The Four Rs of Service Delivery for MFIP Teen Parents: Approaches of Eight Minnesota Counties

Rules
Routes
Relationships
Resources

Minnesota Department of Human Services
Transition to Economic Stability Division

March 2012
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Executive Summary

This special report presents the results of an environmental scan, based on a policy and practice framework – Rules, Routes, Relationships and Resources – developed for the Minnesota Department of Human Services (DHS). This framework guided the study team’s efforts. The purpose of the study is to understand the characteristics of service delivery models for teens – caregivers under age 20 – in the Minnesota Family Investment Program (MFIP) in eight of Minnesota’s 87 counties.

This study was motivated by both discouraging statistics on teen mothers and welfare and a need for more information on how MFIP policy for teen parents is implemented at the county level of interactions between staff and teen participants.

From administrative data, we know that for the 5,132 MFIP teen mothers in 2009:
- Three-quarters were on welfare as a child, most with their own mother.
- The majority had their first child before age 18.
- Only 9 percent of the mothers had received any child support.
- Half had worked during the year and they averaged $4,300 in wages.
- Only 59 percent were enrolled in school full time.

Among all MFIP cases in a typical month (December 2009),
- Half started when the mother was a teen.
- MFIP grants for these families were more than $13 million per month.

In Minnesota:
- The teen birth rate in 2009 was 33 per 1,000 females age 15 to 19, compared to 39 in the U.S. – one of the worst rates among developed countries (compared to fewer than 10 per 1,000 in several Western European countries).
- There are large differences among the rates per 1,000 for Minnesota racial/ethnic group (from 15 for whites to 97 for American Indians) and across counties (high of 85 to low of 4).

State statute and policy mandate certain program and participant responsibilities for MFIP in general and teens (minors and 18- or 19-year-olds, separately), in particular. Within these constraints, implementation at the local level is formed by the many decisions made by county boards and program managers, as well as by the skills and personalities of the line workers and the availability of resources.

Site visits and many interviews by teams of three state staff with a wide variety of county-level workers and managers provided the qualitative data for this process study. The service models, summarized in
the body of the report and described in detail in attached county narratives, represent a snapshot of the perspectives of staff from multiple agencies who work with MFIP teen parents in each county. This report tells how staff and supervisors in the field described their work, talking about what they do given statutory requirements, organizational structures, available resources and any available outcome data, in response to the needs of these young and poor mothers.

There were several themes that we heard throughout our interviews with staff. Some of these were organizational in nature such as collaboration, co-location and specialization of staff. Much emphasis was placed on relationship building, both with teen parents and among staff. Other themes related to the nature of the program itself. Issues such as keeping teens in school, enhancing support services, whether and how to approach the topic of family planning to prevent or postpone pregnancies, and whether and how to sanction teens were often raised during interviews. Negative effects of funding cuts on the stability of the services and staff assigned by the county came up several times. Besides loss of support services, even a turnover in staff working with teen parents impacts the fragile relationship between the program and the teen parent.

The last chapter summarizes what teen parents in poverty need and what the welfare system and its workers need for greater success, some possible next steps to follow this report and a tentative service model.

This report supplements program manuals and administrative data with a glimpse into the reality of the program on the ground, from the perspective of the adults. It is the hope of the authors that all stakeholders interested in the well-being of this important age group will continue to build on the lessons and hopes that were shared by staff who participated in this study.
Support to young parents (under age 20) on public assistance is an important target of social and economic policy in the United States. This includes the Minnesota Family Investment Program (MFIP) that was implemented under the federal Temporary Assistance for Needy Families (TANF) in 1998.

In general, socio-economic policies aimed to impact the life trajectories of this age group fall into five broad approaches:

1. Discouraging their long-term use of welfare (either on their own case or as members of a parent’s case)
2. Promoting their educational attainment by monitoring school attendance
3. Increasing their exposure to work opportunities
4. Enhancing multi-generational positive effects through programs that focus on the well-being of their children
5. Improving their health outcomes and those of their children’s from a public health perspective

The premise that underpins all these approaches is the idea that public policy can and should be designed to positively influence the behavior of teenagers—preferably using a mix of strategies that show promise for future educational attainment, work attachment exposure and positive health-related habits. The debate about how to target services for this age group is not new. Nevertheless, there is a growing sense of urgency that it is crucial to understand the factors and the decision-making processes that improve youth programs across time and space.

MFIP administrative data demonstrate the impact that this group of young parents has on the size and nature of Minnesota’s welfare population over time. Based on these data, DHS assigned a workgroup to study how public policy for teens on welfare is implemented in Minnesota. Eight counties were selected based on their teen parent caseload size, proportion of current recipients who were teens at the time of their first known pregnancy, geography and racial/ethnic distribution. The workgroup interviewed county and provider staff responsible for working with teen parents. All interviews were documented and each county summary was reviewed by those interviewed for accuracy. These interviews illuminated both the many challenges and realities for teen parents and how “the system” is designed.
Purpose of the Study

The purpose of this study is not only to understand and document the application of state policies on a local level, but also to gain insights into what should be happening for teens to be more successful at caring for their children, getting an education, finding a job, starting a career and getting off public assistance. Minnesota has a goal for participants to leave assistance with increased income, primarily through employment, and policy makers and service providers need to understand the intermediate steps toward that goal for teens as a distinct population and how public policies affect their outcomes.

Because Minnesota has a state-supervised, county-administered program, each county has its own service delivery model. The state has oversight responsibilities and does not directly supervise program delivery. By going out to the counties and meeting with staff, we learned about teen parents and how the adults who serve them view teen parents and their MFIP experience. This report presents the result of a set of interviews focusing on teens receiving MFIP and compares the information provided by staff to what policy dictates. We found that counties offer a menu of services and supports designed to meet statutory provisions of the MFIP program while also operationalizing their own ideas about what services teen parents need, given resources available in their communities.

The sections of this report cover the following topics:

I. Policy and data context
II. Phases of the MFIP teen project
III. Overarching themes from interviews with workers and managers
IV. Conclusions and recommendations

I. Background

History

In the 1960s and the 1970s teen out-of-wedlock parenthood became an issue of intense public scrutiny. Two developments helped raise society’s awareness in this area. One was the decreasing rates of marriage and the parallel rise in single parenthood. Another was the increasing research and formal documentation of sexual activity among teenagers. It was reported in the early 1990s that “nearly two-thirds of first-time teenage parents on welfare have mothers who also gave birth during their teen years.”

The concern about the problem took center stage with the welfare reform of the 1990s as the social and financial costs were widely shared. An updated analysis released by the National Campaign to Prevent Teen and Unplanned Pregnancy showed that teen childbearing in the U.S. cost taxpayers at

least $10.9 billion in 2008, including state, federal and local taxes.\(^2\) Despite the generally declining birth rate for U.S. teens, statistics show that it still remains higher than the teenage birth rate of most western industrialized nations. For example, the Center for Disease Control published 2008 teen birth rates of 4 births per 1,000 teen women age 15 to 19 in the Netherlands; 5 per 1,000 in Japan; 8 per 1,000 in Germany; 13 per 1,000 in Canada; 24 per 1,000 in the United Kingdom and 39 per 1,000 for the U.S, as shown in Figure 1.\(^3\)

**Figure 1. International comparison of teen birth rates**

<table>
<thead>
<tr>
<th>U.S. Teen births highest of all industrialized countries</th>
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<tbody>
<tr>
<td>Bulgaria</td>
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<td>U.S.</td>
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<td>Turkey</td>
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<td>Romania</td>
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<td>Japan</td>
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<tr>
<td>Netherlands</td>
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</table>


Although Minnesota ranks among the states with the lowest overall teen birth rate within the U.S. with 33 per 1,000 in 2009, some of its racial and ethnic groups continue to have considerably higher teen pregnancy rates. Birth rates in Minnesota for 2000 to 2008 were 24 per 1,000 women age 15 to 19 for whites, 58 for Asians, 110 for blacks, 113 for Hispanic/Latina teens and 122 for American Indians. More recently, state teen pregnancy rates have dropped; in 2009, the rates per 1,000 were 15 for whites, 41 for Asians, 64 for blacks, 81 for Hispanics and 97 for American Indians.\(^4\) Rates also vary widely for counties, from 4 to 85 per thousand.\(^5\)

\(^2\) http://www.thenationalcampaign.org/costs/
\(^3\) http://www.cdc.gov/features/dsTeenPregnancy/
\(^4\) http://www.moappp.org/resources/data_facts.html#adolescentinfo
\(^5\) Ibid.
Policy

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, P.L. 104-193) replaced Aid to Families with Dependent Children (AFDC) with TANF. This gave states the opportunity to design programs specific to their context to address TANF’s four goals:

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
2. End the dependence of needy parents on government benefits by promoting job preparation, work and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish numerical goals for preventing and reducing the incidence of these pregnancies.
4. Encourage the formation and maintenance of two-parent families.

Minnesota’s MFIP statute defines a minor parent as someone under the age of 18; never married or otherwise legally emancipated; and either the natural parent of a minor child living in the same household or eligible for assistance as a pregnant woman. Social services and employment counselors share responsibilities for case management of this age group regarding social and educational assessment and development.

Living requirements. Under TANF, unmarried parents age 17 and younger are required to live at home or in an approved adult-supervised setting. This requirement is known as the living arrangement policy and is a basis for eligibility determination. More specifically, minor parents must live with a parent, step-parent, or legal guardian unless one of the following occurs:

- The parent, step-parent, or legal guardian will not allow the minor parent to live in his or her home.
- The minor parent is living with another adult relative with parental consent.
- There is no living parent, step-parent, or legal guardian whose whereabouts is known.
- The physical or emotional health or safety of the minor parent or child would be jeopardized if they lived with the parent, step-parent, or legal guardian.
- The minor parent is participating in a licensed substance abuse treatment program which would no longer be available if he/she returned to the parent’s, step-parent’s, or legal guardian’s home.
- The parent, step-parent, or legal guardian lives in another state.

School attendance. For teens receiving cash assistance who lack a high school diploma or GED, the TANF school attendance policy mandates high school or equivalency training for minors age 17 and younger and encourages it for 18- and 19-year-olds. Unlike adults who are eligible to request an exemption from MFIP work requirements for a child under one year of age, minor parents are eligible for an exemption only up to 12 weeks after the birth of their child.

The county, social service agency, or employment counselor must verify at least once per quarter that the enrolled teen parent is meeting the school’s attendance requirements. School attendance is required unless they encounter and can document any of the following issues that impede school attendance:

- Lack of transportation services to travel to and from school.
• Appropriate child care services not available while the teen is in school.
• Student’s illness or incapacitation serious enough to prevent attendance at school.
• Need for student at home because of illness or incapacity of another member of the assistance unit.

The state must report the actual hours of school participation as part of federal TANF reporting. This can include time the student spends studying if the school documents stating recommended time that a student should study. In general, up to one hour per classroom hour can be unsupervised study time, however anything above that must be supervised. The student is considered to be meeting the attendance requirement when school is not in regular session, including during holiday and summer breaks.

**Employment plan.** Older teens, starting with their 18th birthday and ending when they turn 20, must have an employment plan (EP) that can either be work-only or combine work with school or, if they lack a high school diploma or GED, school-only. If they choose to attend high school and do so at least half time, their earnings are not counted against their grant and their months are not counted against the TANF 60-month time limit. High school graduates who want to choose the post-secondary education option must also meet all the post-secondary education requirements. The EP is developed by the teen and the employment counselor and details how MFIP work requirements will be met.

**Child support.** Assignment for child support is mandatory for all recipients of cash assistance regardless of age. That means an applicant’s completion and signature on the Combined Application Form (CAF) is considered an individual’s acceptance of the assignment of child support collection by the state and requires that individual’s cooperation with Child Support Enforcement (CSE) efforts to find an absent parent and collect child support payments.

**Sanctions.** To maintain eligibility for MFIP, parents younger than 18 must comply with both the living arrangement rule and the school attendance rule. Eighteen or 19-year-old parents who do not have a high school diploma or GED must meet MFIP work requirements and may attend school. While failure to comply with the living arrangement rule leads to ineligibility, failure to attend school as required or to meet work requirements leads to sanctions that reduce or end cash assistance unless the person is exempt.

**Family cap.** Under MFIP family cap policy, the birth of an additional child to a family on MFIP does not increase the cash grant, with some exceptions.

**Home visiting programs.** The state funnels some of its TANF funds to public health home visiting programs through the state Department of Health to help the state comply with federal reporting requirement on out-of-wedlock pregnancies with a special emphasis on teenage pregnancies.
II. MFIP Teen Parent Project: Research Phases

An internal DHS workgroup was assigned in 2010 to identify existing strategies and incentives that promote educational attainment and work attachment opportunities for MFIP minor caregivers and 18- and 19-year-old teen parents. The impetus for this work was the ongoing concern about the percentage of total monthly MFIP dollars that go to families that started with a teen birth. The MFIP exit rate is lower for cases headed by a participant whose first birth occurred before age 20.

The workgroup designed a project with the following phases:

A. **Planning**: Compile DHS administrative data, statewide and by county on the characteristics of MFIP teen parents, including demographics, employment and earnings, educational attainment, involvement with child welfare, chemical dependency, mental health status and family violence waiver. Use historic data on age of first pregnancy and teen caseload size by county to select counties for study.

B. **Site visits**: Arrange site visits and develop an interview protocol. State staff visit eight counties and interview a cross-section of staff working with MFIP teens, taking notes and audio taping. Write a synopsis of each county’s program and give the county staff the opportunity to review and comment. (Complete reports on each visit are included in the appendix.)

C. **Analysis and Reporting**: Summarize and analyze staff observations of the implementation of program policies and local practices. Describe and understand eight models of MFIP for teens and identify successes and gaps of service to the target population at the county level. The results of this phase are reported in the section on themes. Recommendations follow.

D. **National search**: Request the help of the federal government, to get a better understanding of what other states implement as promising models to serve low-income parents under age 20, at or below income of 200 percent of the Federal Poverty Guideline. The Welfare Peer Technical Assistance Network recently completed this search for the Office of Family Assistance of the Administration for Children and Families in the U.S. Department of Health and Human Services. Their report is posted.\(^6\)

The information from the four phases described above will inform future action plans.

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Planning

Data
Several types of administrative data for teens on MFIP were used to provide context, substantiate the need and design the study:

- Point-in-time administrative data, describing the MFIP caseload in one month (December 2009).
- Calendar year 2009 administrative data on all MFIP teen parents (reported in Appendix A).
- Longitudinal data from the teen report of the MFIP Longitudinal Study (1998 to 2003) that combined interview with administrative data on new applicants.

Point-in-time data. In December 2009, there were 35,689 MFIP paid cases that included 27,678 eligible adult and minor caregivers and 72,830 eligible children. Nine percent (2,612) of these caregivers were under the age of 20. Half (51 percent) of the female caregivers, however, had a known birth that occurred before they turned age 20. So teen parenting has a larger effect than just the proportion of current participants who are in that age range.

Calendar-year data. Looking at unduplicated data over a longer time period gives a better picture of the population. In calendar year 2009, there were 5,132 teen mothers\(^7\) on MFIP, each eligible at least one month during the year. This was 14 percent of all female MFIP-eligible caregivers during that year. Three-quarters were age 18 or 19. Their age at their first child’s birth averaged 17, with more than half (55 percent) of these births coming before age 18. Half were employed sometime during 2009, with average annual wages of those employed at around $4,300; 9 percent had received child support.

During the previous three years, 26 percent had a serious mental health diagnosis\(^8\) and 15 percent a chemical dependency diagnosis (not tobacco-related) through medical care under public health insurance. About 2 percent had been determined a victim and 2 percent an offender in a child welfare family investigation.

Three-quarters (74 percent) of these young mothers were part of a Minnesota family assistance case as a child, nearly all with their own parent, most starting under the age of six. Eighty-seven percent of their own mothers were caregivers on an AFDC\(^9\) or MFIP case at some time in the last two decades. Nearly a third of these grandmothers had their own first child before the age of 18.

\(^7\) There were also 495 teen fathers included in the report in Appendix A.

\(^8\) Serious mental health diagnoses include psychosis, depression, personality disorder, post-traumatic stress disorder, and anxiety state.

\(^9\) Aid to Families with Dependent Children, the family assistance program that preceded MFIP, was phased out in 1998 in Minnesota.
One-fifth of MFIP cases with a teen caregiver in 2009 included two parents, at least one age 18 or older. Twenty-seven percent of one-parent teen cases were headed by someone under age 18.

The data in Figure 2\(^\text{10}\) show diversity in the racial/ethnic background among this age group, with whites and African Americans the two largest groups (37 percent and 29 percent of teen mothers, respectively), then Hispanics (12 percent) and American Indians (10 percent). Hmong and Hispanics have the highest percentage of teen mothers that are minors. The highest rates of Minnesota welfare history – being on an AFDC or MFIP case as a child – are for American Indians (92 percent), African Americans (86 percent) and Hmong (84 percent). Employment was highest for whites and African Americans at around 60 percent. Serious mental health diagnoses were highest for whites (37 percent) and American Indians (28 percent) and chemical dependency diagnoses were highest for American Indians (36 percent).

![Figure 2. Racial/ethnic distribution of MFIP teen parents](image)

**Longitudinal data.** Thirty months after applying for MFIP and joining the study, teens in the study had made some progress:
- 60 percent had finished high school.
- 60 percent were working.
- 55 percent had left MFIP.
- 18 percent had family incomes above 200 percent of the Federal Poverty Guideline.

Many challenges for teen mothers remained:
- 44 percent had given birth to a second child.

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\(^{10}\) “Multiple” includes people who chose more than one race. Everyone who chose the Hispanic ethnicity was included in the group of that name, regardless of race(s) chosen.
• 26 percent were on MFIP and not working.
• 40 percent had incomes below the poverty level.
• Problems with transportation, children’s behavior, child care and housing made it hard for many to get or keep a job.
• 11 percent had suffered a serious illness or injury in the previous six months.
• 9 percent of children had special needs.
• Mental health issues were reported by one-in-five, and one-in-five scored high on a depression screener.\textsuperscript{11}

### Site Selection

There are 87 counties in Minnesota. In choosing which counties to study, the considerations were how many teens were served and what proportion of the caseload those teens made up, the prevalence of women with teen births in the caseload and racial/ethnic and geographic diversity across sites. Eight counties were selected. The map in Figure 3 depicts the geographic location of the counties that participated in this study: clockwise, starting with St. Louis in the northeast, then metro (Hennepin, Anoka, Ramsey), Olmsted, Lyon, Becker and Beltrami.

The history with respect to the teen parenting of female caregivers on MFIP and DWP\textsuperscript{12} cases in December 2009 is shown in the first part of Table 1. For example, 28 percent of the 10,715 women who were caregivers on Hennepin cases active that month were known to have given birth as minors and 24 percent had their first child at age 18 or 19.

The second part of the table gives minor and older teen caseloads at the time of the interviews for this study, July 2010. For instance, there were 13 minor and 555 18- or 19-year-old mothers on the Hennepin MFIP caseload, 9 percent of all eligible MFIP caregivers in the county.

The rest of this section describes the eight counties, using the data set from calendar 2009, summarizing data in Table 5 of the report found in its entirety in Appendix A.


\textsuperscript{12} The Diversionary Work Program (DWP) is a four-month cash program from which some families exit and some transition to MFIP.
Table 1. Teen mothers in the eight study counties: history and current

<table>
<thead>
<tr>
<th>Eight Study Counties</th>
<th>December 2009 MFIP and DWP cases: Age at first known birth of female caregiver</th>
<th>July 2010 MFIP teen mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count of cases with female caregiver</td>
<td>Under 18</td>
</tr>
<tr>
<td>Anoka</td>
<td>1,864</td>
<td>20%</td>
</tr>
<tr>
<td>Becker</td>
<td>278</td>
<td>19%</td>
</tr>
<tr>
<td>Beltrami</td>
<td>1,253</td>
<td>32%</td>
</tr>
<tr>
<td>Hennepin</td>
<td>10,715</td>
<td>28%</td>
</tr>
<tr>
<td>Lyon</td>
<td>126</td>
<td>25%</td>
</tr>
<tr>
<td>Olmsted</td>
<td>787</td>
<td>21%</td>
</tr>
<tr>
<td>Ramsey</td>
<td>7,620</td>
<td>29%</td>
</tr>
<tr>
<td>St. Louis</td>
<td>1,453</td>
<td>20%</td>
</tr>
</tbody>
</table>

Site Descriptions

To meet the site selection goals of racial/ethnic diversity, the largest groups – white, US-born African American, Hispanic (all races), American Indian, Hmong and Somali – each needed to be served by one or more county in the study. For geographic diversity, we needed urban, suburban and rural counties from around the state. In terms of caseload size, the study ended up with six of the seven largest counties; none were from the 50 smallest counties.

- **Anoka County** is a suburban county in the northwest section of the Twin Cities metro area with pockets of rural areas in its northern parts. It has an MFIP caseload just over half whites, a quarter African Americans and about 5 percent each American Indians, Hispanics and Asians. Its caseload count was third largest in the state in the month studied (December 2009).

- **Becker County**, the rectangular county in the northwest section of the state, contains part of the White Earth reservation and serves approximately half white and half American Indian teen mothers in the 14th largest caseload.

- **Beltrami County** is near Becker County and contains a large part of the Red Lake reservation within its boundaries. Three-quarters of its MFIP teen mothers are from the American Indian community and nearly all of the rest are white. It had the sixth largest MFIP caseload. Bemidji, a regional center, and many resorts are located in the county.

- **Hennepin County** is the site of Minneapolis, the largest city in the state, with several neighborhoods of concentrated poverty, as well as some of the wealthiest areas in the state, some in the city and some in upscale suburbs. It has the largest MFIP caseload, about one-third

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13 December 2009 teen parent data in Table 1 are from an analysis by Paul Farseth, Reports and Forecasts Division, DHS.
of all cases in the state. Nearly two-thirds of the MFIP teen mothers were black (6 percent African immigrants and the rest African Americans) and the next largest group whites at 13 percent, 11 percent Hispanics, 5 percent American Indians and 4 percent Asians.

- **Lyon County** is a small, rural county in southwest Minnesota, with the 37th largest MFIP caseload; Marshall is a regional center. Over half of MFIP teen mothers are white, a quarter Hispanic and about 10 percent each Asian and black, each a mix of immigrants and U.S.-born. Many MFIP participants work in the meat processing plants in that southeastern part of the state. Two-parent households are more common than in the other counties, although the numbers are small.

- **Olmsted County**, in southeast Minnesota, which contains Rochester and a large medical sector, has the seventh largest MFIP caseload. Half its MFIP teen mothers are white, one-fifth are African American and there is representation by all the other groups, notably the largest percentage of Somali and other African immigrants.

- **Ramsey County** is the second inner metro county, with one-sixth of MFIP cases, and contains St. Paul, the state capital. Nearly one-half of MFIP teen moms are black, almost all of these African American, and one-sixth are white. Ramsey has the largest Hmong community in the state, reflected in 12 percent of MFIP teen mothers being immigrant Hmong and another 6 percent Asian American, many of Hmong background. Eleven percent are Hispanic.

- **St. Louis County**, home to Duluth, the Fond du Lac reservation and Lake Superior, is in the northeast section of the state and is geographically the largest county in the U.S. east of the Mississippi. It has with the fourth largest MFIP caseload. Its MFIP teen mother group was three-fifths white, one-fifth American Indian and one-eighth African American. It had the smallest percentage of teens among MFIP caregivers in the study.

The next three figures summarize family composition, challenges and economic status of MFIP teen mothers in 2009. Figure 4 shows family composition in terms of teen’s age at first birth, sharing a household with their child’s father and having two or more children:

- The only counties with fewer than 40 percent of their teen participants under age 18 when their first baby was born were Lyon and Olmsted.
- Lyon had by far the highest percentage of 2-parent teen households.
- Percentages of teens that had already had a subsequent birth were similar across the counties, between 9 and 22 percent.
Figure 5 gives three economic measures for MFIP teen mothers:

- Percent of the MFIP teen mothers in each county whose families received cash welfare in Minnesota sometime during their childhood (typically around three-quarters, ranging between 64 percent in Olmsted to 87 percent in Beltrami).
- Percent known to have been employed any time in 2009 (between 36 and 72 percent, but most counties near half).
- Percent ever sanctioned by MFIP (36 to 59 percent, with most around half).

Figure 5. Economic measures for MFIP teen mothers
Finally, these teens were at high risk for mental health, chemical dependency and child safety issues (Figure 6):

- Between 14 and 46 percent in each county had a serious mental health diagnosis.
- Between 9 and 30 percent had a diagnosis for alcohol or drug abuse.
- Between 5 and 17 percent had a family assessment or investigation of their parenting in the three years ending in 2009.

**Figure 6. Health and safety challenges for MFIP teen mothers**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Anoka (312)</td>
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<tr>
<td>Becker (53)</td>
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<tr>
<td>Beltrami/Red Lake (265)</td>
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<td>Hennepin (1680)</td>
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<td>Lyon (27)</td>
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<td>Olmsted (137)</td>
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<td>Ramsey (1099)</td>
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<td>St Louis (256)</td>
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</tbody>
</table>

**The interview protocol**

The framework\(^{14}\) that the workgroup selected for the interviews with county and provider staff centered around the “4 Rs” – Rules, Routes, Relationships and Resources – which lead to these questions to ask and answer.

<table>
<thead>
<tr>
<th>Rules</th>
<th>Routes</th>
<th>Relationships</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are MFIP policies properly implemented?</td>
<td>What are the typical processes that MFIP participants must navigate in a county?</td>
<td>What kinds of relationships do teens experience as MFIP participants?</td>
<td>What kinds of resources are available for teen parents on MFIP?</td>
</tr>
</tbody>
</table>

The instrument (in Appendix B) was used as a guide for the face-to-face interviews with selected county line staff, county supervisors and directors, as well as contracted providers who work with this age group. This framework allowed the workgroup to solicit in-depth responses around two major dimensions of service delivery:

\(^{14}\) This framework was developed by the Full Circle Community Institute.
• Formal organizational structure: the process flow, communication channels, county resource allocation decisions and the flexibility within that structure.
• Informal structure of the service model in use: the personal and institutional relationships within the system and collaboration across systems, worker training and background, community resources perceived as available and the unique relationship-building strategies that these workers use to engage minor and older teen parents.

Site visits

DHS staff made site visits to the eight study counties and interviewed a total of 88 county, tribal and provider staff in 48 separate meetings during the summer of 2010. These 88 people represented a cross-section of perspectives that included social workers, case aides, financial workers, employment counselors, child care workers, public health nurses, school staff and county supervisors and directors. Each county decided who would be interviewed and scheduled these face-to-face interviews.

A team of three DHS staff members participated in each interview (from the eight who made site visits; DHS student intern Katie Haas was the constant across all interviews). Some interviews were with one individual, most with a small group of people who work with MFIP teen parents or supervise such workers. Most of the interviews were audio recorded and the interviewers all took notes. Counties also provided written materials about their programs and tours of their sites.

Analysis and reporting

Once the workgroup had produced written records of all the interviews, they developed a plan for analyzing all this information and producing site reports that described the implementation of MFIP policy for teens. As described in guidelines developed for this study, the qualitative analysis followed these steps:
1. Transcribing the notes and audio into one document for each interview
2. Developing a coding system
3. Coding the interviews
4. Constructing a codes database for each site
5. Sorting codes into themes within a first draft of an outline
6. Extracting information on themes and inserting into modified outline
7. Writing the county interview report
8. Reviewing the interview transcripts to ascertain that all major themes are included in the report
9. Circulating the report to the DHS staff who participated in that interview
10. Revising the site report
11. Sending to county staff for review
12. Final revision

These site reports, including both narratives and process charts, are in Appendix C. The following descriptions summarize the service models described in those individual county reports.
**County Service Models**

**Anoka County** has specialized workers for minor parents. Following applicant screening, minor parents are scheduled for an appointment in its Blaine office for a face-to-face interview on Mondays. A specialized financial worker (FW) interviews minor parents, explains program rules at orientation and completes the social services referral. Then the child care worker takes an application for child care authorization and lastly the social worker (SW) meets with the minor parent. The SW is responsible for approving the living arrangement and encourages young parents to work with the county public health nurse (PHN). Referrals are also done for other county resources as needed. When the teen reaches age 18, the SW meets with the employment counselors (EC), who are housed in the same building, to coordinate transition from school plan to employment plan. The SW meets with the EC to coordinate transition from school plan to work plan. The 18- or 19-year-old applicants are screened by a generic worker and then referred to a youth worker for interviews on Tuesdays. A teen parent’s plan may include both work and school. Teen parents are strongly encouraged to complete high school and attend job club sessions.

**Becker County** does not have specialized workers for teens or minor parents. The county does financial intake for all teen parent families, but American Indian teens are referred to White Earth reservation for support services including living arrangement approvals, tracking for school participation and school/employment plans. A SW and PHN may be available as needed for non-Indian teens. Referrals are done for additional services if needed. At age 18, non-Indian teens are referred to Rural Minnesota Concentrated Employment Program (RMCEP) for employment services which include developing an employment plan.

**Beltrami County**’s intake appointments for teens are done in two locations, Bemidji and Red Lake. Teens are included with adult caseloads in both locations. In Bemidji, parents of the minor parent must attend appointments, but it is optional at Red Lake. Living arrangement determinations for minors are done by Child Protection or the ES provider RMCEP. The SWs and PHNs may work with minor parents. School is strongly encouraged especially when combined with training. The ES provider does the school tracking and has primary contact with the teen on a weekly basis. Services like WIC, PHN, FW, SW and ES are co-located at the Bemidji office. The social, financial and employment services workers are co-located at the Red Lake office.

In **Hennepin County**, initial contact between the teen and the county is during the application process which begins at Century Plaza in downtown Minneapolis where teens are screened. (This account describes the situation as of the site visits in summer 2010; changes since then are not included.) After screening they are sent to an off-site location, Broadway School. At Broadway, specialized financial

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15 This position is also called ES worker.
16 WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. Through WIC, the Food and Nutrition Service of the U.S. Department of Agriculture supplements the diets of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5.
workers are assigned to work with teen and minor parent households. Child care staff are also available at the face-to-face meetings with FWs. The living arrangement approval is done by the county social worker at the school. Ongoing school attendance is tracked by a county Case Aide. There are school social work staff who may also have contact with the teen parents. Not all teens on MFIP attend Broadway School, but the one county SW and Case Aide are responsible for all teens regardless of what school they attend. The Case Aide conducts the required assessment and develops the school plan. PHNs are available to work with teen parents on a voluntary basis. Other referrals to Front Door and other social services providers are done by the Case Aide. When teens turn 18, they are referred to an employment services provider.

In Lyon County, all MFIP minor and older teen parents who need assistance must come into the county office for an application, be screened for emergency assistance and set up an appointment for an initial face-to-face interview with a financial worker. Appointments are scheduled within a week of the screening. At the interview, the FW goes over the application, checks for any missing verifications and describes program rules to the teen. The child care application is also completed during this initial interview. Then the minor gets a packet that includes all available resources in the county. Occasionally teen parents are referred by a social worker. SW approval is obtained for living arrangements for minor teens not living with their parents and not emancipated. All minor parents in this county are assigned to ES provider Southwest Private Industry Council (SW PIC) for ongoing case management. Receiving public health nurse services is not mandatory for either MFIP minor or older teen parents. The application process for pregnant or parenting teens who apply for MFIP at age 18 or 19 is the same as it is for adults. However, teen parents have the option to choose whether to focus on school attendance or work in their employment plan.

In Olmsted County, the Bright Futures (BF) team, including SWs (county, hospital and school), PHNs, a FW and a child care worker work with pregnant and parenting teens age 18 and under. Most minor parents enter the BF service system through an initial contact with minors by the PHN/SW team, often while the teen is still in the pregnancy stage. An intake team meeting is held that includes the minor parent and anyone else they want to bring along to meet with a group of county workers, Mayo Clinic staff and school representatives. This meeting helps young parents and their families make connections to other community service agencies. After the BF social worker approves the living arrangement and educational plan of a minor parent, the FW approves or denies the application within the 30 days and the MFIP case is opened if approved. The above list of workers and an alternative/GED education liaison work with the minor parent. BF case management may continue until age 18 or even beyond if there is an urgent need to do so and program space is available. PHNs are available for all pregnant and parenting minor parents in the county through BF, but that service is mandatory for MFIP minor parents. The application process and face-to-face meeting for pregnant or parenting teens who apply for MFIP at age 18 or 19 is the same as for other adults with the exception that these parents have the option to choose whether to focus on school attendance or work in their employment plan.

Ramsey County, like Hennepin County, screens participants at their downtown Human Services Building but refers all teens to an off-site location for specialized services. The Bigelow building offers specialized financial workers, child care staff and public health nurses who provide case management
services. A social worker employed by public health does living arrangement determinations. The PHNs do the assessments required in state statute. If the teen parent is American Indian, they are referred to the American Indian Family Center (AIFC) that offers culturally-based services.

**St. Louis County** is located in northeastern Minnesota which is also the largest county in the U.S. east of the Mississippi. St. Louis County has specialized workers for minor parents. Minors and older teen parents can come in to the county office any morning, Monday to Friday. When the initial application is completed, an appointment is set up as soon as possible, ideally the same day, for a face-to-face interview with a specialized financial worker followed by a meeting with a specialized social worker. The SW may develop three separate plans for a minor teen parent: a social services plan, a school plan and a child care plan. These plans initially all have the same goals, but get modified as needed based on monthly contacts with the teen. Other support services are also included in the social services plan. The school plan is forwarded to the child care worker for approval of child care assistance hours for the minor parents. Upon turning 18, minors have the option to choose to continue working with a SW or close their social services file and work with an employment counselor instead. In contrast, 18- or 19-year-old teen parents who did not start with social services as minors do not have the same option to get social services. Instead, they are referred directly to the ES provider.

**County observations**
The common ideas listed below were heard at multiple sites. At the same time, there were approaches more specific to particular counties that came up either during the main body of the interview or in response to the closing question of “What have you learned from working with young parents and MFIP?” County specific observations on services, education and family planning follow.

- Serving teen parents requires a proactive approach to engage teen parents. Trust is key. Engaging them early is crucial for relationship building.
- Positive roles models and mentoring are important. When successful former teen parents on MFIP come back to share how they made it, current teen parents may be inspired.
- Setting high expectations for this age group is critical.
- MFIP policy supports education for teen parents to get them through high school and get them employed.
- Regular high school is better for many teen parents, from a developmental standpoint, because it provides a more structured environment than GED classes or Alternative Learning Centers.
- Through empathy, flexibility, patience and more handholding compared to adults, teen parents can learn skills like how to navigate county administrative systems and correctly complete required paperwork.
- Literacy issues get in the way of completing paperwork.
- Preparing young people to transition into positive adulthood is imperative. Therefore, transitions from social services to employment services or preparation from high school to post-secondary educational opportunities must be managed well.
- Participating in parenting groups is a great learning opportunity for young parent.
- It would be helpful if public health education programs also include about relationships, not just biology and health.
• Co-location of serviced allows young parents to save time and energy when scheduled to come in to meet face-to-face with their workers.
• There are acute housing and transportation gaps in all counties.
• Multiple sources of resources are needed to meet the spectrum of needs for this population.
• MFIP policy areas may put the teen mother in a quandary in a two-parent household where the MFIP grant is at risk even though she is working or attending school when the father will not comply with ES requirements.
• Sanctions are riskier for 18- and 19-year-olds because they are more often living on their own and do not have the support of parents and grandparents that minors seem to be more likely to have.
• Additional specialized training for workers on how to work with this age group is needed.
• There may be value in hiring more male case managers to provide male role models for both female teen parents who may be coming out of abusive environments and for young fathers who do not have male role models in their own families.

Anoka. County staff said that the complexity of the MFIP program policy is lessened by bringing together the specialization and long experience of county workers and multiple provider resources located under one roof. Together this team and their partners manage the attendance and truancy issues of young parents on MFIP early and intervene as needed. They estimated that about 8-in-10 MFIP teens in Anoka graduate from high school. ● One area of concern is the delay of referrals of teen parents to the Partnership for Family Success (PFS), Anoka’s strategy for MFIP families with a case open in two or more county agencies. ● Although the county public health nurse handles family planning information, the social worker also teaches teen parents about how to remain connected to family planning resources.

Becker. The county public health nurse visits schools once a month. The KeyTrain career readiness training module includes training on computer literacy, soft skills and preparation for demanding work schedule. Started as a DHS Taking Action on Disparity pilot project, it is now institutionalized in the county’s operations. ● Multiple workers (employment services worker, social service case aide and the public health nurse) incorporate family planning into their work with teen parents.

Beltrami. All county services are in the same building in Bemidji and available for all teen parents except those on the Red Lake Reservation who get services from the New Beginnings Program. The county social worker that works with teen parents also works in the child protection area. This dual role sometimes can causes uneasiness for some families who worry about having their child taken away; the SW tries to act in only one of those roles with any specific family. ● Workers connect young parents to opportunities that allow them to strive for future success such as the Bi-County Community Action Programs (BI-CAP) for youth up to age 21 that allows them to attend school and also access hands-on training such as carpentry. Social workers collaborate with nurses and employment counselors to support in-home skill development of teen parents. ● For family planning, a county supervisor stated that cultural values that “emerge from diverse socioeconomic class and ethnicity in the county” need to be considered in all strategies that aim to address the high pregnancy rates in this county.
**Hennepin.** County services for teen parents on MFIP are two-tiered to address adolescent development needs, using a specialized team approach for the 17 and under age group and an ES case management approach for the 18- or 19-year-olds. Services are provided at multiple locations. Staff assess and address literacy issues early on and promote post-secondary education. They estimated that about 6-in-10 MFIP teen parents in Hennepin county graduate from high school although the exact figure was not readily available. Many teens enroll in GED or special education. ● Concerns were raised about the lack of capacity at some service locations which result in long waiting lists as well as limits on services provided. Staff suggested that the county increase the number of service providers at one location, for example, co-location of housing resources and mental health services with ES workers. ● County public health nurses provide family planning services and healthy relationships training to minor teen parents by referral. Young parents also receive resources for parenting and instruction on child growth and development, including referrals to Early Childhood Family Education (ECFE) and Way to Grow at their schools.

**Lyon.** All minors are assigned to a social worker and the ES provider has 3 youth workers for 14 counties in a multi-county human/health services delivery system. ● Education is promoted and employment counselors visit schools and, if needed, consult with school social workers with a release from the teen parent. Staff estimated that only 5-in-10 of teen parents age 18 or 19 finish high school. ● Family planning services are provided by the county public health nurses. The social worker and the public health nurse services work closely if there is a need, especially since teens tend not to understand nutrition and medical issues related to pregnancy.

**Olmsted.** The Bright Futures Collaborative provides county services for teen parents, with the eligibility for some services open to all teens in the county while others are available only to MFIP eligible teen parents. Teen parents, including those who attend the Alternative Learning Center, work with school and county social workers. ● One hardship brought up was how some teen parents must change several buses to take their babies to child care facilities before they can go to school in the morning. One idea was to reduce opportunities for truancy by providing secure transportation that would take teen parents and their children to their destinations directly. ● County public health nurses provide family planning services to teens and advise young parents to delay subsequent births for at least 24 months.

**Ramsey.** County services for teen parents on MFIP are provided by a collaborative providing wrap-around services with staff from the county human services, public health, social services and multiple employment services providers. For most minor parents the public health nurse is the lead MFIP worker, most older teen parents get traditional employment services, and most American Indian teen parents are served at the AIFC. Staff reported that high school graduation or GED completion rate for MFIP teen parents in the county improved from 33 percent in 2003 (when the collaborative model was initially implemented) to 68 percent in 2010. An experiential opportunity for MFIP American Indian teen parents at the AIFC is a community-based hands-on horticultural internship that pays with harvested food and rewards with a certificate of completion. ● Concern was raised about the MFIP policy of 30 percent cap on education activities that count towards the work participation rate for counties. Also, it was reported that it is a challenge to obtain county social worker services for teens.
with disabilities. ● County public health nurses provide family planning services and focus on reduction in repeat teen pregnancy. They work with teens to increase their knowledge of birth control and methods and give them information about resources available in the community.

**St. Louis** – County services for teen parents are case managed by a specialized team. Given the primacy of the school attendance requirement in MFIP for this age group, the team focuses on building support systems around the teen to minimize school truancy issues. ● Staff expressed some concerns about the inadequacy of available legal services for parents who have custody issues, particularly when out-of-state cases are involved.

### III. Practice Context: Emerging Overarching Themes

Several themes that the workgroup heard throughout the interview phase included terms like collaboration, co-location, specialization and relationship building. Other areas emphasized were the training and background of staff to be able to work with minor and older teen parents, that staff have either empathy due to similar life experience or formal training in adolescent development. Declining financial resources and resulting retrenchment of services and staffing for young families were mentioned repeatedly.

For this report, it is important to note that each county defines some of these terms/themes differently based on the culture of the county. For Anoka, co-location and collaboration literally means sharing the same building and working together in specialized teams. In Hennepin County, co-location means a lot of services are provided in a school setting. For Olmsted, it was when the county financial worker had been located in the same building with social workers.

Specialization may mean working with a specific age group (less than 18 versus 18- and 19-year-olds) or it may mean using specifically trained staff such as public health nurses and school social workers or dedicated staff such as financial workers or employment counselors who work only with teens or minor parents. Though some counties use specialized workers, others do not. In some counties, specific financial workers are assigned to work with minor or older teen parents at the earliest stage in the process and stay with them throughout their teen years on assistance. Staff turnover was more of an issue in some counties than others. This can contribute to instability for the young parent. Public Health Nurses are used in several counties as an integral and mandatory part of the service delivery model and in others it is encouraged but voluntary.

### Rules

Program rules are specified in state statute and in the program manual used by county workers. Table 2 on the next page summarizes these requirements that were described in the policy section above. Comparing the process charts in each county’s report in Appendix C with the state statute chart in
Table 2, we reach the conclusion that policies for teens are followed: for minors, referral to social services, approval of a safe living arrangement before MFIP can start, insistence on high school attendance, developing a school or employment plan, child care when needed and sanctions when plans are not adhered to. Older teens are treated much as adults, except that if they have not completed high school, they can choose a school-only plan for finishing and not have months of assistance or earnings counted while attending school at least half-time.

How counties implement these rules varies. For example, counties sanction differently. Before a teen is sanctioned, staff will try to reach the teen and give them more time to come into compliance in some counties. Other counties will sanction early as a tool for a more immediate response and to get the attention of the teen parent.

In some counties, a case aide is assigned on a full-time basis to verify school attendance of all minor parents. She will often take the time to contact the minor’s family and teen to discuss how to come into compliance. In other counties, this task may be performed by a financial worker or employment counselor, for all teens or only the ones on their caseload.

The state statute delineates some of the MFIP services that counties must provide for minor parents (for example, types of assessments) as opposed to older teen parents, but state policy leaves room for them to create their own service model. Counties may only provide mandated services due to limited financial resources, but even within this narrow parameter they can create different models at point of entry and at transition points. They may also collaborate with outside resources such as the public schools, public health nurses and non-profit community agencies to provide a more comprehensive service model.

**Routes**

Due to the differences in how counties provide services, the range of staff working with teens varies by county. For example, in some counties, employment counselors do not work with teen parents and in some counties, a social worker or public health nurse may take the lead in service delivery. The only staff member who is consistently involved with a teen parent is the financial worker. And not only does the range of staff vary by county but the level of intensity of involvement by each staff varies both within and between counties.
<table>
<thead>
<tr>
<th>MFIP Statutory Process for Minor Caregivers (Under Age 18)</th>
<th>MFIP Statutory Process for 18- or 19-year-old Teen Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake (varies as to location, time and staff involved).</td>
<td>Same.</td>
</tr>
<tr>
<td>Face-to-face first interview.</td>
<td>Same.</td>
</tr>
<tr>
<td>Mandated referral to social services.</td>
<td>Not mandated; some counties allow those who turn 18 the option to either stay with social services or go to ES depending on work or education option.</td>
</tr>
<tr>
<td>Law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants.</td>
<td>Same. Not required.</td>
</tr>
<tr>
<td>If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience). Assessment for minors should also include results of Teen &amp; Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program.</td>
<td>Referral to employment services to do an employment plan with work, plan combining work and school, or (an option for non-HS graduates studying toward diploma or GED) a school-only plan.</td>
</tr>
<tr>
<td>Minor teen must attend school at least half time (unless exempt or already holds HS diploma or GED). If minor attends school at least half time, these months do not count toward the 60-month time limit. Minor can attend school and work. Earned income is disregarded if attending school at least half time.</td>
<td>Teen parent encouraged to attend high school unless exempt or already holds HS diploma or GED.</td>
</tr>
<tr>
<td>Develop plan, reflecting to extent possible, the preferences of the minor caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, other programs the teen will participate in (including child care and supportive services), consequences for failing to comply and right of appeal.</td>
<td>Teen parent must choose type of plan from above choices. Earnings and months on do not count under MFIP for those who are in high school at least half time.</td>
</tr>
<tr>
<td>If the education plan includes HS education, verify and monitor school attendance and other services.</td>
<td>Same.</td>
</tr>
<tr>
<td>If employment-only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both.</td>
<td>Same.</td>
</tr>
<tr>
<td>Provide child care if following education plan.</td>
<td>Provide child care if following plan.</td>
</tr>
<tr>
<td>If minor turns 18 and has not completed high school and is working with social services, they may continue to work with social services while completing high school.</td>
<td>Apply sanction for failure to cooperate with education plan.</td>
</tr>
<tr>
<td>Non-statutory Core Services for Minor Caregivers</td>
<td>Non-statutory Core Services for 18- or 19-year-old Teen Parents</td>
</tr>
<tr>
<td>Public health nurse.</td>
<td>Employability Measure.</td>
</tr>
</tbody>
</table>
Co-location is a strategy used to varying degrees to streamline, simplify and make immediate the services offered to MFIP participants. In fact, co-location and specialized workers who work with teen parents were the two areas most frequently mentioned as a source of pride and cited as strengths and a good idea to strive for. In counties where there was co-location of employment services, financial workers, public health nurses and/or social workers, staff said it facilitated coordination and communication, with the exception of Red Lake.

All but one of the counties appeared to focus resources on minor caregivers as they entered MFIP. In contrast, Hennepin services seemed to be more focused on its 18- or 19-year-old teen parent caseload. Hennepin staff reported that the county’s Adolescent Parent Unit was dissolved for lack of funding, which reduced the level of case management and support available to minor teen parents.

Workers in all sites were supportive of teen-specific workers so young parents on MFIP have a particular person or group for case management and support. In small counties, this meant that one worker takes all age 19 and under cases and also some adult cases. This one worker is usually the go-to person for this age group. In larger counties, there are usually multiple workers assigned only to MFIP minor and/or older teen parents. In counties where teens were spread among a general caseload, workers expressed a strong desire for more specialization for this age group. In many cases, specialized workers had been in their positions for a number of years, and staff and supervisors believe this longevity and experience to be instrumental for cooperation and collaboration as well as an effective workflow process and services.

An alternative location for serving teens away from adults age 20 and older provides better opportunities to connect with teens and have a positive impact on their outcomes, according to some counties that have this arrangement.

**Relationships**

Regardless of the program structure of the county, there was a consistent message that young parents on MFIP need more guidance, patience and hand-holding than adult participants. Several of the interviewees noted there is marked difference in the socio-emotional needs that is aged-based. Teens age 17 and under have more access to programs and support at home. Some county staff point out to young parents that it is very expensive to pay for housing and everything else on their own even though they may still be eligible for the benefits of several programs before they turn 18. Workers also find that the minor teens and under are more open to guidance than the older ones. There are fewer resources for 18- or 19-year-old parents once they finish school.
All counties and providers that work with young parents on MFIP showed a great deal of pride in helping and watching young parents learn and grow more confident as they begin to problem-solve and make plans for the future and advocate for themselves. Staff described how they go to great lengths to guide these parents, access community resources and introduce them to the world of work – with some workers even offering themselves as references for job applications.

The personal approach to engaging these young parents can potentially make a difference in their lives. One worker described how she “hung on” to one reluctant young parent who eventually finished high school at age 21 and went on to college. Another county had a success story of a participant who not only finished high school, but also found professional and academic prestige after she got off MFIP.

The quality of relationships among staff affects their effectiveness and relationships with these teens. Good working and professional relations helped the people working with teens on MFIP in one county work around changes that came with restructuring and a move to separate locations and maintain a high level of service and engagement. The reverse can also occur, with poor communication among staff interfering with quality of service.

Part of the popularity of specialized workers counting only minor and/or 18- or 19-year-old parents among their cases is the ability to focus on teen issues, an opportunity to become more skilled with this group, to better understand their needs and allocate available resources, perhaps to work with an age group they especially like.

Sometimes, many services were needed for a teen and staff from many areas would come together in team meetings or group conferencing. Their goal was to improve coordination of services around a particular cases keep everyone, including the teen and family, part of the process. Engaging young parents in unstructured job search is frequently a challenge. There is also widespread consensus the young parents have trouble keeping up with MFIP paperwork, and some workers described walking them through the forms line-by-line.

Most of the staff work with minor caregivers and teen parents reported that they did not have specific training on adolescent development or how to engage youth from different racial and cultural backgrounds. Many lamented no longer being funded to attend an annual conference on pregnant and parenting teens.
**Resources**

All counties reported cross referrals with other agencies in the community. All locations experienced diminishing funding during a period when case loads are increasing and staff are getting reorganized. All use some sort of support groups organized to engage young parents. Workers innovate ways to find resources to provide incentives to motivate teen parents to attend organized events. Some ask teens on MFIP themselves to become peer experts in navigating the paperwork trail. ALC and GED programs are available for a second try at high school.

Workers reported that when rapport is established, staff often hear about the life situations of these young parents. Then they are better equipped to assess client strengths and needs, which may open the door to the services and community resources necessary to support their efforts toward stability and self-sufficiency.

All eight counties offer financial assistance, social services case management, employment services, child care information and referral and, in some cases, individual and group activities. Two counties require public health services for young parents on MFIP that are available on a voluntary basis in the other counties.

Besides the resources and opportunities that were available in these counties, workers also shared their concerns about serious service gaps.

Although the eight counties have different local histories, operate at different funding levels and have different approaches, each created a particular structure and environment to encourage school attendance, appropriate living arrangement and problem-solving skills. The models differ in how they structure services depending on age, location, referrals to services, worker specialization and transition planning for 18 year olds and beyond.

Education is not only required in program policy for minor parents but greatly stressed by all counties and all staff working with teen parents. All eight counties described the challenges young parents must overcome that pull or keep them away from school (housing, transportation, school credit, child care, difficult relationships, etc.). There is a real issue with young parents and their children living in transient housing arrangements.
IV. Conclusion and Recommendations

The impetus for this project was two-fold: the knowledge that births to teens frequently lead to the need for family assistance (as well as harms to young parents and their children) and the lack of knowledge about how counties and employment services providers implement Minnesota’s family assistance program person-to-person. State statute specifies several requirements for teens receiving MFIP grants – separately for minors and 18- or 19-year-olds – in addition to the general program rules, but counties have considerable latitude in how they implement the program. By talking with people on the front line in a representative selection of counties, we found varied answers to the primary questions on rules, routes, relationships and resources.

Our interviews provided insight into how workers approach working with teen parents, how they follow state program policies and how they view their roles with teen parents in poverty. We applaud their caring, persistence and flexibility in times of diminishing support and resources and in the face of the very difficult situations that the people they serve sometimes find themselves in. Reflecting on this wealth of information focuses attention on key issues and leads to next steps.

What Do the Teens Need?

The rules for minor teens provide the start of an answer. Teens need a safe place to live. They need a good education. They need a mentor – a caring and consistent adult. They need a plan for how to finish growing up. They need help caring for their child. They need food and cash for other necessities. They need help interacting with the child’s father. Of course, government cannot provide the complete answer to these needs, nor the nurturing and support that many teens need from their family and friends. But to young people in this situation – poor and parenting – and their children, government programs can lend a hand.

Housing

Approval of an initial safe living arrangement is required before the MFIP grant can be approved for minor parent applicants. In many cases, this home is with the teen’s own parents. Usually a social worker must sign off on the living arrangement. Some counties visit the home to check out the conditions, and some counties do less, perhaps talking by phone with the person providing a home, before approving. We repeatedly heard how transient this group is, frequently couch-hopping, sometimes becoming homeless. That there is no follow-up to make sure their living arrangements stay safe over time is a gap in policy and practice. That there are few resources in most of these communities for stable subsidized housing raises the question of what to do when the teen loses housing or it becomes unsafe. Workers
described safe and affordable housing as an area of need in rural, suburban and urban counties.

**Education**

The support for staying in school and graduating from high school was universal and strong among workers. They see this as an absolute necessity and communicate this message to the teens they serve in multiple ways, both positive – it leads to a good job, be a role model for your children – and negative – “no school, no cash.” Not counting earnings against the grant and not counting months of cash receipt toward the time limit while a teen parent of any age is attending high school at least half time reinforces this bias toward school. Policy does not, however, extend the same level of encouragement for education to post-secondary programs, although a certificate or AA degree can improve employability and advancement.

Because the TANF Work Participation Rate limits how many participants with sufficient hours engaged in education activities can be counted as a success in the rate, some counties are reluctant to encourage teens to further their education. Record keeping for education status is also not a priority. While an MFIP applicant’s education status is recorded as part of the intake process, program policies and procedures do not have system checks to ensure that changes in education status get recorded on the MAXIS data system. Nor does DHS have access to school records reported to the state Department of Education. Thus, high school graduation – the outcome more important than seat hours – cannot be tracked reliably.

**Mentoring**

Many staff dwelt on the importance of relationship building with teens and how they “hand hold” in a way they would not do with older participants, in terms of helping with paperwork, coaching through telephone calls to set up appointments, taking them to appointments, even personal help like babysitting during a GED exam. They saw building this relationship and trust as necessary before young people would engage with the task at hand. They also said that sometimes strong relationships form with a staff member who is not the teen’s primary MFIP contact person, like a nurse or social worker or teacher. For example, parenting classes and home visits by PHNs and social workers assist young parents in learning how to raise their children. Professionals are not parent substitutes, but can play a part in mentoring young people.

MFIP can fundamentally change the life course of young parents and their children for the better. Workers gave examples of successful former MFIP teen parents; those may be due in part to efforts of these professionals. The school or employment plan and conversations around it, can provide part of a blueprint for maturing and moving toward self-sufficiency if it is individualized for the teen and developed with her participation and agreement. The
transition to adult services or off MFIP is often abrupt, a person being treated as a child one
day and adult the next. Sometimes the teen falls through the cracks on this transfer. Other
times, the teen is now ready to take on the adult role or there are supports from individuals
or structures in the welfare system, family, friends or other points of contact that help.

**Child care**
Obtaining quality, affordable, and consistent child care is not easy for many employed
people, but particularly for those with low income and schedules that are irregular or include
evening or weekend hours. While many parents can rely on family or friends, many others
must pay a child care provider. The Child Care Assistance Program funds care for children
in MFIP families, but the parent must know and follow the rules for their sometimes-
complicated work situation to stay eligible and not have payments recouped. In particular,
teens have school classes to attend and often irregular work schedules, with child care
sometimes provided at school or by their own parents, but sometimes a struggle to arrange.

**Basic needs**
Welfare programs originally focused on cash transfers to eligible families that, along with
food stamps (now Supplemental Nutrition Assistance Program benefits paid through EBT
cards), made families less poor and less hungry. Program goals of meeting basic needs
continue, although cash assistance – unlike food assistance – is not indexed to inflation, and
there is a strong emphasis on getting people to work. As one researcher wrote at the time of
transition from AFDC to TANF, “Many public assistance programs have accomplished
exactly what they set out to do: food assistance has improved nutrition among the poor,
health insurance has increased access to medical care, job training programs for single
mothers increase their labor market involvement, and cash transfers….make people less
poor.” Teens have to learn how to figure out what their needs are and how to find resources
and budget to meet them.

**Stable relationship with the child’s father**
And then there is the other parent, almost always the father, many of whom are missing
from the MFIP teen parent picture. Most places never had a program for the babies’ fathers
or had discontinued previous programs, due to limited county resources as well as many
fathers’ lack of interest in being involved with the teen mother and baby. Child support
works to engage the second parent in providing financial support when possible. In some
cases the second parent is part of the assistance unit and must comply with work
requirements. However, many workers expressed concern that rather than a second parent
increasing stability, MFIP teen mothers are sometimes negatively impacted by the father’s
presence in the household (for example, by causing a sanction for noncompliance or by
violence). PHNs said that most fathers did not participate in home visits.
What Do the Welfare Workers and System Need?

The welfare system and workers have the responsibility of maintaining the safety net for Minnesotans, operating within the constraints of program rules and available resources. To do this, they need the knowledge and skills to do the job, the time they need to spend with participants, an effective service model, coordination with other professionals involved in participants’ lives, and support from the community and the system in which they work.

Training

The training offered to county staff about teen parenting varies across counties and is based on the type of services being delivered. Financial workers are the most common thread across counties; regardless of how big a part of their caseload teens comprise, they received little training other than program policy. In some counties, social workers are assigned to work with teens, but their contact tends to be fairly limited and social workers may or may not have had special training on adolescent development through their professional degree program. Public health home visiting nurses who work with teens in some counties often have training in child development, but with a medical angle rather than a social or cultural perspective. In some cases a case aide is assigned in lieu of a social worker to monitor school attendance and deal with questions from parents as well as teens. One valuable training resource cited by several staff was the annual Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP)\(^\text{17}\) conference. Due to limited resources, some counties can no longer pay for staff to attend.

Time

Caseloads for social workers and employment counselors have reached levels that impede high standards of service. This was the case both in counties with teen-specific workers as well as those who serve a wider range of ages. High caseloads limit the ability to make sufficient social service referrals and to build meaningful relationships that support healthy adolescent development. Paperwork is overly burdensome to both youth and workers. With high caseloads, even small simplifications in paperwork can amount to a significant time savings.

\(^{17}\) MOAPPP changed its name to Teenwise Minnesota in May 2011 (www.teenwise.org). Teenwise continues to sponsor an annual conference on adolescents.
A Standard Service Model
The system and workers need a comprehensive and uniform service model for this population. Each county has a different service delivery model within the parameters of MFIP policy based on its physical logistics, resources and local culture. For example, some counties try to streamline services or access to services by either coordinating with their partners within their building or finding a more central location where assistance with program requirements and support services can be provided. Some counties use sites such as schools or other community offices. Some counties have specialized workers whose caseload is only teens or, in smaller counties, who serve all the teens as well as some adults. Some counties have a case management model. The goal may be to make MFIP less confusing for teens and in some cases provide a more teen-friendly environment. The two models that seem to have been designed specifically for this age group are the public-health nurse model (Ramsey, Olmsted) and the school-based model (Hennepin). The other five counties’ models are either a hybrid or designed to meet statutory basic requirements with little or no embellishment. We will propose a next step for designing a service model below.

A collaborative approach
Counties need to coordinate across departments within their own staff, with contracted service providers and with community agencies and families to provide additional support for teen parents. Within counties, this work cannot be accomplished in silos. Successfully supporting teen parents to realign the trajectory of their lives demands meaningful coordination among the professional entities that touch these young people’s life areas. This includes MFIP providers, public health, education, early childhood education, child support, child protection, clinics, social service agencies, WIC, housing agencies, corrections and others. The examples of collaboration and specialization of staff speak to the importance of this coordinated approach.

Community involvement
Teen pregnancy predates involvement with MFIP. The community at large has a role in pregnancy prevention and postponement, parenting of and by teens and the welfare of children. So partnerships to improve the lives of teens and all children need to go beyond professionals who work directly with them. The welfare system – state, counties and providers – must be part of this conversation.

Information sharing
Finally, counties told us they are eager to find out what other counties are doing with teens. This report will answer some of those questions. Policies and how they are implemented change over time, however, so ongoing communication is needed.
Next Steps?

Here are possible next steps that DHS and its partners in the welfare community could undertake:

- Propose a teen parent service model, bringing together state, county, provider and university thinkers. The elements of a first draft are developed below.

- Use Innovation Funds,18 as available, to test elements of this model.

- Share information on what is known about what works.
  - Pull together any documented evidence-based practices.
  - Closely monitor and document efforts by grantees of DHS innovation funds for teen MFIP programs.

- Coordinate the study of teen participants across DHS programs – including at least cash and food supports, child welfare, child care and child support within Children and Family Services – and develop a shared strategy or model.

- Establish a closer connection with the work done with money from the federal Public Health Nurse home visiting grant that DHS passes through to the Minnesota Department of Health.

- Identify goals and outcomes that are measurable and consistent across counties.

- Get the perspective of MFIP teen participants through focus groups to understand the program’s strengths and challenges from the participant point of view.

- Survey the other 79 counties about their MFIP program for teens, using information from this study to compose the survey questions.

- Form a community of practice for counties or employment services providers on working with teens on MFIP to share knowledge and questions.

- Work with communications staff to better help the public understand both the reality of poverty and how our programs work, especially with teens, in the face of common misunderstandings and misinformation.

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18 Innovation Funds provide grants for “projects testing innovative approaches to improving outcomes for MFIP participants, family stabilization services participants, and persons at risk of receiving MFIP…targeted to geographic areas with poor outcomes…or to subgroups within the MFIP caseload who are experiencing poor outcomes.” (Minnesota Statutes, section 256J, subdivision 5)
A first draft of a Teen Parent Model

While there are many strategies for working with teen parents on MFIP, as this report shows, no single best model has been proven. Much of this work with teens is based on untested assumptions.

Strategies develop within program parameters, based on the local culture around teen parenting and public assistance, availability and quality of resources – both staff and financial – and the ability and willingness of the county or provider to collaborate internally and with community organizations. In Minnesota, each county and employment services provider – both multiple providers within a large county and single ones across several small counties – decides how to implement the program on the ground and all are required to document inputs but not the process.

A model must be able to set the stage for a professional in the MFIP system to establish a trusting and nurturing adult-to-adolescent relationship with the young parent. Here we sketch out possible components of a teen parent model that would be clear to all and support TANF goals:

1. **Single point of contact.** In a case manager model, the MFIP teen would work with a single individual who coordinates and manages the participant’s journey within the system. The responsibilities would include, at a minimum, help with completion of forms and process requirements for MFIP, writing a plan, monitoring school attendance and assisting in identifying and coordinating support services. The contact would be focused on teens and have frequent contact with each teen.

2. **Participant choice.** The teen should have some choice in who serves as their case manager. A personality clash or a worker viewed as incompetent can scuttle the whole enterprise.

3. **Service integration.** A team of professional staff assisting the participant is coordinated and documented by the single point of contact acting as case manager. Co-location, collaboration and integration of systems would facilitate this.

4. **Clear goals.** Goals must be obvious for the teen, agreed upon with the team and documented and assessed quarterly or more often, based on the circumstances of the teen. The employment plan must adapt and guide.

5. **Safe living arrangement.** Safety requirements need to be verified at least quarterly. If housing is an issue, teens must be placed in a supportive setting and not permitted to be homeless. If housing arrangements are only examined at intake, teens may not continue
to be safe. This would require a strong supportive housing component within each county.

6. **Education records.** High school completion is a primary goal of MFIP for teens and should be tracked. Counties need to document completion of high school or GED – perhaps be required to enter education level into MAXIS at recertification – until a link to state education records is established, with graduation rates monitored by DHS and incentives for increasing high school graduation.

7. **Post-secondary education and training.** The encouragement, guidance and supports to complete high school should extend to post-secondary certificates and degrees, where appropriate.

8. **Public health services.** PHNs for minor teen parents are sometimes part of the MFIP program and are mandatory in some counties. Perhaps public health services could be made mandatory for all MFIP teens. At a minimum, these services should be encouraged for minor teens. A curriculum could be developed for this age group and used across the state on goals such as improving parenting skills and postponing subsequent pregnancies.

9. **Disabilities.** Does the teen have long-term special needs or disabilities that will continue to provide serious barriers to success in the adult world? What is the role of the health care system in providing services and supports in these cases, including housing?

10. **Child care.** All children need consistent and quality child care when their parents work or attend school. This is especially hard to accomplish with limited resources, irregular schedules, and inexperience of young parents.

11. **Maturity.** Assess the capacity of the teen to meet adult responsibilities and provide or find transitions to get them there. Build strong transitions between the minor teen program and the older teen program. Exit interviews before closing MFIP could provide a model, as could the foster care system’s training on social, emotional and financial issues for youth aging out.

12. **Staff training.** Education of staff on adolescent development and working with teens would give them skills they want and need to be more effective.

13. **Cultural competency guidelines.** A set of expectations should be developed within a consistent set of policies and procedures to ensure that cultural competency is addressed with people who work with teen parents. Cultural barriers are often ignored because of a lack of knowledge, skills or resources.
MFIP Teen Parents in 2009

June 2010

Prepared by:
Program Assessment and Integrity Division
Teen Parents on the Minnesota Family Investment Program (MFIP) in 2009

This report describes teen parents who were caregivers on a family assistance case in Minnesota anytime in calendar year 2009, using administrative data. Their earliest combination of active case and month as caregiver in that year was selected. Table 1 summarizes their age and education as of that month by gender, as well as status on some personal and economic variables.

Three-quarters of the teen mothers and nearly all of the teen fathers were age 18 or 19. Their age at their first child’s birth known to MAXIS (from birthdates of children on the case or due dates for pregnant teens with no other children) averaged 17 for females and 18 for males. The majority of teen mothers had their first child before age 18. Nearly a third had completed high school by 2009. Over half were last recorded as being enrolled in school full time.

A quarter of teen mothers were on MFIP the entire year. At least half each of mothers and fathers had some employment during the year, with an average for the year for these workers of around $4,400 reported to the Unemployment Insurance system. Only 9 percent of the mothers received any child support, an average of $436 for the year.

A quarter of the teen mothers and 15 percent of the teen fathers had a serious mental health diagnosis through medical care under public health insurance during a three-year period. Serious diagnoses include psychosis, depression, personality disorder, post-traumatic stress disorder, and anxiety-state. Some of these teens had been part of a family assessed or investigated for safety issues, and about 2 percent were determined to be victims and 2 percent were determined to be offenders. About one-in-five of child victims had become offenders.

Table 2 gives welfare history, as known to the Minnesota administrative database, dating back to 1991. Three quarters of these teen parents were part of a family assistance case as a child. Nearly all were on a case with their own parent, most starting under the age of six. Eighty-seven percent of their own mothers were caregivers on a Minnesota family assistance case at some time in the last two decades. Nearly a third of these grandmothers had their own first child before the age of 18.

When did they start their own family assistance case, in relation to the age of their oldest child? The answer was during the birth month or the preceding pregnancy for 45 percent of the mothers and 13 percent of the fathers, and by the child’s first birthday for another 45 percent of mothers and 62 percent of fathers.
Table 3 describes household composition. One-fifth had two parents. Twenty-seven percent of one-parent cases were headed by someone under age 18. Every two-parent case had at least one parent over age 18, and 12 percent of these cases were headed by a married couple. About three-quarters of each type of case had one child. The average age of only or oldest children was one year.

Where teen parents lived was similar to the overall distribution among Hennepin County, Ramsey County, metro suburbs, and the rest of the state reported in the December 2008 report on the MFIP caseload, except that Ramsey County’s share was a somewhat smaller proportion. For the teen fathers, however, there were considerably fewer, proportionately, in the two urban counties and more outside the Twin Cities eleven-county metro area.

Table 4 describes the racial/ethnic subgroups of teen mothers on many of the characteristics in the first three tables. As in the 2000 census, all Hispanics are grouped together regardless of race. The black group is divided into immigrants (Somali and others) and African Americans; the Asian group is divided into immigrants (Hmong and others) and Asian Americans. The largest groups are whites and African Americans, about two-thirds of all teen mothers.

Two immigrant groups – Hmong and Hispanic – have the highest percentage of minor parents, and whites the lowest. High school completion rates are low, not surprising given their ages, and lower than the caseload’s 59 percent rate. The highest are by whites, Asian Americans, and African Americans. Immigrant groups have the highest marital rates.

The highest rates of Minnesota welfare history are for American Indians (at 92 percent), African Americans, and Hmong. About three-quarters of each group had one child.

Employment was highest for whites and Asian Americans (around 60 percent) and similar for most of the other groups at around 40 percent. Mean annual wages for the employed ranged were less than $6,000 for any group, down to around 3,000.

Serious mental health diagnoses were highest for whites and American Indians. Chemical dependency diagnoses were much higher for American Indians. Family violence, in terms of offender determinations, was highest for American Indians and African Americans.

American Indian, Hispanic, and white teen mothers on MFIP were more likely living outside the Twin Cities metro area, blacks in Hennepin County, and Asians in Ramsey County.

http://edocs.dhs.state.mn.us/lfs/lfserver/Legacy/DHS-4219K-ENG
Table 1. Description of Teen Parents on MFIP

<table>
<thead>
<tr>
<th>All teen parents on MFIP as caregivers in calendar year 2009</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count</strong></td>
<td>5,132</td>
<td>495</td>
<td>5,627</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In first month on MFIP in 2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;16</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>16-17</td>
<td>21%</td>
<td>2%</td>
<td>19%</td>
</tr>
<tr>
<td>18-19</td>
<td>76%</td>
<td>98%</td>
<td>78%</td>
</tr>
<tr>
<td>At first birth known to MAXIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>17</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>&lt;16</td>
<td>15%</td>
<td>3%</td>
<td>14%</td>
</tr>
<tr>
<td>16-17</td>
<td>40%</td>
<td>33%</td>
<td>39%</td>
</tr>
<tr>
<td>18-20&lt;sup&gt;1&lt;/sup&gt;</td>
<td>39%</td>
<td>64%</td>
<td>41%</td>
</tr>
<tr>
<td>First birth in 2010</td>
<td>7%</td>
<td>0%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None or unknown</td>
<td>3%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Elementary</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Some high school</td>
<td>59%</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>31%</td>
<td>27%</td>
<td>31%</td>
</tr>
<tr>
<td>Some post-secondary</td>
<td>0.6%</td>
<td>0.2%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Latest school status in 2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>59%</td>
<td>46%</td>
<td>58%</td>
</tr>
<tr>
<td>At least half time</td>
<td>7%</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Less then half time</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>No school status for 2008-2009</td>
<td>31%</td>
<td>45%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Economic status in 2009</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MFIP benefit months in 2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 3 months</td>
<td>18%</td>
<td>35%</td>
<td>20%</td>
</tr>
<tr>
<td>4 to 6 months</td>
<td>20%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>7 to 9 months</td>
<td>20%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>10-11 month</td>
<td>16%</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Every month in 2009</td>
<td>26%</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td>Earned income reported to MAXIS in 2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any employment reported to MAXIS in 2009</td>
<td>52%</td>
<td>49%</td>
<td>51%</td>
</tr>
<tr>
<td>Mean wages for months reported</td>
<td>$625</td>
<td>$699</td>
<td>$632</td>
</tr>
<tr>
<td>Wages in 2009 (Unemployment Insurance data)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any employment in 2009</td>
<td>51%</td>
<td>62%</td>
<td>51%</td>
</tr>
<tr>
<td>Mean annual wages in 2009 for employed</td>
<td>$4,338</td>
<td>$4,860</td>
<td>$4,393</td>
</tr>
<tr>
<td>Child support payments in 2009</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any current or arrears payments in 2009</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean annual payments, if any received</td>
<td>$436</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious mental health diagnosis (2007-2009)</td>
<td>26%</td>
<td>15%</td>
<td>25%</td>
</tr>
<tr>
<td>Chemical dependency diagnosis (2007-2009)</td>
<td>15%</td>
<td>19%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen as victim in last 3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family assessment</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Family investigation</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Maltreatment determination</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Teen as offender in last 3 years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family assessment</td>
<td>6%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Family investigation</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Maltreatment determination</td>
<td>2%</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

<sup>1</sup> Includes 69 teens who were first eligible as teens in 2009 because they were pregnant and then gave birth after their 20th birthday in calendar year 2009.
<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>5,132</td>
<td>495</td>
<td>5,627</td>
</tr>
<tr>
<td>Teens on family assistance as a child</td>
<td>3,777</td>
<td>357</td>
<td>4,134</td>
</tr>
<tr>
<td>Percent of all teens</td>
<td>74%</td>
<td>72%</td>
<td>73%</td>
</tr>
<tr>
<td>Youngest age on welfare as child</td>
<td>Mean</td>
<td>3.1</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>Under age one</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>1 to 5</td>
<td>52%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>6 to 10</td>
<td>10%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>11 to 15</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>16 to 18</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Closest relation to case caregiver</td>
<td>Parent-child</td>
<td>3,692</td>
<td>346</td>
</tr>
<tr>
<td></td>
<td>Percent of &quot;Teens on family assistance as a child&quot;</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>Female natural/adoptive parent with any assistance history</td>
<td>Count</td>
<td>4,501</td>
<td>410</td>
</tr>
<tr>
<td></td>
<td>Percent of teens</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Grandmother's age at her first birth known to MAXIS</td>
<td>Under 16</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>16 to 17</td>
<td>20%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>18-19</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>20 and above</td>
<td>37%</td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>Unknown to MAXIS</td>
<td>12%</td>
<td>17%</td>
</tr>
<tr>
<td>Teen parent start on welfare</td>
<td>Teen pregnant and child born in 2010</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Start on MFIP in birth month</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>More than 2 months before birth</td>
<td>16%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Up to 2 months before birth</td>
<td>4%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>After birth month, by age one month</td>
<td>19%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Second month after birth</td>
<td>7%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>By age 6 months</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>By first birthday</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>By second birthday</td>
<td>7%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>By third birthday</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>By fourth birthday</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>By fifth birthday</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

1 Programs MFIP, Aid to Families with Dependent Children (AFDC), or Family General Assistance (FGA), the latter two programs replaced by MFIP.

2 Member of an assistance unit, membership codes A (active), D (disabled), F (fraud), or H (undocumented).
<table>
<thead>
<tr>
<th><strong>Table 3. MFIP Teen Parent Cases</strong></th>
<th>One-parent</th>
<th>Two-parent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Count of cases</strong></td>
<td>4,091</td>
<td>1,183</td>
<td>5,274</td>
</tr>
<tr>
<td></td>
<td>78%</td>
<td>22%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Age of single or older parent</strong></td>
<td>under 16</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>16-17</td>
<td>23%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>18-19</td>
<td>73%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>20-29</td>
<td>66%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>30 and over</td>
<td>4%</td>
<td>0.8%</td>
</tr>
<tr>
<td><strong>Married and living together</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td><strong>Children on case</strong></td>
<td>0 (Pregnant-only cases)</td>
<td>8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Count</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>78%</td>
<td>73%</td>
<td>77%</td>
</tr>
<tr>
<td>2</td>
<td>13%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>3</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>4</td>
<td>0.1%</td>
<td>0.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Age of oldest child</strong></td>
<td>Mean</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>1-3</td>
<td>57%</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>4-5</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>6-8</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td><strong>Region of servicing county</strong></td>
<td>Hennepin only</td>
<td>29%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Ramsey only</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>Metro suburban only</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td>Metro area only</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Greater MN only</td>
<td>35%</td>
<td>46%</td>
</tr>
<tr>
<td></td>
<td>Other movers</td>
<td>2%</td>
<td>4%</td>
</tr>
</tbody>
</table>

1 Count of parents who were in the household, their MFIP membership codes indicating active, disabled, fraud, or undocumented.
Table 4. Characteristics of MFIP Teen Mothers by Race/Ethnicity

<table>
<thead>
<tr>
<th>All teen mothers on MFIP as caregivers in calendar 2009</th>
<th>American Indian</th>
<th>Asian American</th>
<th>Hmong immigrant</th>
<th>Other Asian immigrant</th>
<th>African American</th>
<th>Somali immigrant</th>
<th>Other black immigrant</th>
<th>Hispanic (any race)</th>
<th>White</th>
<th>Multiple</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>522</td>
<td>135</td>
<td>154</td>
<td>20</td>
<td>1501</td>
<td>67</td>
<td>107</td>
<td>611</td>
<td>1860</td>
<td>145</td>
</tr>
<tr>
<td>Percent of all teen mothers</td>
<td>10%</td>
<td>3%</td>
<td>3%</td>
<td>0.4%</td>
<td>29%</td>
<td>1%</td>
<td>2%</td>
<td>12%</td>
<td>36%</td>
<td>3%</td>
</tr>
<tr>
<td>Minor parents</td>
<td>52%</td>
<td>30%</td>
<td>40%</td>
<td>10%</td>
<td>26%</td>
<td>28%</td>
<td>28%</td>
<td>34%</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Percent of column</td>
<td>25%</td>
<td>30%</td>
<td>40%</td>
<td>10%</td>
<td>26%</td>
<td>28%</td>
<td>28%</td>
<td>34%</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None or unknown</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
<td>20%</td>
<td>1%</td>
<td>12%</td>
<td>4%</td>
<td>9%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Elementary</td>
<td>9%</td>
<td>6%</td>
<td>7%</td>
<td>15%</td>
<td>6%</td>
<td>7%</td>
<td>7%</td>
<td>11%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Some high school</td>
<td>68%</td>
<td>58%</td>
<td>65%</td>
<td>45%</td>
<td>60%</td>
<td>64%</td>
<td>67%</td>
<td>63%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>21%</td>
<td>33%</td>
<td>25%</td>
<td>20%</td>
<td>33%</td>
<td>16%</td>
<td>21%</td>
<td>17%</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>High school plus some post-secondary</td>
<td>0.6%</td>
<td>1%</td>
<td>0.6%</td>
<td>0%</td>
<td>0.5%</td>
<td>0%</td>
<td>0%</td>
<td>0.3%</td>
<td>0.8%</td>
<td>1%</td>
</tr>
<tr>
<td>Married and living together</td>
<td>2%</td>
<td>1%</td>
<td>6%</td>
<td>55%</td>
<td>0.3%</td>
<td>10%</td>
<td>0.9%</td>
<td>8%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Welfare history in Minnesota as child</td>
<td>92%</td>
<td>75%</td>
<td>84%</td>
<td>5%</td>
<td>86%</td>
<td>66%</td>
<td>38%</td>
<td>57%</td>
<td>65%</td>
<td>83%</td>
</tr>
<tr>
<td>Age at first known (or anticipated) birth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;16</td>
<td>16%</td>
<td>18%</td>
<td>24%</td>
<td>10%</td>
<td>18%</td>
<td>18%</td>
<td>31%</td>
<td>20%</td>
<td>8%</td>
<td>18%</td>
</tr>
<tr>
<td>16-17</td>
<td>41%</td>
<td>49%</td>
<td>48%</td>
<td>40%</td>
<td>40%</td>
<td>37%</td>
<td>33%</td>
<td>48%</td>
<td>35%</td>
<td>44%</td>
</tr>
<tr>
<td>18-20</td>
<td>38%</td>
<td>24%</td>
<td>23%</td>
<td>45%</td>
<td>36%</td>
<td>39%</td>
<td>34%</td>
<td>27%</td>
<td>49%</td>
<td>34%</td>
</tr>
<tr>
<td>Count of children (in 2009)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>6%</td>
<td>9%</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>3%</td>
<td>5%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>1</td>
<td>71%</td>
<td>76%</td>
<td>70%</td>
<td>80%</td>
<td>78%</td>
<td>78%</td>
<td>82%</td>
<td>73%</td>
<td>77%</td>
<td>80%</td>
</tr>
<tr>
<td>2</td>
<td>21%</td>
<td>14%</td>
<td>16%</td>
<td>15%</td>
<td>14%</td>
<td>12%</td>
<td>12%</td>
<td>20%</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>3 or 4</td>
<td>2%</td>
<td>1%</td>
<td>8%</td>
<td>0%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Wages in 2009 (Unemployment Insurance data)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any employment in 2009</td>
<td>45%</td>
<td>60%</td>
<td>45%</td>
<td>25%</td>
<td>46%</td>
<td>37%</td>
<td>41%</td>
<td>40%</td>
<td>62%</td>
<td>45%</td>
</tr>
<tr>
<td>Mean annual wages in 2009 for employed</td>
<td>$4,906</td>
<td>$5,508</td>
<td>$5,379</td>
<td>$2,719</td>
<td>$3,745</td>
<td>$3,024</td>
<td>$5,913</td>
<td>$4,606</td>
<td>$4,266</td>
<td>$5,162</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serious mental health diagnosis (2007-2009)</td>
<td>28%</td>
<td>11%</td>
<td>5%</td>
<td>0%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Chemical dependency diagnosis (2007-2009)</td>
<td>36%</td>
<td>7%</td>
<td>3%</td>
<td>0%</td>
<td>13%</td>
<td>4%</td>
<td>3%</td>
<td>9%</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen as victim in last 3 years Family assessment</td>
<td>3%</td>
<td>5%</td>
<td>1%</td>
<td>0%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Family investigation</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>4%</td>
<td>1%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Maltreatment determination</td>
<td>1%</td>
<td>0.7%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Teen as offender in last 3 years Family assessment</td>
<td>9%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>4%</td>
<td>4%</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>Family investigation</td>
<td>5%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>4%</td>
<td>1%</td>
<td>3%</td>
<td>1%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Maltreatment determination</td>
<td>4%</td>
<td>0.7%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Region of servicing county</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hennepin only</td>
<td>13%</td>
<td>24%</td>
<td>19%</td>
<td>15%</td>
<td>52%</td>
<td>45%</td>
<td>58%</td>
<td>27%</td>
<td>8%</td>
<td>28%</td>
</tr>
<tr>
<td>Ramsey only</td>
<td>3%</td>
<td>41%</td>
<td>71%</td>
<td>65%</td>
<td>23%</td>
<td>9%</td>
<td>12%</td>
<td>15%</td>
<td>7%</td>
<td>25%</td>
</tr>
<tr>
<td>Metro suburban only</td>
<td>3%</td>
<td>13%</td>
<td>3%</td>
<td>10%</td>
<td>8%</td>
<td>4%</td>
<td>11%</td>
<td>12%</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Metro area only</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>8%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Greater MN only</td>
<td>77%</td>
<td>16%</td>
<td>3%</td>
<td>10%</td>
<td>7%</td>
<td>33%</td>
<td>16%</td>
<td>42%</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>Other movers</td>
<td>3%</td>
<td>4%</td>
<td>0.6%</td>
<td>0%</td>
<td>2%</td>
<td>6%</td>
<td>0%</td>
<td>1%</td>
<td>3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Note. Ten teen mothers were missing race/ethnicity data.

1 Includes pregnant teens whose first child was born after their 20th birthday.
Table 5. Characteristics of MFIP Teen Mothers by Servicing County

<table>
<thead>
<tr>
<th>All teen mothers on MFIP as caregivers in calendar 2009</th>
<th>Anoka</th>
<th>Becker</th>
<th>Beltrami</th>
<th>Hennepin</th>
<th>Lyon</th>
<th>Olmsted</th>
<th>Ramsey</th>
<th>St Louis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>312</td>
<td>53</td>
<td>265</td>
<td>1,680</td>
<td>27</td>
<td>137</td>
<td>1,099</td>
<td>256</td>
</tr>
<tr>
<td>All teen parents served in county1</td>
<td>280</td>
<td>46</td>
<td>239</td>
<td>1,580</td>
<td>22</td>
<td>126</td>
<td>1,005</td>
<td>235</td>
</tr>
<tr>
<td>Teen mothers</td>
<td>5%</td>
<td>0.9%</td>
<td>5%</td>
<td>31%</td>
<td>0.4%</td>
<td>2%</td>
<td>20%</td>
<td>5%</td>
</tr>
<tr>
<td>Percent of all teen mothers in 2009 MFIP caseload</td>
<td>23%</td>
<td>20%</td>
<td>23%</td>
<td>26%</td>
<td>18%</td>
<td>25%</td>
<td>27%</td>
<td>16%</td>
</tr>
<tr>
<td>Minor parents</td>
<td>1%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>None or unknown</td>
<td>4%</td>
<td>10%</td>
<td>8%</td>
<td>18%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Elementary</td>
<td>59%</td>
<td>54%</td>
<td>70%</td>
<td>58%</td>
<td>55%</td>
<td>58%</td>
<td>59%</td>
<td>58%</td>
</tr>
<tr>
<td>Some high school</td>
<td>35%</td>
<td>46%</td>
<td>19%</td>
<td>29%</td>
<td>27%</td>
<td>36%</td>
<td>32%</td>
<td>36%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>0.7%</td>
<td>0.4%</td>
<td>0.8%</td>
<td>1%</td>
<td>0.4%</td>
<td>1%</td>
<td>0.4%</td>
<td>1%</td>
</tr>
<tr>
<td>High school plus some post-secondary</td>
<td>26%</td>
<td>57%</td>
<td>5%</td>
<td>21%</td>
<td>45%</td>
<td>12%</td>
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<tr>
<td>Race/ethnicity2</td>
<td>5%</td>
<td>43%</td>
<td>77%</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td>3%</td>
<td>2%</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
<td>0.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>1%</td>
<td>2%</td>
<td>5%</td>
<td>0.8%</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hmong</td>
<td>0%</td>
<td>0.2%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other Asian immigrant</td>
<td>26%</td>
<td>0.8%</td>
<td>57%</td>
<td>5%</td>
<td>21%</td>
<td>45%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Somali</td>
<td>0.4%</td>
<td>2%</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other black immigrant</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black African American</td>
<td>5%</td>
<td>0.8%</td>
<td>11%</td>
<td>27%</td>
<td>12%</td>
<td>11%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>55%</td>
<td>52%</td>
<td>21%</td>
<td>13%</td>
<td>55%</td>
<td>49%</td>
<td>17%</td>
<td>61%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
<td>4%</td>
<td>0.4%</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>55%</td>
<td>52%</td>
<td>21%</td>
<td>13%</td>
<td>55%</td>
<td>49%</td>
<td>17%</td>
<td>61%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2%</td>
<td>4%</td>
<td>0.4%</td>
<td>3%</td>
<td>5%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare history in Minnesota as child</td>
<td>13%</td>
<td>22%</td>
<td>15%</td>
<td>8%</td>
<td>45%</td>
<td>11%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Two-parent households</td>
<td>6%</td>
<td>11%</td>
<td>8%</td>
<td>5%</td>
<td>82%</td>
<td>7%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Married and living together</td>
<td>5%</td>
<td>5%</td>
<td>6%</td>
<td>4%</td>
<td>15%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Welfare history in Minnesota as child</td>
<td>13%</td>
<td>22%</td>
<td>15%</td>
<td>8%</td>
<td>45%</td>
<td>11%</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Age at first known (or anticipated) birth</td>
<td>14%</td>
<td>4%</td>
<td>16%</td>
<td>18%</td>
<td>9%</td>
<td>13%</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>16-17</td>
<td>38%</td>
<td>28%</td>
<td>41%</td>
<td>40%</td>
<td>36%</td>
<td>48%</td>
<td>41%</td>
<td>34%</td>
</tr>
<tr>
<td>18-203</td>
<td>42%</td>
<td>57%</td>
<td>36%</td>
<td>36%</td>
<td>45%</td>
<td>32%</td>
<td>37%</td>
<td>45%</td>
</tr>
<tr>
<td>First birth in 2010</td>
<td>6%</td>
<td>11%</td>
<td>8%</td>
<td>5%</td>
<td>9%</td>
<td>7%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Count of children (in 2009)</td>
<td>6%</td>
<td>11%</td>
<td>8%</td>
<td>5%</td>
<td>82%</td>
<td>7%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>None</td>
<td>80%</td>
<td>80%</td>
<td>70%</td>
<td>78%</td>
<td>5%</td>
<td>72%</td>
<td>79%</td>
<td>76%</td>
</tr>
<tr>
<td>1</td>
<td>11%</td>
<td>9%</td>
<td>20%</td>
<td>14%</td>
<td>5%</td>
<td>19%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>9%</td>
<td>2%</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 or 4</td>
<td>53%</td>
<td>72%</td>
<td>52%</td>
<td>45%</td>
<td>36%</td>
<td>55%</td>
<td>46%</td>
<td>53%</td>
</tr>
<tr>
<td>Wages in 2009 (Unemployment Insurance data)</td>
<td>Mean annual wages in 2009 for employed</td>
<td>$4,156</td>
<td>$2,834</td>
<td>$5,234</td>
<td>$4,000</td>
<td>$5,735</td>
<td>$4,313</td>
<td>$4,158</td>
</tr>
<tr>
<td>Health</td>
<td>Serious mental health diagnosis (2007-2009)</td>
<td>31%</td>
<td>46%</td>
<td>21%</td>
<td>14%</td>
<td>23%</td>
<td>22%</td>
<td>42%</td>
</tr>
<tr>
<td>Chemical dependency diagnosis (2007-2009)</td>
<td>12%</td>
<td>30%</td>
<td>30%</td>
<td>13%</td>
<td>9%</td>
<td>11%</td>
<td>12%</td>
<td>23%</td>
</tr>
<tr>
<td>Safety</td>
<td>Family assessment</td>
<td>3%</td>
<td>4%</td>
<td>0.8%</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Teen as victim in last 3 years</td>
<td>Family investigation</td>
<td>2%</td>
<td>7%</td>
<td>3%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Maltreatment determination</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>Teen as offender in last 3 years</td>
<td>Family assessment</td>
<td>5%</td>
<td>13%</td>
<td>4%</td>
<td>6%</td>
<td>9%</td>
<td>3%</td>
<td>12%</td>
</tr>
<tr>
<td>Maltreatment determination</td>
<td>4%</td>
<td>4%</td>
<td>1%</td>
<td>4%</td>
<td>2%</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sanctions</td>
<td>None</td>
<td>10%</td>
<td>13%</td>
<td>8%</td>
<td>17%</td>
<td>5%</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>Sanction months through 2009</td>
<td>45%</td>
<td>48%</td>
<td>55%</td>
<td>41%</td>
<td>64%</td>
<td>58%</td>
<td>51%</td>
<td>46%</td>
</tr>
<tr>
<td>1 to 5</td>
<td>45%</td>
<td>39%</td>
<td>37%</td>
<td>42%</td>
<td>32%</td>
<td>21%</td>
<td>37%</td>
<td>43%</td>
</tr>
<tr>
<td>6 or more</td>
<td>10%</td>
<td>13%</td>
<td>8%</td>
<td>17%</td>
<td>5%</td>
<td>21%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Sanction types 4</td>
<td>Employment Services (ES)</td>
<td>51%</td>
<td>52%</td>
<td>34%</td>
<td>55%</td>
<td>27%</td>
<td>36%</td>
<td>2%</td>
</tr>
<tr>
<td>Child Support (CS)</td>
<td>6%</td>
<td>7%</td>
<td>21%</td>
<td>16%</td>
<td>9%</td>
<td>13%</td>
<td>1%</td>
<td>8%</td>
</tr>
<tr>
<td>Both ES and CS</td>
<td>4%</td>
<td>7%</td>
<td>11%</td>
<td>12%</td>
<td>0%</td>
<td>10%</td>
<td>13%</td>
<td>5%</td>
</tr>
</tbody>
</table>

1 Five percent of teen parents were served by more than one county during 2009.
2 Race/ethnicity was missing for 8 teen mothers in Hennepin.
3 Includes pregnant teens whose first child was born after their 20th birthday.
4 These are the main types of sanction, accounting for most but not all sanctions.
Appendix B. Interview Protocol

Face-to-Face Questionnaire

Staff name: Date:
County & Employer: Title:
Contact information:

Introduction, greeting
Thank you for taking the time to meet with us today. We are here to learn about how your agency and your County serve teen parents in the MFIP program. When we say “teen” we mean minor parents and 18- and 19-year-olds. We are not here as an audit or an evaluation team, and we’re not here to talk about policy so much. Really, we are here to get a sense of your general model of service to this age group, to hear what happens, what works, etc.

Icebreaker
1. Do you work directly with teen parents?
2. Do you supervise staff who work directly with teen parents?

Body of questions

Routes
3. Briefly, from your point of view, tell me the process, just a sketch, of what typically happens to a teen from the moment they walk in the door to when they have closed their case with you. For now, let us just assume it’s straightforward…
Would you please describe the steps along the route from A to B.
   a. (Probe) County/tribe/agency Process mapping:
      i. Who works with teens (special ES or SW staff for teens or general)?
      ii. Do they/you get specialized training to work with this age group?
      iii. Are they/you using the Employability Measure?
      iv. Who works with this age group to develop the initial employment plan or other type of plan? What steps are involved to update the plan? (request a template)
   
   b. (Probe) What percentage of your teen parent MFIP cases actually follows that route?
      Reasons for departure? Alternative channels?
   
   c. (Probe) What is the referral process like? If a teen needs other services, how well integrated are they? What is the relationship between the referral process above and the following:

      Child Protection Services
      Child Care
      Child Support
      Foster Care
Schools
Healthcare
Mental health/Chemical health
Housing
Other services?

**Relationships**

4. Can you describe how you *engage* teen parents on MFIP?
   a. *(Probe)* Do you use special approaches with MFIP teen parents? If so, what are they?
   Do teens have an ongoing relationship with any MFIP staff member?
   b. *(Probe)* Could you tell us about any differences in your approach to minor parents
   versus 18- and 19-year-olds?
   c. *(Probe)* What’s different about working with this group than with older adults on
   MFIP? The same?

**Rules**

5. *(If not already discussed…)* Please describe your intake and orientation processes.
   a. *(Probe)* What do you do about living arrangements?
   b. *(Probe)* Tell us about the social workers’ role/connection to minor parents during
   the intake and after.
   c. *(Probe)* How are teen parents presented with their options for education and
   employment?
   d. *(Probe)* How do teens *choose* their short and long term goals?

6. Please describe how you use sanctioning in your work with teen parents on MFIP.

7. How often and in what ways are minor caregiver/teen parent cases reviewed? Who is
   involved in the case review? Tell us about how you document changes in your teen
   parent cases.

**Resources**

8. Does your agency have special programs for subgroups of MFIP minor caregivers/teen
   parents? *(For example: mental health (maternal depression); substance abuse/addiction,
   domestic violence, etc…)*

   a. *(Probe)* What is your county/tribe/agency doing to ensure that those under 20 stay
   in school and finish school?

   b. *(Probe)* How is sexual health and family planning addressed with this
   population?
c. *(Probe if disparities is considered to be apparent)* What is your approach to reducing racial and ethnic disparities in access and outcomes among youth? Do you have programs specifically for African American, immigrant, or American Indian youth?

d. *(Probe)* What is the programming for fathers of the children of MFIP teen mothers?

e. *(Probe)* Youth summer programs such as supported work?

9. What is the role of the community or community-based organizations in offering supportive services to this population? (see external partners in 2c above) We’re interested in hearing about the top 2 or 3 three outside organizations that interact with your MFIP teen parents.

*(Probe)* Do you have a lot of flexibility and choice among these programs?

10. What resources do you need that are not currently available? (If supervisor) do you utilize certain funding beyond the MFIP funding to teen programming?

**Closure**

11. What stands out about your County/Tribe/Agency’s work with teen parents in the MFIP program?

a. *( Probe)* What lessons would you like to share with others who are doing this work? What do you see as the key to success for the teen parents you serve in the MFIP program?

b. *(Probe)* What else could work better? Anything else you would like to tell us?
Appendix C. Reports on County Service Delivery Models
Anoka County MFIP Teen Program

Anoka County was included in the study because it is a large metro county. On December 2009, just under 20 percent of all its MFIP cases with female caregivers included a minor parent and for 27 percent the caregiver was a parent or other relative age 18 or 19. In July 2010, there were 21 minor caregivers and 104 aged 18 or 19 on MFIP in the county.

The DHS Teen Parent Study team visited Anoka County on June 28, 2010 and interviewed front-line staff in the roles of child care worker (CC), employment counselor (EC), financial worker (FW), and social worker (SW). The description that follows combines information shared by staff on topics in the interview protocol plus additional issues they introduced. Anoka County was the first set of interviews the team conducted.

Process

The table below shows the idealized MFIP Statutory process a minor caregiver (pregnant or parenting teen under 18 years of age) follows from intake to age 20. Anoka County complies with all statutory requirements for minor caregivers and 18- or 19-year-old teen parents. The description below focuses on Anoka County practices that are not explicitly addressed in statute.

**Minor caregiver program.** Specific FWs in Anoka County are assigned to work with minor caregivers. After the minor is screened either by phone or as a walk in, they are invited to a Monday morning intake meeting. Those attending are a FW, the CC specialist, and the minor parent SW. There are two minor parent FWs who rotate from week to week. The FW explains MFIP program requirements, completes the Family Stabilization Services (FSS) Review and does a Social Service Referral form, and leaves when finished. The minor is usually assigned to that FW.

The CC worker is introduced at the interview and helps fill out the child care applications and the school verification form. The CC worker may also attend school registration with the minor to help fill out forms. The SW helps the client (and family) complete paperwork including releases for information, discusses the roles and responsibilities of the teen parent and the SW, and helps connect the client and family to services, as needed.
| **Intake** | Intake means initial contact between providers and a client. In Anoka county, a minor caregiver seeking access to financial assistance are screened first and then scheduled for an appointment in Blaine with specialized minor caregiver worker for a face-to-face interview on Mondays. |
| **Face-to-Face First Interview** | Specialized financial worker (FW) interviews minor parents, explains program rules at orientation. This worker also does FSS review and Social Services referral and then the child care worker takes application for child care authorization. Then, the SW meets with minor caregiver last. |
| **Referral to social services for approval of living arrangement: Inform teen of the living arrangement requirement both orally and in writing, and also about possible exemptions** | SW visits home and approves living arrangement after intake appointment. Encourages teen to work with PHN. |
| **State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants** | County SW approves living arrangement and financial worker determines eligibility thereafter. |
| **If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen & Child Check-up and effect of child’s developmental and educational needs on minor caregiver’s ability to participate in the program** | SW completes SSIS-56 and completes the Adolescent Parent Assessment and Service Plan within 60 days. |
| **Minor teen must attend school (unless exempt or already has HS diploma or GED)—Counting towards the TANF time limit stops** | School attendance is monitored by the county workers (FW, SW) |
| **Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal** | See above. |
| **If plan includes HS education, verify and monitor school attendance and other services** | SW verifies and monitors attendance and maintains a relationship with schools. Meets with FW regularly to review school attendance. |
| **If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both** | School attendance is required for all minor caregivers. |
| **Provide child care if following education/employment plan** | CC worker attends Monday interviews with minor parents and also goes to schools during registration in order to help minor and teen parents with the county child care process. |
| **Transition services at age 18** | SW meets with EC to coordinate transition from school plan to work plan. |
| **Apply sanction for failure to cooperate with education or social service agreements** | Sanctions are determined only after SW and FW worker meet to review school attendance. If they determine that the minor caregiver is not complying with MFIP rules, the FW worker imposes the sanction. |
## Non-statutory Core Services for Minor Caregivers

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHN services</td>
<td>PHN services are voluntary in Anoka county.</td>
</tr>
<tr>
<td>Referrals for other services</td>
<td>SW does referrals to PFS (Partners for Success), which is located within the same county building at the Blaine Office. The SW is also active with school issues such as truancy.</td>
</tr>
</tbody>
</table>

## MFIP Statutory Core Services for 18- or 19-year-old Teen Parents: Statute and Practice

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application and face-to-face interview</td>
<td>18– or 19-year-old applicants are screened by a generic worker, and then they are referred to youth worker for interviews on Tuesdays.</td>
</tr>
<tr>
<td>Referral to Employment Services</td>
<td>Group overview facilitated by EC. Assessment and workshops on various topics including money management done by employment services. CC worker attends the same overview.</td>
</tr>
<tr>
<td>Choice: HS/GED, Work, or School and Work</td>
<td>SW develops EP with teen parent one on one. Also conducts the Employability Measure. A teen parent's plan may include both work and school. Teen parents are strongly encouraged to complete high school and attend job club sessions.</td>
</tr>
<tr>
<td>(clock stops if HS/GED)</td>
<td>SW monitors school plan. Also, teen parents must check in monthly with their employment counselors (EC).</td>
</tr>
<tr>
<td>Develop employment plan (EP)</td>
<td>CC worker attends ES overview and also works with EC.</td>
</tr>
<tr>
<td>Referral for support services</td>
<td>SW sends Notice of Intent to Sanction (NOITS) and status update via email to FW worker. If the teen parent does not respond, the SW will meet with Compliance Advocate after 4th sanction month. CC can close after 15 days of sanction. HS students can reinstate but older youth must reapply.</td>
</tr>
<tr>
<td>Monitor EP Compliance</td>
<td></td>
</tr>
<tr>
<td>Provide child care if compliant</td>
<td></td>
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<tr>
<td>Sanction if non-compliant</td>
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</table>

## Non-statutory Core Services for 18- or 19-year-old Teen Parents

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employability Measure use (EM)</td>
<td>EC completes an EM at an appointment following one-on-one overview for teen parents who completed high school or those who chosen to work rather than go to school.</td>
</tr>
<tr>
<td>Referrals for other services (housing, mental health services, etc.)</td>
<td></td>
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</tbody>
</table>

After the meeting, the SW visits the home to check the minor caregiver living arrangement and to view the interaction between the parent and child. Minor caregivers are encouraged to work with the Public Health Nurse (PHN) if they are not already connected to their services. PHN services are offered to all teens. The SW and PHN visit the teen together. The SW will “… make a visit to introduce and to observe them in action. I can watch when they’re doing the stages of development questionnaire.”

An Adolescent Parent Assessment and Service Plan (SSIS 56) is completed by the SW within 60 days of case opening. The SW verifies school attendance, maintains a close relationship with many
of the schools and meets monthly with the FW to review attendance logs and to determine whether or not to impose a sanction.

If the minor parent does not comply with program rules, the SW sends a status update (by email) to the FW recommending sanction. The FW imposes the sanction. The SW meets with the Compliance Advocate for sanctioned cases at the fourth sanction. Child care assistance closes after 15 days if a sanction is not resolved. High school clients can reinstate their child care without reapplying.

The SW refers clients for evaluation and therapy as needed. She may go shopping with them to help with budgeting and nutrition, especially for immigrant clients. Minor caregivers continue with the SW until they graduate from high school or are transitioned to employment services at 18. The SW meets with the client and ES worker when the client transitions from a school plan to a work plan.

18 and over or high school graduate program. Teens who are 18 years of age or older when they apply for assistance are screened by a generic worker who determines eligibility and refers them to one of two income maintenance workers dedicated to teens for intake. They are scheduled for the overview/assessment workshop that includes reading and math tests and topics such as finishing high school or getting a GED, finding a job, credentials needed such as Social Security Number and identification, debt management, money management, and resources. The employment counselor (EC) who facilitates the meeting usually gets the cases and the CC worker also attends.

The EC schedules a one-on-one appointment (approximately 45 minutes) to cover assessment results, complete the Employability Measure (EM), and develop an Employment Plan (EP). The EP can include an education option such as completing high school or getting a GED. Workers encourage teens to finish high school and emphasize that their earnings do not count against their grant while they are in secondary school.

Older youth who are not in high school have to reapply for child care if they are sanctioned and are put on a waiting list for child care assistance.

Staffing
There is a Youth team comprised two Income Maintenance workers and two employment services workers dedicated to working with teens. Other team members include a minor parent Social Worker, an employment services Eligibility Technician, and a Child Care Assistance worker. All the workers are employed directly by Anoka County and meet monthly. They are located in the Blaine office, but teens can be seen elsewhere in an extreme situation. Team members believe having dedicated workers is a strength of their program, “It is good to have both employment services and Income Maintenance counselors focused on youth. The policy is complicated and it is good to have specialized workers.”
**Staff training.** The Anoka County EC and SW were both licensed social workers. The SW had 25 years of experience including working with the SELF program that provided services to teens in foster care and in out-of-home placement, experience in corrections, and a Master's degree with a thesis on teen pregnancy. The EC had a counseling background. Other training included workshops and to keep up to date on teen-related mandates.

Teens who are 18- or 19-years-old with a work plan are served by an EC who attends the Tuesday orientation along with the CC worker for 18- or 19-years-old clients. The EC works one-on-one with the client to review assessment results, complete the Employability Measure, and develop the Employment Plan which may include completing their GED.

**Service integration**

**Collaboration and co-location.** Financial Assistance, Food Support, Child Care Assistance, the Anoka County WorkForce Center, Anoka County Community Action, Community Emergency Assistance Program (CEAP), Judicare (legal assistance), Achieve Services, Inc. (training and habilitation agency serving adults with developmental disabilities), and the Metro North ABE Blaine Learning Lab (ESL and GED classes) are located in the Anoka County Service Center in Blaine where all teen clients are served. Anoka staff generally agreed that the Youth Team worked well together, “The teen team is seamless. Co-location and the longevity of workers helps.” The SW, FW, and ECs all attend intake and overview, if possible. CC workers attend both the overview and case closure. PHNs were part of the Youth Team, but because of loss of grant funding, now they are available only by referral. Teens must sign a release to work with the PHN.

Teens can also be referred to Partnerships for Family Success (PFS) that pulls in all of the county employees and services for families on MFIP that have a case open in two or more county agencies such as MFIP plus child welfare or corrections. There is some frustration with the time it takes to refer a case to PFS. The team or the teen can initiate these case management services.

The SW and PHN may visit a teen together depending on the case. They use a “child-centered and development based approach.” The SW also meets girls at school for Individualized Education Plan (IEP) meetings or parenting classes. Extra support is provided for clients with IEP’s or disabilities. The SW is called for truancy, and issues with teacher or other students. The school may call the SW for problems with non-MFIP teens. PHNs are relied upon to cover family planning needs, but the SW may provide names of low-cost clinics, if medical assistance is not available.

Other services are provided through referral based on need. “Start by making use of what’s on-site in this building, then move out.” Examples of on-site referrals include Alexandra House for domestic abuse victims and the Resource Center for Fathers and Families down the hall. Offsite referrals include Early Childhood Family Education and, for housing needs, the YWCA and Rentwise.
Goal: Education

High school priority. Finishing high school and going beyond is encouraged by workers, “Everyone here expresses, ‘Go to school.’” The intake workshop includes information on getting a GED, finishing high school, testing for reading and math, and attending post-secondary school. About 8 out of 10 do go on to graduate according to workers. They work with the schools on attendance issues and truancy. The social worker engages with all the teen parents, not just MFIP teens. Most graduate regardless of whether they do independent study, magnet school, or a GED, but they may not finish on time. Older teens are encouraged to finish even if they are not initially interested in finishing. Funding is provided for the GED classes and they can be referred for transportation, driver’s license, or mental health issues. Online programs tend to have a lower success rate because of learning disabilities, low skills, lack of motivation, or distractions at home. Teens can exclude all earnings from reducing the MFIP grant while they are attending secondary school at least half time or working toward a GED. Teens have to get verification of attendance and must check in monthly if they are pursuing a GED. Child care assistance closes if the client is not in school or they do not send in their verification forms.

After high school. The Employment Plan focuses on work though some training or post-secondary education may be included in the plan. Clients are encouraged to complete short-term training such as Certified Nursing Assistant (CNA) and to think of career laddering (CNA, then Licensed Practical Nurse (LPN) or Registered Nurse (RN)). An interest inventory is used to help them explore options.

Goal: Work

Supported work. Youth can participate in Anoka County’s year-round supported work program. Job Corps is not available in Anoka County. In the summer, under-18-year-olds are required to work 20 hours per week or attend summer school and work 10 hours. Anoka has a summer youth supported work program, but summer school is the first priority. Child care assistance is provided during the summer.

Short-term training and long-term focus. The initial overview/assessment workshop includes information on getting and keeping a job. As emphasized above, participants are encouraged to finish school. Employment Plans can include a combination of employment and education-related activities. Under-18 year olds are encouraged to work in addition to school; their earnings are not deducted from their MFIP grant if they are attending school at least half time.

Job club is used to structure the teen’s job search activities and provide help for job search and interviewing. Clients attend a six-week job search class and attend job club twice a week. They check in on a monthly basis with their Employment Counselor. Teens’ work history and interests are considered when identifying job goals. Most initial job options are low-skill and can be obtained with short-term training such as a Certified Nursing Assistant (CNA) or Personal Care Attendant (PCA). Participants are encouraged to consider career laddering, as noted above, to improve their long-term outlook. However, “Long term goals are a challenge for teens.”
Adolescent development
Teens were acknowledged to be different than older adults, “There is a lot more handholding. They like to drop in and be seen. There are a lot of jobs starts and endings that need to be recorded. More one-on-one, mail, and phone contact.” In addition to their need for additional contact teens were seen as lacking in technical skills, self-motivation, and financial skills. “They need help and get frustrated easily.” The staff had to explain their choices and help them make decisions by encouraging them to focus on the long-term effect.

Younger teens were seen as more of a challenge than older teens. Minor caregivers, “just don’t understand how important paperwork is.” Sometimes the client’s parent calls and the worker cannot talk to them unless a release of information is signed. The teen’s parent cannot sign documents.

Engaging teens
The Youth Team focuses on fast engagement with teens. All of the functions (FW, SW, CC, EC) are represented at the Monday overview and the staff member attending the overview usually gets the case. Teens are encouraged to finish school at the overview. They focus on providing a welcoming atmosphere. As one EC said, “We try to establish rapport from the beginning. I get them to talk about skills and what they do well. Some come from non-supportive households. I affirm and give praise and support. We are more willing to call and follow through. I try to be welcoming.”

The structure provided by school and weekly job club is helpful for engaging teens. Staff provided more one-on-one contact, email, and phone contact than needed for adults. Some teens come in physically to drop off their logs although it is not required. Staff expressed the desire to have more time for client contact rather than paperwork. Other methods for engaging teens are summarized in the “Collaboration and co-location” section above.

Teens’ relationships with others
Teen’s relationship with family. “Some parents help,” according to a FW. They come to the interview and help the teen with their paperwork. Younger moms receive more help than 18- or 19-year-olds. Sometimes the teen’s parents talk for the teen and have to be asked to leave. Other teens come from a non-supportive family. A SW reported having to negotiate between the major mom (grandmother) and the minor mom over issues such as money and visitation. (Minor caregivers do not receive MFIP funds directly; they are paid to the responsible adult in the household.)

Teen’s relationship with second parent. Some teens attended the overview meeting with the baby’s second parent or a partner. Second parents can sign the recognition of paternity at the hospital or they can go to the child support group. If the client and partner do not agree, the SW
helps them focus on the child’s needs in relation to child support and visitation. The second parent has to be in activities or attending school for a two-parent case to qualify for child care assistance.

**Services**

Interviewed staff highlighted many needs of these teen parents, some needs that could be addressed by available services and some that could not.

Anoka County has a resource guide that is available to clients. Staff mentioned these services during the interviews:

- **Housing.** Clients are referred to Section 8 for subsidized housing. The YWCA, Elim, and Rentwise have housing programs. Housing can be problematic if participants are under 18 and they cannot live with their parents. There is one transitional housing program and there are no housing programs for people under 18 with no children in Anoka County.
- **Domestic violence.** Alexander House works with families if domestic violence is present. Healthy You provides courses on relationships and domestic violence.
- **Transportation.** The SW may provide transportation for immunizations and medical appointments to help participants work with doctors and nurses and rides to parenting classes. There are referrals for transportation and assistance in getting a driver’s license. Many of the clients use school-based child care and the schools provide transportation for the client and the child.
- **Health.** PHNs cover family planning and sexual health. Referrals are made for mental and chemical health issues (the study team did not have an opportunity to interview the PHN).
- **Food.** Referrals are made to a food shelf or WIC.
- **Life skills.** The SW helps teens learn financial and budgeting skills including gaining a realistic view of the expenses involved in raising a child. Early Childhood Family Education (ECFE) provides courses and support groups on parenting and child development, and the University of Minnesota provides courses on healthy eating and budgeting.
- **Support groups.** Four support groups were scheduled for the summer, but there has been low attendance in the past.
- **Other.** Partners include CAP agencies, Salvation Army, churches, social services, Judicare, and Legal Aid.

**Services gaps.** There are important gaps in services available for teens on MFIP, especially:

- **Housing.** Housing programs are limited for those under age 18 who cannot live with their parents. There are no Anoka County based programs for those under 18 with no children.
- **Transportation.** Needs that are often unmet are to transport teens to medical appointments and to take their children to child care.

**Racial/ethnic issues**

The Youth Team does not address disparities within their caseload. Youth-related staff work with interpreters for immigrants and refugees as needed and noted that it can be difficult if the
interpreter is male because they cannot talk about issues such as birth control, breast feeding, or the acceptability of a male interpreter.

**Lessons learned**

Anoka staff agreed that, “Working with teens is different than working with adults. We’ve recognized that having specialized workers helps to know who to call...Not having them in the general caseload is important. [There is an] absolute need to facilitate and ease communication between services in different life areas.” One staff member suggested that DHS have a minor parent staff person who would facilitate monthly meetings. Staff would like to spend more time with clients for social work related activities while having greater flexibility in meeting paperwork requirements to allow more time for handholding.
Becker County MFIP Teen Program

Becker County is located in west central Minnesota, in the sandy lakes resort area of the state. The county population grew at about the state average (each at 7 percent) between April 1, 2000 and July 1, 2009. It was included in the study because of the relatively high percentage of its MFIP caseload that started their families as teens (19 percent of mothers as minors and 27 percent at 18- or 19-years-old in the December 2009 caseload). In July 2010, there were 6 minor moms and 14 who were 18- or 19-years-old on the Becker county MFIP caseload.

On July 14, 2010, the DHS Teen Parent Study team visited two locations in Becker County and interviewed staff from four organizations: the White Earth Family Investment Center in Naytahwaush, MN, Becker County Human Services, Detroit Lakes Work Force Center, and Rural Minnesota CEP (RMCEP) in Detroit Lakes, MN. The interviewees included an employment counselor (EC) with White Earth; county financial worker (FW), supervisor of income maintenance, social worker (SW), public health nurse (PHN), and CC (child care) and employment services (ES); and a RMCEP employment counselor. The description in the following sections captures the information shared by these interviewees within the boundaries of the interview protocol plus other relevant issues that came up during the interview. It is not necessarily a comprehensive account of every topic headlined below.

Process

The table below shows the process the pregnant or parenting teen follows from intake to age 20 and or exit from MFIP. Minor and older teen parents in Becker can apply directly to the county or they are often referred to the county through schools. Financial workers process their applications; the Becker county case aide approves the living arrangement of minor parents; and those ages 18 or 19 attend a group overview with employment services (ES). For teen parents who have exceptional hardship and cannot attend the group ES overview, an employment counselor from the county visits the teen parent at school for an individual ES Overview. However, FWs hold all Income Maintenance individual orientations at the county central office. In both locations, prescheduled appointments are more common than walk-ins. Following MFIP program enrollment, American Indian teens are referred to White Earth Indian Reservation for ES and all other teens remain with Becker County.

Becker County office. The first meeting is focused on resource referrals. Two weeks after the initial meeting, county staff administer the Employability Measure (EM) and develop the

19 RMCEP (www.rmcep.com) provides employment services to 19 counties in north central Minnesota.
Employment Plan (EP). Contact with teen parents is more frequent than with adults on the MFIP caseload, with teens often initiating the calls to the workers. Both tribal workers and county workers dedicate more time to teen parents than to adults in order to ensure follow through on requirements. Record-keeping and paperwork requirements are consistently raised as a problem area for young parents who have several options to turn in required paperwork: dropping it off in person, faxing it in, or mailing it in. Weekly contact is the goal for Becker County ECs, though this is not always achieved.

Becker County has voluntary PHN services that are available to county residents including minor and older teen parents. The PHN interviewed said she makes an extra effort to reach out to young parents, and repeatedly to resistant teen parents. Once trust is established and a relationship forms, home visits occur weekly with newborns and monthly as the baby passes the 6-month development stage.

All workers have the authority to sanction young parents on their MFIP caseload for noncompliance with program requirements except the PHN. All workers make reports about minor caregiver or teen parent noncompliance to the FW per the instructions in the MFIP policy manual.

### Program Process for Teen Caregivers: Becker County

<table>
<thead>
<tr>
<th>MFIP Process for Minor Caregivers (Under Age 18): Statute and Practice</th>
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</thead>
<tbody>
<tr>
<td><strong>Intake</strong></td>
</tr>
<tr>
<td><strong>Face-to-Face First Interview</strong></td>
</tr>
<tr>
<td><strong>Referral to social services (or to agency county contracted with): Provide minor caregiver services for approval of living arrangement. Inform teen of the living arrangement requirement both orally and in writing, also about possible exemptions</strong></td>
</tr>
<tr>
<td><strong>State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants</strong></td>
</tr>
<tr>
<td><strong>If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen &amp; Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program.</strong></td>
</tr>
<tr>
<td><strong>Minor teen must attend school (unless exempt or already has HS diploma or GED)--Counting towards the TANF time limit stops</strong></td>
</tr>
<tr>
<td><strong>Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes</strong></td>
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</tbody>
</table>
education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal.

| If plan includes HS education, verify and monitor school attendance and other services | County case aide monitors school participation hours for non AI teens. |
| If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both | |
| Provide child care if following education/employment plan | FW does child care application at intake. |
| Transition services at age 18 | Referred to Rural Minnesota Concentrated Employment Program (RMCEP) by case aide and staff from this ES provider send out letter and schedules an appointment for an ES overview. |
| Apply sanction for failure to cooperate with education or social service agreements | If minor parent is not cooperating, a letter is sent by case aide prior to a formal county notice by FW. |

### Non-statutory Core Services for Minor Caregivers

| PHN services | PHN/Community Health Worker works with non-American Indian population but it is voluntary even though it may be in the plan. However, the PHN works mostly with non-MFIP teens. |
| Referrals for other services | Referral to community services and support groups. |

### MFIP Statutory Core Services for 18- or 19-year-old Teen Parents: Statute and Practice

| Application and face-to-face interview | Done at the intake by the FW. |
| Referral to Employment Services | FW refers to White Earth SW if American Indian, otherwise referrals go to RMCEP. White Earth SW does overview and then refers to employment counselor who then schedules an appointment. RMCEP sends a letter to the participant for an appointment/overview. Following attendance at the overview, the participant gets referred to employment counselor. |
| Choice: HS/GED, Work, or School and Work (clock stops if HS/GED) | |
| Develop employment plan (EP) | EP developed with the help of employment counselor (EC). |
| Referral for support services | Referral done at overviews to PHN, CAP, etc. |
| Provide child care if compliant | Approved if in compliance. |
| Sanction if non-compliant | |

### Non-statutory Core Services for 18- or 19-year-old Teen Parents

| Employability Measure use | Done by employment counselor during an individualized appointment |
| Referrals for other services (housing, mental health services, etc) | Done by employment counselor. |
**White Earth office.** Workers complete the Employability Measure during the first meeting with 18- or 19-years-old participants before an Employment Plan is developed. After this initial meeting, workers meet with participants once a month to coincide with the time school attendance hours reports are due. Whenever a client visits the office at White Earth, they are given a gas voucher to assist with the costs of travel to the office and to school. Extra time is spent with teen parents, encouraging them to finish school, explaining MFIP policies and requirements, and warning the teens of the time limit for MFIP. When clients bring their children in, the EC discusses parent-child relationships and child physical development milestones.

At White Earth Indian Reservation, there are major barriers to transportation and communication – many clients do not have reliable phone service – which negatively impact a client’s ability to respond to sanction notices. A Becker County worker noted the overwhelming amount of information that participants are expected to absorb during the intake interview, “You end up answering a lot of questions, either by phone or by trial and error because the interview is an overload of information; teens can’t absorb it all. We end up having to sanction teens at some point, and then the teen figures it [policy] out.”

**Staffing**

Becker County does not have specialized workers for teen parents on MFIP. The staff who serve teen parents also manage caseloads including adults. The Minor Moms Program, Becker County’s social service programming for MFIP teens, is run by a case aide, not a social worker. The case aide approves the living arrangements and provides ongoing support services for minor parents, usually meeting with clients on a monthly basis.

All minor parents work with a SW and the EC tracks their school hours. While the importance of education is a topic of discussion across service areas, sexual health and family planning are reserved for conversations with the PHN.

County staff reported that they engage in frequent professional interactions with each other and with other county services areas, schools and community-based nonprofits. Much of this interaction is in the form of cross-referrals and communication via phone or email exchanges to assist clients with paperwork and access to resources. Occasionally, group conferencing is used or staff meet jointly with a teen in a crisis.

The most common bridge between Becker County and the tribal providers is the MFIP Income Maintenance staff (FWs) with whom White Earth Employment Service counselors communicate on a daily basis. Due to concerns for data privacy and client confidentiality issues the quantity and quality of worker communication has suffered. For example, White Earth employment counselors described the formerly co-located Indian Child Welfare Act (ICWA) Child Protection Workers did not interact much with their coworkers because of strict adherence to confidentiality rules.
Communication about MFIP clients has begun to increase with conversations with the county social worker though.

Caseload size and characteristics were described as follows at the time of the interview:
- White Earth ECs had caseloads of about 43 clients (with around 50 percent Family Stabilization Services (FSS) cases).
- FWs had a general caseload of 142 that included two teen cases, but usually ranges from 5-10 MFIP minor caregiver/teen parent cases.
- Case Aide had a caseload that often ranges from 4 to 30 teen cases. Also does licensing for child care providers, 120 cases.
- Becker County ECs had 50-70 cases per each of three workers. Minor and older teen parent cases are shared among the counselors. At the time of the interview, it was reported that there was only one minor case and two 18- or 19-years-old cases on the ES caseload.
- PHN had 40-50 cases, of which four were teen parents, two of these on MFIP.

**Staff training.** Consistently across service areas, training to work with teen parents on MFIP is informal. Workers weave together trainings on serving the general MFIP population, working with participants experiencing mental health concerns, and their own personal experiences of raising teenagers. When training is formal, it rarely focuses on how to work with teen parents on MFIP. Sharing of resources and approaches was reported to be done informally across service areas.

**Funding.** Due to recent budget cuts, resources for fathers were cut. Employment services workers do have funds remaining for transportation supports.

**Service integration**

**Collaboration and co-location.** MFIP services in the Becker County area are provided by a mixture of County offices, contracted providers, and tribal providers. Becker County staff described close-knit service centers at the county and at community centers on the reservation. Despite the mobility of teen parents between the city of Detroit Lakes and the area’s reservation, significant gaps in communication were reported to exist between the county and tribal service providers. Parties in both locations expressed a desire for improved communication. There is occasional reporting and referral between the providers, but little in the way of direct communication about clientele. The County and Tribal staff noted that DHS has attempted to coordinate the local systems. A Becker County staff person said,

“When teens are going between the county and the reservation, there are a lot of pieces that don’t come together. There needs to be more communication between staff to support the youth. We need to check in with teens more often to see if the plan is following through, to support child care, to ensure that any barriers are being addressed.”
Referrals for community-based services are most commonly made during the intake process. Staff strived to get all the necessary services established at the point of intake, and intake is often enhanced by a colleague from Mental Health or Chemical Dependency stopping in to meet the new client. “We’re a small enough agency that we can do that. Staff from Social Services or Child Protection can come right down.” Common referrals include crisis center, Mahube (this stands for Mahnomen, Hubbard and Becker Counties and it is a local support service agency), mental health services, and assistance with Supplemental Security Income (SSI) applications; a number of resources are co-located within the same county office building. The FW explained that occasionally, “Computer systems prevent us from making complete referrals to social services, but that’s not really our role anyway.” Communication among staff has declined since Child Support services for American Indian clients were relocated to the White Earth tribal offices. The county FW stationed on the reservation, is the most direct link. County staff and providers perceive a difference between the operations of each location. “We don’t know that area as well. White Earth does things different than Becker County. It’s almost like a different world.”

Strategies for service integration and staff collaboration among county and county-contracted staff include:

- The Public Health nurse used to visit school sites weekly, but staffing cuts have reduced visits to monthly.
- Employment Counselors require the Alternative Learning Center staff to sign off on attendance sheets to verify participant activity. “Contact with the ALC staff is very important for helping to stay connected to teen parents.” ALC staff assist teens with transportation barriers. Sometimes the Financial Worker goes to this particular school in order to complete MFIP intakes.
- The Mahube Committee meets every two months and includes the PHN, a Mahube home visitor staff, the Head Start teacher, and the Teenage Parent Program (TAP) representative.

A more intensive model of service integration that was mentioned by staff is the Partners in Parenting project for teen mothers not enrolled in the ALC. Partners in Parenting weekly home visiting program is run in conjunction with TAP during the school year with social events during the summer months. This is a partnership with Mahube, the Alternative Learning Center TAP, Early Childhood Family Education, and a nutritionist.

In Detroit Lakes city, one approach to service integration is using the MFIP employment plan to require participants to access PHN services. The EC points out that, “Even with all the supports in the same place, follow-through can be a problem for teen parents.”

An extreme example of collaboration is that a single family in the FSS program can have upwards of 20-30 service workers involved in the case. Occasionally, the Family Resource Center convenes workers from across education, MFIP, health, housing, corrections and other service areas in one room with the family as a form of group conferencing. This, workers agreed, was an overwhelming and unwieldy amount of involvement for a single family. One worker remarked, “I was
overwhelmed because you have your public health nurse, your teacher, your financial worker, your proba-

For teen parents, however, large case reviews are rare. On occasion, the Case Aide used Family

Tribal strategies. Other strategies for service integration and staff collaboration among tribal staff
include Pathways Out of Poverty, which is located next door to the MFIP office and offers GED
courses. Also located within the building are parenting classes, Vocational Rehabilitation, the Boys
and Girls club, Constituents Community Action Program, a chemical dependency counselor (once a
week), GED classes (once per week), Dove (Domestic Violence program), a Community Health
representative, Early Childhood Family Education, and Life Program (a Public Health service). Due
to the rural nature of this area, many providers rotate through on a weekly or occasional basis.

Goal: Education

High school priority. Across service areas, education is promoted as the best option for teen
parents. In fact, many teens are already connected to school at the time of enrollment. The Case
Aide urges teens to attend public high school because she feels it is the most developmentally
appropriate; however, few teens have chosen that option. Most teens choose to attend GED classes
or go to the Alternative Learning Center (ALC). These environments are less structured, and teens
often struggle to meet requirements for participation hours and to complete their education goals.
Forms are exchanged between school staff and MFIP staff in order to track attendance. Education is
framed as a long-term goal and continued education as a means to achieve stable income and career
goals in the future.

After high school. The PHN encourages teen parents to remain within their network of support
and attend classes at the local community college once they graduate from high school. White Earth
ECs encourage their participants to continue their education through the tribal college. They often
create a plan with the teen for education completion that includes a potential major. Teens are
encouraged to remain connected to MFIP during these two years in school so that they have
supports to improve their success. This process has been effective for a student who is now enrolled
at Bemidji State and off MFIP, and another teen parent who graduated last year and became a
Licensed Practical Nurse. The tribal college continues its courses year-round, so teens are able to
remain active during the summer months.
18- or 19-years-old parents accessing RMCEP service often choose to continue their education because of the incentive to keep the entire MFIP grant plus all wages earned while in school. Additionally, staff point out the benefit of enrollment months not counted toward the MFIP time limit while pursuing secondary education as a teen parent. However, RMCEP workers are careful to approve only education plans that have promising job prospects and livable incomes for graduates. “We have an assessment session and a career planning session to help guide youth to informed decisions, so they don’t impulsively jump into programs.”

**Goal: Work**

Employment counselors from the county and White Earth have success stories of teen parents who transitioned off the program after securing jobs in the health care field. “Right away we put them in a school plan. I had three teens all year that graduated in the spring, all three of them are working and off MFIP because of excess income, and they’re all going to college.” Not all the participants are so successful, however. White Earth ECs spoke about teens that cycle in and out of school, on and off sanction. Teens are asked about their goals for the future and their role models who have gone to college and had a successful career. This exercise helps youth envision a fulfilling future and begin to create step-by-step plans to achieve their goals. Sometimes it is difficult for youth to identify such a role model in their immediate circle; some families strongly encourage their teens to quickly finish their GED rather than pursue advanced education and career goals.

Staff always encourage education because it increases employability in the future. At White Earth, the assessment and employment plan is done in the first meeting with youth. RMCEP begins discussions by asking teens about their goals for the next six months or year, and then works with the teen parent to create achievable steps toward that vision. When teens have a shorter-term vision, staff try to support them in some immediate successes and use that to build longer-term goals and plant the seed for continuing education, “Hey, have you ever thought about college?” Staff start with the youth’s goals of college or career, and “help them back it up with achievable steps to get there.”

Though work is the charge of employment services, the PHN occasionally supports her clients in accessing the WorkForce Center, completing resumes, and parallel job search. The PHN and ECs accompany youth into the WorkForce Center because youth have sometimes been uncomfortable and overwhelmed in that environment. The PHN has also drawn on her professional network to connect youth to job opportunities.

**Supported work.** Teens are required to be active over the summer months. If they are not involved in a supported work program, the County will send them to employment training. If a teen parent is in supported work over the summer, the FW records these hours. In White Earth, several teens accessed summer jobs through RMCEP or through the PL477 funds (provided by Native American Works and WIA funds) operate by the Tribe. When White Earth gets notice of the Summer Youth Program, they send out applications to the counties. MFIP staff funnel their youth to the PL477 staff, who administer the program. White Earth expected to have enough funding in the summer of
2010 to place all the youth who desired positions. Sometimes, however, a position at the casino can pay more than the supported work positions.

**Racial/ethnic issues**

Becker County’s MFIP racial disparities project is based in employment services. The County encourages employers to hire MFIP participants, and provides participants with KeyTrain\(^{20}\) career readiness training. White Earth ECs described many employment opportunities for local youth. Youth have secured part-time work at the Casino or in service positions. The Counselors encourage teens to make use of the wage waiver by continuing their education while working part-time. Pathways Out of Poverty is next door to the MFIP office in White Earth. The former is a new program that provides job skills training on new energy and weatherization technologies. It is funded by a grant provided by the City of Minneapolis and the State of Minnesota’s Department of Labor.

When American Indian clients are not working with a tribal employment services provider, Becker County can refer participants to two programs aimed at reducing disparities in outcomes among American Indian MFIP participants. One option is referral to an EC who works exclusively with 24 American Indian clients, a smaller caseload than is typical. KeyTrain is the other option. KeyTrain was adopted as part of a pilot project with the DHS Taking Action on Disparities Project, and the program is now agency-wide. This program prepares participants for success in the workplace through training in computer literacy, soft skills and preparation for the adjustment to demanding work schedules.

**Adolescent development**

For adolescents, it is difficult to envision the long-term future and create realistic plans. Understanding cause-and-effect relationships is a parallel challenge. Employment services, social services and the PHNs all attempt to support youth in developing this skill. Teens find that dealing with all the MFIP paperwork required of them is challenging, along with the demand on their time for school and child care. To address this, staff provide teens with a choice of faxing the forms or dropping them off in person. However, teens are also encouraged to take some responsibility and demonstrate follow-through. One worker says, “I used to physically go to the ALC to encourage them to submit the forms, but what are they learning from that?” Many points of contact – paperwork, phone conversations – are used as learning opportunities. Staff find that parenting classes are helpful for teens who struggle to reconcile their responsibility, their developing maturity, and their desire to be social youth.

\(^{20}\) www.keytrain.com
Other than those traits mentioned above, staff described no great differences between teens and adults, or between minors and 18- or 19-year-olds. Staff acknowledged the attitude that some teenagers present when faced with MFIP requirements. Rather than “attitude”, a supervisor calls it “spirit”. She says, “It’s good to have spirit, when they channel it the right way.” Yet teens, she continued, sometimes learn the consequences of neglecting requirements and resulting sanctions the hard way, “I do find that people have to learn their own lessons, that’s more valuable than if you hold them by the hand and drag them through this.”

Engaging teens
It is best to start by asking teens about their goals for their futures and aid them in setting short-term and long-term goals. It is common for teens to feel confident in their ability to succeed in the program during the first meeting, which consists mostly of a discussion about the rules. Often the teens begin to struggle within a couple weeks as the difficulty of managing parenting; school and employment start to set in. Staff use the first weeks of working with a client to build trust, to delineate expectations of follow through and to describe consequences for non-cooperation. Paperwork becomes very troublesome for some participants. They often have difficulty with following through with paperwork, forms getting lost, deadlines missed, and so on. The Case Aide and PHN both attempt to build relationships with the teens’ parents as well.

When teens are struggling, sometimes workers use a team approach and pull together an EC, Case Aide, PHN, or teacher to address the issues and offer support. Still, staff find that some teens remain resistant and do not follow through in spite of supports in place. As teens approach their 18th birthday, some shifts in motivation and attitude may occur as they realize the gravity of the impending changes that accompany legal adulthood.

Teens’ relationships with others
**Their family.** Teen parents in Becker County appear to be highly involved with their parents. However, the shape this relationship takes varies by family. There is a shared hope across workers that the family can be a source of support for the teen parent, but also an acknowledgement that family influence can be positive or negative. Typically, employment services do not engage with parents of teens, though they do welcome adult parents who accompany the teen parent to the first meeting if the teen requests it. Workers that visit teen parents’ homes (PHN and Case Aide) actively foster family relationships of support. This can be difficult when the teen parent is angry with her parents, or when the parents are not urging the teen to succeed in school or seek employment. Many of the staff feel family support is a critical factor in the teen’s success in school or work, and family disinterest is a strong predictor of a teen’s poor performance. When a family is engaged but the teen is upset, the worker listens and strives to facilitate a resolution, often with great success.
In the small and close knit community of White Earth, staff must be cautious about communicating with family members. It is common for an EC to serve an MFIP participant who is the daughter of the counselor’s friend.

Parenting. Public Health Nurses provide services and education for minor parents in the area of child development and safety. The ALC’s parenting classes and Partners in Parenting are well regarded resources for teen parents. Child Development classes are also offered at Mahube for minor parents and child development, as well as at Head Start and the Village Family Service Center.

Services
MFIP workers draw upon formal and informal resources to meet the needs of participants. When a formal program is not available, staff occasionally email colleagues and ask for help securing a crib or other resources. The most utilized community resources include Mahube, WIC, the Crisis Center, mental health providers and the Social Security office. Mahube is a community agency that provides support in the areas of housing, fuel assistance, rental support, PHN, CAP, Food Support from Becker Extension Center, Lincoln Ed. Center ABE, and more.

- **Housing.** Mary’s Shelter, not open at the time of the interview, may now provide very short-term housing for families in crisis. At the time of the interview, workers could only call Child Protective Services if a family was in crisis.

- **Transportation.** RMCEP employment services would like to support minor parents through social services, even before they are enrolled in the ES caseload. In addition, ES would like to provide teen parents with the “head start” that can come from earning a driver’s license, or training as a Certified Nursing Assistant while still in high school. Gas vouchers are used as an incentive for submitting required paperwork and maintaining engagement with services. One worker quipped, “Hours for gas!” when describing how she encourages teens to remain engaged in employment services and keep current with paperwork. The Case Aide provides teen parents with rides to various appointments as needed.

- **Health.** The PHN views the area as rich in health and community support resources. There are mental health, chemical health and relationship counseling services offered in the area. Families also have access to WIC for nutritious foods

- **Life skills.** Staff at White Earth offer the Life Program which provides home visiting services to families. The Becker County Case Aide supports participants in creating a budget for personal expenses. The PHN also actively encourages teens to utilize services at the WorkForce Center and the ALC to develop lifelong skills and goals, address barriers and access tutoring if needed.

- **Support groups.** The ALC provides a TAP (a teenage parenting program) and Partners in Parenting. Parenting classes help youth manage the demands of school and child care, and the difficult developmental choices that face a teen that wants a social life but also has the responsibility of parenting. Occasionally, Family Group Decision-making is used to address a crisis in a teen’s life and draw upon the youth’s existing networks of support.
- **Legal services.** Formerly, Anishinabe Legal Services was on-site at the White Earth ES offices, but they moved to another area of the reservation. There are no longer legal services in the MFIP office, but they are available elsewhere.

**Service Gaps.** The following areas of service gaps were identified by the workers interviewed during the site visit:

- **Coordinating child care.** Coordination of child care services is difficult when teens are going between the County and the Reservation. The high schools on the reservations do not have on-site child care; teen parents often leave their children with grandparents while they attend school. “Family dynamics are very fluid and sometimes temperament.” If the family provides child care, these dynamics impact the teens child care arrangements by causing frequent changes of providers and all the clerical and reimbursement changes that come with that. There are efforts underway to establish child care at the ALC. The GED program in Detroit Lakes used to have child care available twice weekly, but stopped offering it due to low usage.

- **Housing.** A housing shortage creates a homelessness problem in the area. There is a crisis center, but there is no women’s shelter. There is a homeless program at the Community Action Program, but there are no open houses available and no shelter.

- **Transportation.** There are also transportation issues due to long distances between where they live and the county services. “Public transportation to White Earth GED classes is burdensome.”

- **Communication.** The lack of a working phone and frequent changes in phone numbers only exacerbate the problem. This makes contact with services infrequent.

- **Health.** In White Earth, there is often a waiting list for mental and physical health services with the Indian Health Services clinic. Teens often deny problems with chemical dependency. In addition to the health and well-being concerns with chemical dependency, teens can encounter barriers to transportation and employment that result from legal problems such as revoked licenses after DWI convictions or minor consumption charges that tarnish a criminal record.

- **Education.** GED class schedules are sporadic.

- **Support groups.** The PHN tried to establish support groups in the past, but has struggled to recruit sufficient numbers. She tried emails and web recruitment, but was unsuccessful in gathering enough participants. She wonders if another support group is “just one more thing that they can’t take on right now.”

**Family planning**

ECs in White Earth and at RMCEP, the Case Aide, and the PHN all try to incorporate family planning into their work with teen parents. In White Earth, the topic is broached by educating youth about the family cap policy during the first meeting. The EC observed that teen mothers “usually are quiet and don’t engage. Sometimes they giggle, then a month or two later they come by and you can
see that they’re showing, they’re pregnant and had been at the time of that conversation.” In the past, a PHN participated in the MFIP overview and discussed family planning, but the nurses became too busy and no longer offer this service. ES used to provide family planning education as part of a life skills program, but this too has been scaled back. Now a brochure is offered in place of services. Participants are encouraged to access prenatal care and family planning services at the local clinic.

RMCEP ECs say: “These conversations do not happen with all teen clients. It depends on the client, how well you know them, what their situation is.” When workers do raise the issue, each one approaches family planning discussions in their own ways. One worker focuses on the impact that sexual activity can have on the job search; she tells youth to conceal or avoid hickeyes on their necks and uses this as a teachable moment. Another worker talks about the large financial burden posed by having a second child: “There should be a poster of the total cost of raising a child from birth to adulthood.” One EC says, “After my clients have their second one, I just straight up ask them what they’re doing for birth control. I’ve said, ‘This can’t happen anymore. Have you consulted your public health nurse? Do you know all the options available?’” Another worker opens the door by asking, “What do you see in your future? Is there another child in your future?” Many teens do not want another child right away, and workers refer them to family planning resources.

The social services Case Aide addresses family planning, but described it as a difficult topic especially when the teen’s parent is present. Throughout her work with teen parents, she discusses the birth control the teens are using.

In contrast, Family Planning is a central topic for the Public Health Nurse. A broad range of topics are covered including sexual health and protection, health for babies and mothers, and the relationship choices youth make in their lives.

**Programs for fathers**

The Community Action Program has a Father’s Resource Center that works with young fathers to resolve child support issues. There were father programs that were discontinued because of budget cuts. Few programs and services remain for fathers. Few fathers live with teen mothers, but when fathers are in the household, they are offered the same services as the mothers.

White Earth staff pointed out dysfunction in the MFIP and Child Support policies. When a father owes Child Support, the potential for garnished wages can be a disincentive for work. This leads mothers to take fathers off the MFIP grant or take the whole family off MFIP rather than force the father to find work. Sometimes mothers do not tell workers if they are in a relationship. White Earth is such a small community that staff run into participants at the grocery store, casino or elsewhere, and it becomes apparent that they are residing as a couple. The mother will often deny this and will
say he’s just visiting. This worker’s story captures the sentiment that we heard repeatedly across the state:

“I have one mother who was with the father and they were getting sanctioned because he wasn’t going to GED. So she finally moved back with her mother and took him off the grant. The moms are worried that the father won’t comply and they’ll end up in sanction. Most often in two-parent families, it’s the guy that doesn’t want to participate and the woman will go to work and they end up being sanctioned.”

**Lessons learned**

When asked about the keys to success for MFIP teen parents, staff echoed common themes. Encouragement and support from program staff, strong relationships with service providers, and support from family members who act as role models are all vital elements. Personal motivation was another theme across the providers. The temporary nature of MFIP is reiterated to clients who are making slow progress or are unengaged. An EC frames it this way:

“If the motivation is low, I’ll remind them, ‘This is a voluntary program. You don’t have to be on it.’ To get the cash benefit from MFIP, employment services or school attendance are not voluntary. But if they want to be on it, I’ll say, ‘Think about it as getting paid by the hour to do this paperwork to get your next month’s benefit.’ When the client’s in here screaming and yelling and upset and saying, ‘Why do you want me to do this stuff?’ I say, ‘You don’t have to. Go close your case.’ And they say, ‘Oh!’ and they rethink it. Maybe they’ll go close their case but that’s their choice. Maybe some clients get on it because they have to, because that’s their last resort. But that doesn’t mean it has to be doom and gloom. Let’s make this a positive experience.”

Workers guide teen parents in envisioning their future goals because, “Sometimes people can’t see tomorrow, because there’s so much in today. Poverty can mask a person’s desire to do better.”

Employment counselors expressed a strong desire for an all-inclusive service model: “My dream for anyone on MFIP is that they come in to apply, if they need mental health or chemical dependency counseling, there would be someone right there to help them. Then as soon as their barriers are addressed we know they’re ready for work. And we know what they’re doing and the support they’re getting because we’re all part of MFIP and we’re all working together.”
Beltrami County MFIP Teen Program

Beltrami County is located in northern Minnesota. It borders more other counties (nine) than any other county in the state. Its population grew faster than the state average (12 percent versus 7 percent) during the period April 1, 2000 to July 1, 2009. It was included in this study because of the relatively high percentage of its MFIP caseload that started their families as teens (32 percent as minors and 32 percent at ages 18 or 19 in the December 2009 caseload). In July 2010, there were 24 minor moms and 94 who were 18- or 19-years-old on the Beltrami county MFIP caseload.

On July 13, 2010, the DHS Teen Parent Study team visited Redby and Bemidji in Beltrami County. Frontline staff who shared their perspective with the state representatives included two employment counselors (EC) from the Red Lake New Beginnings Program in Redby, MN, and two ECs from Rural Minnesota CEP (RMCEP)21 in Bemidji. On the county side, a financial worker (FW), two social workers (SW), and a public health nurse (PHN) in Bemidji were interviewed. The following descriptions capture the information shared by the interviewees within the boundaries of the interview protocol in addition to any other relevant issues that came up during the interview.

Process

MFIP services in Beltrami County comprise county staff and contracted providers as well as tribal providers from the Red Lake Band of Chippewa and Leech Lake Band of Ojibwe. Minor and teen parents are served by Beltrami County or the Red Lake Nation, depending on residence and tribal affiliation. The table below shows the process the pregnant or parenting teen follows from intake to age 20 and or exit from MFIP.

Beltrami County. The FW interviewed for this study stated that she has a caseload of 182 families including teen parent cases. She is a team member in Family Connections, a pilot targeted-services model that collaborates with the county SW to serve both MFIP teen parents and adult caregivers. She has been employed with the county for over twelve years, long enough to witness changes in MFIP that have taken place over the years. In the past, her connections with families were so close that she could recognize people’s voices on the phone and four hours was the expected timeframe for returning calls to clients. Currently, 48 hours is the expected period for returning calls. The county social worker has a caseload of about 15-20 families at any given time, with usually two or three teen parents.

21 RMCEP (www.rmcep.com) provides employment services to 19 counties in north central Minnesota.
| **Intake** | At the time of the site visit, county FWs were located in Bemidji and at the Red Lake Reservation. Some workers (for example, FW) take a different approach with teens by choice. County: FW require parents of minor parents to be present for intake part of application process; as many introductions to other staff and referrals as possible are made during intake. Red Lake: Teen's parents may attend FW appointments and sometimes speak for teen. At Red Lake, all teens are in same group overview with adults. |
| **Face-to-Face First Interview** | See above |
| **Referral to social services (or to agency county contracted with): Provide minor caregiver services for approval of living arrangement. Inform teen of the living arrangement requirement both orally and in writing, also about possible exemptions** | County SW caseload of 15-20 families with 2 or 3 teen parent cases. PHN is voluntary, services optional. SW accompanies PHN to home visit to teach parenting, budgeting, cleaning. In-home skill development of teen parents by SW, PHN, ES. |
| **State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants** | Must live with parent or relative to get cash which goes to that adult. County: RMCEP or Child Protection worker approves living arrangements for minor teen parents. Most non-approvals are for living arrangement situations or not attending school. Will wait beyond 30 days if teen is trying to get paperwork in. |
| **If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen & Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program** | School is encouraged (message: to receive MFIP you have to live at home and you have to go to school). Attempt to maximize probability of success (e.g., combine school with carpentry training). School attendance requirements are minimal (ABE 12 hr/wk, HS one day/wk & homework), but some teens need more structure. Red Lake expels to ALC (for GED) for 15 consecutive unexcused absences. Time limit clock is stopped on Red Lake reservation for everyone due to high unemployment rate. |
| **Minor teen must attend school (unless exempt or already has HS diploma or GED)—Counting towards the TANF time limit stops** | School hours are reported to ES. Minor caregivers are required to keep weekly contact with employment services. |
| **Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal** | Plan includes community resource referrals. |
| If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both | Wages are reported to FW. 18- or 19-years-olds are encouraged to work 1-2 hours per day. Red Lake: Summer youth supported work (Red Lake ES (New Beginnings) recruits youth (28 of 50 applicants were referred to the program); RMCEP sets worksites, job development, orientation; both visit work sites.) County (Bemidji): only 3 were enrolled. |
| Provide child care if following education/employment plan | PHN connects teens to education and child care. Child care overpayments occur if teen does not use all 25 hours, and then she loses Child Care Assistance. Few minors need child care because own parents look after baby. |
| Transition services at age 18 | Turning 18 means that minor parent has to go regular MFIP overview |
| Apply sanction for failure to cooperate with education or social service agreements | Supported work written into EP so workers sanction. Teens usually respond to sanction notice. |

### Non-statutory Core Services for Minor Caregivers

- **PHN services**
  - PHN is voluntary, services optional.

- **Referrals for other services**
  - PHN connects to GED. Red Lake holds an annual Teen Summit. Help with transportation and drivers training costs. Other referrals may be to services like public health, mental health (hard to get in), chemical health (easy to get in), housing (acute shortage).

### MFIP Statutory Core Services for 18- or 19-year-old Teen Parents: Statute and Practice

- **Application and face-to-face interview**
  - County FWs sited in Bemidji and at Red Lake Reservation. 18- or 19-year-olds treated like any other adult except if no HS diploma.

- **Referral to Employment Services**
  - RMCEP’s World of Work orientation (3 hours) and Money Matters course are both required, followed by job search. School is encouraged: Post-secondary with diploma or GED, also can attend vo-tech for one year. As an incentive, 18- or 19-years-old parents are told that income from wages does not count against the MFIP grant when the teen is pursuing an education option for HS/GED alongside employment. Staff said that MFIP policy makes it difficult to do HS/GED age 20 and up because of the 87 hr/mo work requirement. Career planning is also covered. Summer youth supported work actively pursued with teen parents (see also above).

- **Develop employment plan (EP)**
  - Employment plan includes community resource referrals

- **Monitor EP Compliance**
  - School hours are reported to ES, wages are reported to FW.

- **Provide child care if compliant**
  - Child care overpayments occur if teen does not use all 25 hours (minimum), and then she loses Child Care Assistance.

- **Sanction if non-compliant**
  - Sanction for not following through on orientation or EP. Supported work is written into EP so workers can sanction. only ES and Child Support workers can sanction, CS sanction is 30 percent first month and lose child care and MA – ES sanction starts at 10 percent first month, then 30 percent and rent is vendoed. Teens usually respond to sanction notice.

### Non-statutory Core Services for 18- or 19-year-old Teen Parents

- **Employability Measure use**
  - ES does EM after first establishing relationship with the teen parent.
Beltrami County provides financial assistance, limited access to a county social worker, voluntary public health nurse services, and mandatory employment services (ES) for all teen parents who are not residents of the Red Lake Reservation through RMCEP. The ES provider approves the living arrangement for minor teen parents. There are two ECs at RMCEP who serve teen parents. One had a caseload of 73 MFIP participants including about 15 teens (18- and 19-year-olds only), while the other was managing a caseload of about 40 cases, including ten teen parents, four of whom were minors. One of the ECs formerly served as a county social worker.

The RMCEP social worker serves as both a social worker and employment counselor, and tracks school attendance. Staff described co-location of offices as very helpful. WIC, Public Health, financial assistance, and ES are all in the same Bemidji building. The county SW works in the Child Protection area and in the Parent Support Outreach Program (PSOP). PSOP is a state-developed child welfare approach used by some counties to offer services, with the softest approach possible, to families who have been screened out of Child Protective Services. This puts the county in contact with many young families who are in need of support services.

**Red Lake.** New Beginnings is the program serving MFIP minor caregivers and 18- or 19-years-old parents on Red Lake reservation. At the time of the visit, this program blended school supports with employment services, with county financial workers on-site as well. The Red Lake New Beginnings program staff reported they had a caseload of 93 teen parents.

**Staffing**

**Funding.** Staff said that budget constraints have led to increased caseloads, placing a strain on staff and clients alike. A reimbursement arrangement enables social services to provide some mental health services for families with children. Staff members stress the importance of adequate funding for community programs like Evergreen Youth & Family Services, which provide necessary housing and support service.

**Staff roles.** The MFIP teen program structure in Beltrami county, as outlined above in the table, has three major players: the county-based workers (financial workers, social workers, public health nurses, child protection workers, etc.), the tribal employment service providers (Red Lake Band of Chippewa and Leech Lake Band of Ojibwe) and RMCEP. It was not specified during the interviews how service delivery is modified when minor caregivers and teen parents in Beltrami county transition from Bemidji to the reservations and vice versa.
In Beltrami County, the employment counselor, an employee of RMCEP, works with teen parents and is also a social worker by training and previous experience. This worker tracks school attendance. Minor teen parents are encouraged to make contact with ES every week, and 18- or 19-years-old participants are encouraged to work one to two hours a day.

RMCEP staff members stated that they see it as their responsibility to reach out and keep teen parents engaged in employment services in creative ways. For example, one ES worker sends a postcard to teens that have fallen out of communication; the postcard has a picture of milk carton on it that says “Are you missing?” Financial workers also try to engage the support systems and family networks of teen parents, and do so by requiring the parents of minor caregivers to be present during the intake part of the application process.

Accompanying teens to community resources is important. Although teens are encouraged to make phone calls, on their own, for community resource referrals, some teen parents need the worker to help them with this. Adolescents often need a high level of guidance. The social worker takes teens to a clinic that provides sexual and reproductive health services, and talks candidly with them about sex. The social worker goes into homes to offer support and reports to Child Protection as needed. The employment counselor writes community resource referrals into the employment plans and ensures that teens follow through. In some cases, because of the frequency of no-shows, community agencies require a referral form completed by a worker.

One worker said she aged out of foster care as an adolescent. Although she does not share this history with her clients, this experience does shape her understanding of what some teens may be experiencing and her approach to service navigation. Another worker who was a teen parent herself said that experience helps her to relate to participants and allows her to serve as a role model for MFIP teen parents. Workers said over and over again that “Trust is a big piece of success.”

The Public Health Nurse tries to connect with the teen parent and foster a parent/child relationship that is healthy for an adolescent; one that balances independence with engagement and support. The PHN talks with teen parents about feasible methods for them to complete their education, and connects them to the necessary child care resources to supports that goal.

The Red Lake New Beginnings Teen Parent Program worker works only with MFIP minor caregivers and teen parents.

**Staff training.** While staff described the professional development training provided for their respective service areas, few staff members have received teen-specific training. The Public Health Nurses who serve parents receive some specialized training to work with teens; such as child and teen checkups expectations. The Financial Worker was trained to apply the policy in the same manner across ages, but takes a different approach with teen parents when reviewing paperwork. New Financial Worker training involves shadowing veteran workers.
At times, workers attend off-site retreats with speakers on various topics. Evergreen Youth & Family Services provides trainings of this nature on topics ranging from drugs, teenage development, runaways, and sex trafficking. The county social worker attends these trainings. The employment counselor in Red Lake attended an out-of-state conference about working with American Indian and Alaskan parents and children.

When training is not available, staff rely upon personal or previous experience. One staff member draws upon her college education and her experience accessing youth services while a foster child herself. Another staff member draws upon her previous employment in a residential treatment facility.

**Service integration**

**Collaboration and co-location.** Service Integration takes a number of forms, influenced by co-location of MFIP staff. The strength of service integration within Beltrami County varies depending upon the service provider location and relationships. Several years ago, the area had a collaborative of service providers that specialized in providing services to teens; this no longer exists.

In Beltrami County, the service center in Bemidji is a one-stop shop. From the director level to direct service staff, MFIP staff are highly supportive of co-location rather than the former arrangement of frontline staff scattered around multiple office buildings. As much as possible during a teen’s intake, staff make immediate introductions and referrals for services within the building between MFIP, WIC, and other services like mental health. On an ongoing basis, social workers collaborate with nurses and counselors to support in-home skill development of teen parents. This practice has been in place for 20 years without a formal reimbursement arrangement. The county’s financing of this may be subject to change, however, as a result of budget concerns. In addition to co-location, Beltrami County is laying the foundation to better align strategies across social services, public health, school districts, and other jurisdictions to take a preventative approach to issues like teen pregnancy.

**Red Lake.** At the time of the interview, Beltrami County financial workers were co-located within the Red Lake New Beginnings office, in an effort to improve county/tribal collaboration. They said they attend staff meetings together and meet face-to-face at least weekly. All teen parents on MFIP are expected to report wages to the FW and the school attendance hours to the employment counselor; this dual reporting allows staff to gather a more complete picture of the participant activity level. The Red Lake EC stated, however, that they learned that it is easier to gather attendance records directly from the school rather than from the FW. Red Lake’s EC occasionally visits students at school during the school year.

During the interview, staff shared that there is a communication gap between Beltrami County and Red Lake employment services. The county social worker and RMCEP communicate by phone with
county financial workers located in Red Lake, but not often with New Beginnings. New Beginnings and RMCEP employment services implement summer employment programming for teen parents on the reservation, with Red Lake’s ES handling the recruiting. RMCEP sets the worksites, provides some job development and conducts the orientation. Both Red Lake and RMCEP employment services visit the work site.

A broader geographic network exists for information sharing. Minnesota Chippewa Tribe (MCT)\(^{22}\), RMCEP and county FWs meet quarterly or when changes to program policy occur. Service coordination also takes place with non-governmental or tribal providers. Community services like Evergreen Housing for youth requires its teen parent residents to remain compliant with their MFIP employment plan in order to maintain housing.

**Goal: Education**

**High school priority.** Workers across service areas said they encourage educational achievement among MFIP teen parents. One financial worker asks every single young applicant, “How far are you from graduating from high school?” In their opinion, MFIP policy influences the choices teens have, and the approach of the workers. Workers strive to provide teens with options for educational settings that maximize the individual’s likelihood of success. One option is the BI-CAP\(^{23}\) youth program for youth up to age 21 years to attend school while accessing training like carpentry skills.

Current high school attendance requirements are thought to be minimal by Beltrami County staff. The Adult Basic Education program requires attendance of only 12 hours per week. The Public Health Nurse said that school programs are so flexible that they allow teens many options including attending one day weekly and completing homework from home. The consensus was that while this may be a good option for teens that thrive in an unstructured setting, it is not a good choice for every student.

When speaking with 18- or 19-years-old parents, workers point out to them the financial benefit of continuing their high school education while working; income from wages does not count against the MFIP grant when the teen is pursuing an education option alongside employment if they are attending school at least half time.

Staff reported that the high school in Red Lake expels students if they have 15 or more consecutive unexcused absences. When teen parents are expelled from the high school, they must attend the

\(^{22}\)The Minnesota Chippewa Tribe (MCT) is “comprised of the Bois Forte, Fond du Lac, Grand Portage, Leech Lake, Mille Lacs, and White Earth reservations” and provides MFIP and ES services “to tribal members who do not reside on their reservation of enrollment and would otherwise receive services from a Non-Indian Provider” ([http://www.mnchippewatribe.org](http://www.mnchippewatribe.org)).

\(^{23}\)Bi-County Community Action Programs ([www.bicap.org](http://www.bicap.org)) serve Beltrami and Cass Counties.
Alternative Learning Center to work toward a GED. The Public Health Nurse believes an increasing number of teen parents are completing school. Red Lake’s New Beginnings program had five high school graduates in the 2010 school year, an accomplishment they are proud of. Red Lake staff attributed the students’ success to support from family and from New Beginnings staff.

MFIP policy supports education for teen parents, but creates obstacles for youth from age 20 years old making it increasingly difficult to earn a GED. Many youth aged 20 years or above lack a high school diploma or GED. Workers pointed to the monthly requirement of 87 hours of work as burdensome to those also attempting to pursue education.

After high school. Teen parents who have earned a high school diploma or GED can then attend vocational technical school for a year provided their ES counselor agrees it is an appropriate program for the individual and it is included in the EP.

**Goal: Work**

**Supported work.** Supported work is offered by employment services, most intensively in the summertime. During the school year, there is Work Training every Tuesday that brings together individuals in paid work experience. The Summer Youth Program in Bemidji has three teen parents involved; this voluntary program is written into employment plans, allowing staff to sanction youth if they do not follow through. The job placement rate for minors was low (only one teen out of four referred). In partnership with MN RMCEP, the Red Lake employment counselor referred 28 MFIP teen parents to the summer supported work program out of 60 applicants. The program places participants in 30-40 hours per week jobs on the reservation in settings including nursing homes, courts, the Boys and Girls Club, Northern Winds, and other community centers. RMCEP conducts the orientation, matches the worksites and does some job development. Both Red Lake ES and RMCEP visit the work site during the placement.

**Work.** There is a high level of mobility between the city of Bemidji and the Red Lake Reservation. There are more job opportunities in Bemidji, sometimes drawing teen parents to the city in search of employment. Unemployment is a challenge in Red Lake, to such an extent that the 60-month time limit is waived on the reservation.

Other work related activities include:

- **Job Club:** a six-week course (available to all teens) covering interview skills, resumes, personal hygiene, and conflict resolution. Participants receive a certificate of completion and a Wal-Mart gift card.
- **Money Matters** (required for all MFIP participants).
- **WOW:** World of Work orientation (required for all MFIP participants participating in supported work).
- **Beltrami Works pilot.**
- **Evergreen housing program offers employment classes.**
- Youth Build is a part-time school, part-time work program with supports from County staff. It is funded through BI-CAP by a federal grant.
- Supportive services address barriers to work, and provide:
  - GED testing fees
  - Driver education training fees
  - Car insurance support and gas vouchers

Staff shared the success story of a super achiever teen mother who was able to do all of these things: finish high school, get married, attend University, not get pregnant again (still has only one child), and working four jobs.

**Child Care.** RMCEP workers reported a problem with child care payments where teen parents are getting overpayments for not using all 25 hours that were approved and paid for and then losing child care as a result.

**Adolescent development**
Approaches to adolescent development were similar across service areas. Staff discussed the characteristics of the teen parents they served, as well as the approaches that most appropriately address adolescent development.

Staff described teen parents:
- Touchy. Can’t teach them what they don’t want to know. Teens disengage with services if there is too much structure.
- Youth are more likely to open up in conversation than older adults on MFIP. Relationships are very important to them.
- Concrete thinkers who take one day at a time. Sometimes younger people do not look beyond the immediate situation or beyond themselves; it is difficult for them to process cause and effect.
- Thinking about long-term goals is very difficult when teen caregivers do not know where they are going to sleep that night or don’t have anything to eat and have all these forms they have to turn in when they don’t have transportation, etc.

Given these characteristics, MFIP staff shaped their approach to teens in the following ways:
- Try to break goals and tasks down to little pieces that they can accomplish. Use incentives to foster motivation.
- Approach teens' parents as part of a larger family system.
- Take a gentle approach to teens. Be reassuring. Give extra chances. Talk candidly and establish a relationship in which teens know they can call about any needs that arise.
- Guide teens through exploration of long-term goals and reflection about life occurrences with questions like “What happened and how can we prevent that from happening again?”
• Remind them that the public health model in this county is a voluntary approach; services are optional.
• Provide teens with options when making referrals, work around their schedule and the issues of concern to them. It’s okay to get off topic. You can’t teach someone what they don’t want to know. This is a way to build a trusting relationship.

Engaging teens
Across service areas, staff described four key factors to engaging teens in the MFIP program:

1. Flexibility
2. Rapport
3. Family support
4. Trust

A flexible, adaptable approach to working with teen parents was a central element to developing rapport. At times, the relationship is initiated by a teen parent coming into the office; at other times, the Employment Counselor initiates contact by telephone. In Red Lake, reaching out by phone call, rather than mail, is very important. Teen parents are sometimes hesitant to come into the office, so reaching out to call the teen parent and a strong relationship are key factors in engaging the youth in programming. When teen parents are hard to engage, the employment counselor calls them to see what is going on; usually, the EC says, there is another pregnancy or high risk situation that has kept them away. The social worker lets the individual decide how much help to ask for – they may need extensive help with paperwork or other MFIP requirements.

The goal of developing rapport is that teen parents disclose accurate information about their life situations, so that staff are better able to assess their strengths and needs, and connect teens to the services necessary to support their success. The county social worker estimates that developing a strong, trusting relationship may take three to six months or more of working with a teen, ideally with one visit weekly. Red Lake employment services staff believe the wait is worth it: five of their participants graduated from high school this school year, an accomplishment the ES Supervisor attributes in part to the employment counselor’s support.

Employment counselors complete the Employability Measure with teen parents once their relationship is established rather than immediately after introductions. Many of the adolescent development approaches described above are used to build a trusting relationship. One worker was a teen parent herself, helping her relate to participants’ experiences and allowing her to serve as a role model for teen parents.

Family support is a key factor in success, and must be navigated carefully with adolescents. The goal is to pull together support systems and build relationships between family and staff while drawing out the teen’s voice. Most 18- or 19-year-olds tend to have less parental involvement than minor clients. They also tend to speak more for themselves whereas the minors are quieter and the parental
relationship is more prominent. At times, parents or grandparents talk for the teen parent, which might lead to a teen feeling silenced. In some cases, a worker gets different answers from the teen parent’s elder than from the teen herself. Major parents are welcome to accompany minor/teen parents to appointments with the Financial Worker if the teen desires it.

From the perspective of the director interviewed for this study, there is past history of adversarial relationships between Beltrami county Health and Human Services and its clientele. Therefore, it continues to be important to allow for conversations about self-direction and aspirations for participants.

Red Lake. Tribal staff at Red Lake began holding large teen parent events as a way to engage participants and build community. The Teen Summit is an annual educational and social event intended to help build relationships among youth, children and New Beginning Program staff. In Red Lake, teen parents are encouraged to bring their children along to the Teen Parent Summit as an opportunity for bonding. This event creates an easier environment for discussion on complex topics. In addition, at the time of the interview these workers said that they were planning a Back to School Fest—that has similar goals as the annual summit and also helps participants to enroll for services get school supplies.

Referrals to community resources are an important element of MFIP programming for teen parents. Person-to-person contact makes it easier to ask for help, so the social worker accompanies teens to a referral location if requested. She often preps the teen by giving them a pamphlet about the resource first. Referring clients to teen-friendly service providers is another means of maintaining a trusting relationship. For example, the BI-CAP youth program is “friendly to teen parents…holds people accountable…very good to teens…the staff are like mothers or fathers and steer youth toward healthy relationships.”

In addition to involving the teen caregiver’s parents, the teen’s partner (especially the child’s second parent) is also welcome to engage with the MFIP program at Red Lake.

Teens’ relationships with others
Family. Workers consider teens’ relationships with their families very important, although the engagement level of adult parents varies widely. At Intake, the Financial Worker likes to have the major parent present during the interview. Family support was cited by multiple staff members as an explanation for the success of particular teen parents who have graduated and secured employment.

Workers also discussed the impact of how teens were raised, citing the impact of their upbringing upon the ways in which the teens raise their own children. One worker acknowledged that having children at a young age is sometimes generational. Multiple workers discussed the need to remain open to cultural influences and respectful of familial beliefs. This is especially true in the issue of family planning, where workers perceive opposition to discussion among adult parents.
Services
A number of community services are available in Beltrami County, mostly concentrated in Bemidji. There are key resources like Evergreen Youth & Family Services, BI-CAP, the WorkForce Center, and Leech Lake’s The Nest for young mothers (diapers, car seats, educational screening). In addition, the Parent Support Outreach Program (PSOP) offers services, with the most flexible approach possible, to families who have been screened out of Child Protective Services.

Available services include the following:

- **Housing.** Evergreen Youth & Family Services is a central service provider for young families in Bemidji. For young families, Evergreen Youth & Family Services provides housing services ranging from shelter to transitional housing with intensive support services. As an example of program collaboration, youth living in Evergreen programs must stay in compliance with their MFIP Employment Plan in order to maintain housing.

- **Transportation.** A bus runs between Ponemah and Red Lake on the reservation, which is a 30 minute drive. The Public Health Nurse program provides parents with car seats.

- **Healthcare system navigation.** Staff stress the importance of giving teens choice in health care providers. The preferred method is to give clients a list of providers, highlight the providers whom staff have found helpful in the past, and encourage teens to make the call themselves. When a teen parent is struggling, however, staff will make the call alongside the youth. Employment services counselors make many referrals to Mental Health and Chemical Health services. Red Lake staff find it easy to access Chemical Health providers, but difficult to get the youth engaged with these services.

- **Education.** A crucial part of academic success includes supporting youth to access and engage in quality educational programs. Red Lake employment services partners with Head Start Programs. Beltrami Works and Youth Build are programs that combine education and employment skills development. Youth Build, funded by a federal grant to BI-CAP, is a part-time school and part-time work program supplemented with county staff and supports.

- **Nutrition.** Red Lake employment services delivers programming including cooking and nutrition classes about once a month. Staff aim for 20 attendees, and usually they see five participants at each activity. Partners of teen mothers are always welcome. Incentives help to draw more participants. During the summer months, participation is mandatory in order to meet activity requirements.

- **Life skills.** Red Lake ES summer activities include college visits, and monthly parenting and nutrition classes. These activities also average about five participants per activity; (though they aim for 20 attendees). Again, incentives help increase attendance. Partners of teen parents are always welcome. It is mandatory for teens to have hours during summer. All RMCEP clients participate in Money Matters and World of Work orientation (WOW) as a component of employment services. The Beltrami County social worker sometimes works with home-visiting nurses who teach parenting skills and other skills like budgeting and cleaning.
Services gaps. Unmet needs include these:

- **Housing.** A housing shortage exists despite Evergreen Youth & Family Services. Red Lake has few housing support services, and has a long waiting list for affordable housing. Families compensate by sharing housing; the Red Lake employment counselor knows of three families living in a two-bedroom house. Teens often spend much time on the reservation but prefer to be served by Beltrami. Among Red Lake tribal members there is often movement between the reservation and the city of Bemidji, but there is little communication between Employment services providers at these two sites. In Bemidji, the SW knows of young homeless families and wants housing options for people who struggle to access traditional rental properties. These at-risk populations include people with felony convictions, poor or non-existent work/rental history, and young sex offenders. She would like to see expanded homeless shelter facilities in Bemidji and on the reservation; shelters in both locations are frequently at capacity. A Financial Worker in Bemidji sees many 18- and 19-years-old parents living independently in low-quality apartments.

- **Transportation.** Transportation is another obstacle for teen parents. The geography of Beltrami County and the Red Lake reservation requires access to a vehicle. This distance is a barrier to teen parents as well as service providers, who try to provide transportation when possible. Like many low-income families, teen parents rely upon low-cost vehicles that are prone to breaking down. In these cases, bus transportation is an alternative. However, bus transportation is only available in town and service is sporadic - running only at rush hours or infrequently and not at all on Sundays. This hinders teens from submitting MFIP paperwork in a timely manner, holding appointments on a regular basis, and getting to work or school on timely.

- **Health.** Providers recently began requiring an agency referral form which delays appointments. Pregnant teens do not get in for prenatal visits until after the first 12 weeks. The Public Health Nurse sees a need for more outreach on pregnancy prevention through contraception and abstinence. In Bemidji, staff find longer waiting lists and more obstacles to accessing Mental Health services.

- **Education.** In some Red Lake schools, principals have expelled teens with a history of absences. With few schools to choose from, expelled students lose their educational choice and may no longer be able to access traditional high school programs. Staff would like to see a charter school on the Red Lake Reservation, but this would require a tribal resolution and study of the benefits of charter schools. Social Services leadership is reaching out to the School Board to improve access to Adult Basic Education (GED), Alternative Learning Centers and all-day day care center programming.

- **Programs for Fathers.** There are very few special programs or support groups for fathers. With the exception of an Evergreen Youth & Family Services support group for fathers, there appear to be no other services targeted at fathers. Evergreen’s program may be inactive at this time. Teen fathers are served in the same way that mothers are served. The Public Health Nurse estimates that 10 to 15 percent of cases involve fathers engaged in services. Staff are not aware of any teen father who was the sole caregiver. More 18- or 19-year-olds
have father involvement than minor parent cases. Beltrami County employment services have a staff member that specializes in two-parent cases.

Family planning
Approaches to family planning varied widely across service areas and personnel. The Director of Human Services acknowledges that Beltrami County has one of highest rates of teen pregnancy in the state, and that this demands attention while also believing that responses to teen pregnancy must take into account the differing cultural values that emerge from diverse socioeconomic class and ethnicity in the county.

**Beltrami County.** Beltrami County’s employment services staff discuss family planning in a reserved way. The intent is to support teen parents in achieving their goals, and encourage them to think ahead about how another child would impact their progress at this stage of their lives. Counselors ask all participants how many children they want to have and what steps they are taking to ensure their plans are met. Counselors also talk about how much each child costs, and breaks it down to dollar amounts per week. Congratulations are not offered when a teen parent shares that she is pregnant again. Instead, Employment Counselors ask the teen how she is feeling about her pregnancy. Counselors encourage the teen to use the time during pregnancy as an opportunity to straighten out life problems or make fast progress on educational goals. Counselors try to strike a balance: informing youth of their options, but not telling them what to do about their reproductive life.

On the other hand, the county social worker reported that she takes a more forthright approach. Having worked for 11 years at a battered women’s shelter, she said she talks with teens about their relationships, and about the models of relationships they witnessed in their parents’ relationships. The SW accompanies youth to sexual health clinics and gets information packets for them.

The Beltrami county Public Health Nurse said that she extensively addresses sexual health and family planning with teen parents. She uses handouts, discussion, referrals for free contraceptives and pregnancy testing, and accompanies them to the WIC office if a test is positive. She believes professionals should maintain an open culture of accepting young parents, and move forward given the situation. Teen moms receive information on family planning, birth control, follow-up medical and public health visits, and health insurance.

**Red Lake.** Indian Health Services offers services in the areas of sexually transmitted infections, birth control and teen pregnancy. An Indian Health Services staff member made a presentation at the high school. Red Lake employment counselors would like to talk with teens about family planning, but must proceed cautiously. Family planning is not often discussed on the reservation, and there is parental opposition to discussion of the topic. Staff said they involve other pregnant teens in the discussion. Ideally, staff would like to promote healthy relationships that slow the path to pregnancy.
Racial/ethnic issues
Within Beltrami County there are tribal governments serving the Red Lake Band of Chippewa and the Leech Lake Band of Ojibwe. Beyond service navigation, cultural dynamics impact the ways in which staff approach work with teen parents. Teen parents are drawn to Bemidji for access to support services, subsidized housing and job opportunities, but want the family support network that comes with being on the Reservation. Talking Circles is a program for teen parents that aims to meet cultural needs and is run by an employment counselor who is an American Indian. One professional expressed the importance of listening to each family, recognizing that each American Indian family is unique and that cultural diversity exists within ethnic groups.

Lessons learned
In closing, MFIP staff stressed the following ideas as critically important:

- Co-location is very helpful to staff and clients.
- More services are needed, especially in the area of housing.
- Child care policy requirements could be more flexible for teen parents on MFIP.
- Paperwork requirements are challenging for teen parents (an adolescent development issue) and burdensome for staff.
- Family support, community engagement and goals are key elements in successful teen parent cases.
- Serving teen parents requires more proactive engagement and outreach by providers. Trust is key.
- MFIP policy supports education for teen parents.
- Work in conjunction with runaway shelters in town to help cut down on the pended applications based on missing documents.
Hennepin County MFIP Teen Program

Hennepin County was included in the study because it has the largest MFIP population in Minnesota and is located in the metro area. In calendar year 2009, it had 27 percent of the MFIP teen cases in the state. Fifty-two percent of cases with a female applicant or spouse in Hennepin County in December 2009 were headed by a current or former teen parent (28 percent had their first child as minors and 24 percent at ages 18 to 19). In July 2010, there were 172 minor moms and 555 who were 18- or 19-years-old on the Hennepin County MFIP caseload. There were also 37 teen fathers.

The DHS Teen Parent Study team visited Hennepin County on July 21 and 22, 2010, and interviewed front-line staff in the roles of child care worker, employment counselor, financial worker, case aid, and social worker. Telephone interviews were conducted with employment service supervisors and a public health nurse on July 28. The description that follows combines information shared by staff on topics in the interview protocol plus additional issues they introduced. Most of the discussion focuses on the Broadway High School Teen Age Pregnancy and Parenting Program (TAPPP) that serves as the hub for teen-related services in Hennepin County regardless of whether a teen actually attends Broadway High School or another school in Minneapolis or suburban Hennepin County.

Process

The table below shows the process the pregnant or parenting teen follows from Intake to age 20 and or exit from MFIP. Hennepin County meets the basic statute requirements for processing teen parent cases. The following discussion highlights processes unique to Hennepin County and the specific methods by which the county meets requirements. The following figure is Hennepin County’s flow chart of continuum of services to youth.

All teens can apply for MFIP and child care services at Century Plaza, the main Hennepin County service location, or other satellite offices including Broadway High School. They can call for an application or walk in. Minor parents (17 years of age and younger) in Hennepin County work with specific financial workers and are handled differently from those who are 18 years of age or older.

**Minor teens.** Teens under age 18 are referred to Broadway High School for financial assistance intake, orientation, case management, approval of living arrangement, and attendance monitoring. The time from a signed application to approval is typically 30 days, faster if the teen is pregnant, but it can be delayed if all the verifications are not received. After intake and a group orientation, teens meet with the social worker (SW) to discuss their living arrangement and to develop an Education

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24 Broadway School has since been closed - refer to the last section of this report for an update
### Intake

*Intake* is defined as the first contact between clients and service providers in the county. In Hennepin county, all appointments for this age group are scheduled through Century Plaza, satellite offices or Broadway School. However, screening of applicants allowed teens/minor parents to be directed to the Broadway site for the face to face.

### Face-to-Face First Interview

Minor caregivers were interviewed by financial worker (FW) at Broadway School and orientation conducted by a social worker (SW) which is also available via U-tube/satellite.

### Referral to social services (or to agency county contracted with): Provide minor caregiver services for approval of living arrangement. Inform teen of the living arrangement requirement both orally and in writing, also about possible exemptions.

SW at Broadway school accepted referrals for all minors to approve living arrangement. This SW did all the verifications by phone and also consulted with others such as public health nurses (PHNs). PHNs are assigned to case manage at intake stage but it is voluntary service for the minor caregiver.

### State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants.

Social worker notifies FW of approval of living arrangement.

### If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen & Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program.

Case aide does assessments at school and also helps minor caregivers to decide focus of plan—education option or work option or a combination of both.

### Minor teen must attend school (unless exempt or already has HS diploma or GED)—Counting towards the TANF time limit stops.

Education plan includes expectations for attendance at school.

### Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal.

Case aid at Broadway develops school plan with teen. She also does referrals to PHN’s, the Front Door at the county Government Center, or any other supports available as needed.

### If plan includes HS education, verify and monitor school attendance and other services

School attendance monitoring done by case aide at Broadway school.

### If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both.

Approved by case aide at Broadway school.

### Provide child care if following education/employment plan.

Approved by case aide at Broadway school.

### Transition services at age 18.

County staff work with adolescents at school prepare for transition to employment services. PHNs may continue to work with minors until they turn 18 or they graduate from HS or when youngest child is 2 years old.
<table>
<thead>
<tr>
<th>Apply sanction for failure to cooperate with education or social service agreements.</th>
<th>FW does sanction but case aide may help the family understand and resolve the sanction.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-statutory Core Services for Minor Caregivers</strong></td>
<td></td>
</tr>
<tr>
<td>PHN services Referrals for other services</td>
<td>Referrals done by case aid or social worker. PHN’s at Broadway will meet at school or home with teen. PHN services are voluntary and may continue until teen is 18 or a high school graduate or the youngest child is 2 years old. Family Health aide can be assigned by PHN to work with minor caregivers.</td>
</tr>
<tr>
<td><strong>MFIP Statutory Core Services for 18- or 19-year old teen parents: Statute and Practice</strong></td>
<td></td>
</tr>
<tr>
<td>Application and face-to-face interview</td>
<td>School-based FW interviews 18- or 19-year old applicants for the program. Child care worker takes the child care application.</td>
</tr>
<tr>
<td>Referral to Employment Services Choice: HS/GED, Work, or School and Work (clock stops if HS/GED)</td>
<td>18/19 Program manager does overview. Program manager refers teens with work focus to provider of choice for ES but continues to work with those who have a combination work and school or just school plan.</td>
</tr>
<tr>
<td>Develop employment plan (EP).</td>
<td>The 18/19 year program serves 18- or 19-year old parents regardless of the school they attend. Employment counselor helps them develop a detailed EP.</td>
</tr>
<tr>
<td>Referral for support services Monitor EP Compliance Provide child care if compliant. Sanction if non-compliant.</td>
<td></td>
</tr>
<tr>
<td><strong>Non-statutory Core Services for 18- or 19-year-old Teen Parents</strong></td>
<td></td>
</tr>
<tr>
<td>Employability Measure. Referrals for other services (housing, mental health services, etc)</td>
<td>EM done for 18- or 19-year olds by employment counselor.</td>
</tr>
<tr>
<td></td>
<td>Referrals done for services such as Front Door, NorthPoint, WIC, YouthLink, domestic violence services at community-based agencies, etc.</td>
</tr>
</tbody>
</table>

Plan. The orientation includes video, conversation, and printed forms to appeal to diverse learning styles.

The SW at Broadway School encourages teens to remain in school and talks about the amount of money they will need to earn (almost $3,000 per month) to replace what the government spends on them. He tells them they would need to work 300 hours a month if they had a job at $10 hour. Minor teen parents choose whether to attend Broadway High School, another school with a Teen Age Pregnancy and Parenting Program (TAPPP), or a non-TAPPP school. Minneapolis TAPPP is administered by the Minneapolis Public School District (MPS) and has locations at South and Roosevelt high schools in addition to Broadway. TAPPP provides early childhood services, on-site child care, transportation, parenting education, and support services for student parents.
Other suburban Hennepin County school districts such as Richfield also have TAPPP. Approximately one-third of Hennepin County MFIP teen caregivers who are students attend Broadway High School and the remaining two-thirds mainly attend other high schools with a TAPPP. Students attending schools other than Broadway have access to social workers and guidance counselors at their high school.

Minor teens attending Broadway that need intensive services are referred to Hennepin County’s Front Door for social services. Front Door provides general information and referral and connects consumers and citizens to county and community resources. Case management services are also available through Front Door; however the usual limit for services is 90 days.

The case aide counsels the teen about how to request these services, verifies school attendance and helps teens navigate Hennepin County’s social services system.

18- and 19-year-olds. Teens who are 18 and older who choose an education plan are serviced at Broadway by a specific employment services (ES) provider HIRED, Inc., one of Hennepin County’s 19 ES providers. Teens who have graduated and have an employment plan select any of Hennepin County’s ES providers. There is a weekly group overview where 18- and 19-year old teens receive information on MFIP program expectations and make their choice of employment or education and employment.

After the overview, youth complete a reading assessment and child care applications. If there is an issue based on the reading assessment or there is a need for special support, a referral can be made to Transition Plus or Health Choices. Transition Plus Services (TPS) is a school district program designed for 18-21 year old young adults with disabilities that provides appropriate services, resources and agency linkages to assist with a smooth transition from high school to the adult world.

They choose the focus of their plan at a 20-30 minute meeting with an employment counselor (EC). They are given a form to pick from a list of ES providers. If they choose to include education, the worker monitors their school attendance monthly. Teens choosing an Employment Plan meet with their chosen ES provider, complete the Employability Measure (EM), and develop an Employment Plan. Monthly contact is required, but weekly contact is preferred. The first goal of the EP is to meet any basic needs such as housing and, then, to focus on gaining employment. Internships and supported work are included as needed.

There are two county funded case managers that provide employment services and one community agency ES worker (HIRED) at Broadway School that service 18/19 year olds who choose a combination education/work plan or work plan regardless of whether they attend Broadway School.
Assessment
“Workers were trained on the EM, but the County chose not to use it until youth are doing a primarily employment plan with an employment services employment counselor,” according to the Hennepin County SW. Reading is assessed during the initial interviews.

Structure of the program
Staffing. At the time of the interview, members of the youth team at Broadway school included a financial worker, a program case manager for 18/19 year olds, a social worker, a case aide, and a child care worker (CC).

The FW for teen parents is on-site at Broadway School so teens do not have to miss school to turn in forms or provide documentation. The FW imposes a sanction for non-compliance if there are excessive unexcused absences or other concerns and decodes county letters including the Notice of Intent to Sanction (NOITS) for teens. FWs focus on determining eligibility and refer teens to other services if they need more support: “We don’t have the time to make a special effort to reach out and help these youth, but when they come in we offer them extra help. Our workload is too big.” Cases are closed when paperwork is not completed at redetermination or renewal.

Living arrangement approvals are usually done by phone without a home visit by the social worker. The SW consults with the PHNs, IMs, school staff, and ES workers as needed and can refer teen parents to the Hennepin County Front Door for 90 days. Staff acknowledged the need for more support:

“It would be nice if there was more case management for life planning and ES. Everyone is overworked, so even guidance counselors at high schools can’t provide enough support. Everyone just goes with the flow and assumes a youth is doing all right as long as they seem to be surviving—services only in cases of emergency/crisis.”

The case aide monitors teen parent school attendance and maintains contact with the SW, parents, teachers, and school attendance clerks to encourage students to stay in school. The financial worker is notified to sanction the student for excessive unexcused absences. The aide helps students lift sanctions and explains official county and state notices. The aide often helps with child care issues that might be affecting school attendance and works with the child care unit at Hennepin County to facilitate payments to providers.

The MPS employs seven staff members to provide supplementary case management services for the students at Broadway School that are not available to students attending other TAPPP sites or other high schools. Case management is required for all students at Broadway School. In addition, there is a Broadway School social worker who serves all students at the school whether on MFIP or not.
Other supplementary services include a Public Health Nurse (PHN) located at Broadway School through the Minnesota Visiting Nurses Agency (MVNA) and funded by the Minnesota Department of Health utilizing funds appropriated by the legislature from the Minnesota TANF Block Grant.

There are three PHNs at Broadway School that serve all teens in Hennepin County whose family income is under 200 percent of the Federal Poverty Guideline (FPG). Most of the teens served are on MFIP. All Broadway students are assigned an on-site PHN, but they can decline services.

Hennepin County sends a 72-hour birth to minor report to MVNA and a referral, and an attempt at contact is made within 48 to 72 hours of referral. Three calls are made to recruit the teen. If they are unsuccessful, an invitation letter is mailed to the teen. The case is dropped if there is no response to the letter. Appointments are made and an at-home visit is scheduled once contact is made. Sometimes, the meetings are held at school. The visiting nurse program has four pillars of service:

- Visiting with an adult (mentoring role)
- Curriculum/structure (Promoting Maternal Mental Health)
- Club 100: basic resource closet and supplies
- Connection to community resources and long term supports

The goals of the program are similar to MFIP goals including “graduation and self-sufficiency and identified goals.” Other goals of the visiting nurse program include, “bonding and attachment and delaying subsequent pregnancies until after graduation.” PHNs focus on coordinating services and removing barriers to support teen’s health and education goals. They also help teens resolve issues related to sanctions.

**Staff training.** Staff training varied based on the role of the worker and the location of the staff (Broadway or other site). Staff located at the Broadway school mentioned a variety of training including the Not Ready Program through Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting (MOAPPP), Health Realization which is a model used by the staff and trained by the University of Minnesota’s Prevention Resource Center, and Motivational Interviewing provided by DHS and staffed by Minneapolis Community and Technical College. The Broadway Case Management staff received MOAPPP training in the use of the Not Ready Now Program that taught them how to address family planning and healthy relationships in a culturally-specific manner.

The ES worker mentioned previous job experience working with teens but had no direct training for servicing teens. PHNs had a monthly staff in-service training that covered topics such as infant mental health, family planning, and adolescent brain development. Financial workers are trained on MFIP and Medical Assistance (MA) policy and procedures related to teens such as food support, healthcare for those under 21 and pregnant women, but do not receive soft skills training specific to engage teens. Many of the staff mentioned they were the parent of a teen when asked about training and experience engaging teens.
Motivational Interviewing training and follow-up coaching circles were provided for ES workers by staff from the Minneapolis Community and Technical College. DHS provided the funding for the training.

**Service integration**

**Collaboration and co-location.** Youth workers at the Broadway School believe that co-location is a key strength of their service model. At the time of the interview, Hennepin County had assigned their teen staff to Broadway School. Students were able to drop in and talk to their workers without having to take a day off from school to go to Century Plaza, the main Hennepin County services location. Their intention was to be a one-stop shop.

The staff meet formally at least weekly and informally on almost a daily basis depending on their role. The Broadway Case Managers meet three times a week to discuss attendance and student concerns. Time pressure inhibits face-to-face meetings among the employment services staff though they have constant email and phone contact with other workers.

Because services for pregnant and parenting teens at other schools vary, there is no consistency across other school districts, so it makes coordination even more complex. The Broadway social worker coordinates with teachers, TAPP sites, and social workers from different schools.

The PHNs meet weekly with staff at each of the TAPP sites. PHN’s meet with the minor mom, and send the visit results to Front Door for referral and follow-up.

The staff at Broadway School and other school sites refer teens to Front Door and outside providers as needed. Common referrals include Women Infants and Children (WIC), NorthPoint Health and Wellness Clinic, YouthLink, Project Solo, Hennepin County Mental Health Center, Genesis II (a women’s support group, and the Division of Indian Works.

The difficulty of coordination and collaboration is increased by the number of information systems used and the number of Hennepin County departments servicing teen parents. For example, financial workers and social workers use MAXIS to determine eligibility and for address changes. Employment counselors use WorkForce One (WF1). After eligibility is approved, referrals are sent to WF1 and the Social Service Information System (SSIS) by the case aide. The use of different databases has the potential to decrease communication. “[W]e very seldom interact with child care. We use different databases across the various service areas.”
Goal: Education

High school priority. The EP includes a high school graduation goal and plans for after high school. Teens are encouraged to complete a high school diploma to get a better job. Teens who attend school at least half time, can work and not have earnings count against their grant.

According to Hennepin County and Broadway School staff, about 60 percent of students graduate although it is hard to determine an exact graduation rate because many of the students complete a GED or are in special education. Some of the students come to Broadway with few credits and are unable to complete coursework before the time limit (21 years of age). They are encouraged to opt for a GED or apply for an extension to graduate after 21 years old. Some teens take as long as ten years to graduate because of the low number of credits with which they return to school after their baby is born.

Both Hennepin County and Broadway School staff encourage youth to finish high school and to go to college or other advanced education by emphasizing the long-term payoff of education. The school provides services to encourage continuing education including Read 100 classes for students who are behind grade level and on-site college placement tests. Advisors from the Metropolitan Community and Technical College (MCTC) visit the school to recruit for Post-Secondary Education Option (PSEO) classes several times a year. PSEO classes allow high school students to attend post-secondary institutions for free while they are still enrolled in high school. They can earn both high school and college credit for their courses. There is also a career pathways program offered by MCTC.

After high school. Upon graduation, teens must have a work plan or a combination education and work plan. Staff encourage teens to consider college, “I talk to some girls where no one has said college was an option. We are a mirror of how others relate to you.” They talk about the client’s interests to help them find their excitement and continue their learning:

“Once a student completes one year of college, or even one semester, there is a noticeable shift in their self-vision. Their self-image changes and their goals follow.”

Unfortunately, many students are not attaining success after graduation, “Few are succeeding in graduating and attaining living wage jobs to transition off MFIP,” according to the employment counselor.

Goal: Work

Supported work. Summer supported work, on-the-job-training, and internships are used to help clients learn employment skills. Some of the supported work positions turn into permanent hires. The city of Minneapolis, TANF funding, and a Minnesota Department of Transportation pilot program provided supported work experience slots for teens. The number of slots was lower than
previous years according to staff comments. TANF dollars also were used to pay some Broadway alumni to serve as peer mentors. HIRED employment counselors provide work supports including bus passes and money for uniforms or equipment.

**Adolescent development**

Younger teens were believed to be needier and less mature than older teens. Staff commented:

“Adolescent brain development! Can’t expect as much because they’re still developing! They’re concrete thinkers, so limit the choices – provide options – but not an endless array. Keep it simple. Teens need reasonable, appropriate expectations, more teach[ing] and guidance.”

“[They are] still teens, still developing as adolescents; trapped between developing and having adult responsibilities. The tension of this is apparent during transition years.”

The staff emphasized the need for supporting teens in developing realistic goals, identifying the steps needed to reach those goals, and helping them in getting there.

**Engaging teens**

Responsiveness and immediacy are seen as important when engaging teens. They want someone to listen and provide options without being directive. The SW conducts a group orientation for teens and talks about high school graduation at the orientation. Most contact, however, is one-on-one, especially at Broadway school. Teens initiate contact when they have problems such as sanctions, housing changes, or unexcused absences and when they achieve milestones such as graduation or marriage. Some of the staff such as the PHNs meet teens at school, home, or a location of their choice.

**Teens’ relations with others**

**Their family.** Many of the teens rely on staff support because only a small percent receive support from home: “About 5 percent of teen moms don’t need ongoing support because they’re getting support from an adult elsewhere, but the remaining 95 percent do,” according to staff in the 18/19-year-old program. Parents of the teens may call if there is a sanction because they are concerned about receiving the money, but many of the cases still close frequently because teens do not comply with school attendance or paperwork requirements. Mothers of the teen parents were involved because they receive the grant, but the minor mother is “in charge.” Many of the teens were eager to move out and be on their own.

**The second parent.** Very few second parents are actively involved in the MFIP case, especially among the younger teens. Having the second parent on the case is seen as risky and leading to sanctions: “This arrangement normally fails, with the teen mom going into sanction because the dad is non-compliant with services.” Referrals are made to the Fatherhood Project for job search, child support, and legal aid assistance. Second parents can attend visits with the PHNs and receive
brochures, but there is no funding for additional services unless the second parent is eligible and on the MFIP case.

**Parenting.** The PHNs and TAPPP provide support for parenting and instruction on child growth and development. The school district case managers also refer teens to parenting resources such as Genesis, Early Childhood Family Education (ECFE) and Way to Grow.

**Services**
The following services were mentioned at one or more of the Hennepin County interviews:

- **Housing.** A case manager from Hope Street helps students with housing issues. Hope Street for Runaway and Homeless Youth is a program operated by Catholic Charities and includes an Emergency Shelter, a Transitional Housing Program for homeless boys, and an Outreach Program that connects homeless youth with community services.²⁵

- **American Indian** students are served by the Division of Indian Works housing program offered by the Greater Minneapolis Council of Churches. Hennepin County has a shelter team that coordinates a number of programs for homeless youth and adults.²⁶ Bridging, a non-profit, offers furniture and household items.²⁷ YouthLink offers over 100 housing units for homeless teens and case management services through Lutheran Social Services.

- **Transportation.** ES workers provide bus passes and funds for car repairs and servicing. Broadway School is located on a bus line which makes it convenient for students, especially if they have a child in the on-site child care.

- **Health.** There is a Family Health Aide on staff at Broadway School whose services are available when needed and can be accessed through the PHNs. PHNs are provided by MVNA through a Hennepin County contract. There is a clinic at Broadway school providing sexual health, birth control, and baby care resources. Other health care resources include YouthLink (homeless youth services),²⁸ Project Solo (services for homeless youth provided by FreeportWest),²⁹ the Hennepin County Mental Health Center, Southside Life Care Center (now called Tapestry Pregnancy and Family Resource Center) for diapers and other infant needs, and Teenage Medical Services (TAMS) for youth 10-22, a clinic that offers confidential services on a sliding fee basis. Off-site referrals are made for mental and chemical health services.

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²⁵ [http://www.cctwincities.org/hope_street.aspx](http://www.cctwincities.org/hope_street.aspx)
²⁶ [http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01d9f47ccf06498/?vgnextoid=da45708ed6874210VgnVCM1000004911469RCRD](http://hennepin.us/portal/site/HennepinUS/menuitem.b1ab75471750e40fa01d9f47ccf06498/?vgnextoid=da45708ed6874210VgnVCM1000004911469RCRD)
²⁷ [http://www.bridging.org/](http://www.bridging.org/)
²⁸ [http://www.youthlinkmn.org/](http://www.youthlinkmn.org/)
• **Education.** Bright Futures is a component of Employment Action Center, a division of Resource, Inc. that offers employment related classes. YouthLink provide tutors and will help students with college planning.

• **Food.** Students are referred to community food shelves and WIC (Women, Infants, and Children). WIC is a federally-funded, Hennepin County administered program that provides vouchers for healthy food and nutrition education classes.

• **Life skills.** Bright Futures offers life skills and parenting workshops in addition to employment-related services.

• **Support groups.** Bright Futures offers support groups for young parents 18-19 who have not completed high school or do not have a GED.

• **Other.** There is weekly on-site legal support. Support for students with domestic violence and relationship issues is provided by Domestic Abuse Project (DAP). “A visitor from a center just down the street comes in for appointment regularly and contributes to the healthy relationships classroom education.” Youth without telephones are referred to Twin Cities Community Voicemail (New name: Open Access Connections\(^\text{30}\)) for voicemail and cell phones.

**Service Gaps.** Although Hennepin County teens have access to a variety of services, many of the service providers lack the capacity to meet the level of need due to continuing budget cuts. Teens requesting services face long waiting lists and limits on the amount of services provided.

**Housing.** When asked about gaps, staff wanted housing services on-site at Broadway. Many of the older students were homeless or highly mobile which interferes with school attendance. According to staff, about one-third of 18- to 19-year olds are in stable housing:

“A lot of teen parents had to leave where they’d been living because of overcrowding, abuse, or chemical use of family members. On their own now.”

“There is a vicious cycle of losing jobs, housing, getting a UD [Unlawful Detainer], going to shelter.”

“So the process doesn’t always flow smoothly from beginning to end, lots of stops and starts…the need is incredible and the shortage of options is dismal. [There is] some Section 8 housing, some transitional living, but not enough to meet the need.”

**Social workers.** The number of county social workers available in Hennepin County has declined due to budget cuts. Clients are referred to Front Door to request services, but those services are time-limited (90 days) or clients are referred to 211 for community resources.

**Academic support.** Many of the students at Broadway School are below grade-level and need one-on-one academic support.

\(^{30}\) [http://openaccessconnections.org/](http://openaccessconnections.org/)
Case management. There are MPS school district case managers at the Broadway School, but they are not available through Hennepin County for other MFIP teens at this time.

“If they had case managers and people that were consistently looking out for them, a consistent presence in their life, a responsible adult to give them some guidance, instill the value of education, that would be very helpful.”

Literacy assessment. More upfront identification of issues was suggested, especially a literacy assessment at intake followed by referral to appropriate services.

Advocacy. Teens have trouble completing paper work and that can result in the case closure. Advocacy services would be especially helpful for teens if social workers are not able to provide more one-on-one time with teens.

Other. Additional service gaps included chemical and mental health services and emotional behavior development (EBD) supports according to the Broadway case management staff. Ideally the services would be available on-site. More transportation support was also mentioned as a need by staff.

Family planning
The PHN has the primary responsibility for addressing family planning with parenting teens in Hennepin County as a whole. Students at Broadway School have access to an on-site clinic that provides sexual health and birth control resources. The SW also talks to teens about family planning and arranges transportation, as needed. There are family planning posters on their office doors and information on the MFIP family cap policy is shared during the overview and during MFIP reviews.

Programs for fathers
Referrals are made to the Fatherhood Project for job search support, child support issues, and legal aid. Fathers in two-parent households are often involved in employment services rather than school according to the Broadway Case Management staff. Fathers can participate in the PHN visits if they are invited by the mother, but there are no separate funds.

Racial/ethnic issues
Most of the teens at the Broadway School were African American or American Indian. Some staff are aware of the county-wide diversity planning program. The Broadway Case Management staff received training on culturally specific and appropriate service delivery and made changes in procedures for handling paperwork as a result. They follow the lead of the student in regard to values and culture.
Lessons learned

Hennepin County and Broadway School teen workers identify a combination of teen, family, and system-related factors as keys to success. Family support or the support of at least one caring adult is another key success factor. Stable relationships provide attention, approval, and positive reinforcement: “A good conversation will spark major change or a modest success will shift the teen’s self-image and change their path.” System-related factors include working with the whole family, collaboration to address the spectrum of needs, and co-location.

A key concern was providing more resources and support for teens. Teens need a lot of coaching to navigate the system, especially minor teens. Many staff believed that home visiting helps students stay in school and reduces second pregnancies. Currently, students get services only when they reach the crisis state:

“Bring back the social workers, otherwise these kids will connect with anyone out there. Positive relationship is important. We choose to [pay] either for front end services or pay for jail. Jail is ten times more expensive than front end services and support.”

Restructuring the sanction process could help to provide support for teens when they get back on track. Currently, they have to wait two weeks to restore their grant after they are compliant. Making the sanction harder at the start, but allowing for quick resolution is more consistent with adolescent development and behavior modification principles rather than punishment.

Staff also suggested identifying and addressing barriers early on, especially literacy. More effective diagnostic work would permit appropriate services from the beginning.

Former students return and share news about their graduations, marriages, and successes. Capturing the experiences of successful students could help current students realize what they can achieve by completing their education and working toward long-term goals.

Hennepin County update

The information on Broadway School and co-location was collected during July 2010. In Fall 2010, the Broadway School program was temporarily moved to North High School because the original Broadway Building was demolished to make way for a new Minneapolis Public Schools administration building on the Broadway site. The students attend classes at North High School and the infant TAPPP program is also located there. Toddlers, TAPPP administration, Broadway Case Managers, and the SW staff are located about two miles away at Bryn Mawr Elementary School. Beginning in the Fall 2011, the program and the TAPPP was moved to a permanent location in the previous Longfellow Elementary School building. The program will be restructured as an Alternative Learning Center and staff will have to re-apply and be hired for their positions. In addition, the program may be renamed to reflect its new status and location.
Lyon County MFIP Teen Program

Lyon County was included in the study, not for the size of its population, but because of the relatively large percentage of MFIP mothers who started their families as teens (25 percent as minors and 28 percent at ages 18 to 19 in the December 2009 caseload). In July 2010, there were two minor moms and 13 who were 18 to 19 years olds on the Lyon County MFIP caseload. The employment services (ES) provider for a 14-county area including Lyon County is the Southwest Private Industry Council (SW PIC).

The DHS Teen Parent Study team visited Lyon County on July 19, 2010 and interviewed front-line staff in the roles of financial worker, employment counselor and public health nurse, the employment services manager and the director of social services and public health. The description that follows combines information in the interview protocol plus additional issues raised by staff.

Process
This section describes the process the pregnant or parenting teen follows from intake until age 20 or exit from MFIP. The teen can drop in at the agency front desk, be given an application, screened for emergency assistance, and scheduled for an appointment with a Financial Worker to take place within one week. In the meantime, phone contact is available for questions. Within one week of intake, the teen brings in the completed application to the orientation meeting. The FW does a face-to-face interview to review the application, check for verifications needed, and describe the programs the teen might be eligible for.

The orientation takes one to two hours depending on the worker. The orientation is usually one-on-one. All minors are assigned to a social worker. Social services approve living arrangements for minor teens not living with their parents. Child care assistance is applied for during the initial interview. They are given a packet that includes resources. Referrals are made as needed. Mental health and chemical dependency may come up when the MFIP screening is done. They are referred to social services when needs come up. FWs explain the employment services (ES) requirements.

18- and 19-year-olds. After the financial orientation, 18/19 year old teens have an appointment with ES which has received the referral from the FW via the WorkForce One (WF1) system. The ES provider has a close relationship with the county. ES sends out a letter or contacts the teen by phone to schedule the MFIP overview. A packet of information is sent out to the teen, though much of its information is focused on adults. ES overviews are done one-on-one and include the Employability Measure and preparing an Employment Plan (EP).

The next step depends on the plan. If the EP includes secondary education, the ES worker verifies school attendance, gets signed releases so they can contact others involved in the case, and has monthly contact with the teen, maybe more often initially. Work and school attendance are verified.
# Program Process for Teen Caregivers: Lyon County

## MFIP Process for Minor Caregivers (Under Age 18): Statute and Practice

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake</strong></td>
<td><em>Intake</em> is defined as the first contact between clients and service providers in the county. In Lyon county, minor and teen parents come in to the county office’s front desk; they are given applications, get screened for emergency assistance, and then get scheduled for an appointment within one week with the Financial Worker (FW). Phone contact is available for any questions that applicants may have.</td>
</tr>
<tr>
<td><strong>Face-to-Face First Interview</strong></td>
<td>Within one week of intake, an applicant brings in the completed application, and the FW does face-to-face interview, goes over application, checks for any missing verifications, and describes the program rules to the teen. This one-on-one overview with FW takes 1-2 hours. Child care application is also completed during this initial interview. Then, the minor gets a packet that lists all available resources.</td>
</tr>
<tr>
<td><strong>Referral to social services (or to agency county contracted with): Provide minor caregiver services for approval of living arrangement. Inform teen of the living arrangement requirement both orally and in writing, also about possible exemptions.</strong></td>
<td>All minor caregivers are assigned to a social worker (SW). Sometimes SW was first contact. SW approval is needed for living arrangements for minor teens not living with their parents and not emancipated. (One employment counselor said she never had a minor parent without a safe living situation.).</td>
</tr>
<tr>
<td><strong>State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants.</strong></td>
<td>FW approves or denies application within 30 days. Opens MFIP case if approved.</td>
</tr>
<tr>
<td><strong>If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen &amp; Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program.</strong></td>
<td>Minor caregivers in school are case-managed by SW PIC (ES). Referrals are made as needed.</td>
</tr>
<tr>
<td><strong>Minor teen must attend school (unless exempt or already has HS diploma or GED)--Counting towards the TANF time limit stops.</strong></td>
<td>&quot;If you want MFIP, you have to attend school.&quot; GED funding available. Documentation of hours is done by schools.</td>
</tr>
<tr>
<td><strong>Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal.</strong></td>
<td>If teen has no HS diploma or GED, SW develops Education Plan or Education &amp; Services Plan, or Employment Plan with Education Option &amp; Services. If HS grad or GED, ES develops Employment Plan.</td>
</tr>
<tr>
<td><strong>If plan includes HS education, verify and monitor school attendance and other services.</strong></td>
<td>FW does documentation and verification; in summer, some teen participate in Youth Employment Program through SW PIC ES.</td>
</tr>
<tr>
<td><strong>If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both.</strong></td>
<td>ES does documentation and verification. If minor is working, monthly contact.</td>
</tr>
<tr>
<td><strong>Provide child care if following education/employment plan.</strong></td>
<td>Minor caregiver submits child care application and CCAP worker processes application, approves based on plan, and monitors compliance and reports.</td>
</tr>
</tbody>
</table>
### Transition services at age 18

Transferred to ES (see below)

### Apply sanction for failure to cooperate with education or social service agreements.

FW applies sanctions. Little sanctioning of minor caregivers (most are likely not to be sanctioned if they are getting passing grades in HS, although those not completing online classes are sanctioned).

### Non-statutory Core Services for Minor Caregivers

**PHN services**

PHN services are voluntary. PHN gets most referrals from doctors, human services (especially child protection), WIC, or client self-referral. Meet face-to-face in home, at WIC, or neutral location. PHN’s first interview covers confidentiality requirements and releases are signed. WIC food and info packets on pregnancy or new mom handbook are distributed at that time. The nurse also talks about delivery, nutrition, child needs, etc. and makes referral to further social services if needed.

**Referrals for other services**

County social worker also refers minor caregivers to ABE/GED, PHN, WIC, youth programs, Western Community Action, and ECFE. She also teaches life skills classes for this age group.

### MFIP Statutory Core Services for 18- or 19-year-old Teen Parents

**Application and face-to-face interview**

Application process and face-to-face process for 18- or 19-year-olds is similar to the process described for minor caregivers.

**Referral to Employment Services**

Develop employment plan (EP).

Choice: HS/GED, Work, or School and Work (clock stops if HS/GED)

After FW orientation, there is an appointment with ES. ES helps teens develop EP which can include school option. Can co-enroll school with WIA. Only 24 months of education and must show it would bring higher earnings.

**Referral for support services**

Referral to support services as needed.

**Monitor EP Compliance.**

ES does documentation and verification and, if teen is working, monthly contact.

**Provide child care if compliant.**

**Sanction if non-compliant.**

FW sanctions with info from ES by adult guidelines.

### Non-statutory Core Services for 18- or 19-year-old Teen Parents

**Employability Measure.**

Might be started but not finished at initial interview, depending on how participant is coping (i.e., whether there are urgent issues).

**Referrals for other services (housing, mental health services, etc.).**

on a monthly basis. The teens have job search at least three days per week. There are fewer requirements if they are still in high school. If they are getting passing grades in high school, they might as well stay on MFIP because the months do not count toward the time limit and the grant is not decreased for earnings. Summer programs and supported work are handled through ES.

**Public Health Nurse.** In what can be a parallel process, the teen can receive voluntary services from a Public Health Nurse (PHN). MFIP does not require the teen to receive PHN services. The teen may come in on their own or be referred, for example by a doctor, human services, WIC, or
Child Protection Services (CPS). A WIC PHN may do a face-to-face interview or a PHN will contact the teen by phone and arrange to meet in the home or some neutral place.

The first meeting they talk about general information to make a connection, including confidentiality and signing releases, WIC, packets of information based on whether they are pregnant or have already delivered the baby. If the teen is pregnant, the nurse goes over the nine-month book, and if they have already delivered, the new mom’s handbook. The nurse focuses on building trust and has the teen sign a consent form to allow visits and ensure confidentiality.

The PHN slows down the presentation for teens, going over the delivery process and showing a DVD of the birthing process. They encourage breast feeding and show the benefits of breast feeding and talk about nutrition. Ongoing meetings depend on the teen’s needs: weekly, every 2 weeks, or monthly, or more frequently if they have a special needs child, until they’re comfortable.

Sometimes the PHN connects with a social worker separately or they meet with the teen together if more services are needed. One PHN meets with the teen task force and New Horizons. Human services have one meeting for teen moms.

**Sanctions.** The FW will sanction for not cooperating with child support when notified by ES. Some teens will do nothing; others will call the FW whose name is on the notice to find out how to remove the sanction. If they are getting passing grades, ES says there is no reason to sanction them when in school. In fact, “We don’t do a lot of sanctioning unless they fall off the end of the earth. They usually come around. We’ve had to sanction for not completing online classes.” For older teens with an Employment Plan without the education option, the process is the same as for adults.

**Assessment.** ES uses the Employability Measure as part of intake. Whether it is completed at the initial interview “depends on the participant’s coping level” and “sometimes people tell you a lot more than you anticipate.”

**Structure of the program**

**Funding.** In addition to the MFIP Consolidated Fund, the agency applies for grants for special projects. It is difficult to sustain projects funded that way because grants come and go. Some services they would like to provide that cannot be funded with current funding sources include housing, more than two years of education, group programming for teen parents, certified interpreters, and support for teen moms with minor offenses.

**Staffing.** Financial workers are “overburdened” and it is hard for participants to remember everything about how the system works, so sometimes employment counselors need to spend time explaining things program participants should already know, such as what needs to be turned in and when.
The ES supervisor endorses the separation of the functions of issuing benefits and promoting welfare-to-work and also notes that “It is really our job to help them get off the system.” SW PIC has three MFIP youth workers for the 14 counties it serves. Employment counselors each serve all ages and every population. The ES tries “to hire people who are connected to the community already. Most of the counselors work in the community they grew up in.” There is some turnover, for example three employment counselors were recently hired by the city, and then the additional work is shared by staff until rehiring. “Longevity of staff is important and leads to better community connections with social workers and financial workers.”

All minors are assigned to a social worker and may voluntarily work with a PHN. The PHN says, “Success is a good pregnancy, a healthy infant, and parents engaged and willing to ask for help.”

Grant opportunities are spread among staff. Some staff serve on the Board of Directors for community organizations.

**Staff training.** Among those interviewed, only the public health nurse had training on working with teens during her PHN degree program; she also attended seminars on connecting with teens and Minnesota Organization on Adolescent Pregnancy, Prevention & Parenting (MOAPPP) conferences. She says they need more curriculum guidance, more structure on what they need to cover in visits with teens. Financial workers were trained on family group decision making as part of a grant.

**Service integration**

**Collaboration and co-location.** Financial Assistance, Child Support, Social Services, and Public Health are located in the Lyon County Government Center in Marshall. Lyon County has joined multi-county human services and health units whose purpose is to include all areas supporting young women and families. The intention is for entry points to be less complex and to link workers to make prevention and early intervention easier, specifically for income maintenance, child protection, and child support to coordinate for problem solving and for ES to talk about transition issues and stay connected to the other services. The directive is to combine organizations, for example combining judicial and social services by using family decision making for sentencing circles for child protection and pre-adoption situations.

The PHN and social worker work closely on cases that need both, sometimes visiting the teen parent together. The financial worker and the employment counselor keep in close contact, by ongoing emails and monthly meetings that also include social services. The employment counselor gets school attendance verifications from the school secretary or counselor, and the special education teacher is involved if there is an individualized education plan (IEP), but the employment counselors, financial workers, and child care workers do not visit the schools. They may seek out the social worker if there is one on the case; often the social worker wants a signed release before discussing a case.
The employment counselors connect with as many additional individuals and groups involved with teen parents as the teen parent needs. These include relatives, WIC, the teen parent program for Lincoln/Lyon/Murray, probation, youth programs, Western Community Action, and Early Childhood Family Education (ECFE).

On the down side, there has been a loss of resources, such as a social worker formerly dedicated to teen mothers who now has to cover multiple programs. Staff shared a perception of a decade of “dismantling human services,” and being “at a breaking point because of budget issues” and too overburdened to be willing take on another position’s tasks.

**Goal: Education**

**High school priority.** Getting teens through high school, via either diploma or GED, is a universal priority. The message from ES is that “Education is the most important thing that they’ll do in life.” Chances of completing are better if they are in school rather than taking GED or online classes. Staff tell teens that finishing high school will give them more options, and that minor teens must be in school to get an MFIP grant. Workers use the incentive of earnings not counting against the MFIP grant for those attending high school at least half time to encourage teens to stay in school while working. They give them tours of local meat-packing plants to illustrate what an alternative to school might be. They provide GED funding. They do career testing. They refer the teens to community education for a driver's license.

**After high school.** About half of teen parents age 18 or 19 have finished high school. The system does not promote post-secondary education. The education packet required before including education beyond high school in an employment plan is difficult for some to complete; it may screen out those who may not be a good risk. MFIP will not approve a four-year program. Employment counselors may have to approve programs that claim to meet the criterion of substantially higher wage potential although they often do not deliver, such as cosmetology.

**Goal: Work**

According to the ES supervisor, “In Lyon County, people cycle. People get jobs and go off. They lose their jobs and come back on. Almost every referral in Lyon County is for DWP which means they haven’t been on in the past 12 months. They find a job, but they’re living on the edge.” The county’s situation at the time of the site visit included hundreds of layoffs at local employers and 150 pending Medical Assistance (MA) applications.

**Supported work.** Employment services operate youth supported work programs in the summer and during the school year for ages 14 to 24. This work experience is a good way to get started. Sometimes when teens are writing a job search plan, they realize they need a diploma or GED.
Adolescent development
Older teens open up faster. With minor teens, their own parents are more involved and the teen often will not talk when her mother is there, but may call back later. Teens do not understand nutrition or medical issues related to pregnancy. Their sense of reality and expectations are different. Minor teens especially are overwhelmed by their situation and the program. They find the education packet discouraging and do not plan and are not motivated for independent study. They do not have realistic expectations for wages.

Engaging teens
Teens are engaged by spending time with them. Job counselors can do this, as one said, “Usually, the more they see me the more they are able to have a heart-to-heart.” Teens are typically hard to engage at the first interview. It helps to already know their circumstances when they come in (for example, from teachers or youth worker) and to give them as much simple information as possible. Adapting to the teen as adolescent where possible can help to engage them, for example contacting them by cell phone or texting, reminding them about paperwork, assigning younger staff to them, by word of mouth if they hear you have helped their friend, funding for programs and incentives, informal support network.

The PHN asks them questions like, “Where do you want to go? How are you going to manage that?” The PHN wants to get their thought process rolling and give the teen options, although her overall face time is down.

The financial worker treats teens much like adults, focusing on determining eligibility and reporting changes, and probably has less contact with teens because many are not monthly reporters given that they are not working. One staff member shares the experience of being a teen mom herself at age 19 and caring for her child through college to connect with teens.

Teens’ relations with others
Their family. “Teens with strong family support are more successful,” according to an employment counselor, especially if parents are not on MFIP themselves and do insist that their teen must go to school.

The second parent. MFIP requires the second parent to enter the child support system. One teen mother closed her case so the baby’s father would not have to pay child support.

Parenting. The PHN teaches teen parents “positive discipline and basic parent skills,” for example playing on the floor with their child and why (to build interaction). She noted that “Both are still growing up.”
Other people. Teens usually bring someone to the interview, which was considered positive because there is a second pair of ears to absorb the information. However if a friend comes the teen may be less likely to reveal information. Some people “go out of town for services because of the anonymity.”

Services
Staff mentioned these community resources during the interviews:

- **Housing.** Referrals to family services or a social worker if there is no safe housing. The closest shelter is in Willmar. (Note: the employment counselor said that she has never had a minor parent without a safe living situation.)
- **Transportation.** Gas cards and car repairs if car needed for the job.
- **Health.** For mental health or chemical dependency, referrals to human services or Ibera Psychiatry. Drug court. Stop smoking program to prevent low birth weight. PHN home safety visit with a checklist. Blue Plus $50 car seat card and Healthy Start, a phone-based program for a healthy pregnancy. New Horizons Crisis Center, WIC, Birthright, Infant Crisis Center.
- **Education.** MOAPPP, ECFE, Head Start, Y child and teen programs and child care. Collaboration between ES and agencies for career explorations and Day of Excellence.
- **Food.** Western Community Action food shelf.
- **Life skills.** A county teen parent program with a social worker who teaches life skills such as financial counseling and how to sign a lease. The teens choose the topics.

Service Gaps.

- **Housing.** There is limited availability for housing in that part of the state, although Lyon County has more availability and flexibility than some of the other counties. It is hard to get people into subsidized housing, and not possible for youth or felons.
- **Transportation.** This is a huge issue because there are a lot of towns spread out over large distances in rural Lyon County so it is costly. There are few programs in the rural areas and trouble getting volunteer drivers. Participants lose mental health services if they miss too many appointments. Plans have steps so if they miss their ride they can go to the next step to see what to do.
- **Health.** Dental care is vanishing. Doctors do not explain health issues simply enough for teens, especially around nutrition and gaining weight and why their body is changing.
- **Education.** GED hours are limited and cost is prohibitive. More ESL classes are needed.

Family planning
Only the PHN addresses family planning and sexual health. She talks with teens about it, keeps asking if they are taking precautions, and works with them on birth control before their MA expires after delivery. She said that some cultural groups use ineffective birth control from out of the country.
**Programs for fathers**

Very few fathers are on teen MFIP cases. There are no programs for fathers. The PHN finds fathers disengaged when present at a visit with teen mothers. The alternative school works with fathers (Support Emancipation and Living Functionally (SELF) group). The Marshall school district is supportive of working with the second parent to get both parents to finish high school.

**Racial/ethnic issues**

There are no programs specifically for racial or ethnic groups or youth. The only special service is interpretive services for language groups. Ethnic staff do not stay. There are few paid interpreters and they get burned out. Most bilingual people work a job and interpret for the community as a volunteer, but have no training. Certified interpreters cost a lot of money; some are court certified. To interpret for Lyon County, a background check is required, but not ethics training. There is a problem with clans. The PHN notes that male interpreters cannot be used to discuss family planning.

**Lessons learned**

Final thoughts included these: Get them through high school. Get them employed so they can work their way off. They want someone to listen to them on a regular basis if you can get them to talk. They need engaged parents. They need health education in the school system that includes talking about relationships, not just biology and health. More teen parents who are willing to come back and talk to teens currently on MFIP would be helpful.
Olmsted County Teen Parent Program

Olmsted is a mid-sized county located in southeastern Minnesota that is home of the Mayo Clinic. Between 2000 and 2009, the county grew at a rate twice as fast as the state’s average of 16 percent (US Census Bureau). It was selected to be one of eight counties represented in this study due to the large proportion of mothers on the MFIP caseload known to have started their families as teens (21 percent as minors and 23 percent at ages 18 to 19). In July 2010, there were 16 mothers who were minors and 57 mothers age 18 or 19 on Olmsted’s MFIP caseload.

The DHS Teen Parent Study team visited Olmsted on July 2, 2010 and interviewed several front-line staff from the Bright Futures Collaborative (BF)—an Olmsted County partnership that was designed to support pregnant or parenting teens residing in the county. Staff interviewed included: a BF social worker (SW), the alternative high school social worker, a Hawthorne Adult Basic Education Center teacher, a county financial worker (FW), a county child care worker (CC), and a county public health nurse (PHN). The only staff position of the teen parent team that is missing from this narrative is the employment counselor (EC) who was out of the office that day. In general, the subsequent description captures responses of these frontline staff to the questions of the interview protocol plus additional information they considered relevant to the study.

Process and staff
The table below shows the process the pregnant or parenting teen follows from intake to age 20 or exit from MFIP. All teen MFIP applicants apply at the central county office between 8 a.m. and 5 p.m. on Monday through Friday. During the intake process, workers go through the forms with them, then the applicant watches the overview video alone in the lobby before getting a referral to the BF PHN/SW duo. Teens can access the collaborative from multiple entry points other than through the county referral process.

The financial worker dedicated to work with minor and teen parents relies on phone calls and email as means of communication with this age group. In general, her approach with young parents is to teach them about the roles of the county team members so that they are able to successfully navigate the system by knowing whom to contact for what, when and how.

The Bright Futures Collaborative offers a standard menu of services for everyone, including eligibility for county services, cross-references to other appropriate county and community services

31 Based on first births known to the Minnesota welfare system for mothers in the December 2009 MFIP caseload, given birthrates of the woman and her oldest child in administrative data.
## Program Process for Teen Caregivers: Olmsted County

### MFIP Process for Minor Caregivers (Under Age 18): Statute and Practice

<table>
<thead>
<tr>
<th>Intake</th>
<th>Intake is defined as the first contact. In Olmsted county, the Bright Futures (BF) team, including social workers (county, hospital and school), a public health nurse, a financial worker, and a child care worker, work with pregnant and parenting teens age 18 and under. A public health nurse or social worker initiates contact with these minors oftentimes while still pregnant. Occasionally, there may be a self-initiated contact from a minor or a parent/grandparent for services at the county central office.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face-to-Face First Interview</td>
<td>An intake team meeting, with multiple service providers is offered, including (Mayo Clinic, financial worker, and school representatives). This meeting helps families make connections to other community service agencies.</td>
</tr>
<tr>
<td>Referral to social services for approval of living arrangement: Inform teen of the living arrangement requirement both orally and in writing, and also about possible exemptions.</td>
<td>The BF social worker and the public health nurse work as a pair and usually contact the teen directly (oftentimes while she is still pregnant). These services are voluntary, but required for minor teens on MFIP. If the teen decides to apply for MFIP, program rules are explained at intake.</td>
</tr>
<tr>
<td>State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants.</td>
<td>After the BF social worker approves the living arrangements and the educational plan of a minor parent, the FW approves or denies the application within 30 days and the MFIP case is opened if approved. The county financial worker, social workers, public health nurse, child care workers and the alternative/GED education liaisons work with the minor caregiver.</td>
</tr>
<tr>
<td>If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen &amp; Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program.</td>
<td>Minor caregivers are case managed by the BF team (as described above). For minor caregivers, the focus is on engaging or re-engaging students to return to school and remain there until they graduate, not on work attachment.</td>
</tr>
<tr>
<td>Minor teen must attend school (unless exempt or already has HS diploma or GED)--Counting towards the TANF time limit stops.</td>
<td>&quot;No school, no cash.&quot; Documentation of hours is done by schools and collected by the financial worker.</td>
</tr>
<tr>
<td>Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal.</td>
<td>If teen has no high school diploma or GED, the ALC social worker develops an education plan or education and services plan. If on the GED track, the minor caregiver attends the Hawthorne Center.</td>
</tr>
<tr>
<td>If plan includes HS education, verify and monitor school attendance and other services.</td>
<td>BF team coordinates the documentation and verification with schools and other services providers.</td>
</tr>
<tr>
<td>If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both.</td>
<td></td>
</tr>
<tr>
<td>Provide child care if following education/employment plan.</td>
<td>Minor caregivers submit child care application at the school of attendance.</td>
</tr>
<tr>
<td>Transition services at age 18.</td>
<td>Case management for minor caregivers may continue until their 18th birthdays—and even beyond if there is an urgent need and space is available in the BF program. In some situations, it is possible that the case management services wrap up sooner than age 18, if the young parent chooses.</td>
</tr>
<tr>
<td>Apply sanction for failure to cooperate with education or social service agreements.</td>
<td>The BF social worker and the FW collaborate. The FW actively engages minor caregivers through monitoring school attendance and using sanctioning as an accountability tool for continued eligibility.</td>
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</tr>
<tr>
<td><strong>Non-statutory Core Services for Minor Caregivers</strong></td>
<td></td>
</tr>
<tr>
<td><strong>PHN services</strong></td>
<td>PHN is available for all pregnant and parenting minor caregivers in the county through BF and mandatory for MFIP minor caregivers age 18 and under.</td>
</tr>
<tr>
<td><strong>Referrals for other services</strong></td>
<td>Referrals to community services as needed. One worker described Olmsted county as “resources rich” county.</td>
</tr>
<tr>
<td><strong>MFIP Statutory Core Services for 18- or 19-year-old Teen Parents: Statute and Practice</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Application and face-to-face interview</strong></td>
<td>Application process and face-to-face interview for pregnant or parenting teens who apply for MFIP at age 18/19 is the same as for adults. During the intake process, workers go through the forms with them, and the applicant then watches the overview video alone in the lobby and gets a referral to the BF PHN/SW duo.</td>
</tr>
<tr>
<td><strong>Referral to Employment Services</strong></td>
<td>For employment services purposes, teen parents (18/19 year olds) in Olmsted County are split up by school attendance. If they are not attending school, they do a regular employment plan rather than a school plan.</td>
</tr>
<tr>
<td><strong>Choice: HS/GED, Work, or School and Work (clock stops if HS/GED)</strong></td>
<td>For those who turn 18/19 years old and wish to combine high school and work, financial assistance and other support is provided to allow them to do so with the added bonus that their income is not counted. All participants regardless of age are encouraged to think about academic success that leads to the eventual goal of jobs that offer wages that support families.</td>
</tr>
<tr>
<td><strong>Develop employment plan (EP)</strong></td>
<td>18/19 teen parents on MFIP who are in compliance with school attendance requirements get child care assistance.</td>
</tr>
<tr>
<td><strong>Referral for support services</strong></td>
<td>FW and ES apply the sanction if age 18/19 teen parent is noncompliant with EP.</td>
</tr>
<tr>
<td><strong>Monitor EP Compliance</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Provide child care if compliant.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sanction if non-compliant.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Non-statutory Core Services for 18- or 19-year-old Teen Parents</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Employability Measure.</strong></td>
<td>Not mentioned during the interviews.</td>
</tr>
<tr>
<td><strong>Referrals for other services (housing, mental health services, etc.).</strong></td>
<td>Available but services for 18- and 19- year olds tend to be less intense than are available for minor caregivers.</td>
</tr>
</tbody>
</table>

and support groups that focus on parenting, education and safety. This collaborative is designed to provide “multiple sets of eyes” and levels of support for young parents. It was established around 12 years ago as a collaborative service delivery model that includes early intervention meant to meet the needs of pregnant and parenting teen parents age 18 and younger.
Although these services are available to all teens in the county who meet the age criterion, all MFIP minor caregivers are required to participate in the collaborative service delivery system. As this model attempts to catch most teens while they are still pregnant, it is very likely that the staff with the collaborative are already familiar with most of the names on the 72-hour birth reports referred by hospitals in the county.

Case management for these minor parents may continue until their 18th birthday—and even beyond if there is an urgent need and space is available in the program. In some situations, it is possible that the case management services wrap up sooner than age 18, if the young parent chooses so.

A pregnant or parenting minor or older teen participating in the Olmsted county BF service delivery model has the option to choose the makeup of her team. In general, the service team available for these minor parents include: social workers (one from BF and two from the Mayo Clinic OB/GYN unit); county workers (FW, EC, CC, PHN); and school SW, PHN, and staff from the alternative programs. It has been the experience of these workers that minor caregivers and their families readily embrace this network of support.

The Bright Futures SW and PHN work as a pair and usually contact the teen directly (oftentimes while she is still pregnant).

The intake process is low pressure and supportive and is essentially an offer of available services. There are 11 points that are to be covered in the initial meeting after the first contact. All state-mandated areas are discussed, but may not need to be finalized in this initial meeting. For every referral on teen pregnancy, the team has an intake meeting with the minor and the minor’s chosen support group (e.g., teen’s parents, the baby’s father, friends, or whomever else the minor wishes to include).

The purpose of this meeting is to assess the minor’s needs—financial, social, educational, and so forth—and to answer everyone’s questions as comprehensively as possible. Given that the social worker title can often be scary to people (due to associations with “taking away your children”), helping teens to access community services dispels that image according to the staff interviewed.

In many cases, the minor parent has her own parents involved. The majority of the minor parents who participate in the BF service delivery system live with their own parents or grandparents. However, sometimes safety concerns prevent county approval for young parents to live with relatives. Teens’ parents appear to like big provider meetings, which may not be what the minor prefers. Sometimes probation officers may also be included in the meetings (if the minor parent has one and a release of information has already been signed).
Teens that need child care are referred to the Child Care Referral and Resources (CCRR), which is the last stop, after the intake and meeting with the ES worker who sets up the child care appointment and then sends them over to the BF PHN/SW pair.

The living arrangements and the educational plan of a minor parent must be approved by the BF social worker. Besides school, the plan can include home visiting; counseling, financial literacy, parent support groups, and parent education intended to promote healthy parent-child relationships and help young parents learn about healthy socio-emotional and physical development of babies. As the case management continues, appropriate changes and updates are incorporated into the social work plan.

There are three stages of service: the pregnancy period, the first three months following birth and the period thereafter. Usually, the support system that the minor caregiver/teen parent chooses is driven by MFIP program requirements, context, and the personal goals of the young parent. Assessments such as the Parenting Infants Assessment and the Ages and Stages Questionnaire (ASQ) must be completed, which helps in gauging the baby’s development and identifying other areas of concern.

The public health nurse takes the lead in the prenatal period through labor and delivery. In general, the teen has a choice whom she will work with more closely after delivery (either continue working with the PHN or switch to working with the SW).

Rochester public schools’ Alternative Learning Center (ALC) is another partner in this cross-agency case-management collaborative. The ALC is intended for at-risk learners (expelled or in transition) in grades 7-12, including some minor parents and teen parents. It has a student body of 109 day-students. Other educational options include mainstream high school. Students can move between programs. For example, after the baby is born a young parent can go back to regular high school.

The goal is to keep the students engaged, and to retain them through graduation. There is a day school and an evening shift. The child care center is open the entire day—7:15 a.m. to 7:15 p.m. At the Hawthorne Adult Literacy Center, the Hand-in-Hand program (family literacy) is largely composed of teen mothers—typically older teens—and there is a child care center. There are also split-shift school sessions (day/evening). Once the education plan is written (“secured”), the funding for child care assistance is opened. If the minor is under 16, the social worker uses truancy and parental involvement and school requirements for the grant to motivate these young parents.

Recently the Hawthorne center has moved to more family group conferences (FGC) for problem solving purposes and to pool resources. Sometimes, the parents of teens need help themselves (as in cases of alcoholism or a mental health issue) and dealing with these problems can make the living situation more stable for the teen mother. Initially, the FGC takes place at the school and then it can move to a home setting, with Bright Futures taking the lead. Once a month, the ALC SW attends
BF staff meetings with the PHN and SW to review cases discussing things like “who is above/below water…”, that is, who is in compliance with the MFIP program rules and who is not.

The Hawthorne teacher commented that younger students have the support of a SW while older students have only the ALC to lean on. Because most of her students do not have a social worker, this particular teacher spends about 80 percent of the day doing social work (dealing with finding resources for those in situations of homelessness, violence, substance abuse, and so on) and 20 percent actually teaching the math and science subjects that she was hired to do. She added that schools are attempting to function as a one-stop shop these days.

**18- and 19-year-olds.** For employment services purposes, these older teen parents in Olmsted County are split up by school attendance. If they are not attending school, they do a regular employment plan. There are two home visiting programs in the county that are intended for high-risk teens age 18 and older—called Baby Steps and Steps to Success.

The financial worker reported that the choice between education and employment for 18- and 19-year-olds depends on where the teen parents are in school and how they are doing. An incentive to stay in high school is that their income is not taken into account until they graduate, thus, stopping school decreases their MFIP grant. Therefore, there is a financial incentive to stay in school.

Another method she uses is to discuss with these young parents the potential types of jobs currently available to them (or rather the lack) “at a time when college graduates are taking fast food jobs.” In her experience, sometimes the ones who struggle through high school graduation are the ones who cannot wait to go on to college. She tries to advocate for school enrollment but in the end, it is the teen’s choice once they turn 18 years old.

**Structure of the program**

**Caseloads.** At the time of the site visit, the financial worker had a caseload of 250 that included a mix of teen parents and other general cases. She remained responsible for all the teen parent cases in the county (75-80 of them at the time of the site visit)—for both intake and ongoing case management purposes.

For her other MFIP general cases (age 20 and older), she does intake and another financial worker does everything else. She commented that one circumstance that stands out for her when working with minor parents is that often the babies tend to have Medical Assistance (MA) while the teen parent may not have any health coverage.

Although the BF public health nurse caseload usually is around 15-20 young families, the collaborative never turns anyone away. Sometimes services are wrapped up a little sooner for some (for instance, 18-year olds often want to be out the door as soon as they can). Workers remind
young parents that the only risk factor BF uses to determine whether a person qualifies for services is status as a minor.

Another resource in Olmsted that young parents may access is the Mayo Clinic social services department, which assigns two social workers to work with BF collaborative participants. In addition, all the schools in Rochester have public health nurses that serve young parents.

**Child Support.** The value of child support is another important topic workers discuss with young parents, as one social worker stated, “a perennial topic in conversations with young parents on MFIP.” With the support of income maintenance staff, social workers are able to put a positive spin on child support, such as by saying, “Getting or giving child support is good for your baby.” When young fathers make the “yucky face”, some of the social workers are able to engage them by making remarks like “If you pay child support, your baby can get health care.” Sometimes, a connection with fathers is challenging, either because “the teen mom does not want the dad to be included on her case (or even to be in the same room) or because the fathers do not stay or want to continue coming to the service meetings.”

**Staff training.** Only the PHN received special training in home visiting as part of her studies after which she went right into working with teens after attaining professional certification. Professional development training opportunities that focus on teens were no longer available. Staff training previously included formal professional training and informal consultation and presentations (learning from diverse county staff and MOAPPP training). The training from MOAPPP was considered very helpful for working with teens; it included specialized sessions where staff learned a great deal about how to work with teens. One resource that the BF nurses can access and appreciate is consultation with a psychologist from the Twin Cities. Some of the staff interviewed said they empathize with young parents as former teen moms themselves.

**Service integration**

**Collaboration and co-location.** The details of the program process, program structure, and staff roles and goals indicate a high level of cooperation and collaboration, although not all of the professional team in the collaborative is in the same building. They communicate via email, phone calls, and regular formal face-to-face meetings. Everyone understands the process and therefore is committed to remain responsive to the needs of minor parents despite the recent reshuffling of the structure. Some of the staff interviewed during this site visit worried that a successful and highly integrated model of a preventive and intervention nature is weakened by diminishing funding. This has caused a change to the staffing configuration and programming. Based on their comments, they believe the program can still work because of who the workers are, the quality of their relationships and the level of their commitment.
Goal: Education

High school priority. Retention of minor caregivers in school is a major focus of the collaborative. Young parents are strongly encouraged to stay focused on finishing high school and to ultimately go to college if possible. This emphasis is clear in phrases such as “No school, no cash!” or “Education opens doors for you.” The SW feels that many people are giving teens the message of the importance of staying in school in order to remain on MFIP. This worker endeavors to show young participants how their current short-term activities are crucial for long-term transition to a positive adulthood.

The team endeavors to offer nonjudgmental support for young parents (such as providing hands-on help with paperwork, facilitating ease of transitions between ALC and regular high school, following up with students who get off track in order to discern what is going on with them, being willing to refer participants to external community resources as needed and attending graduation ceremonies). Simultaneously, these young parents are held accountable. They are required to maintain regular communication with their service team to report school attendance on a monthly basis and to share all financial and residential changes. They are encouraged to maintain their progress in school to remain eligible for MFIP.

For those age 16 and under, truancy is taken very seriously and staff follow up on it. The BF social worker coordinates a joint meeting with the school and parents for problem solving. This strategy is used as another technique to keep minors in school. For those who choose to drop out of school, usually there is a reason for doing so (for example, a home out of control or the need to get a full time job immediately).

When a young parent decides to interrupt school for some reason, the social workers try to remain positive and supportive. Stories of struggling students who were able to persist (or even come back after a hiatus) to ultimately go on to college after finishing high school is a great source of pride for the BF collaborative team. Staff reported that the graduation rates for minor caregivers and teen parents recently slipped for the first time since the collaborative was established.

After high school. When teen cases close (due to transition off MFIP or onto regular MFIP), BF refers teens to the LINK program of the YMCA for training sessions on independent living skills and for transitional housing support (such as assistance with deposits and/or first few months’ rent). This time of transition to independence is the biggest struggle and “It is hard to close cases when the teen asks for more help.”

Regarding their perspective on the long- and short-term goals of minor parents, the staff noted that teens are often weighing a hierarchy of basic needs against long-term and intrinsic benefits. One worker shared a success story of one minor parent whom she kept in contact with until she finally graduated from high school at the age of 23.
Goal: Work
For minor caregivers, the focus is on engaging or re-engaging students to return to school and remain there until they graduate, not on work attachment. For those who turn 18 and wish to combine high school with work, support is provided to allow them to do so and their income is not counted against the grant. All participants regardless of age are encouraged to think about academic success that leads to the eventual goal of jobs that offer wages that support families.

Sanctions. Only when their case is closed do young parents realize the gravity of the situation. Sometimes, it is not the mother’s fault. For example, there was a two-parent case in which the teen mom was attending school and doing well, but the father was doing nothing so the case was sanctioned.

Teens are more likely to be sanctioned now that they no longer enjoy the seamless coordination they used to have under the previous one-stop service delivery system, according to staff. That system included intensive case management to coordinate program paperwork, schoolwork, parenting, in-person program meetings, and everything else. Staff observed that waving the stick of sanctions is not likely to be effective in desperate situations like homelessness and lack of food that day. With very close relationships with their workers as stepping stones, young parents usually engage in a learning process of responsibility and accountability. For example, both the employment counselors and school staff consider a sanction a red flag that is indicative of a bigger issue that needs to be investigated and addressed accordingly. They see their role as keeping young parents engaged and on track. There seems to be a consensus among the staff that underlying issues need to be addressed before sanctioning begins.

The BF SW does not really discuss sanctioning much with teens but rather defers to the financial worker who “does a good job with giving teens that message—using it as a tool to get them to stay in school and come in to visit.”

Adolescent development
Staff observed that minor parents often depend on adults for life skills. They sometimes need a lot of guidance and follow-up. Some are probably not cognitively prepared to handle all the required program paperwork or have disruptive issues in their lives.

Staff stressed there should be a delicate balance between handholding and holding teens accountable. In many situations, young parents struggle to balance intrinsic basic needs against extrinsic rewards and punishments that may impact them for a long time. The teen’s maturity level typically changes and there is a large developmental difference by the age of 18 or 19.
Minor caregivers may need concrete and specific information to be able to respond to instructions. When filling out forms, the financial worker walks them through the paperwork so they learn how to read instructions and comprehend program expectations. Sometimes, staff may find another young parent who has somehow figured out the paperwork details and is willing to assist other young parents. Minors really appreciate guidance through every step of the process and taking on what they learn; these are teachable moments.

**Engaging teens**
The key to engagement is relationships, integrity, community and trust. The workers try to make things as simple as possible while still getting the teen to meet the program requirements. Most of the minor parents who access the collaborative services are able to connect with someone on the team and get information on what is available to them. Although there is stability in the caseload, some do drop out early, but they tend to show up later on. Different teens navigate the system in different ways.

Not all ALC teen parents are involved in BF. The ALC and the Hawthorne Center are very welcoming and open to community members as well as workers (PHN, SW, probation officers, etc.) and to conducting family group conferencing. The ALC social worker encourages colleagues who work with teen parents to meet them at their schools because the students are more likely to be there and it is easier to connect with them. Also, schools are where issues tend to come to light (such as family violence, academic problems, learning disability and mental health issues). Once school problems get resolved, the hosting of social and other services can move to BF to be monitored.

**Family planning**
The family planning aspect of the case management is covered by the public health nurse who discusses birth control and self-care. When the public health nurse opens a case—on the first or second visit—she shares with the young parent or prospective parent that with one baby, “It is possible to go wherever they may want to go (for example, college); however, with two babies, it is another story.” She observed that with the second baby, it is often “very hard to keep it together,” at least during the time that she works with minor parents. If the young parent says she does not want birth control, then the public health nurse, responds, “You are saying you want another baby now!” to make sure that the teen understands what is at stake—especially if the minor is sexually active with a partner. The public health nurse also stresses that it is a personal choice but reminds minors the challenges they need to take into consideration if they decide to go that route. She states that her goal is to keep these minors from having another baby for at least 24 months. Nevertheless, some of these young moms do have a second baby—sometimes while they are still in high school (even if they wait 24 months). She said she learned that some teens intentionally seek to have a couple of children.
**Teens’ relations with others**

**Their family.** The majority of the minor teen caregivers live with their own parents, who tend to be very involved with the baby. Occasionally, there are some minor caregivers who get along very well with their own grandmothers and see them as their best role model. Talking with teen parents about their own parents helps young people to sort things out. Parents can make housing more stable for them. Family group conferencing includes all significant persons and often takes place at the school.

**The second parent.** After the baby is born, things usually go pretty well for about three or four months and then the couple’s relationship often gets shaky and frequently the father of the baby decides to leave, resulting in the end of the “honeymoon phase.” Couples meet with the BF public health nurse, but the fathers do not often sit down or stay for the whole visit. Many young women refuse to support “shiftless” fathers or spouses participating in illegal activities, while others may be in denial or have nowhere else to go. For example, they may be hoping things will turn out differently five years in the future. It is the young mother’s decision to determine whether and when to move on; some may start to grieve when they realize that a particular young man will never be there for them because “A broken heart is a broken heart.”

**Services**

- **Available services.** Olmsted County was described as being “rich in resources” (e.g., multiple food shelves, rental assistance resources, clothes closets). Social Services offer supplies, free transportation and emergency diapers. In addition, it is easier for social workers to connect youth to mental health resources because teens readily express these needs in conversations with their BF team. There are also resources for chemical health referrals for those who need them. This means available resources are “adequate,” although there are not many choices. The BF also feel their connections with other partners like LINK of the YMCA, the schools, Hawthorne’s Hand-in-Hand Literacy program and Mayo Clinic are warm and positive.

- **Parenting education.** Both the BF PHN and SW utilize a parenting assessment and the ASQ for the physiological and psychological development of the baby. Their home visits provide the young parents with support and they teach them strategies to foster bonding between parent and child using play and other techniques. They also share with the young parents any concerns they may have about the health, social-emotional or physical development of the child. In addition, they hold monthly parent support activities, both on an individual basis and as group activities. The social worker connects families that need them with community resources to get baby clothes and other baby items, as well as to WIC and other county resources and support groups.

- **Programs for fathers.** Various collaborative members have done at least three different support groups for couples, trying to involve fathers, in different locations in Rochester (always with food as an incentive). For example, with release from the juvenile detention
center, attendance at fathers’ groups increased. Also, the ALC social worker invites the fathers she sees in school to the “coffee klatch” but sometimes the teen moms do not want the fathers there, saying, “I can’t talk in front of a dad who will tell my baby’s birth father what I say” as Rochester is relatively small, and “everyone knows one other.” The BF SW holds a monthly parent education class for young parents and plans to form a new group to try to involve fathers of all ages (not just teen fathers). ”One ongoing support group for young fathers connects them with other young male role models such a young Hispanic professional man who made connections with fathers in one group.” BF also holds community roundtables and plans to renew the focus on fathers from all racial backgrounds in the near future. Formal programming for young fathers was still in the development stage at the time of the interviews. In Olmsted County, fathers had access to lawyers who can help with paternity establishment and other child support issues

- **School information sessions.** Young parents can participate in an informational class (50 minutes) at the ALC with sessions offered by various providers who share information about their programs. For example, in the past several years, programming was offered by a representative from the LINK program at YMCA; a lawyer on paternity, child support, custody and visitation matters; a child care worker on how to access child care; an employment counselor on MFIP requirements; and college representatives on financing college. A housing and redevelopment authority representative comes over every semester to explain to ALC students various housing options and urges students to “put your application in now for two years from now.” Other presentations include sessions on child placement.

- **Mental health services.** Child or adult mental health services (depending on the age of the young parent) are primarily voluntary; and referrals can be in the case plan. Workers usually have open discussions with minor caregivers and older teen parents, so it is relatively easy to bring up services if there are mental health issues, describing them as “services to support you.” This usually results in an easy transition for referrals to mental health services. There are also community programs for chemical health, which are often tied to a probation officer. For chemical health referrals and to work with probation, the BF workers need signed releases from minor caregivers and teen parents.

**Service Gaps.** Several staff commented that there are fewer resources for 18- and 19-year-olds than for minors.

- **Second parents.** There was consensus among BF staff that fathers are an underserved group.

- **Health insurance.** There is a need to pay attention to the lack of health insurance for minor caregivers who are not on MA (although their children are covered).

- **Transportation.** Teen parents are not allowed to bring babies on the school bus even though there is on-site child care so they must take public transportation which may mean transferring buses. This often causes them to be late for school and impacts truancy records.
Racial/ethnic issues

MFIP caregivers who speak other languages can go for interpreter or translation assistance to the Intercultural Mutual Assistance Association (IMAA) in Rochester. For example, workers have used an interpreter to ensure that a teen was telling her mother the correct information. In addition, several county staff speak multiple languages and represent multiple cultures.

The county provides transportation to its own meetings for teen parents while Teen MOPS (Mothers of Preschoolers, a non-county provider) does not do so. Very few teens go to both; this may be due to cultural differences. Teen MOPS’ membership tends to be Caucasian, whereas the county group is more diverse (Caucasian, Hispanic, and historically a large segment of African Americans, although not at the time of the interviews).

Lessons learned

Sanctions are generally riskier for 18- and 19-year-olds than younger teens because they are more often living on their own and do not have the support of parents and grandparents that minors often do. They also do not have social workers working with them and often end up having to lean on their teachers.

As stated above, BF collaborative team members and their partners are very willing to be flexible and proactive in interventions, rather than reactive. The elimination of the one-stop shop model was considered a great loss. Staff thought that it would have been helpful to have some transitional support in order to adapt to the new three-stop service delivery model.

Engagement works when the entire family support system is harnessed. The public health nurse commented that teens on MFIP who are working with a social worker tend to be more engaged. Motivation to succeed is a personal choice that can be supported: “They’ve got to want to make it work. They can put up as many roadblocks as we can give them resources. Patience, we’ve got to have a lot of patience.”

Preparing to transition into a positive adulthood is imperative. The LINK program is intended for individuals age 18 and older. However, some of the services they have in place would be well-suited for younger parents as well to lay a good foundation to build upon later.

Collaboration is key, which means having a formal structure that facilitates open communication among workers about shared caseloads. Even with the recent changes, there is still a process facilitating trusting communication so that few teen parents slip through the cracks.
The voluntary aspect is important to young people, so staff should encourage ownership by young people by saying things like, “I’d really like to talk to you, help you, but it’s up to you, no pressure” as this is considered to be “huge for adolescents” and young people.

There is often a crossover moment when a young woman starts to see herself growing into her competency: starting to set limits and boundaries in her relationships, have higher expectations for herself, and to develop higher self-esteem. How do these young women get to this point?

Support is crucial. It almost always involves some basic counseling paired with cumulative informed interventions. It may happen in a group setting or an individual may make an investment in the young parent, for example, a mother going the distance with her daughter that she had initially wanted to put out of the house or a teacher giving extra time to a student. As a result of this experience, the young mother makes an investment in herself as well, and oftentimes, academic achievement increases.
Ramsey County MFIP Teen Program

Ramsey County was included in the study because it is the second largest county in Minnesota and accounted for 16 percent of the MFIP teen caseload in calendar 2009. Twenty-nine percent of December 2009 MFIP cases with female parents were families started by a birth to a minor teen and 25 percent started with a birth to an 18- or 19-year-old. In July 2010, there were 95 minor parents and 410 parents who were 18 to 19 years olds on the Ramsey County MFIP caseload, as well as 37 teen fathers.

The DHS Teen Parent Study team visited Ramsey County on July 7-8, 2010. They conducted ten interviews with county staff including MFIP/DWP managers, a planner, Public Health Nurse (PHN), social worker (SW), clinical supervisor, and management and staff from contracted Employment services (ES) providers. The providers included Goodwill/Easter Seals (GWES), and HIRED, the American Indian Family Center (AIFC). The description that follows includes information gathered on topics in the interview protocol plus additional issues introduced by the staff.

Process

The table below shows the process the pregnant or parenting teen follows from intake to age 20 or exit from MFIP. This includes the steps Workforce Solutions (WFS) and Ramsey County Community Human Services (RCCHS) use to fulfill statute requirements.

All pregnant and parenting teens turn in their MFIP applications to RCCHS. There are several locations that accept applications which are then sent to the County located in the Ramsey County Government Center East in downtown St. Paul for final processing.

At intake the teen or minor parent meets with a financial worker (FW) who explains program requirements, determines whether the teen has a HS diploma or GED, and whether the teen wants to attend school or select the work option. For those under 18 and those 18-year-olds selecting the school option, the FW describes the school attendance expectations and obtains the school verifications. The worker also explains the living arrangement requirements. Minors are expected to attend school or complete a GED.

Once the case is open on MFIP, the case is transferred to a specialized teen parent financial worker unit consisting of three FWs at the Bigelow Building and one FW who serves American Indian Teens at the AIFC. Each FW is paired with several PHNs and SW resulting in matched caseloads.
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<th><strong>Program Process for Teen Caregivers: Ramsey County</strong></th>
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<td><strong>MFIP Process for Minor Caregivers (Under Age 18): Statute and Practice</strong></td>
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<td><strong>Intake</strong></td>
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<td><strong>Face-to-Face First Interview</strong></td>
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<td><strong>Referral to social services (or to agency county contracted with): Provide minor caregiver services for approval of living arrangement. Inform teen of the living arrangement requirement both orally and in writing, also about possible exemptions.</strong></td>
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<tr>
<td><strong>State law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants.</strong></td>
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<tr>
<td><strong>If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen &amp; Child Check-up and effect of child's developmental and educational needs on minor caregiver's ability to participate in the program.</strong></td>
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<tr>
<td><strong>Minor teen must attend school (unless exempt or already has HS diploma or GED)--Counting towards the TANF time limit stops.</strong></td>
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<tr>
<td><strong>Develop plan, reflecting to extent possible, the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal.</strong></td>
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<tr>
<td><strong>If plan includes HS education, verify and monitor school attendance and other services.</strong></td>
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<tr>
<td><strong>If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both.</strong></td>
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<tr>
<td><strong>Provide child care if following education/employment plan</strong></td>
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<tr>
<td><strong>Transition services at age 18.</strong></td>
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<tr>
<td>Apply sanction for failure to cooperate with education or social service agreements.</td>
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<th>Non-statutory Core Services for Minor Caregivers</th>
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<td>PHN services</td>
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<td>Referrals for other services</td>
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<th>MFIP Statutory Core Services for 18- or 19-year-old Teen Parents: Statute and Practice</th>
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<td>Application and face-to-face interview</td>
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<td>Choice: HS/GED, Work, or School and Work (clock stops if HS/GED)</td>
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<tr>
<td>Develop employment plan (EP).</td>
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<tr>
<td>Referral for support services</td>
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<td>Monitor EP Compliance.</td>
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<td>Provide child care if compliant.</td>
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<td>Sanction if non-compliant.</td>
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<th>Non-statutory Core Services for 18- or 19-year-old Teen Parents</th>
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<td>Employability Measure</td>
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<tr>
<td>Referrals for other services (housing, mental health services, etc.)</td>
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</table>
All pregnant and parenting minor teens and teens that are 18 and have not graduated from high school or completed a GED and request the school option are referred to the Teen Parent Program for ES services provided initially by a PHN. PHNs are mandatory for Ramsey County pregnant and parenting teens receiving MFIP. Workforce Solutions (WFS), the county ES provider, assigns the teen cases via an ES referral to the Teen Parent Program.

**Ramsey County MFIP Teen Parent Program Initiative.** This initiative began in 2003 as a collaborative effort among WFS, RCCHS, and St. Paul-Ramsey County Public Health and was directed at improving high school graduation and GED completion rates and fostering improved teen parent health, parenting and self-sufficiency outcomes.

It was designed to promote a streamlined MFIP service delivery model that addresses the developmental needs of teen parents and their children. In 2003 the high school graduation or GED completion rate for Ramsey County teen parents on MFIP was 33%. In 2010, the MFIP high school graduation or GED completion rate on MFIP was 68%. The mandated ES service providers are public health nurses and social workers.

**MFIP for teen parents 18-years-old (non-HS/GED graduate) and younger.** Pregnant and parenting teens most often are initially referred to MFIP by a PHN already providing home visiting services, a school nurse, a clinic, or other community provider. A minor parent may be living with her own mother.

This MFIP Teen Parent Program uses the public health nursing model of focusing on relationship and teaching, prenatal and postpartum care, parent-child attachment and interaction, infant and child developmental, home safety, child spacing, healthy youth development, and self-sufficiency. In addition, the teen develops an education plan which includes a focus on reducing barriers to school attendance, supporting school progress and monthly monitoring of school attendance and progress.

Some MFIP services are delivered by public health social workers in a group setting. The focus of the group is to work with teen parents on establishing healthy relationships, budgeting, enhancing self-sufficiency, problem solving, child spacing, and completing their educational plan. The SWs also monitor school attendance and progress, reducing barriers to completion, and are available for individual teaching and intervention as needed. The public health staff are also responsible for developing activities and assuring that teens are participating in approved activities when not attending summer school.

**Minor living arrangement assessments.** In accordance with state statute, all MFIP minor teens not living in an approved living arrangement are referred for a living arrangement assessment. These are completed by one of the public health SWs. Assessments include contact with the teen’s parent or guardian, home visits to the prospective environment, discussion with the teen and the adult with
whom the teen intends to live, a police check that includes calls to the address and assessment of police involvement with any individual residing in the home, an environmental assessment, and a description of the expectations for teen parents and the identified responsible adults. The assessment is done before MFIP eligibility is established or continued and before child care assistance is approved.

**MFIP program for teen parent 18-years-old (HS/GED graduate) or 19-years-old.** When a teen parent graduates from high school or completes a GED, their ES case is transferred by WFS to HIRED or, if the participant is American Indian, to AIFC. If there are ongoing PHN or SW needs, the public health case remains open. Participants that request the work option at age 18 are transferred to HIRED or the AIFC to work with an ES Counselor.

Participants who graduate from high school or are over 18, but under 22, as well as new applicants over 18, are usually referred to HIRED’s Young Adult Program (YAP) and are assigned to FWs who partner with HIRED. American Indian participants are referred to the AIFC for ES and are assigned to FWs who partner directly with that provider.

The first step for young parents enrolled in the YAP is attending a group welcome overview conducted by three of the 16 YAP ES workers. Participants are invited to the overview by phone and a letter. At the overview, rules and requirements of the MFIP program and YAP specialized services are covered. Participants not able to attend the group overview may be offered an individual overview. After overview, participants are required to develop an Employment Plan (EP).

Shortly after the overview and development of the initial Employment Plan (EP), teens are scheduled for a meeting with their assigned EC, where more in-depth conversation and assessment take place. These meetings include completing the Employability Measure (EM) to identify strengths and challenges. Workers also focus on building relationships with the participants, explaining the roles of the various team members that will be assisting them in accomplishing their goals, and developing a thorough EP. YAP staff have learned it is critical to motivate participants early on and they are trained in using Motivational Interviewing (MI) to help with this process.

Needed referrals are identified through the EM and conversations with the teen. These are included in the EP. Participants in school or working full time are required to update their ECs monthly on activity progress; job searching teens check in weekly. Depending on skill levels and needs, participants may be referred to job readiness training, Family Stabilization Services (FSS), supported work experiences, GWES for the development of a Supplemental Security Income (SSI) application, or other services. Participants are also referred for support services such as clothing at Ready for Success, emergency child care through the Lifetrack Resources Work Connect retention program, or vehicle loans through the car loan program of Community Action Partnership of Ramsey and Washington Counties. Participants are also encouraged to enroll in Career Forward, a six-week three-hour daily class with incentives that covers soft skills and life skills.
Young adult parents 22-years-old or older. Participants stay with HIRED’s young adult program until age 22 when they have a choice of remaining with HIRED or transferring to another Ramsey County ES provider. Participants that choose to transfer are referred to Workforce Solutions for assignment and are then referred to a different ES agency for services.

Assessment

Assessment for minors and pregnant or parenting teens that attend school. All referrals to the MFIP Teen Parent Program are assigned to a PHN. The PHN assessment and interventions consider the needs of both the teen and their child, are relationship-based, utilize Motivational Interviewing, and are rooted in the evidence-based PHN practice. Among the assessments completed by the PHN are physical and psycho-social assessments related to pregnancy and postpartum issues of teen parents, a depression screen, infant and child weight and developmental screenings, child spacing, life goals, and problem solving ability. Pregnant and parenting teens who are 18 and in school and receive services from the Teen Parent Program do not complete the EM, but are offered the same assessments and interventions as minor MFIP participants. PH staff often refer pregnant and parenting teens to psychologists for cognitive and mental health assessments when they have not been assessed by school programs. The PHNs have at times initiated an Individualized Education Program (IEP) for high school seniors. The Parent Advocacy Coalition for Educational Rights (PACER) and DHS staff has been involved in this issue. Teens who are involved in the GWES summer youth work experience program are assessed for work readiness skills, working with coworkers and complying with work rules.

Older and working old teen parents. Participants who are over 18 and those who have selected the work option complete a family assessment at an initial meeting using the EM. Some participants may take more than one session to establish a rapport with their EC before the EM can be completed. The AIFC uses the EM with all teens to identify strengths and weaknesses.

Their focus is on getting teens that have not finished high school back to school. Teens attending the summer youth work experience program are assessed for work readiness, develop a work experience plan, and are provided a discharge report including strengths, improvements, and goals.

Structure of the program

Funding. Workforce Solutions funds and supervises the MFIP Teen Parent Program via a memorandum of understanding with public health and through contracts between WFS and the AIFC and HIRED. MFIP Consolidated Funds from DHS and additional funds from county, state, and federal sources are used to cover MFIP services, including a summer youth supported work experience program for teen parents on MFIP. In addition, PHN medical specific services are partially reimbursed through PMAP billing.
Staffing. At the time of the interview there were 12.5 PHNs and 2.5 SWs. County staff include a county program planner at WFS, county evaluator, child care worker, and three financial workers. In addition, there were three staff at the AIFC, a team at GWES and 16 workers at HIRED associated with their Young Adult Program. Their roles have been described earlier in this report.

County financial workers. There are three dedicated FWs for minor caregivers at the Bigelow Building and one FW who serves American Indian Teens at the American Indian Family Center. Each FW is paired with several PHNs and teens assigned to a given PHN will have the same FW. Public Health SWs conduct overview sessions at the Bigelow site on Wednesdays. FWs often attend the overview sessions to talk with teens who will be assigned to work with them. Teens living in a household with no earned income are contacted every six months unless they are not complying with the program rules, are at risk, or are in sanction. These situations and other critical life circumstances could result in more frequent contact. Teens living in a household with earned income submit a monthly Household Report Form (HRF), on which clients report life changes and attach income documentation so appropriate benefits can be issued.

A FW is also located at Griggs and able to meet with HIRED’s 18-year-old and older clients. The FW works with a small fraction of the MFIP teens, which is approximately 20 teens in a caseload of around 280 clients. The FW does not serve solely YAP clients; referrals to resources, additional services, or ES are made as needed.

County child care workers. There are three child care workers (CC) who serve MFIP teen parents, each serving over 200 participants (one serving minor pregnant or parenting teens). The CC workers do not meet with clients face-to-face. Forms are provided at the intake interview if the teen indicates a need for child care. The CC workers are housed downtown and attend meetings at the Bigelow Building or at the AIFC if there is a need. Applicants that have not yet been assigned a PHN can receive child care for up to 30 days if a school schedule copy is provided, helping increase the likelihood of the participant attending school. Child care services continue, with PHNs, SWs, AIFC staff and HIRED YAP workers submitting transmittals to CC workers to secure child care authorization.

Employment services providers. ES Workers at Goodwill/Easter Seals staff the summer youth supported work experience program and help teens 16 years of age or older learn soft skills and practice on-floor retail skills. Program participants are in high school or may be recent graduates. Participants are referred by Ramsey County Public Health, HIRED, or the AIFC to either a seven-week program for teen parents who are attending summer school or a nine-week program for other teens. Each GWES employment counselor has a caseload of about 20. The ECs provide an orientation to the program, teach skills, and coach participants while they are in the work experience program. ECs and participants set up goals for training using an Individual Program Plan and write a final program plan at the end of training. ECs also report income and activities to FWs weekly by fax. Cases are reviewed regularly with ES staff or when major concerns arise.
Employment counselors at HIRED and AIFC serve clients who have graduated or have chosen the MFIP work option and are mostly between 18 and 21 years old. (The AIFC program may continue to serve participants older than 21 years old.) EC caseloads are between 70 and 80 cases each, and about 50 percent of HIRED participants are under 20 years old. Staff in the HIRED Youth Assistance Program include three FSS (Family Stabilization Services) ES workers, one ES worker that serves participants in transitional housing and three cultural/language-specific ES workers that assist with ELL (English Language Learner) participants.

The two HIRED ES workers interviewed work with people with barriers to employment such as disabilities and ELL. All ES workers complete EMs with participants, develop Employment/Education Plans, and make referrals as needed. All ES workers are encouraged to work with PHNs to help teens make a smooth transition from the PHN to either HIRED or the AIFC for ES services.

**County evaluator.** The young adult program evaluator indicated that 33 percent of young adults who transferred to adult employment services had a high school diploma or GED in 2003, the year the young adult initiative began. In 2008, by comparison, the rate was 64 percent.

**County planner.** The Ramsey County WFS planner oversees the coordination of services for the MFIP teen/young adult program. The planner assists in the improvement of services for young MFIP participants. The planner assists with troubleshooting service delivery and technological issues, obtaining funding to enhance services, working to avoid duplication in services for staff and participants, keeping communication lines open and informing staff of program policies and regulations

**Staff training.** PHNs and SWs assigned to work with teens age 18 and under obtain CEU’s as part of their licensing requirements. They attend internal and external trainings that focus on such areas as adolescent health and development, infant/child attachment, growth and development, school readiness, nutrition, dental health, mental and chemical health issues, family planning methods, child abuse and neglect, sexual abuse, cultural competency, relationship issues, and problem solving strategies.

HIRED staff also attend trainings on working with teens and attend weekly staff meetings that inform them of current trends and new information helpful for working with teen parents. YAP workers have also learned how to effectively serve participants through focus groups, customer surveys, conversations with participants, and “trial and error.”

ES Workers are trained on conducting the EM and how to use Motivational Interviewing and participate in coaching circles for the continuation of skill building.
Some of the workers received specialized training in previous positions; others have attended the annual MFIP conference, the MN Vocational Rehabilitation, Minnesota Social Service Association, or Teenwise (formerly Minnesota Organization on Pregnancy, Prevention, and Parenting – MOAPPP) conferences and participated in teen-related workshops. Many workers have received training on psychological assessments including what tests are used and what the scores mean.

**Service integration**

**Collaboration and cooperation.** The Ramsey County WFS planner usually meets with agency staff separately (GWES, HIRED, PH, CHS, AIFC) to provide technical assistance, but meets jointly with partners when circumstances warrant. The planner also meets with school faculty and other community agency staffs to discuss ways to more effectively serve young parents. When a summer work experience opportunity is available for the youth, the planner meets with staff involved in the work experience program to design the program.

The FWs, CCs, PHNs, and school nurses that serve 18 year olds and younger clients have developed close working relationships. The HIRED ES staff working with participants over 18 also report close relationships with other workers:

“We have close partnerships with the workers that we refer to. For example, Lifetrack Resources takes all the Work Connect referrals. We have a lot of refugee clients and use Hmong American Partnership and International Bureau of Translation. There are few opportunities to connect the names with a face. We connect with the Financial Workers for status updates or if we need information. Sometime a PHN will maintain contact and a connection. There may be two parents on the case and one is too young to transfer to Employment Services. We talk to the PHN about child care.”

The American Indian Family Center (AIFC) is a one-stop shop for employment services. American Indian teens can pick up cash assistance application forms at the center for drop-off at Ramsey County and can also reapply at the center. There is an intake Financial Worker at the center once a week, an ongoing FW housed at the center, and an ES worker at the center that works with all teen cases except minors and others assigned to PHNs. Ramsey County refers all American Indian teens that are not in the school option to the AIFC and there were nine (18/19 year olds) cases at the time of the interview. The CCW is located downtown. However, the workers at AIFC meet regularly and the CCW is asked to attend meetings as needed. One PHN is assigned to work with all of the cases assigned to the FW.

As of January 1, 2011, the AIFC began implementing a strategic plan that included three employment services tracks:

- Transitional: for participants who are ready to work in collaboration with Summit Academy Opportunity Industrialization Center training programs for skilled trades and healthcare
- Stabilizing: for those who want to work, but are not ready due to barriers
• Intensive: for participants who have significant barriers to employment and are eligible for Family Stabilization Services or Supplemental Security Income (SSI)

**Goal: Education**

**MFIP teen parents 18 years old and younger attending school.** PHNs working with minor caregivers consider education a public health issue. According to the PHNs we interviewed, school provides a necessary structure for daily life. They believe in establishing a relationship early and often work with teen parents intensively to get them back to school and to help them get through school.

Pregnant and parenting teens that are not already in school are sent to the school placement center after they apply for MFIP. The universal MFIP goal of the Teen Parent Program is high school graduation or GED completion.

The AIFC focuses on getting teens back to school or they collaborate with other organizations to help teens get their GED. They have a relationship with the Medicine Wheel Collaborative that works with teens who are missing ten or more days of school to promote parent engagement and provide referrals and advocacy to help get them back to school. HIRED ES workers provide career exploration sessions and information about post-secondary opportunities. Teens’ ability to keep their wages without a decrease in their MFIP grant is an incentive to stay in high school according to staff. Unfortunately, school may not be a priority for some students. There is a need for more parental involvement and encouragement regarding education.

**MFIP teen parents 18 to 19 years old.** The HIRED YAP overview emphasizes education and training. ECs are finding that some teen students are taking out loans for college classes when the classes are offered free at various locations within the community. HIRED, the AIFC and PHNs are working together to prevent this situation from occurring, but sometimes teens are already enrolled before they come to HIRED and the AIFC.

ES workers attempt to tie teens’ work experience into long-term career possibilities and connections. In addition, HIRED’s Career Forward training has a college prep module that provides information on financial aid, researching and choosing schools, and training for young adults.

**MFIP education policy concern.** Workers expressed concern about the 30 percent cap on education connected with the Work Participation Rate (WPR). Counties can lose bonus money because no more than 30 percent of participants in educational activities can count toward meeting the WPR.

“The 30 percent cap is a problem because we are urging young parents to be in school, yet we lose bonus money from the Work Participation Rate because we don’t meet the WPR with the 30 percent cap. It is an inconsistent method and doesn’t blend well with our message to young
parents and their workers. As a worker, it can be challenging to work within this dichotomy of meeting the WPR and promoting education completion.”

**Technology.** Different data tracking systems present challenges to integrated services. Each system has its own information technology, deadlines, reporting schedules, and verifications.

**Goal: Work**

**Supported work.** Teens are required to participate in work activities during the summer when they are not in school in order to be counted in the Work Participation Rate. As a result, Ramsey County started a program three years ago that provided supported work opportunities for teens during the summer months. Goodwill/Easter Seals has provided excellent supported work experience opportunities for MFIP youth. For the summer youth work experience program, GWES mostly works with youth attending school. In addition, HIRED provides supported work opportunities and mostly serves teens not attending school.

During the summer of 2010, 242 teens were enrolled in a summer youth work experience program; the majority were on MFIP. There were seven work experience providers for the 2010 summer program due to the number of participants served.

The summer youth work experience program allows teens the opportunity to learn about the world of work, while developing soft and hard work skills. ECs and PHNs refer teens to the program and assist with the enrollment process, which includes gathering mandatory documents. Once enrolled, teens attend a 2-3 hour orientation covering program details and are then assigned a worksite. When co-parents are enrolled in the summer youth program, they are assigned to different groups to minimize distraction.

All participants are paid minimum wage and the length of the work experience varies based on participant schedules and needs, but most are from 20-30 hours/week and last for 6-12 weeks. Workers complete weekly reports covering work skills and personal goals and the reports are discussed with participants. There is a graduation ceremony at the end of the program.

After the program ends, most teens enter competitive employment, attend college, or return to high school. As the program has been successful, many participants request to return to the program the following summer. There is an interest in incorporating more supportive post-program services, a financial literacy module, and year-round work experience opportunities.

In addition to the Ramsey County summer work experience program, some teens participate in work experience opportunities created through the Department of Transportation (MnDOT) and DHS.
**Teen training.** Training is a major component of the Ramsey County summer youth program and topics covered include: Employment Readiness Training such as writing a resume and cover letter, filling out applications and verification forms, mock interviews, career exploration and post-secondary education information. At HIRED, participants receive feedback after interviews from the business development coordinator, followed by support and follow-up after jobs are obtained. ECs encourage teens to develop a “long-term professional vision.” Guest speakers are invited to share their success stories and serve as role models.

The AIFC offers an Expanding the Circle curriculum for nine weeks, two days a week to help teens and adults respect the past and prepare for the future. The class is taught by an EC and curriculum co-author. Subjects include identifying supports, learning about family supports from the past and learning about school options.

A Horticultural Internship is also offered by the AIFC in partnership with a Native American organization that has a farm in Hugo for teens. The activities are countable for MFIP and are written into employment plans. Teens get paid by the harvest and they earn a certificate at completion. AIFC staff work on the farm with families.

Life skills training is provided to 18- and 19-year-olds through HIRED’s Family First Fridays and the Hour of Optimism. Family First Fridays are coordinated within the six-week Career Forward job readiness training and participants can continue to attend them upon completion of Career Forward. WorkKeys is an assessment program offered by the American College Testing Program (ACT) designed to help employers select, hire, train, and retain a high performance workforce. After a participant’s skills and readiness for work are evaluated, a referral may be made for immediate job search or further training and skill building through Key Train, a computer-based work skills curriculum, or another training program.

**Other.** Some teens do volunteer work in their career field of interest. Also, some participants receive Adult Rehabilitative Mental Health Services (ARMHS) services and ARMHS workers can help with job retention issues, especially if the stress of work makes it difficult to modify behaviors.

**Adolescent development**

Pregnant and parenting teens benefit from developmentally appropriate services that address the teen’s own needs as well as those of their child. Frequent face-to-face contact enhances relationship development and supports accomplishment of both the teen’s goals and those of the MFIP program. Services addressing young teens (under 17) and older teens require specialized interventions that meet the developmental needs of the teens. Often teens “live in the moment,”

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have difficulty managing requirements and believe that they are invincible. These developmental needs require interventions that explain cause and effect.

Many teens do not understand the notices they receive from the county and may not understand why they are being sanctioned or closed, despite previous explanation. Workers need to explain everything using a conversational style. Managers for the summer supported work program said they simplified the forms (Consent form, Demographics, Health Assessment, HIPAA, FAQs, etc.) in their intake packet so that teens will complete the forms and return them to their PHN.

Staff talked about the need for teens to develop a circle of support for when MFIP closes. Some of the youth lack family support and role models. Staff indicated that many were on their own and were either homeless or “couch hopping.” Teens enjoy positive role models and guest speakers who can share their success stories. The HIRED program develops peer support and leadership within the groups. Youth want more support from their community and their employer. Staff said that Families First, the Hour of Optimism and mentoring help youth develop long-term relationships with their community and their peers that goes beyond MFIP and will “start developing a circle of support for when MFIP is no longer there.”

Setting realistic goals, problem-solving, and taking initiative were skills that staff encourage youth to develop to prepare them for self-sufficiency. Teens are encouraged to focus on the immediate benefits of working and wages and to look at long-term achievement by tying work experience to career possibilities. Some do not consider a range of options when faced with a problem.

“For example, one client didn’t go to work, but didn’t think of calling in sick. I asked, ‘Did you call your boss?’ and she said, ‘No! I hadn’t even thought of that.’”

Staff encourage teens to develop back-up child care and think about how to balance work and home life. Developing initiative takes a lot of encouragement and patience on the part of the staff.

**Engaging teens**
The type and extent of worker involvement with MFIP teen parents varies by age in Ramsey County. PHN practice is relationship based and focuses not only on all the important assessment parameters and teaching interventions, but works to establish trust with the teen and her child. Often the PHN/teen relationship begins during pregnancy, a time when teens may be more open to new relationships and learning. PH staff explore with teens “their heart’s desires” and utilize a problem-solving approach. Because the relationship is based on both PHN or SW interventions and MFIP, teens relate to the Teen Parent Program staff about many issues in their life in addition to MFIP requirements.

 Teens responding to a client satisfaction survey indicated that PH staff wanted them to be successful individuals, parents, and high school graduates. Universally, even those who had been in sanction for school non-compliance, reported that they believed their PHN or SW was there to help them and believed in them and their ability to graduate. Home visits may be made as frequently as two times a
week, if there is a health concern, to weekly, twice a month, or monthly. Dependent upon the teen’s age at admission, Teen Parent staff may see teens for as long as four years, or in other cases for several months if they are close to graduation.

Teen Parent Program staff attempt to be consistent in holding teens accountable for their interaction with their children and for their school attendance. Experience has indicated that sending a NOIT sanctioning soon after a teen stops attending school or making progress, makes it more likely that they will become compliant with their school plan in order to get out of sanction. Staff believe it is important to let teens know that they will be held accountable and that they will also be supported.

“Teens will call and talk to any worker, whether it’s their financial, child care or PHN, it doesn’t matter. No matter the job description of the worker, teens contact who they have a relationship with and who’ll listen to them.”

Workers try to engage teens by providing positive reinforcement and praise. They attempt to be approachable, yet strict about program or job requirements, letting students know that they are concerned about their future and have the student’s best interests in mind when they set high expectations. Staff focus on success and readiness for the future. Workers believe that in-school youth are more motivated then youth not in school, and that teens with longer-term visions have a higher success rate than those without. In addition, GWES workers believe that longer work experiences are helpful at encouraging positive outlooks on life for young parents.

“Young parents tend to have more ambition and are more motivated. They have a good attitude for the most part. We have waiting lists for youth work experience opportunities; we don’t have waiting lists for work experience for regular MFIP. The way the workers and youth have embraced the summer program has been really inspiring. The workers have really embraced the students.”

Spending time with teens and requesting feedback from colleagues are recognized as important service components by staff:

“It takes time, and it’s important to make the time to listen and provide services even though the workers are behind in their caseloads. I’m scheduling ten days out, but I still have to take the phone call. We visit the three main schools at the beginning and end of the year to let them ask questions about how to maintain child care assistance.”

A number of staff mentioned they had been teen parents and their experiences help them relate to teen parents who are going through similar experiences. Guest speakers with success stories are used as role models because many of the teens come from “generational poverty” and lack role models. Positive role models help them aspire along with career explorations, rather than just covering basic mechanics of job search.

The Career Forward classes offered by HIRED are utilized to engage teens. These classes are well received. According to staff:
“The program is six weeks in total. They can only miss 1-2 days per module. It runs three hours a day either 9-12 or 1-4. They get gift cards when they complete the course and graduate. They also get certificates along the way. They get acknowledgement at the graduation event even if they haven’t finished yet. This level of connection through the daily class is ideal. I don’t always have time, given the caseload, to call and stay in close touch with participants.”

**Teens' relations with others**

**Living arrangement.** Eighteen- and 19-year-old parents are asked about their living arrangements and whether or not they feel safe and stable although the living arrangement check is not required. Having a stable living arrangement is important for success in education or employment.

**The second parent.** PHN services focus on all family members while MFIP services are predominately provided to adults on the MFIP grant. If both parents are on the MFIP grant, both parents are offered PHN ES services if they have not graduated from high school, otherwise they receive the ES services from HIRED or the AIFC. A two-parent case may receive services from both a PHN and a HIRED or AIFC EC, resulting in the need for close coordination among staff working with the family.

Services for fathers vary by ES provider. The AIFC works with the entire family based on their intergenerational model. GWES has a Father’s program for adults, but not for teens, and HIRED is considering starting a class for fathers.

**Parenting.** PHNs focus on improving outcomes for teen parents and their children including a focus on their child's school readiness. PHN’s are certified in the parent education program Partnership in Parenting Education. Teen Parent Program staff work with teens to help them understand their child’s development, nutrition and health care needs, promote home safety, assess their child’s development, and familiarize them with community resources and how to secure them.

HIRED offers a series of group information sessions on topics such as parenting, raising healthy children, healthy relationships, and nutrition. HIRED partners with community agencies such as Face-to-Face Counseling, University of Minnesota Extension, and SPRCPH to discuss topics pertinent to participants. In addition, HIRED collaborates with Early Childhood Family Education (ECFE) and the Learning Disability Association to help parents with reading to their children under 5 years old.

**Services available**

The following services were mentioned at one or more of the Ramsey County interviews:

- **Housing** There is one shelter for young teen parents in Ramsey County. Subsidized housing is helpful in stabilizing each teen’s life and can help teens stay off MFIP once they transition off, as subsidized housing expenses are likely to remain manageable. FWs can vendor cash
grants so utility companies and landlords are paid directly, which can potentially limit the use of emergency assistance, as payments are less likely to lapse.

- **Transportation** Young teens typically rely on bus transportation, which can be time consuming and complicated, especially when transporting children. Two of the Saint Paul High Schools with child care centers provide door-to-door bus service for teens and their children. Teens who are compliant with their educational plan and who have access to an insured car may be eligible for supplemental funding support for driver’s education and workers often help participants find resources to get driver’s licenses. Workers are able to refer participants to a car loan program through the Community Action Partnership of Ramsey and Washington Counties, which can be a means of purchasing a reasonably priced, reliable vehicle.

- **Mental Health** PHNs and SWs refer teen parents to appropriate mental health services in the community for additional follow up. Approximately one- third of the Teen Parent Program participants have a mental health diagnosis. Adult Rehabilitative Mental Health Services (ARMHS) are available through referrals at worker or participant request. Persons qualify if they have a serious and persistent mental illness. HIRED has an embedded ARMHS program for 18- and 19-year-olds and ARMHS practitioners facilitate the Hour of Power. ARMHS workers connect clients to services, and teach them how to navigate the mental health system and be better parents. The AIFC has a Healing Generation therapist for families needing mental health supports or someone with whom to talk.

- **Child care** Teens are a first priority for MFIP child care. Teens that are not eligible for MFIP child care assistance are referred to Resources for Child Caring and can get in the program without being on the waiting list, which can take 2-3 years due to priority status. Child care will not pay late fees and co-pays are based on income and family size. Two-parent households are referred to Resources for Child Caring if one parent has income from employment. Both parents have to be in an approved activity to get child care. Agape and Harding High Schools have school-based child care programs.

- **Education** The Teen Parent Program staff work with school personnel to assist teens with accessing information regarding post-secondary programs. Summer activities include tours and testing at the local junior colleges as well as completing FAFSA forms. Post-secondary program approval for inclusion in the young adult’s EP is determined by HIRED or the AIFC ECs. Workers help teens plan for post-secondary education, including how to choose a school, apply at a school, secure financial aid, and balance school and work.

- **Food** PHNs help with menu planning and budgeting and the University of Minnesota has presented nutrition classes as part of Career Forward. PH staff also may refer a teen family to the SPRCPH nutritionist for further evaluation and teaching. Use of food stamps and
WIC vouchers are included in visit discussions and budgeting. FWs talk to clients about food related issues on an informal basis. AIFC staff helps clients with grocery shopping.

- **Support groups** The Teen Parent Program offers MFIP group sessions to older teens who have benefited from PHN visits. SWs conduct the groups which focus on relationship building, budgeting, child spacing, problem solving, career options, and those issues that are significant to the teen parents. The AIFC offers a number of support groups including a mother’s group, multi-generational groups, Nokomis Circle for families at risk of involvement in the child protection system, and chemical dependency groups.

- **Other** Birthday buddies provide cake mix and toys for children's birthdays. Goodwill/Easter Seals staff utilizes a community resource specialist and seek out unique services needed for individuals. A resource list is provided to teens at the summer youth work experience orientation. Martha’s Closet, Ready for Success, and Joseph’s Coat provides work-appropriate clothing. Also, some participants attend Dakota and Ojibwe classes through the University of Minnesota.

- **Programs for Fathers** The AIFC has a grant through the Minnesota Department of Health in collaboration with the St. Paul Area Council of Churches, Department of Indian Works, Ain Dah Yung, and the St. Paul Public Schools to work with fathers of all ages. The purpose of the program is to build self-determination for fathers. The MFIP TPP staff provides family based services, including the participation of parents of the minor parents when preferred by all parties. Some teen fathers are the primary parent and PHN/SW services are provided directly to them.

**Service Gaps.**

- **Housing.** There is only one shelter in Ramsey County for minor teen parents and their children; it has five beds. Teens 18 years old and older are likely to have trouble maintaining stable housing unless they are in subsidized housing. There is a long wait list for Section 8 (subsidized) housing. They can get into this housing faster if they are involved with child protection or if they are staying at a shelter. Staff at the AIFC said:

  - “It almost seems that families are better off failing because of the way assistance is set up. If they are doing it on their own they’re often spending too much of their income on housing. They need an eviction notice to get emergency assistance. They can get Section 8 faster if they are involved with child protection. If they fail or stumble, they get the help they need.”

- **Transitions.** FWs have caseloads of 270-280 and ES caseloads are also large which does not leave them much time to provide support for young adult participants. There is a need for a supportive post-program. FWs are concerned that case closures leave many families without necessary supports to help ensure financial stability.
• **Teens with Disabilities.** County social workers are difficult to obtain for teens with disabilities.

• **Transition from PHN services to HIRED or AIFC employment services.** Participants 18 years old or older and minor teens with a high school diploma or GED can choose the MFIP work-only option. These pregnant or parenting teens are referred to WFS to be assigned to HIRED or AIFC. There may be a lag in the referral process and approval for continuing education. This is due to PH holding cases of teens needing to complete summer school or needing to take one of the standardized tests before actually graduating. PH does not transfer those cases until there is a confirmed graduation status. It is a concern that some teens have been “caught” in the continuing education approval process as their school counselor has them set up for college, but their MFIP education plan is not yet approved. This is a systems issue being addressed. PH also holds teen cases until registration for the GWES summer program is completed. In addition, some teens may struggle with completing the required education packet without assistance and some may be in college before ES staff are able to determine if education is an allowable ES activity to include in an EP.

• **Life skills.** Workers wish they had more time for community outreach and to address financial literacy.

**Racial/ethnic issues**

Several culturally specific programs were discussed:

• **Anukey Project at the AIFC involves American Indian teens 18- to 19-years-old or minor HS graduates that choose the AIFC as their ES provider.** The AIFC offers a full array of culturally specific programs and services including cultural classes, Ojibwe classes, Nokomis Circle for families at risk of being involved with the child protection system, and a horticultural internship in conjunction with a farm in Hugo.

• **HIRED refers clients to community services as needed or requested including Hispanic clients who may prefer receiving additional services at Comunidades Latinas Unidas En Servicio (CLUES), a provider of services targeted at the Latino community in Minnesota.**

• **The Teen Parent Program has language-specific PHN’s or utilizes interpreters for non-English speaking teen parents.** The program serves a racially diverse population and focuses on providing culturally specific services. Staff participate in continuing education offerings addressing cultural sensitivity and competence, and individual case conferences reflect the cultural differences within families, including the culture of poverty. Living Arrangement Assessments include consideration for the cultural influences on teen parents. The summer youth work experience program also accommodates learning styles while having a diverse
and flexible culture. Most of the summer youth program participants are African American, American Indian, or Hmong.

**Lessons learned**
Staff serving teen parents on MFIP identified a number of keys to successful service delivery, including methods to engage teens and help them process the connection between what is happening presently in their lives with future possibilities. Staff set high expectations, focus on establishing long-term relationships with the teens, are approachable to keep teens engaged, and support MFIP’s desired outcomes of school or work. Teens require encouragement and reminders about the effect of the present on the future. All workers try to emphasize the need for post-secondary education to achieve financial self-sufficiency.

Some workers requested additional specialized training to help them address challenges faced by teens. They also suggested more emphasis on housing issues and resources as teens' lives are more likely to be unstable without affordable, appropriate housing.

The developed partnerships and streamlining of services among all parties has been very effective in working with these young parents. The graduation rates have increased substantially over the past seven years, during a time when MFIP rules and regulations have continued to challenge all partners and participants. This collaborative model is an example of the strong commitment Ramsey County has placed to the success of teens in the community.
St. Louis County MFIP Teen Program

St. Louis is the largest county in Minnesota geographically and its largest city Duluth is a regional economic center in the northeastern part of the state. It was selected to be included in this study because of its relatively large percentage of MFIP mothers who started their families as teens (20 percent as minors and 30 percent at ages 18 to 19 in the December 2009 caseload). In July 2010, there were 18 minor moms and 92 teen parents who were 18 to 19 years old on the St. Louis County MFIP caseload.

The DHS Teen Parent Study team visited three organizations in Duluth on July 12, 2010. They interviewed a county social worker (SW), two Workforce Center (WFC) On-the-Job-Training (OJT) employment counselors (EC), a county financial assistance supervisor and a program manager from Fathers and Children Together (FACT), a non-profit organization. The details described in the following sections capture the information shared by the interviewees within the boundaries of the interview protocol plus other relevant issues that came up during the interview.

Process
The table below shows the process the pregnant or parenting teen follows from intake to age 20 and or exit from MFIP. The county designates a specific time slot for minor and older teen parents to come in to apply for cash assistance at the county office every weekday morning. Once the initial application is complete (ideally the same day), an appointment for a face-to-face interview with the financial worker (FW) who is assigned to work with parents under age 20 is scheduled. Those applicants who need further help with the application process get the help they need from the county staff.

In addition, young parents can access the services of an employment counselor co-located in the same building as the FW. The assignment of county workers to specialize in teen cases was intentional on the part of income maintenance management. County believe that the developmental needs of this age group warrants an extra customer-friendly experience which co-location and specialized teen workers provide.

St. Louis County provides social services to minor parents through a specialized social worker. When the SW gets a referral from a hospital or from a county financial worker, she initiates a contact with the pregnant or new mother to offer social services. All minors on MFIP must work with a social worker. Sometimes, hospital birth referrals are lagging by a week or so. These late referrals and any new referrals of pregnant minors rise to the top of the priority list for social service contact.
<table>
<thead>
<tr>
<th><strong>Program Process for Teen Caregivers: St. Louis County</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>MFIP Statutory Process for Minor Caregivers (Under Age 18)</strong></td>
</tr>
<tr>
<td><strong>Intake</strong></td>
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<tr>
<td><strong>Face-to-Face First Interview</strong></td>
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<tr>
<td><strong>Referral to social services</strong></td>
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<tr>
<td><strong>Law requires approval or denial within 30 days of application. Approval of initial safe living arrangement is required before MFIP application approved for minor applicants.</strong></td>
</tr>
<tr>
<td><strong>If no HS diploma or GED, complete individual assessment (educational progress and needs, literacy, child care and supportive service needs, family circumstances, skills, work experience) within 30 days of MFIP approval. Assessment for minors should also include results of Teen &amp; Child Check-up and effect of child’s developmental and educational needs on minor caregiver’s ability to participate in the program.</strong></td>
</tr>
<tr>
<td><strong>Minor teen must attend school (unless exempt or already has HS diploma or GED)—Counting towards the TANF time limit stops.</strong></td>
</tr>
<tr>
<td><strong>Develop plan, reflecting to extent possible the preferences of the teen caregiver. If plan includes education, it must specify that educational activity is required, what school or education program is appropriate, services to be provided, activities the teen will take part in (including child care and supportive services), consequences for failing to comply, and right of appeal.</strong></td>
</tr>
<tr>
<td><strong>If the education plan includes HS education, verify and monitor school attendance and other services</strong></td>
</tr>
</tbody>
</table>
If employment only plan (for HS graduates or GED), verify and monitor work and work activities; if both education and employment, verify and monitor both.

ES documentation & verification is done by NEMOJT.

Provide child care if following education.

Social worker sends the application to the county child care worker when the case is opened and then the specialized team coordinates documentation and verification of school attendance for teen to remain eligible for child care.

Transition services at age 18.

When minor caregivers turn 18 years old, they have the option to either choose to continue working with a social worker or close their social services file and work with an employment counselor instead. In contrast, 18- to 19-year-old parents who did not start with social services as minors do not have the same option to get social services. Instead, they are referred directly to the NEMOJT employment counselors regardless of whether they choose the education option or the work option. In general, employment plans developed with 18/19-year-old parents span 1-2 month periods in recognition of the attention and guidance that young parents need for explanation of the program expectations and their responsibilities for compliance in a manner that makes sense to them so they can move forward with their education and training needs.

Apply sanction for failure to cooperate with education or social service agreements.

Given the primacy of school attendance in the program compliance requirements, there is a system in place at the county to ensure that school attendance is maximized for minor caregivers. For example, the financial worker keeps track of school hours using graphs, and if there is a lapse in school attendance, is responsible for sending out the Notice of Intention to Sanction (NOITS) and meting out sanctions. However, the FW double checks with the SW to determine whether there are any underlying issues that should be addressed before the sanction begins.

| Non-statutory Core Services for Minor Caregivers |
| PHN services | Public health services are voluntary for minor caregivers, as they are for older teen parents. |

| MFIP Statutory Core Services for 18- or 19-year-old Teen Parents: Statute and Practice |
| Application and face-to-face interview | Application process and face-to-face process for pregnant or parenting teens who apply for MFIP at ages 18/19 is the same as for adults. |

| Referral to Employment Services Choice: HS/GED, Work, or School and Work (clock stops if HS/GED) | Employment services counselors’ conversations with 18/19-year-old parents begin with going over the contents of the Self-Assessment that was already completed by the participant. This form reviews life areas, skills, interests, needs, stability, etc. |

| Referral for support services | For those who turn 18/19 years old and wish to combine high school and work, financial assistance and other support is provided in order to allow them to do so with the added bonus that their income is not counted. |

| Monitor EP Compliance. | Employment counselors work closely with child care staff and attend joint quarterly meetings that address concerns and questions about policies, process procedure. |

| Provide child care if compliant. | Age 18/19 teen parents on MFIP who are in compliance with school attendance requirements get child care assistance. |
FW and ES apply the sanction if 18/19 teen parent is noncompliant with the EP.

### Non-statutory Core Services for 18- or 19-year-old Teen Parents

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Employability Measure</strong></td>
<td>The Employability Measure is done after 3 months when the employment counselor gets a better idea of what is going on with the teen parent.</td>
</tr>
<tr>
<td><strong>Referrals for other services (job search, summer jobs, housing, mental health services, etc)</strong></td>
<td>There are also other county services that are voluntary for minor caregivers and 18/19 teen parents who are on MFIP such as public health nurses, Transitional Assertive Community Treatment (T-Act) for mental health needs for older teens. There is a comprehensive job search program in place for the age 18/19 teen parents on MFIP. For example, the Youth Zone is an important component of the job search program for this age group.</td>
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At the initial meeting, the SW describes the eligibility requirements of the MFIP program. After all required forms are completed, the social worker administers an adolescent assessment instrument that covers all of the following points: the minor’s living situation, significant relationships, description of the level of father involvement, questions about domestic violence at home or outside of the home, and other important aspects of a minor’s life situation.

Living arrangements are approved by the SW and are based on whether the teen lives with a parent, with a grandmother or another adult. For example, if the house looks safe, clean, and there is a responsible adult over the age of 18 that is not a boyfriend, then the arrangement is in general considered appropriate. Consideration is also given to whether there is history of child protection reports for the household.

One worker reported a situation in which a minor was living with a 20-year-old boyfriend who acts as the alternative payee. This is an arrangement made outside of the MFIP minor parent program through a CPS worker—predating the minor’s enrollment on MFIP. The setup is working and seems to be appropriate for this particular case. This specific participant had been basically on her own for a long time, and “It would not have worked to tell this minor that she has to live with someone else.”

The living arrangement review result is sent to the financial worker (FW) to complete the eligibility process and to request an opening of a WF1 record to track school attendance hours which goes to the Northeast Minnesota Office of Job Training (NEMOJT).

When a social services case opens, the goals for education, social services and support services must be documented. Three separate plans are opened: a social services plan, a school plan and a child care plan. These plans initially all have the same goals but they get modified as needed (based on monthly contacts with minor parents). Other support services such as transportation arrangements and referrals to other community services are also included in the social services plan. After the
school plan is completed, it is forwarded to the child care worker for approval of child care assistance hours for the minor parent.

At this point, the social worker makes an attempt to get a list of other professionals, besides the core team of a SW, a FW, and a child care worker (CC) that are involved with the minor caregiver. All social service meetings with minor caregivers are conducted one-on-one at home or school or any other location that is convenient for the minor parent. There are no required face-to-face interactions between minor parents and employment counselors; the social worker submits the electronic referrals on the case to the employment counselor who then opens case records on WF1 to track school attendance hours. In addition, the social worker forwards a copy of the school plan to the child care work via mail and exchanges emails as needed.

**Services for 18- and 19-year-old parents.** When minor parents turn 18 years their options are to choose to continue working with a social worker or to close their social services file and work with an ES counselor. In contrast, 18-year-olds who did not start with social services as minors do not have the option to get a social services file opened at the county. These teen parents are immediately referred to the NEMOJT employment counselors regardless of whether they choose the education option or the work option. At NEMOJT, they receive employment services similar to what is offered to older adults that includes an MFIP overview and development of an individualized employment plan.

Prior to the overview and after the referral is made, packets are mailed to them and they are instructed to come in to meet one-on-one with an employment counselor. The ES overview covers the education and work requirements of MFIP for parents in that age group. In general, employment plans developed with 18- or 19-year-old parents take one to two months to allow more time to explain the program expectations and responsibilities for compliance in a manner that makes sense to them.

Typically, employment counselors’ conversations with age 18/19 parents begin with going over the contents of the self-assessment previously completed by the participant. The assessment form covers life areas, skills, interests, needs, stability, etc. The Employability Measure is also done after 3 months as the employment counselor gets a better idea of what is going on with the teen parent.

**Other Services.** There are also other county services that are voluntary for minor parents and 18/19-year-old parents who are on MFIP such as public health nurses (PHN) and Transitional Assertive Community Treatment (T-Act) for mental health needs for older teens. Employment counselors work closely with child care staff and attend joint quarterly meetings that address concerns and questions about policies and process, but are “not case reviews really.” These meetings have spurred more one-on-one contact between employment services and child care units.
Sanctions. School attendance is a significant compliance requirement. The FW keeps track of school hours using graphs, and if there is a lapse in school attendance, sends out the Notice of Intention to Sanction (NOITS) and imposes the sanction. However, the financial worker double checks with the social worker to determine whether there are any underlying issues that should be addressed before the sanction begins. For example, lack of transportation might be a cause of poor attendance. In one such situation, a young parent was not allowed to get on the bus with her baby. Her grandmother could not drive her to school until the younger grandchildren got on their bus. Thus, it appeared that this young mother was consistently missing the first two hours of school each morning. Once the county workers followed up and identified the problem, they were able to adjust the schedule and the young mother was able to avoid a sanction.

For 18/19-year-olds who are out of compliance for not following their employment plans, the usual procedure of a NOITS with the 10-day process is followed. Depending on the situation, the employment counselor may choose to sanction or to give more leeway. Sometimes a phone call may precede the NOITS. If the teen parent is really disconnected, the employment counselor may not be successful in reaching them. For example, if there is no rapport with the teen parents, they may disappear for months once sanctioned. However, if a good relationship has been established, they are more likely to call when they get the NOITS.

Staffing
At the time of the interview, the county social worker had a caseload of 14 minor parents and one parent over 18 that opted to keep social services. She works with minor parents half time and half time with child protection on the Indian Child Welfare Act (ICWA). There is another social worker who serves youth aging out of foster care. The MFIP social worker enjoys the flexibility that her job allows so she can support young parents as much as possible,

If there is an issue that she is not able to resolve on her own, the procedure is to review the case with her supervisor for problem solving. Many MFIP clients have parents who have open or past CPS or Family Outreach services. For example, minor parents could have been involved in child protection services either personally or as part of their family of origin. She can serve Indian Child Welfare Act (ICWA) cases, but she has to be careful to avoid conflict of interest situations. Some of her clients ask, “Oh, you’re a social worker, are you here to take my baby?” She responds, “No, I’m here to help.” She does not talk about her ICWA part-time job with clients because that may scare them and hurt the relationship. Also working with minor teen parents is another social worker housed in the Virginia county office.

There are some financial workers who only work with teen parents. Management in the county supports the idea of teens having specialized point persons, “It’s not a big population, but it can be labor intensive.” A full-time county FW works predominantly with minor and older teen parents following intake. After he determines eligibility for MFIP benefits and services, he collects school attendance hours directly from schools and communicates that information to the SW and EC. He
stays in touch with young parents and actively maintains open lines of communication with other county workers about the case. Open minor parent cases are reviewed during monthly meetings that the minor caregiver social worker and financial worker attend or as needed.

The county also has a unit with six employment counselors who carry a general caseload that includes MFIP 18/19-year-old parents. The counselor interviewed for this study had 60 cases including MFIP teens as well as dislocated workers. The concept of teaming a financial worker and an employment counselor to serve teens on MFIP is relatively new (only two years old at the time of the interviews). This structure is well liked by both workers and supervisors.

**Staff training.** Diversity training is mandatory and the county encourages staff development in the areas of leadership, communication or personal interest. Management allows 37.5 hours of training per year.

Staff may also attend regional conferences. St Louis County organizes a well-attended Human Services Conference each October to provide training and information about resources that are available in the community. Extensive training in the county pulls in Social Work Schools in the area. In addition, the county partners with the Department of Corrections to offer Motivational interviewing (MI) training for workers held monthly on stages of change. The instructor uses his background in engaging individuals coming out of violent experiences with the stages of change process as a model. Staff indicated there is keen interest and buy-in to implement this technique across the board, so it is widely used.

Staff members also depend on their own experiences as parents to relate to and advise their clients. It helps to have staff of both genders with a variety of professional and parenting experiences as well as a range of people skills.

**Service integration**

**Collaboration and co-location.** All the staff and supervisors interviewed for this study in St. Louis county stress the importance of co-location of county services and close partnerships with others in the community organizations that work with this age group. Another dimension in service integration is the open and positive professional relationships among county staff. It helps every member of the service team to be on the same page during the referral and the case management stages. Staff learn pertinent information from each other, such as waiting lists for referrals or tips about resources.

St. Louis County has its own ICWA office. It also collaborates with tribal services on reservations as part of a service network of community and non-profit groups that the county collaborates with to serve youth in economic and social distress. Partners include Habitat, Crisis Nursery, and Life House and the state-funded fatherhood program called FACT. Staff from FACT work hard to build close and long-term relationships with individual workers at the County office through
presentations, sharing brochures with county staff, fielding questions from young fathers and passing these along to county workers. The staff may assist young fathers in accessing county services.

**Goal: Education**

MFIP minor parents and 18/19-year-olds attend a number of public high schools in the area: ALC (HS diploma or GED), Central High (the only school that offers child care), Unity High School alternative school, Lake Superior High School alternative, Harbor City High School, Brookston High School (30 miles outside of Duluth). There is an online option for some students (although this is not recommended).

County workers and management strongly encourage young participants to get at least a high school diploma or GED. In fact, there is a local success story that is a source of great pride to staff. A former MFIP participant left public assistance and went on to attend a prestigious Ivy League School. She earned a bachelor degree, achieved professional success, earned a Master’s degree, and “Now she’s going off to a well-known leadership program.”

Staff mentioned that they are flexible in the requirement for summer school attendance. “If you’re living in a rural area that doesn’t hold school during the summer, and there aren’t jobs available, we give an exception that you don’t have to do school or work.”

A licensed instructor who is on staff at the Workforce Center to give guidance works one-on-one with teens. She administers pretests for the GED to see if that is a viable route when teens are far behind in their high school credits. Teens register for high school themselves, without guidance from employment counselors. County staff seldom see students who have been disconnected from school for long periods of time.

County staff reported that many of the young parents they work with want to graduate from high school and get a job. Staff interviewed for this study also stated that they heard the young parents they serve express a strong desire to provide for their own babies in the future.

**Goal: Work**

There is a comprehensive job search program in place for the 18/19-year-old teen parents on MFIP. For example, the Youth Zone is an important component of the job search program. Youth Zone, in place at the Workforce Center for about a year at the time of the interviews, has been designated as a space for youth to get support and access resources in the area of employment. Staff reported that NEMOJIT provides WIA funds for year-round and Summer Youth programs. Paid work experience opportunities are available for interested youth. This particular funding is available for minors who do not have a high school diploma.
There are also summer youth programs offered to high school students on MFIP. The job search module for this purpose is very structured. Sessions may include: classes talking about resume building, dressing professionally (to guide them through what is appropriate), workplace etiquette, and hands-on coaching on how to write resumes, complete job applications, update resumes, and place cold calls to potential employers.

This hands-on approach allows county staff a real-time opportunity to witness strengths and weaknesses of young parents from a work-readiness perspective. For example, staff may find that some clients need more help to ask the right questions when making phone calls to prospective employers or when requesting information in general. This way, the employment counselor and the participant together decide which option is best for the teen parent, beginning with assessments and ending with decisions about school attendance and work options. More 18- and 19-year-olds tend to choose the school option, “which is great. We are thinking some of that is coming from economic changes as well, fewer jobs for people without or with only a high school education.”

If a minor caregiver or an 18/19 year old is working, then that fact is documented in their plans. Some young mothers on MFIP are enrolled in summer employment programs through the Yes, Duluth and WFC programs. Sometimes, these summer jobs turn into permanent employment. Teen parents also connect with other work attachment opportunities through programming at the Spirit Valley.

Usually, teen parents who do both education and work tend to be more likely to work during the summer even if it is not required of them. One employment counselor stated that she tries to provide as much support as possible, within the constraints of time, for all teen parents who are trying to find stability at home while looking for a job by doing several things:

- Serving as a reference for their job applications
- Modeling how to fill out a job application for younger parents
- Giving them rides to the delinquency court
- Helping them fill out forms for housing
- Helping them find child care

Some youth are not able to participate in summer jobs because of chaos in their home environments. County staff remarked that it is hard for some young parents to build new relationships or get into a new routine and summer jobs are short term.

For those less than 18 years old, summer is a short time for employment counselors to establish a close connection. Therefore, the relationship-building phase of the interaction is prioritized between the end of school year and the start of the job placement. The staff do strive to find a good fit, one that promises a successful match between youth and employer. For those who are not working in the summer, the employment counselor is not very familiar with their lives.
**Supported work.** For those students who are in summer school, classes at the Adult Learning Center and Habitat run through the end of July. In general, August is challenging, as there are not many school or training opportunities. It is easier for employment counselors to connect with 18/19-year-old parents on MFIP because they are in contact with them more regularly than with MFIP minor caregivers. Therefore, it is easier to get the older teens connected to supported work.

One of the strategies that the county has successfully used with this age group is to carry out practice sessions for job interviews, particularly as teens tend to need some extra coaching about work culture and personal presentation during an interview. Sometimes employment counselors invite employers to come speak to participants about work place expectations, employer hiring practices and other employment issues.

Despite reduced American Recovery and Reinvestment Act (ARRA) funding, the employment counselors have maintained the youth supported work sites in order to keep the relationships with the youth and the employers intact. However, the hours the work sites are open have been reduced. The goal is to continue serving the same number of youth.

**After high school.** Staff report that many of the young parents on MFIP have goals for post-secondary education, saying things like, “And after that [high school] I want to go to the community college.” Many of these young participants understand that they need to attend post-secondary school of some sort. County workers say, “They know they need to do it. My role is to push them to go get signed up.”

When a youth expresses an interest in post-secondary education, county staff may ask further questions to get an indication of the depth of the commitment to the goal of attaining higher education. Then the young parent completes some assessments that indicate their strengths and weaknesses, which may help in refining planning for pursuing post-secondary education. Sometimes a young parent may come in and announce, “Well, my mom is a nurse so I want to be a nurse.” This allows county staff to start a dialogue about how plans for the future can be explored using assessment tools. For example, the worker may administer the Labor Market Information Request for Training Form, and the result of this assessment allows the worker and the aspiring young parent to have a common basis for discussions about future academic and professional goals. This may mean a goal for pursuing higher education and planning for earning enough money to get off assistance.

Employment counselors use the Labor Market Information Request Form as an internal guide for the career counselor to approve or reject. Typically, if the career counselor is in favor, funding is available, and the county approves them, and the proposal is within the MFIP guidelines, the plan is approved. The county only needs to approve trainings for 16 weeks and longer; shorter terms are approved internally at the WFC.
Staff said they use professional and personal connections to help young parents get resources for their children such as expedited services, baby supplies, and referrals to classes and support groups that offer car seats and playpens, and resources for teen fathers.

Adolescent development

Young parents on MFIP need more than monthly school attendance monitoring. They need to be reminded to follow through on plans, for example help with filling out forms and coaching on how to prepare for an interview and present themselves. And others want to be independent. Nevertheless, there is also a strong feeling workers must ensure that paperwork finds its way to its destination. Some county staff get Releases of Information signed at the beginning of the year so they can deliver child care applications and other paperwork on the teen’s behalf. The release also allows county financial supervisors to look up information on behalf of students directly when needed for verifications such as school lunch programs.

Some of the pointers that county staff felt were invaluable when interacting with young parents on MFIP include:

- Consistency is huge.
- They need someone to talk to, relate to.
- Be non-critical.
- Use self-disclosure if there is a personal history parallel to the teen’s to gain rapport saying something like, “I know this is not easy, I was...”
- Be willing to be an emergency contact and reference for teens.
- Befriend them.

Available services

- Habitat: A supportive housing program that provides shelter, child care, parenting classes and transportation for young mothers. It also provides transportation and picks teens up at their homes. Staff stated that they are aware of success stories at Habitat, like young parents getting jobs after high school or going on to college. Funding for a child care center for their children is available because it is partially school funded (as it is located in a high school). There are parenting classes for moms at the center. County staff reported that they find Habitat staff to be very helpful with transportation, getting teens to appointments. They think that success is due to the stability that Habitat provides for these families to finish high school and find employment.
- Community Action Duluth: Nutrition classes, budgeting, free tax preparation and a car loan program. Staff may invite employers to come speak to group about their expectations, hiring practices, etc. Participation in WIC is voluntary and extensively used.
- T-Act (Transitional Assertive Community Treatment): A program that works with older teens that have mental health issues. It also has a financial worker on site.
- 1st Year: A Lutheran Social Services program that provides home visits and parenting classes.
• Life House: Housing and other support services for homeless youth.
• Community Action groups: Classes to youth about their programs.
• ARMHS (Adult Rehabilitative Mental Health Services): Programs open to participants dealing with mental health including both minor and older teen parents.
• Young Mothers Program: a housing program that provides extensive human service programming with a child care facility on the premises.
• Spirit Valley: Centrally located program run by the YWCA. The central location of services is important because the city is divided into east and west divisions. There are counselors and child care at this facility. YWCA provides a wide variety of services in the city to a broad spectrum of clients. It also provides child care during the school year and during the summer for young mothers in summer school.

Service gaps
Although there are many programs in St. Louis County, there are still a number of unmet needs:
• Transportation is a big challenge in a city and a county that are geographically spread out.
• Some of the schools serving teens in Duluth are being closed.
• Housing options are limited and transitional.
• Access to lawyers for low-income families is limited. This comes up very often in the fatherhood program where teens have some access to a FACT lawyer. However, there is not adequate support and representation in court for many of these young fathers according to FACT staff. Other workers indicated that there is a great deal of confusion about eligibility for services relating to custody laws across state lines such as that shared with Wisconsin.
• Child care is decreasing with the possible privatization of child care at Habitat. Strict attendance policies for private centers might not be compatible with the lives of MFIP teen parents.
• There are limited culturally specific services in St. Louis County.
• Teens with disabilities need help with applications for Supplemental Security Income (SSI). ARMHS workers sit in on meetings with the FSS worker to give support on these cases. There is a weekly meeting with FSS participants referred to as The Connection that covers topics such as disability framing as an asset and careers for people with disabilities. Attendance at these events is small, so coordinators have contacted business to donate incentives such as game tickets and meal gift certificates. Incentives are only used by FSS and not exclusively for teen parents.

Family planning
The social worker distributes an adolescent packet that includes family planning and birth control information. How much discussion there is of sexual health and family planning depends on the teen, from frequent for teens who need someone to talk with to as needed for teens who have already made decisions.
The fatherhood program (FACT) program has found that males have more questions than females because “boys haven’t had as much opportunity to talk about issues of sexual health, birth control, family planning, etc.” So they tell young men, “You guys need to be involved, too. Birth control methods need to work for both of you, and be affordable for both of you. You need to understand how they work.” This line of discussion captures the attention of young men and they have many questions.

**Programs for fathers**

FACT fatherhood program staff reported that their programming for small groups helps them to engage fathers so they feel safe and supported. They do outreach to young mothers in schools, where they present to them the FACT curriculum, which stresses the importance of involving the father in the child’s life, even if the biological parents do not get along well.

This program is designed to foster healthy development of fathers and their children. It also uses a child abuse prevention grant that requires the program to focus on protective factors: co-parenting, anger management, conflict management, nurturing and connection, parent and child development, financial stability, relationships, parental resilience, social connections, and concrete support for parents. It has offered parenting services since 1994.

FACT staff conduct outreach to schools, high school age probation groups, parenting groups, Arrowhead Juvenile Center (corrections), and Woodland Hill (youth treatment center). FACT has a partnership with Life House (which provides a range of services). There is a fatherhood group coordinated by FACT staff in Cloquet. They conduct one-on-one meetings as well as group meetings. At the time of the interviews, 48 fathers were enrolled in the program. The majority of young fathers in the program are already involved with the system in one way or another. Most are no longer involved in a relationship with the mothers of their children.

Staff will engage young fathers through relationship-building based on honesty, trust and support. Therefore, the material is covered in a way that eases fathers into the curriculum. When MFIP staff refer young fathers, they may say,

“You need to go somewhere. We can give [you] a name, tell them that we know [you], or even call the worker and say our client is coming down.”

“We also help them fill out forms. We keep the forms in the office so that they can start filling them out here.”

FACT workers attend to the needs of young fathers in all situations:

- Young males who come from programs for chemical dependency and aftercare services coming out of treatment
- Young people on the streets
- Young males at risk (not currently fathers)
• Those who may need help with custody, court paternity, visitation rights or county social service paperwork
• Group meetings when participants are available
• One-on-one supports, especially during the day
• Age of participants spanning 14-65 years of age
• Help for participants with children’s birthday presents, bus passes, holiday gifts, travel to visit their child
• Programming that reaches young mothers in schools where FACT staff discuss the importance of involving the father in the child’s life, even if the two parents do not get along
• Working on setting up something with judges in St Louis County for parenting classes
• Help with car repairs, drug tests, attorney fees (small amounts), gas cards, and visitation fees

FACT staff members have reached out to coordinate with the few fatherhood programs that exist in the state. They collaborate with multiple organizations, and present information at conferences and community events.

FACT staff said that the organization covers all the requirements of the fatherhood grant from Minnesota Department of Human Services. It also distributes a resource manual at the end of the book used for the Protective Factors training modules, so that each client who goes through the training gets the workbook and a certificate of completion. Some fathers do this, not as a requirement, but as a strategy to prepare for court so that they will be better able to argue for more custody hours with their children.

Racial/ethnic issues
As mentioned above, diversity training is mandatory for staff. Six-week trainings were funded through a DHS innovation grant. Several staff said there is not much diversity in the county and that services are not targeted by cultural group.

Lessons learned
Collaboration is vital because it allows staff to learn from each other and from other community resources. Developing relationships among staff helps them better serves teens. Be aware of waiting lists issues in the referral process. A comprehensive job search program is important. Intentional outreach is crucial to engage youth. Parenting groups typically are a great learning tool, if possible with both parents participating together. It is difficult to build a cohesive group with random individuals so it is best to start with one small group and build from there. Reward participation with gratitude and recognition. Fathers are reluctant to advocate for their own rights until they run into legal issues regarding parenting time or custody.
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