennepin, Red Lake, St. Louis, and Washington. A range of factors appeared to affect the enrollment process. First, some ISP staff reported resistance on the part of MFIP Employment Counselors and other MFIP staff to making referrals. In St. Louis and Washington, for example, some staff were not clear how ISP services would differ from those provided through MFIP and were reluctant to make referrals. In addition, some MFIP or partner staff lacked full understanding of the eligibility criteria and program services and did not make referrals for this reason. Finally, because the ISP program is voluntary, some staff did report difficulties in motivating participants to enroll in a new program (discussed more fully in the next section). Several programs took steps to improve enrollment levels:

- Some initiated direct contact with MFIP recipients to encourage them to enroll in the ISP, rather than relying on referrals from MFIP employment service providers or organizations. For example, some St. Louis ISP staff directly recruits MFIP clients at job clubs and weekly information sessions. In Hennepin, ISP staff recruits potential participants by setting up a table in the lobby of their building, which also houses a community medical clinic.

- Two programs expanded their target populations in response to slow enrollment. Hennepin County opened their ISP services beyond an initial focus on clients residing in two zip codes to include any residents in the county who receive MFIP employment services in North Minneapolis because of slow referrals. Washington County expanded their focus beyond transient clients to include those facing multiple barriers that may make them at risk of losing their housing.

- Washington County found the process they used to review eligibility determination was slowing the intake process and, therefore, made improvements in this area. In this site, the MFIP employment services supervisor was originally reviewing all ISP referrals from the MFIP Employment Counselors. After discovering that this was delaying the referral and enrollment process, they decided to give ISP program staff this sole responsibility.

Anoka County experienced the opposite problem and developed a waiting list. The list grew so quickly that they temporarily stopped taking new referrals for the ISP. Rather than opening up the waiting list, the ISP and MFIP staff planned to meet to take the five most pressing referrals from teams of MFIP workers to ensure they were serving individuals with the greatest needs.

Overall, the relatively broad eligibility criteria established for the program in most sites means the MFIP staff often have significant latitude in determining which families are referred to the program. It was reported that in some sites, individual MFIP Employment Counselors have varying levels of understanding and/or interest in ISP, so referral levels can vary by the individual staff person. In addition, some partner organizations providing referrals also have varying levels of commitment to the ISP with some providing more referrals than others. Nonetheless, across the ISP sites, program staff reported that the individuals who are referred are consistently appropriate for the services provided through ISP and they rarely receive referrals for individuals who cannot benefit from the program.
IV. Establishing Program Services

At this early stage, the focus of implementing the ISPs has been on developing partnerships, staffing arrangements, and referral processes. As discussed in this section, many ISPs are still in the process of developing program services for participants, with much of the focus being on enrollment and assessment processes. This section presents key aspects of ISP services including participant engagement efforts, enrollment and assessment, and case management. It also discusses the coordination between the ISP and MFIP programs, the use of management information systems, and the development of performance measurement systems.

A. Participant Engagement

Because participation in the ISPs is voluntary, program staff consistently reports 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 clients to encourage them to enroll in the ISP. In Hennepin, for example, referred clients are 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. Staff in Hennepin provides incentives such as door prizes and catered meals to encourage attendance, but few other sites use these types of incentives.

Potential participants in St. Louis and Washington are contacted directly by ISP staff by telephone or a home visit to explain program services after being referred to the ISP. 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. 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.”

Sites that rely on participants to take the initial step in enrolling in the ISP have experienced more difficulties in eliciting participant interest in the program. For example, in Red Lake, ISP staff obtained a list of families who had been on MFIP for 40 months or more from the county MFIP office and then mailed each family a form letter describing the program and asking them to contact the program directly for more information. This site has had limited success with their mailings to potential participants and some partners took offense at the letters which were perceived to be “cold calling” because MFIP recipients had not heard of ISP before.

B. Enrollment and Assessment

ISP staff follow a variety of procedures for enrolling participants in the program, with all holding face-to-face meetings with prospective clients. Typically, ISP staff contact clients and schedule an initial meeting for client enrollment. During this initial meeting, staff begin the process of conducting assessments and developing a case plan for the clients. These meetings vary somewhat in duration and content, but all are used to gather more information about referred clients and provide more information about the ISP and available services.
As part of their initial meeting, ISP staff either conduct, or schedule for a future date, an assessment of client needs. The key tools staff at the ISP sites use to complete the assessment are: (1) the Employability Measure which assesses the extent of participant barriers in a range of areas including living environment, personal skills, social support, child behavior, physical and mental health, housing, transportation, and legal issues; and (2) the MFIP Self-Screen which requires participants to answer a number of questions designed to assess their mental health, chemical dependency, learning disabilities, and criminal history barriers. Some of the programs also supplement these tools with their own county-designed intake and screening forms. Reflecting its 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 with participants and to collect all necessary information. Some sites were still establishing procedures for enrollment at the time of our visit.

The Employability Measure and MFIP Self-Screen 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 client and others wait until they have established rapport with clients and it takes several meetings with clients before the measure is fully completed. Some sites, including in Washington and Chisago, incorporate the measure into a broader set of questions they ask participants. ISP staff reaction to the two assessment tools is generally very positive. Staff noted the tool helps them identify participants’ goals, with one noting it “opens a door” to be able to talk to them about various issues.

Building on the partnerships established for integrating services, two sites (Anoka, Crow Wing) access client information from other service delivery systems prior to 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.

- In Anoka County, for all referrals, 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 (S³, corrections).

- In Crow Wing, due to formal institutional linkages that are established, ISP staff also access SSIS prior to client assessment to assist them in understanding child protection-related issues that need to be addressed.

As discussed above, Hennepin also has the potential to use its County Data Sharing System that provides information on participants’ involvement in the criminal justice system, child protection, behavioral and physical health services, teen parent educational programs, and shelter and homeless programs. However, at this point, due to operational and access issues this system is only used in a limited way to provide service information to ISP staff.
Two sites include relatively more in-depth assessments. 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 was developed by HIRED collects comprehensive on the client’s history and integrates a number of screening tools, including the Employability Measure and MFIP Self-Screen.

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. The Washington County ISP has developed a somewhat unique arrangement with a local community mental health center, Human Services, Inc. (HSI), to conduct mental health assessments to determine behavioral, emotional, or personality problems that have implications for a person’s ability to work. Staff arrange “guaranteed” assessment appointments for ISP participants to lessen waiting times, and in return help ensure that clients do not miss their appointments. ISP staff will pick up clients and sit with them in the waiting room, if necessary, to ensure that they keep their appointments.

C. Case Management and Other Services

At the heart of all the ISPs are case management services, where program staff work one-on-one with participants to address issues and resolve barriers. Based on the results of participants’ assessments, ISP staff work with clients to develop comprehensive case plans that address their goals and barriers in their lives. Services are highly individualized and designed to provide appropriate services on an as-needed basis. As discussed earlier, ISP staff in many of the sites function as “service brokers” who work to coordinate and refer clients to a range of resources in the community, including mental health, chemical dependency, housing, rehabilitation, public health, and legal assistance.

Following the development of case plans, ISP staff in all sites meet with their clients on a regular basis. Many of the programs are attempting to maintain weekly contact with clients. Some of the programs were still developing their case management routines and most had not reached full enrollment at the time of our site visits. It is anticipated that ISP staff will have very low caseloads, ranging between 15 to 40 cases (depending on the site), so staff will have adequate time to address the multiple barriers affecting these families.

As discussed earlier, the ISPs are also working to coordinate services among the different delivery systems in which a client participates, although many of these practices are still under discussion or just getting underway. To facilitate access to other service providers involved with the family, ISP staff in six sites require clients to sign release forms allowing them to obtain information from other agencies they are involved with (this is not a requirement in Anoka and Ramsey counties). Washington County conducts case conferences that include the multiple
providers serving individual families to determine how best to meet families’ needs and avoid
duplication in services. Crow Wing, Hennepin, and other sites have plans for similar meetings,
but at the time of our site visits these had not really gotten off the ground. Interestingly, because
they are able to provide many services in-house due to the multi-disciplinary nature of their staff,
the Anoka ISP program tries to reduce the number of providers involved in clients’ lives.

In addition to the core service of case management, some ISPs have incorporated specialized
components in their spectrum of services. For example:

- Red Lake is developing traditional activities to incorporate in their service delivery
  structure. Activities under consideration include Chippewa language, quilt making,
  wreath making, and beadwork.

- Crow Wing added the Healthy Moms/Healthy Children Program to assist with case
  management for women with chemical dependency issues. Typically the Healthy
  Moms/Healthy Children case manager conducts regular home visits and participants are
  encouraged to attend weekly support group meetings.

- St. Louis incorporates the “Circles of Support” program where participants are matched
  up with three “community allies,” or volunteers, who help support their goals to move out
  of poverty. All participants and allies volunteer to be part of the program and together
  attend regular group meetings.

- In Hennepin County, established curricula including “Power of the People” and “Bridges
  Out of Poverty” are used to develop an overall emphasis on “family empowerment”
  within the ISP program. Group coaching sessions are being planned for the future that
  incorporate elements from these sources.

D. **Coordination with MFIP Employment Services**

As discussed above, in most sites, ISP services are considered to be a separate but
complementary service to those provided under MFIP. Except in Crow Wing where the ISP and
MFIP worker are the same, ISP participants continue to work with their MFIP Employment
Counselor, although the level of interaction varies considerably. In Chisago, for example, MFIP
Employment Counselors remain the primary case manager and ISP staff are considered to be
additional workers. In contrast, in Washington County most staff-client interaction is through
the ISP program while MFIP Employment Counselors primarily complete monthly paperwork
with clients. To a certain extent, however, whether or not MFIP Employment Counselors remain
responsible for some service components for clients depends on what is written into individual
employment plans, with employment-related activities being monitored by MFIP staff.

There is typically regular communication between ISP and MFIP staff across the sites, although
it varies in form and frequency. Types of communication include informal discussions between
staff, joint staffings, and formal monthly reports sent from the ISP to MFIP employment services
staff. Reporting participants’ activities for the purposes of calculating MFIP participation rates is
an important aspect of communication in some sites. MFIP Employment Counselors in Anoka,
Hennepin, and Washington counties, for example, are responsible for tracking ISP clients’ activities and ISP staff complete forms monthly to track activities and hours and submit them to MFIP staff.

Communication and cooperation between MFIP and ISP staff continue to be a struggle in some sites and efforts are being made to improve them. In some cases, ISP staff report that MFIP Employment Counselors are reluctant to relinquish responsibility for their clients or are resistant to the ISP. At the time of our visit to Red Lake, after some initial resistance, MFIP Employment Counselors were starting to share information from client case records and ISP staff were sharing correspondence with prospective clients as regular reports on client activities.

It is voluntary to enroll in the ISPs 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. At the time of our visit, across the sites, there were no reported instances in which ISP participants had been sanctioned.

E. Management Information Systems

Developing quality management information systems to track clients’ participation in program services is generally viewed as a critical management tool. Past studies of service integration efforts have found difficulties in developing automated systems that are accessible and useful to the range of institutional partners. Under the ISPs, at this point in time, a number of management information systems are used to track participant progress and services, making it difficult to examine comparable service receipt data across sites. Even within individual sites, there is sometimes variation in how and where staff record participant data.

While most sites have access to Workforce One, Minnesota’s system for tracking participation in employment-related services in the MFIP program, this is not consistently the case. For example, Red Lake did not have access to the system at the time of our visit. Additionally, some new providers under the St. Louis initiative did not have access to this system.

In several sites, ISP program staff often use an additional system for recording the primary services provided through the program, in part due to privacy concerns. Because Workforce One can be accessed by a wide number of staff across the state, to preserve client confidentiality around sensitive issues (e.g., mental health information), some sites and individual program staff record information on service receipt and staff-client interactions in their own program files or in automated files at the individual provider.

Given these considerations, several ISPs use internal or other databases to track client information. For example, the Hennepin ISP is developing its own database system for tracking client progress, although at the time of our visit, ISP staff were recording case notes in systems specific to their agencies or taking notes in paper files. ISP staff in Crow Wing use the state’s

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2 Under MFIP regulations, clients cannot be sanctioned for non-participation in mental health treatment.
3 Hennepin County uses a comparable system for tracking MFIP participation called TEAMS.
child protection services reporting system to record key services and staff interactions in the MFIP program. One site, Red Lake, relies exclusively on paper files for the ISP program.

F. Measuring Performance

At this early stage of implementation, most ISPs have not developed systems of measuring performance – either in terms of outcome measures or staff performance. This is not surprising, given that mutually acceptable performance measures can be difficult to attain in programs that involve different service delivery systems. At this point, only two ISPs had developed measures to evaluate the success of their programs, although they had not been implemented at the time of our site visit:

- 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 IS 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.

- Two 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 per week and (2) 50 percent will meet the MFIP participation rates. ISP staff will be evaluated using the same measures.

Other sites are considering performance measurement systems as they move forward. For example, while no performance measures were in place, ISP staff in Anoka complete an outcome summary sheet as ISP cases close and plan on looking at participation rates and the MFIP self-support index to measure their success. Staff in Red Lake indicated that their measures of success will center on employability and job placement. Overall, however, the development of performance measures has not been an area of primary focus during the initial start-up of the ISP.

V. Conclusion

The ISP sites are at different stages of implementing their initiatives, with some being further along than others in putting the key pieces into place. In part, this is due to each program’s starting point. Some programs are built on past initiatives and had some key components already in place when the initiative began, while others are starting from scratch. At this early stage of the initiative, as appropriate, most ISP sites have generally focused on establishing the institutional linkages needed to implement their service integration models and developing referral, enrollment, and assessment processes.
At this point, several sites have notable service integration approaches. The Anoka ISP features a multi-disciplinary staff providing expertise in a range of areas that are critical to the ISP population and Ramsey County integrates a strong mental health component into the MFIP program that could potentially be sustained without MFIP funding. In addition, Crow Wing and Washington counties have developed important linkages with child protection services, and Washington County also has made formal connections with a primary mental health provider as well. The other sites have taken important steps to integrate services for MFIP recipients, although some of these models are not as well-developed at this point.

As the sites move forward in developing and refining their programs, there are strategies for ISPs to consider that could potentially strengthen their service integration models. Given their different stages of development, these issues do not necessarily apply to all sites.

**Developing formal linkages to other service delivery systems.** ISP sites generally have limited the number of partners they have established formal connections with and have not attempted to establish these types of institutional partnerships with a wide range of systems. Given the inherent difficulty of developing service integration efforts, starting with a focus on a few key linkages may be appropriate. As the programs develop and mature, they may consider bringing in a wider range of service delivery systems as institutional partners. Also, some sites rely heavily on “service brokering” by ISP staff to coordinate services for individual participants on an as-needed basis. While this may be appropriate in some cases, providing ISP staff with more systematic access to the other service delivery systems through a formal institutional linkage -- such as involving supervisory staff from different service systems, co-locating program staff from different agencies with different areas of expertise, and establishing data system sharing agreements -- may be more effective than negotiating these services on a case-by-case basis. ISPs should also continue to pursue the development of case conference strategies, where key professionals from a range of service delivery systems that are involved with a family are brought together to develop a coordinated service plan.

**Improving the marketing of the ISP throughout the community, and particularly to MFIP employment service providers.** During this early stage of ISP implementation, MFIP employment service providers, the primary source of referrals to ISP, sometimes have insufficient or inaccurate information about the ISP. In some cases, this led to misunderstandings about the ISP program and affected referral levels. Several sites found that more concerted training efforts were needed. Given the number and turnover of MFIP staff, regular contact and training on the ISP would be helpful in building a strong connection between the two programs, perhaps in conjunction with the development of ISP marketing materials. Referrals from outside providers could also be improved with a strengthened marketing effort. Increased knowledge of ISP in the general service community could also facilitate ISP staff efforts to make connections with individual service providers.

**Establishing mechanisms to standardize ISP referrals.** Overall, the relatively 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. Within a specific site, although all participants clearly have barriers to employment, it is difficult to gauge the type or severity of barriers of program participants. Given the limited number of program slots, sites
may consider establishing procedures for reviewing referrals to ensure consistency and appropriateness, as some sites are already doing.

**Developing concrete service plans for ISP participants.** Most of the ISP programs are focused on providing case management services, where program staff work one-on-one with participants to address their service needs. While these case management services are critical for hard-to-employ populations, it is also important that participants receive referrals to concrete services to address their needs, such as mental health counseling, substance abuse treatment programs, supported employment, legal assistance, and educational supports for their children. Moreover, while assessment processes are important for understanding participant needs, an issue in similar initiatives has been that the assessment becomes the primary focus of the program rather than implementing a plan of action resulting from the assessment. In addition, it is important for staff to monitor client participation in services on an ongoing basis, which is particularly important if the client is resistant to a specific service such as mental health or substance abuse assistance.

**Maintaining a strong connection to MFIP and employment.** Because the ISP is designed to complement the regular MFIP program in the county, to some extent, it is appropriate for ISPs to focus on barrier-related issues. However, given that many ISP families are approaching their time limit on cash assistance, maintaining a focus on the longer-run objective of employment is still important, regardless of the content of the service. In part this can be achieved through close coordination with MFIP staff, who continue to be involved with participants in most sites. Understanding how ISP services and MFIP employment plans fit together also will be helpful to participants as they move forward on achieving their long-run goals.

The experiences of the ISPs underscore the importance of providing comprehensive services to address the varied problems of long-term welfare recipients. Their experiences in the short-run suggest that this can be a complex undertaking, requiring time to develop and establish the projects, as well as a strong commitment by a number of organizations and partners at the community level. Subsequent evaluation reports will provide further information on the continuing implementation and outcomes of the Integrated Services Projects in Minnesota.
REFERENCES


Hutson, R.Q. 2004. Providing comprehensive, integrated social services to vulnerable children and families: Are there legal barriers at the federal level to moving forward? Part of the Cross-Systems Innovation Project of the National Governors Association, the Hudson Institute, and the Center for Law and Social Policy. Washington, DC: Center for Law and Social Policy.


APPENDIX A

Minnesota Integrated Services Project Site Summaries
### Anoka County Partnerships for Family Success Program

#### Site Summary

<table>
<thead>
<tr>
<th><strong>Project Name:</strong></th>
<th>Partnerships for Family Success (PFS)</th>
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<tbody>
<tr>
<td><strong>Service Delivery Area:</strong></td>
<td>Anoka County, Minnesota</td>
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<tr>
<td><strong>Lead Agency:</strong></td>
<td>Anoka County Human Services Division</td>
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<tr>
<td><strong>Key Partners:</strong></td>
<td>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)</td>
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<tr>
<td><strong>Overview of Project:</strong></td>
<td>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. 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. PFS also has established liaison support from the Child Care Assistance unit, Child Protection, Income Maintenance Department, and the Job Training Center.</td>
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#### 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, developmental disabilities, and MFIP eligibility. Five of the 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 the Blaine Human Services building in Anoka County and all team members work in close proximity to one another.
Target Group: The program targets families receiving multiple services in Anoka County and who have multiple barriers to attaining sustained employment. Participants do not need to be MFIP recipients, although non-MFIP cases are not supported with 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 and Project Start-up: The PFS program began as a county pilot program prior to ISP funding in spring 2004. As of December 31, 2005, 254 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 over 90 percent of referrals come from MFIP Employment Counselors. At the time of our visit, PFS had a waiting list and had stopped taking new referrals. The PFS Intake Worker plans to meet with each individual team of MFIP Employment Counselors to screen for potential PFS participants and recruit the five most pressing referrals from each team. Liaisons have been established with other county departments to market the program and to link families to resources and work jointly with some families. However, at the time of our visit there was a backlog of referrals.

Primary Program Services: Referred clients in Anoka County are contacted by an ISP intake worker who does an in-depth initial screening to determine 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 are identified during the assessment phase. 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, 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 9 months to a
year. If families have significant impairments and would likely qualify for Supplemental Security Income (SSI), the program assists individuals with the application.

**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 could 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 non-profit 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 non-profit providing supported employment and other services); Pine Technical College Employment and Training Center (Pine Tech)

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. Emphasis on supported employment is provided through 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 two ISP Coordinators – one employed by Pine Tech and the other by RISE. Four Family Advocates serve families in the five counties. Three are employed by Pine Tech and work with participants in Chisago, Isanti, Mille Lacs, and Pine Counties. The fourth Family Advocate is employed by Kanabec County Family Services.

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. It also includes individuals who have been referred to sanction (through receiving a Notice of Intent to Sanction) or have been sanctioned.
Enrollment Level and Project Start-Up: Staff began enrolling participants by June, 2005. Seventy families were enrolled in this project by December 31, 2005. The goal of the project is to serve at least 200 families over 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 and Financial Workers. Family Advocates may discuss potential referrals with MFIP Employment Counselors or teams of MFIP staff.

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 on a regular basis for case management and support. The goal is for each 0.5 FTE 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, etc. Family Advocates also contact other professionals who work with their clients. Implementation of a mentoring component was being planned at the time of our visit.

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; Healthy Moms/Healthy Children Program (a program that provides services to mothers with chemical dependency issues)

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 not found a job through the county’s standard MFIP program are transferred to a Social Worker 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 guidance and enhance coordination with these services on an ongoing basis. In addition, a staff person from Healthy Moms/Healthy Children and a public nurse from the Crow Wing Public Health Agency are available to provide services as needed and participate in monthly staff meetings. Finally, some funding through the ISP grant is available for Family Group Decision-Making (bringing together all family members and professionals who work with the families) and respite care.

Project Structure and Staffing: ISP/Tier 3 staff include a Director, a MFIP Supervisor responsible for day-to-day operations, three Social Workers (all the above from CWCSS), and a Case Manager from the Healthy Moms/Healthy Children Program. A Child Protection Supervisor from Crow Wing County Protective Services provides supervision and coordination with CPS services on a routine basis. 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.

**Enrollment Level and Project Start-Up:**

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 sixty families. Their long-term goal is to serve over one hundred families over three years in ISP/Tier 3. As of December 31, 2005, 68 families had enrolled in 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 a Social Worker that replaces their MFIP Employment Counselor. Each Social Worker carries a caseload of about twenty cases. After obtaining available documentation on participants (including background information from the CPS system), the Social Worker 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 Social Worker maintains weekly contact with participants and is also in contact with a variety of professionals from other programs and systems in the community, including probation, Head Start professionals, and schools. They plan to use a Family Group Decision Making model in the future in which the Social Worker invites all of the formal and informal supports involved in families’ lives to meet and discuss their situation and needs.
Interaction with MFIP Employment Services: As they did prior to ISP, participants in the Tier 3 program work with a Social Worker 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.); several MFIP employment service providers: Minneapolis Urban League, HIRED, and Pillsbury United Communities and 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. The program includes an emphasis on promoting “family empowerment.” Multidisciplinary teams have been formed with representatives from a range of local government and community resources to help Family Facilitators identify resources and coordinate case planning for participants. Prior to 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, and five Family Facilitators. Two of the Family Facilitators are NorthPoint staff and the remaining three are from key partner agencies. All Family Facilitators spend at least part of their time at the NorthPoint site. NorthPoint also hired three consultants to assist on program design and provide staff training.

Target Group: The program initially targeted families residing in the north Minneapolis zip codes of 55411 and 55412, but expanded the target area to Hennepin County MFIP recipients in North Minneapolis to increase referrals. The program targets English-speaking MFIP recipients who are involved in more than one county service system, who have multiple barriers to employment, and who have at least 24 months remaining on MFIP assistance.
Enrollment Level and Project Start-Up:

Program services were just getting underway for a few participants at the time of our site visit. One hundred and four families enrolled in the program as of December 31, 2005. 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 remaining five 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 (including criminal justice, child protection, probation, mental health and chemical dependency, teen parent education programs, and shelter/homeless programs). Gateway management and staff have provided information sessions at all North Minneapolis MFIP Employment Service Providers in the county. Staff also recruit families who are at the Northpoint Center for other reasons by staffing an information table in the building lobby.

Primary Program Services: All individuals who are identified are invited to attend a recruiting event where they are introduced to the program, staff, and other participating families. Other family members can attend as well. Incentives such as food and door prizes are used at the event to encourage participants to attend. After this meeting, participants are enrolled in the program and assigned to a Family Facilitator. In subsequent meetings, the Family Facilitator conducts assessment (including completing the Employability Measure), develops a comprehensive case plan that addresses the needs and barriers identified (this could involve referrals to a wide range of services and service providers), and maintains weekly contact with the participants to monitor progress on achieving established goals. Family Facilitators also meet with representatives from the multidisciplinary teams on a quarterly basis for case consultations. When the program reaches its full scale, each Family Facilitator will carry a caseload of between 40 and 50 families. Plans are for participants to attend “success” coaching sessions focused on job readiness and job search skills and workshops on developing “personal power” provided by program consultants.

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

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Ramsey County Integrated Services Project (ISP)</th>
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<tbody>
<tr>
<td>Service Delivery Area:</td>
<td>Ramsey County, Minnesota</td>
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<tr>
<td>Lead Agency:</td>
<td>Ramsey County Community Human Services</td>
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<tr>
<td>Key Partners:</td>
<td>Ramsey County MFIP Employment Service Providers: Ramsey County Workforce Solutions, Employment Action Center, Hmong American Partnership, HIRED, and Lifetrack Resources; Goodwill/Easter Seals (a specialized MFIP Employment Service Provider for Ramsey County focused on transitions to Supplemental Security Income); Ramsey County Community Human Services, Mental Health Division</td>
</tr>
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### 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 of 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. Prior to ISP, there was little coordination between MFIP and mental health services.

Once a provider is 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 provided. In this way, the program is designed to be self-sustaining and not rely on special grant funding. 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. Both the Employment Action Center and HIRED have one full-time ARMHS Case Manager; the Goodwill has two...
ARMHS Case Managers. Neither Lifetrack Resources nor Hmong American Partnership had completed staffing decisions at the time of our site visit. Workforce Solutions was in the process of developing contracts with three ARMHS providers to provide services to clients: South Metro Human Services, Goodwill/Easter Seals, and Mental Health Resources, Inc.

Most of the employment agencies have decided to partner with consultants for staff training in ARMHS or subcontract with pre-existing local ARMHS providers to provide services to MFIP clients.

**Target Group:**

The ISP is targeting MFIP participants with serious mental illness. Potential participants are generally identified and referred by MFIP Employment Counselors.

**Enrollment Level and Project Start-Up:**

At the time of our site visit, agencies were in very different stages of implementing the ISP, with only a few beginning to enroll clients. As of December 31, 2005, 104 families had enrolled in the program. The County has not set a target for the total number of clients to be served.

**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 Case Managers 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 both SSI advocacy and ARMHS services.

**Primary Program Services:**

The first task for most of the providers has been to become certified as ARMHS providers, which requires an application with the county and state approval. Some of the agencies have opted to build relationships with pre-existing ARMHS providers in the area to provide services to MFIP clients rather than pursue certification.

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 is individualized but, typically, clients receive one hour of service a week. An ARMHS provider generally assigns around 12-15 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.
The Red Lake Integrated Services Project
Site Summary

Project Name: Mino Aanokii (Good Work)
Service Delivery Area: The Red Lake Reservation
Lead Agency: Tribal Council of the Red Lake Band of Chippewa Indians
Key Partners: New Beginnings Employment and Training Center (the MFIP Employment Service Provider); Beltrami County Human Services; Mental Health Division of the Red Lake IHS Hospital

Overview of Project: Through multi-disciplinary 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.

Project Structure and Staffing: Staff include a Project Coordinator and three Community Workers. The Project Coordinator plans to add two additional Community Workers. All staff members are tribal employees.

Target Group: The project targets hard-to-employ MFIP recipients with multiple barriers to employment including chemical dependency, mental health issues, and learning disabilities.

Enrollment Level and Project Start-Up: Program planning and services were just getting underway at the time of our site visit. Twenty-eight families were enrolled as of December 31, 2005. The project has a goal of serving 100 families over three years.

Referral and Recruitment Strategies: The program received a list of families who had been on MFIP for over 40 months from Beltrami County Human Services. The families were sent a personalized form letter describing the program and encouraging them to call for more information. Follow-up letters were sent to those families who did not respond to the initial mailing.

Primary Program Services: Community Workers provide a program overview to all families who respond to the recruitment letter and set an appointment for a one-on-one meeting. The initial meeting lasts two to three hours.
and includes administration of several assessment tools (including the Employability Measure). 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 including chemical dependency treatment, legal assistance, and vocational rehabilitation. Program staff may incorporate activities that focus on their language and traditional/cultural beliefs, and develop job placement activities and a resource referral book. Additional services that may be added include activities that focus on parenting and educational issues, anger management, and the grieving process.

**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 employability plans. Community Workers meet with MFIP Financial Workers and MFIP Employment Counselors to discuss common participants.
St. Louis County Integrated Services Project
Site Summary

Project Name: The HOPE Project

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

Lead Agency: Arrowhead Economic Opportunity Agency (AEOA; a non-profit 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. Prior to 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, 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 employ seven Family Employment Advocates. The Community Action agencies also employ four part-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 are housed in a separate location.

**Target Group:**

The HOPE Project targets participants who have been on MFIP for 24-48 months, although they include 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 Level and Project Start-Up:**

The project began enrolling participants in June 2005. As of December 31, 2005, 138 families had enrolled in the project. The goal is to enroll 100-140 participants over three years.

**Referral and Recruitment Strategies:**

Family Employment Advocates receive most of the referrals from MFIP Employment Counselors and Financial Workers. When the program was first established, Family Employment Advocates met with MFIP Employment Counselors and Financial Workers to explain the program. HOPE staff in some counties also directly recruit participants at MFIP job search clubs. The Family Employment Advocates in Duluth offer a weekly information session about the HOPE Project. Most participants come to the information session before enrolling.

**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 and if the individuals want to enroll, they 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. The goal is for each Advocate to carry a caseload of 20 participants; they did not have full caseloads at the time of our visit.

The HOPE Project is also expanding the Circles of Support program that already existed in Duluth (in St. Louis County) and Grand Rapids (in Itasca 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 employment and maintain employment. Allies assist in any way possible to help participants move out of
poverty. Circles o 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. In some of the counties, when participants enroll in the HOPE Project their cases are transferred to a MFIP Financial Worker that is designated to handle all HOPE cases.
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); CommonHealth Clinic and Blue Cross / Blue Shield of MN.

Overview of Project: The program’s focus is to stabilize families in Washington County who receive MFIP assistance and reduce the likelihood that residents will relocate. A larger goal of the project is to facilitate communication and cooperation between counties to develop a process for transitioning services for families relocating across counties. Integrated Services Coordinators complete an in-depth assessment 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. The ISP has also established an agreement with county Child Protection Services that allows for an exchange of information on clients, enabling collaborative planning. Child protection workers and other professionals involved with the family participate in case conference sessions to coordinate services. Program staff report that over half of enrolled ISP clients are involved in child protection services. Prior to ISP, intensive coordination efforts did exist, but only for a limited number of families deemed to be the most vulnerable. ISP has brought about service coordination for a much larger number of families.

Project Structure and Staffing: Program staff are employed by HIRED and housed at the Washington County WFC. Staff include an ISP manager, three Integrated Services (IS) Coordinators, and one part-time data entry specialist. There are plans for an additional IS Coordinator to join the team. IS Coordinators often provide services in the community and at times, in the clients’ homes.

Target Group: The project targets current MFIP recipients that have been receiving assistance for 12-48 months and who are transitory (i.e. have moved during the last year or are facing eviction). The program 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 with children doing poorly in school).

**Enrollment Level and Project Start-Up:**

The program started enrolling families in February 2005. Sixty families had enrolled by December 31, 2005. The goal is to enroll 288 families over three years.

**Referral and Recruitment Strategies:**

Referrals are made by MFIP Employment Counselors. Child Protection Services may also contact Employment Counselors to recommend families for the program. Both MFIP Employment Counselors and lead child protection workers have been briefed on the ISP. To facilitate referrals, the Employment Services Supervisor meets monthly with each MFIP Employment Counselor to review caseloads for potential ISP participants. 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 that involves their MFIP Employment Counselors. 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 on an individual basis for clients. A wide range of services are 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 will typically carry caseloads of no more than 20 families.

The ISP has an Inter County Steering Committee with representatives from each metropolitan county. When clients move out of the county, IS Coordinators contact the appropriate representative and collaborate with clients’ new MFIP Employment Counselors to facilitate the transition in services. If clients relocate to Hennepin County, there is an option to continue services with HIRED (the organization also offers services in this county).
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 monitor clients’ participation requirements. The ISP is written into clients’ employment plans. ISP enrollment and services are mandatory and clients can be sanctioned for nonparticipation.
APPENDIX B

ISP Site Visit Schedule and Respondents
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ISP Site Visit Schedule and Respondents

Anoka County. On August 30-31, 2005 at the Blaine Human Services Center, Urban Institute staff met with managers of the Anoka County ISP, the Service Team Supervisor, and other line staff from the Human Services Division of Anoka County; two managers from the county Employment Services and Income Maintenance departments; and staff from PMAP Medica and the Central Center for Family Resources.

Chisago County. On October 18-19, 2005, Urban Institute staff met with the Executive Director of Communities Investing in Families (CIF) and the members of the ISP steering committee at the Chisago County Government Center in Center City; the Director of Rise, Inc., an ISP Regional Coordinator/Employment Specialist, and Family Advocates from Chisago/Isanti and Mille Lacs at the Rise, Inc. office in Lindstrom; the Pine County Health and Human Services Director, the Family Advocate from Pine County, and the ISP Regional Coordinator at the Employment and Training Center at Pine Technical College in Pine City; and the Director of Family Services, a MFIP Financial Supervisor, and Family Advocate at Kanabec County Family Services in Mora.

Crow Wing County. On September 26, 2005 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; a representative from the Healthy Moms/Healthy Children program; and ISP social workers.

Hennepin County. On October 18-19, 2005 at the NorthPoint Health and Wellness Center, Inc. in Minneapolis, Urban Institute staff met with the Chief Operating Officer, the ISP Project Director, and ISP line staff employed by HIRED, Minneapolis Urban League, and Pillsbury United Communities; three consultants to the ISP project, and a former planner with Hennepin County Human Services and Public Health Department.

Ramsey County. On October 19-20, 2005 in St. Paul, Urban Institute staff met with directors, managers, and line staff from the county’s key partners (HIRED, the Employment Action Center, Goodwill/Easter Seals, and Workforce Solutions) and the Adult Mental Health Planner at Ramsey County Community Human Services. They also conducted phone interviews with representatives from Hmong American Partnership, Lifetrack Resources, and the former ISP coordinator from Ramsey County.

Red Lake. On October 20, 2005 at the ISP office on the Red Lake Indian Reservation, Urban Institute staff met with the Director of the ISP, three Community Workers, an MFIP Financial Supervisor from Beltrami County Human Services, and the Director of the New Beginnings Employment and Training Center.

St. Louis County. On September 27-28, 2005, Urban Institute staff met with the Project Director, Assistant Director of Employment and Training, ISP line staff, and a HOPE Financial Worker at the Arrowhead Economic Opportunity Agency (AEOA) in Virginia. In Duluth, staff met with the HOPE Manager and line staff at Community Action Duluth; a MFIP Supervisor and...
Financial Worker from St. Louis County; the Director of Kootasca Community Action in Itasca County, and a HOPE Supervisor and Family Employment Advocate from Carlton County.

**Washington County.** On August 29-30, 2005 at the Minnesota WorkForce Center in Woodbury, Urban Institute staff met with the Senior Program Director and the Program Manager from HIRED, other line staff employed by HIRED, the MFIP Employment Services Supervisor and staff from Human Services Inc. and Child Protection Services.