Summary of the 2016-2017 Biennial Service Agreements

Consolidated fund services at the provider level

January 2017
Document accessibility

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Abbreviations

ABE: Adult Basic Education
BSA: Biennial Service Agreement
CNA: Certified Nursing Assistant
DHS: Department of Human Services (department)
DWP: Diversionary Work Program
ESL: English as a Second Language
FPG: Federal Poverty Guidelines
FSS: Family Stabilization Services
FWL: Functional Work Literacy
GED: General Educational Development Certificate
MAXIS: Minnesota Department of Human Services’ eligibility system
MFIP: Minnesota Family Investment Program
TANF: Temporary Assistance for Needy Families
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Executive summary

Introduction

The Minnesota Family Investment Program (MFIP) Consolidated Fund was established by the Minnesota Legislature in 2003 to support county agencies, consortia and tribes/nations (local service areas) in developing programs and services to improve participant outcomes in MFIP and the Diversionary Work Program (DWP). Consolidated funds allow for local service areas to determine and fund strategies to address local needs. MFIP service agreements for 2016-17 include information about the following elements of each local service area’s MFIP program: needs statement, service models, performance measures, racial/ethnic disparities, program monitoring/compliance, collaboration and communication with others, administrative cap waiver and budget. The current agreement was completed by 79 local service areas, comprised of 72 counties, four county consortia and three tribal employment service providers. ¹

Participant Services

The majority of MFIP and DWP participants have access to employment-related services, elder services, remedial education programs, youth programs and computer labs through their local service areas. Resource gaps, defined as services not available to MFIP participants through MFIP, partner, or community resources in 10 percent or more of local service areas, were present in eight areas: credit counseling/financial literacy, on-the-job training, housing assistance, vehicle repair funds, English language learning opportunities, mental health services, transportation assistance and volunteer opportunities. The majority (86 percent) of MFIP providers have ongoing job development partnerships or a sector base with community employers to assist clients in finding employment. The most common types of assistance are help with job placement or work experience. Local area providers reported a significant decrease in sector-based job development since the 2014-15 Biennial Service Agreement (BSA). The majority of local providers (77 percent) have specialized providers who work primarily with teens. Approximately one-third (34 percent) of local MFIP providers said that they offer culturally-specific employment services for different racial/ethnic groups. Available culturally specific programs are targeted towards American Indians, African immigrants, African-Americans, Hispanic/Latino-Americans, Asian immigrants and Asian-Americans.

¹ There are currently 82 units with fiduciary responsibility: 74 individual counties, Faribault/Martin county consortium, Des Moines Valley Health and Human Services, Southwest Health and Human Services, Minnesota Prairie Alliance and four tribal service providers (Leech Lake Band, Minnesota Chippewa Tribe, Red Lake Nation and White Earth Nation). Appendix A individually lists county, consortia, and tribal nations who completed the most recent agreement.
**Needs Statement**

While employment services and financial assistance staff are serving the same families, their separate roles present differing challenges. Providers were asked to list their greatest challenge in both domains. In financial assistance services, local service areas were most likely to list program complexity, lack of local resources, participant barriers and staffing challenges as being difficult aspects of their work. In the BSA, local service areas specifically asked for help with program simplification, MAXIS system modernization and simplification, fast access to state-administered systems, additional training opportunities, and more timely communication from the state. While the types of challenges listed for Employment Services workers mirrored the list provided by Financial Service workers, Employment Service workers were more likely to note lack of local resources and participant barriers.

**Strategies for Success**

In 2016, 18 county agencies received a performance bonus for exceeding their range of expected performance on the Self-Support Index. Eight themes were derived from a question that asked about reasons for their success:

- Positive, long-term relationships between case managers and participants
- Employment-related assistance: job readiness training, advancement, and retention services
- Availability of supported work-experience programs
- Life skills training and support
- Early identification and services for FSS families
- Targeted education
- Co-location of services along with a team-based approach to case management
- Regularly providing information to local agencies and staff on how they are doing on key performance measures

**Action steps for reducing racial/ethnic disparities**

Although 92 percent of local service areas met or exceeded their range of expected performance on the 2015 Self-Support Index, 20 counties (26 percent) had racial and ethnic disparities, mostly commonly with American Indian and African-American participants. Counties with racial and ethnic disparities were asked to discuss strategies for reducing, and hopefully eliminating, local disparities. General strategies for addressing racial and ethnic disparities included hiring employment and financial services staff who are reflective of the communities being served, quickly attending to participant needs that prevent a focus on employment and self-sufficiency, using motivational interviewing techniques and increasing the use of integrated approaches to assess and serve families. Other strategies for reducing disparities include providing cultural diversity training to employment services providers and staff, offering
participants workplace communication courses that will teach both soft skills and hard skills and building relationships with area employers. Several providers noted that they will focus on making career training accessible to underserved groups.

**Budget**

The largest portion of funding (45 percent) will be spent on MFIP Employment Services, which includes FSS programming and extension services. While MFIP Employment Services represent the largest portion of overall funding, more money per participant is spent on DWP Employment Services. The 2016-17 budget projected approximately 1 percent increases in MFIP Employment Service costs and emergency services expenditures, and a 2 percent decrease in projected funding for income maintenance administration when compared to 2014-15 projections.
Introduction

The Minnesota Family Investment Program (MFIP) Consolidated Fund was established by the Minnesota Legislature in 2003 to support counties, consortia and tribes/nations (local service areas) in developing programs and services to improve participant outcomes in MFIP and the Diversionary Work Program (DWP). Consolidated funds allow for local service areas to determine and fund strategies to address local needs. Funds may be used to provide eligible Minnesota families with a variety of directed services which serve to support families in transitioning to self-sufficiency2 (Table 1).

DHS asks local service areas to fund projects that will likely lead to the greatest improvement in outcomes for families. Consolidated funds do not carry forward between state fiscal years, and DHS can reallocate unencumbered or unspent consolidated funds to local service areas that demonstrate a need for additional funding. Eligibility for services under the MFIP Consolidated Fund is limited to families with a minor child, pregnant women, or non-custodial parents of minor children receiving MFIP who are under 200 percent of the Federal Poverty Guidelines (FPG).

Approvable uses of 2016-17 MFIP Consolidated Funds

- Case management services
- Short-term, nonrecurring shelter and utility costs
- Transportation assistance
- Direct and administrative costs of staff to deliver employment services for MFIP, DWP, or Family Stabilization Services (FSS)
- Costs of education and training
- Costs of work supports
- County administrative expenses3
- Services to parenting and pregnant teens
- Costs of supported work experiences
- Wage subsidies
- Child care funding
- Services to help non-custodial parents who live in Minnesota and have minor children receiving MFIP
- Services to help families participating in FSS programming
- Administrative costs not to exceed 7.5 percent of a county’s or 15 percent of a tribal agency’s allocation

Source: Minnesota State Stat., section 256J.626, subd. 4

2 Additional details regarding available expenditures available in 256J.626, subd2.
3 Expenses as defined in Code of Federal Regulations, title 45, section 260(b).
To receive consolidated funding, Minnesota Statute requires that local service areas have a Biennial Service Agreement\(^4\) (BSA) approved by the Minnesota Department of Human Services (DHS) every two years. MFIP service agreements for 2016-17 include information about the following elements of each county's MFIP program: needs statement, service models, performance measures, racial/ethnic disparities, program monitoring/compliance, collaboration and communication with others, administrative cap waiver, and budget. The current agreement was completed by 79 local service areas, including 72 counties, four county consortia and three tribal employment service providers.\(^5\) Final report submissions were due October 15, 2015, and Minnesota Department of Human Services' (DHS) staff completed the reviews in January 2016.

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\(^{4}\) Section 256J.626, subd. 4

\(^{5}\)
Needs statement

The “Needs Statement” section of the BSA helps state administrative staff identify what services are available to participants in differing locales. Open-ended questions allow service providers to help local administrators better understand local challenges. While compiling the data, department staff aggregated results to compile a list of resources that were available in local service areas, whether through MFIP funds, partner or community resources.

The majority of MFIP and DWP participants have access to employment-related services, elder services, remedial education programs, youth programs and computer labs through their local service areas (Figure 2). Resource gaps, defined as services not available to MFIP participants through MFIP, partner, or community resources in 10 percent or more of local service areas, were present in eight areas: credit counseling/ financial literacy, on-the-job training, housing assistance, vehicle repair funds, English language learning opportunities, mental health services, transportation assistance and volunteer opportunities.

**FIGURE 2: SERVICES AND RESOURCES AVAILABLE TO MFIP PARTICIPANTS THROUGH MFIP RESOURCES, PARTNER RESOURCES, AND/OR COMMUNITY RESOURCES**

<table>
<thead>
<tr>
<th>Service</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job search workshops</td>
<td>97%</td>
</tr>
<tr>
<td>Job placement services</td>
<td>97%</td>
</tr>
<tr>
<td>Job development</td>
<td>97%</td>
</tr>
<tr>
<td>Career Planning</td>
<td>97%</td>
</tr>
<tr>
<td>Adult/elder services</td>
<td>97%</td>
</tr>
<tr>
<td>ABE/GED Classes</td>
<td>97%</td>
</tr>
<tr>
<td>Youth programs</td>
<td>96%</td>
</tr>
<tr>
<td>Post-secondary education planning</td>
<td>96%</td>
</tr>
<tr>
<td>Job club</td>
<td>96%</td>
</tr>
<tr>
<td>Computer lab access</td>
<td>95%</td>
</tr>
<tr>
<td>Job retention</td>
<td>94%</td>
</tr>
<tr>
<td>Short-term training</td>
<td>92%</td>
</tr>
<tr>
<td>Food shelf</td>
<td>92%</td>
</tr>
<tr>
<td>Chemical health services</td>
<td>92%</td>
</tr>
<tr>
<td>Childcare funds</td>
<td>91%</td>
</tr>
<tr>
<td>Volunteer opportunities</td>
<td>90%</td>
</tr>
<tr>
<td>Transportation assistance</td>
<td>89%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>86%</td>
</tr>
<tr>
<td>English Language Learner (ELL)</td>
<td>86%</td>
</tr>
<tr>
<td>Vehicle repair funds</td>
<td>85%</td>
</tr>
<tr>
<td>Housing assistance</td>
<td>82%</td>
</tr>
<tr>
<td>On-the-job training programs</td>
<td>77%</td>
</tr>
<tr>
<td>Credit counseling/ financial literacy</td>
<td>75%</td>
</tr>
</tbody>
</table>
The six local service areas that did not meet required Self-Support Index outcomes were slightly more likely to note resource gaps in their local areas, whereas local service areas exceeding their Self-Support Index range reported slightly fewer resource gaps. Most local service areas reported approximately two areas of resource gaps, while counties who did not meet their range of expected performance on the Self-Support Index reported a slightly higher amount of resource gaps, at 2.5. Figure 3 reports the average number of reported resource gaps by performance on the Self-Support Index.

**FIGURE 3: MEAN NUMBER OF PERCEIVED RESOURCE GAPS FOR AGENCIES EXCEEDING, MEETING AND NOT MEETING SELF-SUPPORT INDEX (SS-I) PERFORMANCE REQUIREMENTS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Mean Number of Resource Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers exceeding S-SI outcomes</td>
<td>1.94</td>
</tr>
<tr>
<td>All counties, consortia and tribes/nations</td>
<td>1.99</td>
</tr>
<tr>
<td>Providers not meeting S-SI outcomes</td>
<td>2.57</td>
</tr>
</tbody>
</table>

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6 Performance-based funding is determined by a service area’s annualized Self-Support Index performance. The three-year Self-Support Index (S-SI) tracks what percentage of MFIP- or DWP-eligible adults in a baseline quarter are either working an average of 30 or more hours per week, or no longer receiving an MFIP or DWP cash grant during the quarter three years later. Adults who left MFIP after reaching 60 counted months and those who left due to non-compliance-based case closure are only counted as a success if they either were working an average of 30 hours per week in their last month of eligibility, or began receiving Supplemental Security Income after MFIP or DWP cash assistance ended. Individualized performance targets are calculated for each local service area based on local economic conditions and caseload characteristics. Self-Support Index performance is judged as below, within or above the range of expected performance.
Financial assistance services

While Employment Services and financial assistance staff are serving the same families, their separate roles present differing challenges. Providers were asked to list their greatest challenge in both domains. For the financial assistance category, 69 open-ended responses were received, with the majority of respondents listing several challenges. Open-ended responses were analyzed and categorized into five main themes. Figure 4 lists the top five challenges in this program: program complexity, local resources, participant barriers, staffing challenges and systemic challenges.

**Figure 4: Commonly Cited Challenges with Financial Assistance Services**

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program complexity</td>
<td>34</td>
</tr>
<tr>
<td>Lack of local resources</td>
<td>20</td>
</tr>
<tr>
<td>Participant barriers</td>
<td>19</td>
</tr>
<tr>
<td>Staffing challenges</td>
<td>16</td>
</tr>
<tr>
<td>Systemic challenges</td>
<td>1</td>
</tr>
</tbody>
</table>

**Program complexity** included provider struggles with complex and time consuming paperwork and program requirements; understanding and remembering the numerous and different rules for state programs; and confusion associated with new policies and programs, most commonly MNsure, the MFIP housing grant, and the MFIP child support disregard. Several providers noted that MAXIS, the main eligibility system, was not robust enough to fix known issues and did not easily accommodate required changes associated with policy revisions. Some providers noted that they could benefit from administrative simplification, faster access for staff to required state-administered systems, additional training opportunities and more timely communication from the state. Other program-related barriers included lack of resources to address participant needs, inability to assist clients with follow-up services, a cumbersome and difficult to implement sanction process and general incongruences between program requirements and participant needs.

**Participant barriers** included person-level obstacles such as limited education, criminal background, chemical dependency, and health-related difficulties, both physical and mental.

Lack of transportation, affordable housing, living wage jobs, education opportunities and child care were included in the category “lack of local resources/opportunities.”

**Systemic challenges** included pervasive systemic challenges, most notably historical trauma and employment-based racial discrimination.
Staffing challenges were another common theme. Many providers noted that staff were overworked or overwhelmed. Other providers noted difficulty maintaining a full complement of financial assistance staff. Providers attributed this challenge to the complexity of programs and ensuing work overload, staff retirement, and in the southwest region, to a lack of interested and qualified candidates.

Challenges in Employment Services

Seventy-one local providers responded to a question asking about the greatest challenge they face in providing participants with employment services. While the types of challenges listed for Employment Services workers mirrored the list provided by Financial Service workers, Employment Service workers were more likely to note a lack of local resources and challenges related to participant barriers. Respondents who listed participant barriers as the greatest challenge were less likely to also cite problems with programmatic and systemic issues. Figure 5 lists the greatest challenges faced by Employment Service workers.

**FIGURE 5: GREATEST CHALLENGES FACED BY EMPLOYMENT SERVICE WORKERS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of local resources</td>
<td>39</td>
</tr>
<tr>
<td>Participant barriers</td>
<td>30</td>
</tr>
<tr>
<td>Programmatic challenges</td>
<td>13</td>
</tr>
<tr>
<td>Systemic challenges</td>
<td>2</td>
</tr>
<tr>
<td>Staffing challenges</td>
<td>1</td>
</tr>
</tbody>
</table>

Lack of local resources most often included lack of suitable child care, transportation, affordable housing and living-wage jobs. One service area noted that although many participants were getting jobs, available jobs were not full time or did not pay family supporting wages. It was suggested that additional funding for training and education could help participants overcome these challenges. Other providers explained how participants struggle to find and keep work when their housing, transportation and child care are not safe and reliable.

Common participant barriers included mental health issues (15 mentions), chemical health (14), physical health (11), lack of job training or work preparation (11), criminal background (9), limited education level (9) and multiple barriers (9). Several providers found participants with multiple barriers to be the most difficult to serve. These participants need help addressing their challenges before they can begin employment; this additional and often intensive help requires more of the counselors’ time. Other providers noted that some MFIP participants struggled to comply with program requirements.
These providers noted that some participants do not want to help themselves and do not always prioritize individual self-sufficiency.

The category “**programmatic challenges**” encompassed concerns providers had about the focus and structure of the MFIP program and challenges with programmatic requirements, including the large amount of time and paperwork required to monitor and verify participant activities. **Systemic challenges** included systemic racism, and the burden of historical trauma on African-American and American Indian participants. Only one site noted a challenge with **staffing**.

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“With the economic upturn many jobs have returned to the region. However, barriers to employment for participants on public assistance still persist: gaps in job skills; transportation needs; inadequate child care; chemical/mental health barriers; no GED/ HS diploma; family violence issues; chronic medical issues, are some of the issues these participants face. But possibly the biggest challenge is increasing participants’ capacity to strive for independence from public assistance programs.”

P. Brackenbury, Pine County

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“The biggest challenge we are facing in Employment Services currently is the strict MFIP program requirements, specifically all the monitoring and daily supervision... mandated by the federal government. Necessary paperwork, participation tracking and reporting takes away from the employment specialist’s one-to-one contact with customers. This aspect of the job can be time consuming and doesn’t always allow for staff to work with customers and build a positive relationship or to provide individualized case management and career counseling.”

R. Linder, Kanabec County
Local service models

Job development

The majority (86 percent) of MFIP providers have ongoing job development partnerships or a sector-base with community employers to assist clients in finding employment. The most common types of assistance are help with job placement or work experience. Figure 6 describes the number of local partners that provide MFIP clients with various employment supports.

Other opportunities for clients included the FastTRAC7 program, Functional Work Literacy, peer-to-peer grants, internships, job fairs and hiring events, volunteer opportunities and partnering with local employment agencies.

Ninety-one percent of reporting providers engage in some type of job development initiative, and most of these initiatives take place at the individual/participant level. Only 38 percent of providers reported engagement with sector-based job development; this is a decline from past years, where in 2014-15, 62 percent of local providers reported being engaged in sector-based initiatives.

Seventy-seven percent of MFIP providers offered job advancement services to employed MFIP participants. The most commonly provided advancement service was assistance with job search, through job placement, work experience, or job skills training. Seventy-one (90 percent) of providers offered job retention services to employed participants while receiving MFIP. Other services offered included assistance for participants looking to increase employment from part-time to full-time.

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7 FastTRAC is a training program developed by local, state and national partner designed to meet the common skills needs of businesses and individuals. http://mn.gov/deed/programs-services/minnesota-fast-trac/about/index.jsp
Emergency services

The majority (91 percent) of county agencies, consortia, and tribes/nations provide emergency or crisis services from Consolidated Funds. For the 2016 budget, local service area allocations for emergency services ranged from 0 percent to 33.8 percent of BSA funds. The median allocation was 10.2 percent. Emergency assistance is generally a short-term financial benefit provided to families facing a potential loss of basic needs, most often housing, electricity, or heat.

Educational Opportunities

Seventy-seven percent of county agencies (61) offered MFIP and DWP participants skills assessments, credentials or career pathways programming. Figure 7 shows that the most commonly offered programs are FastTrac, National Career Readiness Certificate (NCRC) and Work Keys.

**Figure 7: The most commonly offered programs were FastTrack, National Career Readiness Certificate and Work Keys**

Other offerings included the Minnesota Job Skills partnership⁸, the Employability Measure Assessment⁹, CareerReady101¹⁰ and Career Scope programming.

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⁸ Minnesota Job Skills Partnership: http://mn.gov/deed/business/financing-business/mjsp/
⁹ Employability Measure Assessment: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestRevised&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=dhs16_146291
Culturally specific programming

Approximately one-third (34 percent) of local MFIP providers said that they offer culturally specific Employment Services for different racial/ethnic groups. Table 8 shows that culturally-specific programs are targeted towards American Indians, African immigrants, African-Americans, Hispanic/Latino-Americans, Asian immigrants and Asian-Americans.

**FIGURE 8: AVAILABLE CULTURALLY SPECIFIC PROGRAMS ARE TARGETED TOWARDS AMERICAN-INDIANS, AFRICAN-IMMIGRANTS, AFRICAN-AMERICANS, HISPANIC/LATINO AMERICANS, ASIAN IMMIGRANTS AND ASIAN AMERICANS**

<table>
<thead>
<tr>
<th>Cultural Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian</td>
<td>18</td>
</tr>
<tr>
<td>African immigrant</td>
<td>11</td>
</tr>
<tr>
<td>African American</td>
<td>8</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6</td>
</tr>
<tr>
<td>Asian immigrant</td>
<td>5</td>
</tr>
<tr>
<td>Asian American</td>
<td>4</td>
</tr>
</tbody>
</table>

Alternative service strategies

Many service providers offer targeted strategies for hard to engage participants. Common strategies offered include off-site meeting opportunities (87 percent) and sanction outreach services (85 percent). Table 9 shows the frequency at which local providers provide common services for reaching difficult to engage participants.

**TABLE 9: STRATEGIES EMPLOYED FOR ENGAGING HARD TO ENGAGE PARTICIPANTS**

<table>
<thead>
<tr>
<th>Service Strategy</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Off-site meeting opportunities</td>
<td>69</td>
</tr>
<tr>
<td>Sanction outreach services</td>
<td>67</td>
</tr>
<tr>
<td>Home visits</td>
<td>52</td>
</tr>
<tr>
<td>Incentives</td>
<td>25</td>
</tr>
</tbody>
</table>

Participant incentives included stored value bus and gas cards, gift cards, toys for babies, training opportunities, clothing vouchers, child care, transit tickets, zoo passes, work clothing and tools.

Family Stabilization Services
The Family Stabilization Services (FSS) track within MFIP was created during the 2007 legislative session to serve families who are not making significant progress in MFIP or DWP due to a variety of barriers to employment. Eighty-six percent of local providers had professionals available to assist with FSS cases. Table 10 shows the types of professionals available to work with FSS participants.

**Table 10: Professionals assisting with FSS cases ranged from social workers to psychologists**

<table>
<thead>
<tr>
<th>Professionals</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social worker</td>
<td>64</td>
</tr>
<tr>
<td>Adult mental health professional</td>
<td>49</td>
</tr>
<tr>
<td>Public health nurse</td>
<td>47</td>
</tr>
<tr>
<td>Chemical health professional</td>
<td>45</td>
</tr>
<tr>
<td>Vocational rehabilitation worker</td>
<td>44</td>
</tr>
<tr>
<td>Adult rehabilitation worker</td>
<td>43</td>
</tr>
<tr>
<td>Psychologist</td>
<td>33</td>
</tr>
</tbody>
</table>

Counties that do not have access to FSS professionals tended to be smaller and father away from urban centers than counties with access to FSS professionals. Other services available for FSS families include psychiatrists; licensed therapists; community resource programs; women’s advocates, including domestic violence advocates; ex-offender resources; probation workers; school social workers; Social Security advocates; nurses; and supportive housing programs. Ninety percent of programs made referrals for children of FSS participants. The most common resources offered were for Women, Infants, and Children program (WIC) (86 percent), children’s mental health services (85 percent), Child Wellness Check-ups (77 percent) and public health nurse home visiting services (63 percent). Other services offered to children in these families included parenting support, referrals to free lunch programs, and early childhood programs including Head Start. Many local area providers (92 percent) that offered additional services to FSS clients were also able to offer these same services to non-FSS participants.
Services for families under 200 percent of the Federal Poverty Guidelines

Sixty-nine local service areas offered some type of service for families no longer on MFIP/DWP but still under 200 percent of the FPG. In 2015, a family of four was at 200 percent of the FPG with income of $48,500\textsuperscript{11}. Table 11 shows the services available to participants who are off MFIP but still under 200 percent of federal poverty guidelines.

### Table 11: Services offered to participants off MFIP, but under 200 percent of the FPG

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job postings</td>
<td>61</td>
</tr>
<tr>
<td>Computer lab access</td>
<td>58</td>
</tr>
<tr>
<td>GED testing fees</td>
<td>32</td>
</tr>
<tr>
<td>Child care</td>
<td>32</td>
</tr>
<tr>
<td>Adult Basic Education</td>
<td>32</td>
</tr>
<tr>
<td>Job retention services</td>
<td>27</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
</tbody>
</table>

Several providers mentioned that additional services are provided through local WorkForce centers. One site mentioned that emergency service funds are available for participants in this category.

Teen parents

The majority of local providers (77 percent) have specialized providers who work primarily with teens. **Minor teens were more likely to work with a social worker whereas older teens (ages 18-19) were more likely to work with an Employment Services worker.** Table 12 shows the number of local providers that offer designated services to teens.

**Table 12: County, consortia, or tribal providers with targeted teen services**

<table>
<thead>
<tr>
<th>Professional</th>
<th>Local Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment services worker</td>
<td>52</td>
</tr>
<tr>
<td>Social worker</td>
<td>50</td>
</tr>
<tr>
<td>Public health nurse</td>
<td>28</td>
</tr>
<tr>
<td>Child care worker</td>
<td>19</td>
</tr>
<tr>
<td>Financial worker</td>
<td>19</td>
</tr>
</tbody>
</table>

Three local providers offered teens services through a single point of contact. **The majority (97 percent) of local providers had an active partnership with the local public health agency to get teens enrolled and engaged in public health nurse home visiting services.** These services were more likely to be mandatory for minor teen parents.

Program monitoring/ compliance

The majority of sites (72 out of 79 reporting) have at least one procedure in place to ensure that program funds are being used appropriately as directed in law. These procedures included budget control procedures for approving expenditures (70 sites), cash management procedures for ensuring program funds are used for permitted activities (61 sites) and internal policies around use of funds (65 sites). To ensure that program policies are followed and applied accurately, many sites perform sample reviews by supervisors (59 providers), case consultations (57 providers) and sample case reviews (22 providers).
Collaboration and communication with others

Providers reported that 246 staff are employed across the state to provide Employment Services to MFIP participants; 135 managers or supervisors in these programs have MAXIS access. Several local Employment Service providers reported that they review cases and meet regularly with financial staff to identify and resolve discrepancies between the MAXIS and WorkForce One systems.

Administrative cap waiver

Minnesota Statute restricts the amount of Consolidated Funds that can be directed toward administrative expenses. This administrative cap allows county agencies to charge up to 7.5 percent for administrative costs and for tribal nations and the Minnesota Chippewa Tribe to charge up to 15 percent. The commissioner may waive the cap on administrative costs for a county agency or tribe that elects to provide an approved supported employment, unpaid work, or community work experience program for a major segment of a county’s or tribe’s MFIP population. Administrative cap waivers cannot allow county, consortia, or tribal nation agencies to spend more than the Temporary Assistance for Needy Families (TANF) limit of 15 percent.12

For calendar years 2016 and 2017, four counties applied for administrative cap waivers. Reasons for waiver requests varied, most providers requesting additional funds asked for:

- Money to support the administration and implementation of targeted projects
- Funding for payroll support, marketing materials, and a staff increase.

No local service areas met requirements this year to exceed the administrative cap waiver. Therefore, no administrative cap waivers were awarded.

Strategies for success

In 2016, 18 counties (Aitkin, Beltrami, Carver, Chisago, Grant, Isanti, Faribault-Martin, Mille Lacs, Pennington, Polk, Ramsey, Roseau, Scott, Sherburne, Stevens, Traverse, Wilkin and Wright) received a performance bonus for exceeding their expected range of performance on the Self-Support Index. These counties were asked to comment on reasons for their success and noted the following elements as key to successful service delivery:

- Positive, long-term relationships between case managers and participants
- Employment-related assistance: job readiness training, advancement and retention services
- Availability of supported work experience programs
- Life skills training and support

12 Minnesota Statute 256j.13.c
• Early identification and services for FSS families
• Targeted education (ABE/ GED and/or short-term training)
• Co-location of services (employment and financial services, child care) along with a team-based approach to case management
• Regularly providing information to local agencies and staff on how they are doing regarding key performance measures.

Staff from service areas that were successful on this measure noted the importance of helping participants to create and follow-through with longer-term goals for self-sufficiency. “(We) place a focus on career exploration, planning, occupations in demand and training which results in a credential for job ready clients. This focus supports a person to find and retain employment.” (J. Pugleasa, Beltrami County). One site noted that this longer-term approach was not always “in agreement” with the traditional MFIP work-first policy.

Many providers also spoke of the importance of building positive relationships. One site noted that it developed positive relationships with program participants by setting high expectations and clearly communicating program requirements. Several sites noted the importance of working with newly exited program participants:

(We) believe that continuing to support our clients as they leave the cash program is very important and plays a role in them remaining self-sufficient. We make sure our clients are aware of any and all benefits they may potentially continue to be eligible for. We also make any appropriate referrals as needed. Our workers will often field calls from their clients even after their case has closed to answer questions about resources that may be available to them. (L. Holte, Polk County)

Other sites noted the importance of regular reporting and feedback to DWP and MFIP staff. One site found re-training staff on the Self-Support Index to be beneficial. Several other sites noted the importance of providing regular reports and feedback to local providers and front-line staff.

“Job counselors place a focus on occupations in demand and the attainment of credentials or certificates to help clients become more marketable to employers and the open vacancies. We also focus on job readiness and job search strategies and techniques, including job retention.” (S. Hennen, Grant County)

“The biggest impact we can make with the long-term Self-Support Index is to commit to engaging in long-term relationships with our customers. Working with them to find short-term solutions helps them get on their feet quickly but more needs to happen to get them to longer-term success and off of public assistance. One-to-one career counseling where participants engage and work side-by-side with their counselors to develop long-term career plans that include work experience, education and career laddering is a strategy that works.” (M. Shaw, Rice County)
Action Steps for reducing racial/ethnic disparities

Although 92 percent of local providers met or exceeded their expected performance range on the 2015 Self-Support Index, 20 counties (26 percent) had racial and ethnic disparities\textsuperscript{13}: Eight counties had disparities with American Indian participants, 13 with African-American participants, two had disparities with Somali participants and three had disparities with Hispanic/Latino-American participants. Counties with racial and ethnic disparities were asked to discuss strategies for reducing, and hopefully eliminating, local disparities.

General strategies for addressing racial and ethnic disparities included hiring employment and financial services staff who are reflective of the communities being served, quickly attending to participant needs that prevent a focus on employment and self-sufficiency, using motivational interviewing techniques, and increasing the use of integrated approaches to assess and serve families. Other strategies for reducing disparities include providing cultural diversity training to employment services providers and staff, offering participants workplace communication courses that will teach both soft and hard skills, and building relationships with area employers. Several providers noted that they will focus on making career training accessible to underserved groups. Training opportunities will include Certified Nursing Assistant (CNA) classes, construction-related and electrician training, commercial driving license (CDL) certificates, welding and food service trainings.

Some sites with disparities specific to American Indian participants decided to work more closely with tribal providers to offer participants access to culturally specific activities, and to acknowledge racial discrimination in the workplace and teach participants how to overcome these barriers. Other counties with barriers specific to participants for whom English is not their native language decided to increase the number of bilingual staff, and to offer program overviews and workshops in alternative languages. One service area is working with local education providers to increase the availability and number of English language classes. Another provider asked DHS to consider developing a best practice guide, to deliver ongoing diversity training and to facilitate cross-learning opportunities through local service areas.

\textsuperscript{13} A racial/ethnic disparity is defined as a one-year Self-Support Index that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in the county or consortium.
Budget

The 2016-17 BSA allocated $98,611,994 to 79 county, consortia and tribal providers.

The MFIP Consolidated Fund provides funding for the following services:

- MFIP/ DWP Employment Services including 246 front-line workers
- Family Stabilization Services programming
- Support services to MFIP/DWP families
- Extension services for MFIP cases eligible post 60-month
- Emergency/crisis services.

Figure 13 shows how the 2016-2017 MFIP Consolidated Fund was projected to be spent over the biennium.

**FIGURE 13: AGGREGATED MFIP CONSOLIDATED FUND ALLOCATIONS, 2016-17**

The largest portion of funding (45 percent) will be spent on MFIP Employment Services, which include FSS programming and extension services. While MFIP Employment Services represent the largest portion of overall funding, more per participant is spent on DWP Employment Services. The 2016-17 budget projected approximately 1 percent increases in MFIP Employment Service costs and emergency services expenditures and a 1.8 percent decrease in projected funding for income maintenance administration when compared to the 2015-2016 projections. Funding in the “other” category is specific to each county or tribal provider and will be used towards additional staff, self-sufficiency programming, support service items, work-related projects, community outreach and development, training and job readiness opportunities, intensive service delivery, non-custodial parent employment services, disparities projects and a crisis nursery.
Discussion

The majority of MFIP and DWP participants have access to employment-related services, elder services, remedial education programs, youth programs and computer labs through their local service areas. Resource gaps, defined as services not available to MFIP participants through MFIP, partner, or community resources in 10 percent or more of local service areas, were present in eight areas: credit counseling/financial literacy, on-the-job training, housing assistance, vehicle repair funds, English language learning opportunities, mental health services, transportation assistance and volunteer opportunities.

While the majority of MFIP/DWP service areas offer participants’ assistance with job development, services are most likely to be at the individual level. While many service providers offered post-secondary education planning assistance, the majority of locally sponsored educational opportunities were vocational in nature.

Many counties and consortia do not provide culturally specific programming. In the locations where culturally specific programming is available, services are most likely to be targeted towards American Indians, African immigrants and African-Americans.

Fourteen percent of local service areas do not have local professionals available to assist with FSS cases. Service areas with access to professionals were most likely to employ social workers, adult mental health professionals, public health nurses, chemical health professionals, vocational rehabilitation workers and adult rehabilitation mental health workers. Ninety-percent of service areas were able to make referrals for children of FSS participants.

Almost all (87 percent) local providers had an active partnership with the local public health agency to get teen parents enrolled and engaged in public health home visiting services. Three-quarters of service areas were able to provide specialized providers to work with teen parents.

The majority of sites reported that they have at least one procedure in place to ensure that program funds are being used appropriately as directed in law. Many sites had Employment Services supervisors with access to the financial services eligibility system (MAXIS). Several service areas reported using a team approach and working across financial and employment service programs to identify and resolve discrepancies between the MAXIS and Workforce One systems.

Financial and Employment Services staff noted many of the same challenges: program complexity, local resources, participant barriers, staffing challenges, and systemic challenges. Employment Services staff were more likely to list a lack of local resources and participant barriers as the greatest challenges while financial services staff were more likely to list program complexity.

The 18 counties who exceeded their Self-Support Index range of expected performance often cited positive relationships, training, employment education opportunities, and the ability to provide and support long-term plans as being essential to participants’ success. Sites also mentioned the importance of staff training, and continual reporting and feedback to staff on performance measures. Service areas with racial or ethnic disparities proposed multiple strategies for reducing disparities, which included:

- Hiring staff reflective of the population being served
- Providing targeted training opportunities
- Working to address all participant barriers that might negatively affect employment
• Offering participants access to culturally specific opportunities.

The largest portion of the Consolidate Fund (45 percent) will be spend on MFIP Employment Services, which includes FSS programming and extension services. While MFIP Employment Services represent the largest portion of overall funding, more per participant is spent on DWP Employment Services. Proposed budgets closely match submitted budgets from 2014-15 Consolidated Funds.
Citations


Martin, E. (2016). Minnesota Family Investment Program performance measures by racial/ethnic or immigrant group, and by county or tribal provider. Retrieved from https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4214W-ENG.

Appendix A

List of local service areas who completed Biennial Service Agreements in alphabetical order.

**County areas**

<table>
<thead>
<tr>
<th>County</th>
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<td>Aitkin</td>
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<td>Isanti</td>
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Kanabec
Kandiyohi
Kittson
Koochiching
Lac qui Parle
Lake
Lake of the Woods
LeSueur
Mahnomen
Marshall
McLeod
Meeker
Mille Lacs
Morrison
Mower
Nicollet
Nobles
Norman
Olmsted
Otter Tail
Pennington
Pine
Polk
Pope
Ramsey
Red Lake
Renville
Rice
Roseau
Scott
Sherburne
Sibley
St. Louis
Stearns
Stevens
Swift
Todd
Traverse
Wabasha
Wadena
Washington
Wilkin
Winona
Wright
Yellow Medicine

**County Consortia**
- Des Moines Valley Health and Human Services (DVHHS): Cottonwood and Jackson
- Faribault/ Martin Consortia
- Minnesota Prairie County Alliance (MNPrairie): Dodge, Steele and Waseca
- Southwest Health and Human Services (SWHHS): Lincoln, Lyon, Murray, Pipestone, Redwood and Rock

**Tribal Service Providers**
- Leech Lake Band
- Minnesota Chippewa Tribe
- White Earth Nation
Notes

This report is published on the CountyLink Home Page on the DHS website.

Note: Biennial Service Agreements for the 2018 to 2019 biennium will be required in October 2017. The electronic form will be available in July 2017 and will be accompanied by a Minnesota Department of Human Services bulletin with specific instructions. Please submit comments, questions and suggestions related to this report to: Tria Chang Income Maintenance Program Consultant Economic Assistance and Employment Supports Division 651-431-3988 Tria.chang@state.mn.us