

Bulletin

November 16, 2007

Minnesota Department of Human Services □ P.O. Box 64941 □ St. Paul, MN 55164-0941

OF INTEREST TO

- County Directors
- Income Maintenance Supervisors & Staff
- Employment Services Providers & Staff
- Tribal Representatives
- Social Services Supervisors & Staff

ACTION/DUE DATE

February 1, 2008

EXPIRATION DATE

November 16, 2010

Implementing DWP/MFIP Family Stabilization Services (FSS)

TOPIC

This bulletin summarizes legislation, and provides policy and guidance for implementing MFIP/DWP Family Stabilization Services (FSS).

PURPOSE

To provide information and instructions to county and tribal human services and employment services staff.

CONTACT

Submit questions on income maintenance program or employment services policy through Policy Quest.

SIGNED

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I. BACKGROUND

A. Legislation

During the 2007 legislative session, a new Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) service track called Family Stabilization Services (FSS) was established. These services are to begin February 1, 2008. Family Stabilization Services means programs, activities, and services that provide participants and their family members with assistance to:

- get and keep employment;
- improve family stability;
- increase economic stability; and
- reduce barriers.

FSS serve two important purposes: 1) FSS participants are not included in the TANF work participation rate calculation giving counties more flexibility to develop appropriate plans; and 2) FSS are provided through a case management model intended to help families achieve the greatest degree of economic self-sufficiency and family well-being possible.

FSS will serve families who are not making significant progress in MFIP or DWP due to a variety of barriers to employment. Eligibility criteria are outlined in Section II. The goals for FSS are consistent with the goals for MFIP and DWP – reducing poverty and dependence on welfare. To the extent possible, FSS participants should be assisted in becoming job ready and expected to return to the MFIP-ES track as soon as possible.

***Note:** The 60 month time limit policy does not change for families receiving FSS (see Combined Manual 0011.3).*

The opportunity to better serve families who struggle with the expectations of DWP and MFIP-ES is a result of changing the funding stream that covers grants and other supports. Beginning February 1, 2008, expenditures made to, or on behalf of, families who meet FSS criteria will be paid with state “non-maintenance of effort” funding. The legislature also approved an on-going increase of \$4 million per year in the consolidated fund.

FSS statute, Section 37. 256J.575 is located on the web at the address below.

http://ros.leg.mn/bin/getpub.php?pubtype=STAT_CHAP_SEC&year=current§ion=256j.575&image.x=22&image.y=7

B. Advisory Committee and Workgroups

During initial planning for implementation of FSS, an advisory committee was formed to broaden the scope of information used by DHS to make decisions about policy and guidance for FSS. Committee members included directors, managers, and staff from counties, employment service providers, tribes, as well as staff from advocacy

organizations. The committee identified and prioritized issues that needed to be addressed prior to implementation of FSS. Five work groups were also established to address the issues identified for phase-in, communication, the intersection of FSS and the Deficit Reduction Act (DRA) and Americans with Disabilities Act (ADA), service models, and caseload management. Work groups were staffed by representatives from DHS, the advisory committee, and front-line staff from both counties and employment service providers. Each work group met to discuss how to address issues related to their topic and develop a set of recommendations that were presented to the full advisory committee. These recommendations were used to help develop the contents of this bulletin. See Attachment A for the list of advisory committee members.

C. Opportunities and Challenges

Implementation of FSS presents both opportunities and challenges for counties and tribes.

1. Opportunities

Increased Flexibility

FSS is an opportunity to evaluate whether participants served in DWP and MFIP are making progress toward economic and family stability, and determine how available resources can be used to further those goals. Counties and tribes can focus services more broadly and consider the needs of the entire family, the relationships that promote or hinder participant success, and the broader social service system involved in their lives. Because these families are not subject to the work participation rate (WPR), counties, tribes and ES providers have the flexibility to engage participants in a broader range of activities and/or fewer hours, and create the most appropriate plan without the pressure associated with the WPR. The second change is delivery of services through a case management model. One of the primary characteristics of case management is helping families manage and meet the expectations of multiple systems, in a strength-based and solution-focused manner.

Individualized Treatment & Effective and Meaningful Opportunity

The change in service delivery to a case management system for FSS families is also an avenue for reexamining whether the requirements of Title II of the Americans with Disabilities Act (ADA) and Section 504 are being met. Two concepts central to Section 504 and Title II of the ADA that are of particular importance to the administration of MFIP/DWP are: 1) individualized treatment; and 2) effective and meaningful opportunity. Many FSS families will be covered by the ADA. These participants must be afforded the same opportunity to benefit from the MFIP/DWP program and services as any other participant. Counties and tribes are encouraged to review current policies, practices, and procedures to determine whether changes should be made. The Office for Civil Rights of the U.S. Department of Health and Human Services has a summary of policy guidance regarding Title II and Section 504 which includes a sample diagnostic review checklist. The document can be found at: <http://www.hhs.gov/ocr/prohibition.html>

Evaluation of Current Resource Allocation

Planning for implementation of FSS is also an occasion to examine whether the best possible outcomes for at risk families and children are resulting from current organizational structures, service delivery systems, staffing patterns, and use of consolidated and other funds.

2. Challenges

Transition of Existing Cases

One of the initial challenges of FSS is the transition of existing cases from DWP or MFIP-ES. These cases are subject to the 90 day timeline for assigning a case manager, arranging a meeting, and developing an FSS plan. Counties and tribes are strongly encouraged to review cases identified by DHS and to begin revising plans to meet FSS requirements prior to February 1, 2008, whenever this is possible.

Identifying/Documenting Disabilities

Many current recipients will be among the federally estimated 44 percent of the remaining Temporary Assistance to Needy Families (TANF) population that have disabilities, and many of these individuals have previously unidentified or undisclosed disabilities. Another challenge will be communicating effectively with participants who appear to qualify for FSS but are unwilling to disclose or document a disability; and conversely, assisting participants who disclose a disability, but are having difficulty obtaining the necessary documentation to verify it.

Coding MAXIS/WF1

An additional challenge for everyone concerns correct coding on MAXIS. Good communication between financial workers, MFIP-ES workers, and FSS case managers will be essential. **Only cases with FSS related codes will be pulled out of the WPR calculation.** Counties and tribes are encouraged to discuss ways to cross check information on MAXIS and WF1 to ensure there is agreement about which cases are FSS.

II. FAMILY STABILIZATION SERVICES POLICY & GUIDANCE

A. Eligibility

1. Criteria

A person who is applying for or receiving DWP or MFIP (pre or post 60 months), and meets one or more of the following criteria, is eligible for FSS.

***Note:** Some eligibility criteria are currently used as extension criteria.*

- The participant has an illness, injury, or incapacity which has been certified by a qualified professional, the condition is expected to continue for more than 30 days, **and** it prevents the person from obtaining or retaining employment.

- The participant's presence in the home is required as a caregiver due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the condition, and the need for a person to provide assistance in the home, has been certified by a qualified professional and is expected to continue for more than 30 days.
- The participant has a child or adult in the household who meets disability or medical criteria for home care services, a home and community-based waiver services program, or meets the criteria for severe emotional disturbance or serious and persistent mental illness. These participants are presumed to be prevented from obtaining or retaining employment.
- All legal non-citizens in the United States 12 months or less. "12 months" is defined as 12 FULL months after the month of entry.

***Note:** Legal non-citizens may continue to receive FSS beyond the initial 12 month period if it is determined by the participant and the case manager that the participant should continue with ESL or skills training or both (see paragraph II. H. 3.). Instructions on coding MAXIS are included in paragraph II. B.4.*

- The participant has been diagnosed by a licensed physician, psychological practitioner, or other qualified professional, as developmentally disabled or mentally ill, **and** that condition prevents the person from obtaining or retaining unsubsidized employment.
- The participant has been assessed by a vocational specialist or the county agency to be unemployable.
- The participant has an IQ below 80, and has been assessed by a vocational specialist or a county agency to be employable **but** not at a level that makes the participant eligible for an employed extension.
- The participant was determined by a qualified professional to be learning disabled, **and** the disability severely limits the person's ability to obtain, perform, or maintain suitable employment.
- The participant has a family violence waiver and is complying with an employment plan under Minnesota Statutes, section [256J.521, subdivision 3](#).
- The participant is applying for SSI/RSDI (social security disability insurance). This includes those who are appealing a denial of an SSI or RSDI application.

2. Universal participation

All DWP and MFIP participants who meet the criteria above are required to cooperate and participate in FSS.

***Note:** The only exception is a participant with a child under the age of 12 weeks, who has not already used this provision.*

Participants must follow through with activities for the appropriate number of hours per week agreed to in the FSS plan, unless good cause exists for not doing so. Good cause reasons are the same for FSS and MFIP-ES (see ES manual, 8.36 and 9.6). The requirement to comply with a plan is excused when case management services, training and educational services, or family support services included in the plan are unavailable for reasons beyond the control of the participant. This includes situations where funding appropriated for services is not sufficient. See paragraph II. D.7. for information on when and how to sanction participants who fail to comply with an FSS plan.

3. Two parent cases

- **DWP** – When one parent in a two parent case meets one of the criteria for FSS the case will remain on DWP unless both of the parents meet an unlikely to benefit criteria and transition to MFIP. One parent can be eligible and receive FSS while the other parent does not.
- **MFIP (pre and post 60 months)** – When only one parent in a two parent family meets the criteria for FSS, that parent must receive FSS. Again, one parent can be eligible and receive FSS while the other parent does not. Compliance and sanction provisions under FSS apply only to the parent who meets the FSS criteria (see paragraph II. D.7. for sanction policies).

B. Phasing in New and Existing Cases

1. Current recipients

Beginning February 1, 2008, MAXIS will automatically convert cases in the following categories to FSS:

- legal non-citizens in the United States 12 months or less
- ill/incapacitated and hard-to-employ extended cases
- pending SSI and social security disability insurance cases
- participants with a family violence waiver

These participants must be assigned a case manager within 30 days (see paragraph II. D.1. for timeframes). **Prior to February 1, 2008, workers will have to manually refer extended ill or incapacitated cases to WF1.**

DHS recommends that counties and tribes identify these cases and review their employment plans prior to February 1, 2008, to help ensure that an FSS plan is in place within the required timeframe and to ensure MAXIS coding is correct prior to the automated conversion.

Note: *Many cases extended as ill/incapacitated are not currently connected with an employment service provider because they are currently not required to comply with an employment plan. Some of these participants may resist developing an FSS plan prior to February 1, 2008. Do not sanction these participants for failure to respond to the county or tribe's efforts to develop a plan prior to February 1, 2008.*

Counties and tribes also have the option to review other cases to determine whether a sanction or failure to meet the participation rate is related to an issue that indicates FSS eligibility. Counties and tribes may also consider making phone calls or home visits to participants who are likely to need revisions to a current employment plan so that it will meet FSS guidelines. A sample invitation letter to participants is included in this bulletin as Attachment B.

Note: *Counties will want to look at participants who are currently extended as employed working limited hours, and not meeting the work participation rate, to determine if they meet any of the FSS extension categories. It is in the best interest of the participant and the county to ensure that these cases receive FSS.*

To assist in the reviews, DHS will provide data on cases that will be converted to FSS on February 1, 2008 based on current coding; cases that have a personal or family crisis; cases that are sanctioned; and cases not meeting the work participation rate (WPR). This data will be loaded on the System Information Repository (SIR) on the DHS-SIR web site two times, once in mid November and again in January. MAXIS will send out an email instructing counties and tribes on how to access this information and the timeframe for this data.

Decisions about early reviews will vary from county to county based on the number of cases and staffing considerations. DHS recommends that counties and tribes discuss decisions with their ES provider, and coordinate their approach if a number of counties are served by the same ES provider.

Once the county or tribe has documented that a participant meets an FSS criterion (see paragraph II. A.1.) and the case has been correctly coded* on MAXIS, the participant's employment plan should be reviewed. A new plan should be developed if current activities do not meet the plan requirements for FSS. See paragraph II. D.4. for information about the contents of an FSS plan, and paragraph II. B.4. for the correct process for updating these cases on the MAXIS system.

***Note:** *Counties and tribes were notified via MAXIS email on Tuesday October 23, 2007 that new coding in EMPS is now available for "Learning Disabled", "Mentally Ill", "Mentally Retarded", "Unemployable" and "Low IQ". See paragraph B. 4. for additional MAXIS processing instructions for FSS.*

2. New applicants on or after February 1, 2008

Counties or tribes must do an initial screening of all new DWP and MFIP applicants to determine if they meet FSS criteria. The "DWP/MFIP Screening Questions" form

(DHS-4026) is being revised to include questions that will assist counties and tribes in identifying potential FSS cases. The following cases will be more easily identified:

- legal non-citizens in the United States 12 months or less
- pending Social Security applications
- family violence waiver cases

Counties and tribes should also review current practices to determine whether any changes are needed to identify families eligible for FSS earlier in the process.

FSS eligibility for other cases will more likely be identified by an MFIP-ES counselor who has been working with the participant. In these situations it will be critical for the ES provider to inform the financial worker as soon as FSS criteria have been documented, so coding can be updated in MAXIS.

3. Notices to participants

DHS will send a MAXIS notice to all DWP/MFIP families, excluding child-only cases, in December, notifying them of the change in law beginning February 1, 2008, (see Attachment C). The letter is intended to help participants understand why their employment plan may need revisions, or in some extended cases, why they are required to develop an FSS plan.

***Note:** Child only cases that have a caregiver removed due to fraud on or after Oct. 1, 2007 will be sent a MAXIS notices. Counties and tribes will want to review these cases to determine if they may meet FSS criteria.*

4. MAXIS system changes to support the FSS policy:

Although programming is still in the initial stages, MAXIS currently plans to install system changes listed below to support FSS. These plans are subject to revision, and an install e-mail will be sent to confirm final MAXIS programming.

STAT Changes

- A new field "Member Meets Hard to Employ Category" has been added to EMPS to collect information related to IQ <80, Mental Illness, Mental Retardation, Learning Disabilities and Unemployable.
- New ES status codes will be added to the current selection of codes to indicate the new hard to employ criteria.

***Note:** These codes are selected by background and are not loaded on the EMPS panel or interfaced to WFI unless an ELIG approval is done.*

- A new field "FSS ESL/Skills Training (Y/N)" will be added to IMIG to allow workers to indicate when an immigrant who has been here longer than 12 months will continue in FSS, as determined by the case manager.

PEPR Message

- The following PEPR message will be issued to assist workers in reviewing the ESL/Skills Training status of an immigrant as they approach their 12th month in the United States:

<p>REVIEW EMPS ES STATUS – NEWLY ARRIVED IMMIGRANT IN US 12 MONTHS</p>

When this message is received, financial workers should consult with the FSS case manager to determine if the immigrant will continue in FSS due to a continued need for English as a Second Language (ESL) or skills training. Code the new IMIG field as a {Y} if FSS services are continued under the {Newly Arrived Immigrant} category.

Background Edits

- Five new background edits are planned to make a comparison between the “TIME: Extension” reason and the new “EMPS: Member Meets Hard to Employ Category.” For example, if a participant is coded as extended/IQ below 80 but EMPS is not coded to match, an inhibiting background edit will be issued.

Background Changes

- Effective with the benefit month 02/2008, households containing an FSS caregiver will receive state funded cash for all members. Assuming all FSS coding is in place to result in a correct ES status, the system will automatically make the switch in background. Workers should be aware of this change so the household is correctly funded when FIAT is used.

Conversion

MAXIS plans to convert MFIP and DWP cases where possible. The planned jobs are:

- Enter the appropriate code on the new EMPS field based on the TIME extension for post-60 month individuals who are IQ <80, Mentally Retarded, Mentally Ill, Learning Disabled or Unemployable. All other cases will be loaded with a {NO}.
- Switch MFIP and DWP cases to state funded cash and load any new FSS related ES Status codes on EMPS, where appropriate. This auto-approval will also send a trigger to WF1 to inform them of the ES status change.

***Note:** This job can only be run on individuals who have an open referral as the system cannot determine the proper referral site for the worker.*

- Identify and issue a DAIL to cases where the participant appears to need an FSS referral but there is no open referral on MAXIS.

C. Staffing

1. Identifying a case manager

FSS case managers can be county-designated staff or employment services counselors. This includes existing employment services staff, vocational rehabilitation counselors, social workers, or Integrated Services Project (ISP) staff. No specific qualifications are required in statute.

***Note:** ISPs should only provide FSS services for families that also meet ISP target group criteria.*

If a participant is already assigned to a county case manager in social services, disability services or housing services, that person may be designated the case manager for FSS purposes.

***Note:** If the case manager is not the ES provider, the county or tribe must ensure case information is sent to the ES provider and loaded on WF1 or Teams on a monthly basis. See paragraph G. regarding documentation and verification standards.*

Staff capacity and resources available to provide services will vary from county to county, and individual participants will require varying levels of service over time. In some counties, referrals will be necessary for specific services such as mental health assessment or vocational rehabilitation services, while in other counties there may be contracts with professionals or professionals on staff to provide these services.

2. Communication between workers

Communication between financial workers and job counselors or FSS case managers is critical to providing the appropriate services for the family and for calculating the county TANF Work Participation Rate.

FSS eligibility may be determined by a financial worker or a job counselor. If the financial worker determines FSS eligibility based on documentation in the case file, MAXIS must be updated and a referral to Employment Services or the agency providing case management services must be initiated. For existing cases already

active with an MFIP-ES provider, that provider will receive an electronic Status Update on WF1. The FSS status code on MAXIS will be included on the referral or Status Update on WF1.

If a job counselor determines FSS eligibility (i.e. receives documentation of incapacity from a medical professional), a paper Status Update or a secure e-mail must be sent to the financial worker. The financial worker will update MAXIS to ensure the case is coded correctly to be removed from the WPR calculation.

D. Service Requirements

1. 90 day timeline

Within 30 days after FSS eligibility is determined

- A case manager must be assigned to each family.
- A referral must be made to the case manager for services.

Within 30 days after a referral

- The case manager must meet with the participant.
(A plan can be developed at that time.)

Within 30 days after the first meeting

- The initial family stabilization plan must be completed.

2. Contact requirements

The case manager must establish a schedule for periodic review of the FSS plan that includes personal contact with the participant at least once per month. If necessary, the case manager must also review and modify the plan under any of the following circumstances:

- There is a lack of satisfactory progress in achieving the goals of the plan.
- The participant has lost unsubsidized or subsidized employment.
- A family member has failed or is unable to comply with plan requirements.
- Services, supports, or activities required by the plan are unavailable.
- Changes to the plan are needed to promote the well-being of the children.
- The participant and case manager determine that the plan is no longer appropriate for any other reason.

3. Assessments

Assessment, in the context of MFIP/DWP, is an ongoing process of gathering information related to employability for the purpose of identifying a participant's strengths, as well as strategies for coping with issues that interfere with employment. The assessment process begins at the first meeting between the participant and the job counselor/case manager, and continues throughout participation in MFIP/DWP.

In addition to assessing basic information about the participant's ability to obtain and retain employment, including educational level; interests, skills, and abilities; work history and experience; transferable work skills; language skills; and child care and transportation needs (see ES Manual 7.9.3). DHS also encourages covering the following areas when assessing the strengths and barriers of the family: child behavior, dependent care, education, financial, health (including physical, mental, and chemical health), housing, legal, personal skills, safe living environment (including family violence), social support, and transportation. These areas are

consistent with the Employability Measure (EM) – developed by DHS and currently being revised. The EM is scheduled to roll out statewide starting later in 2008. It will be required during the MFIP-ES intake process. In the meantime, strengths and barriers, including at least the areas covered by the Employability Measure, should be part of the assessment for families in FSS (see Attachment D). The EM will provide a way to measure and track barriers and strengths by assigning a level to each of the eleven areas. The statewide roll-out and training will be phased in over time, starting with agencies that volunteer, as described in an e-mail DHS sent to county and tribal human services in July 2007. The report on the EM pilot can be found at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4966-ENG>. Incorporating these areas into assessments for families in FSS will be a step towards preparing for the rollout of the Employability Measure.

4. FSS plans

An FSS plan must be developed with the participant. Taking into account family circumstances, the plan must identify the participant's most appropriate path to unsubsidized employment, family stability and barrier reduction. The differences between an FSS plan and a DWP or MFIP-ES plan are outlined in Attachment E.

The family stabilization plan must include:

- a plan for long-term self-sufficiency, including an employment goal where applicable;
- an assessment of strengths and barriers, including any special family circumstances that impact, or are likely to impact, progress towards goals in the plan; and
- identification of services, supports, education, training and accommodations needed to address barriers, and to enable the participant to fulfill personal and family responsibilities and achieve self-sufficiency.

DHS is currently revising the employment plan on WF1 to incorporate changes due to the TANF re-authorization, the Employability Measure and FSS. There will not be a separate FSS plan. Because revisions to the employment plan will not be completed by February 1, 2008, case managers should customize the current employment plan in WF1 to include the necessary components of an FSS plan.

Besides monthly contact, every six months the case manager must review the participant's progress toward goals in the FSS plan to determine whether conditions have changed and whether revisions are necessary.

5. WF1 system changes to support the FSS policy

WF1 plans to add the following system changes. As with MAXIS, these plans are subject to revision and may not be in place by February 1, 2008.

Referrals

New fields will be added to the referral. FSS-related information such as legal non-citizen arrival date and SSI/RSDI application dates will be included.

Status Updates

MAXIS will be expanding the ES codes to include all eligibility criteria for FSS. WF1 will be programmed to accept these new codes that will identify FSS participants.

Plan Types and Identifiers

Two new sections on the Activity Tab will be added to address plan types and other identifiers. The plan types will include FSS eligibility categories. Identifiers will allow information to be collected on further characteristics describing the case, person, or activity. More information on these new sections will be forthcoming.

Current Info Page

Once the Plan Type section is installed on WF1 and expanded ES codes on MAXIS are interfaced, both of these codes will be displayed together on the Current Info Page. At a glance you will be able to see if both systems show FSS eligibility.

Tickler

A tickle will be generated to inform the worker when a legal non-citizen has been in the country for 11 months. Legal non-citizens in the country 12 months or less are eligible for FSS. During the 12th month, the case should be assessed to determine if the participant continues to be eligible for FSS, or if they should be moved to a regular employment plan.

***Note:** Because there is only a one way interface from MAXIS to WF1 continued communication between the job counselor/case manager and financial worker is paramount to having the correct coding on both systems.*

6. Child care

Families receiving FSS services are eligible for child care according to the same rules and guidelines as other DWP or MFIP recipients. This means that child care is available for activities included in an FSS plan.

7. Compliance and sanctions

Expectations and Good Cause

Participants must follow through with activities for the appropriate number of hours per week agreed to in the FSS plan, unless good cause exists for not doing so. Good cause reasons are the same for FSS and MFIP-ES (see ES manual, 8.36 and 9.6). The requirement to comply with a plan is excused when case management services, training and educational services, or family support services included in the plan are

unavailable for reasons beyond the control of the participant. This includes situations where funding appropriated for services is not sufficient.

Sanction Policies

Sanction policy regarding notices, amounts and closure/counting occurrences are the same for FSS as they are for child support and ES sanctions. This means FSS participants who receive DWP assistance are subject to DWP disqualification policy, and FSS participants who receive MFIP assistance are subject to MFIP pre or post-60 months sanction policy, whichever is applicable.

Requirements Prior to Imposing an FSS Sanction

Although general sanction policies are the same in FSS, requirements **prior to imposing a sanction differ** (see attachment F for a sanction checklist). Prior to imposing a sanction, the county or tribal agency must:

- review the plan to determine whether it was appropriate to the needs of the participant and family; and
- determine that the participant, in all ways, had the ability to comply with the plan, *as confirmed by a behavioral health or medical professional*.

After obtaining written confirmation from a behavioral health or medical professional, the county, Tribal agency or ES provider must review the participant's case file to determine if the FSS plan is still appropriate and meet with the participant face-to-face. The participant may bring an advocate to the face-to-face meeting. During the face-to-face meeting the county must:

- determine whether the continued noncompliance can be explained and mitigated by providing a needed family stabilization service;
- determine whether the participant qualifies for good cause from either complying with the ES plan or with child support requirements (see Combined Manual 12.21.06, 12.21.06.03, and 28.18 and ES Manual 9.3);
- determine whether activities in the family stabilization plan are appropriate based on the family's circumstances;
- explain the consequences of continuing noncompliance;
- identify other resources that may be available to the participant to meet the needs of the family; and
- inform the participant of the right to appeal.

If lack of an identified activity or service can explain the noncompliance, the county must work with the participant to provide the identified activity.

The county or tribe must attempt at least one home visit if the participant fails to come to the face-to-face meeting. When the face-to-face meeting is not conducted, send the participant a written notice that includes all of the information the participant would have received in the face-to-face meeting. Prior to imposition of a sanction, a Notice of Intent to Sanction must be sent (see ES Manual 9.3) and, when applicable, a Notice of Adverse Action (see Combined Manual 28.30).

E. Case Management Services

Definitions

Counties and tribes must provide FSS services through a case management model. Although DHS will not prescribe a particular model, the two options below are acceptable definitions for designing FSS.

- Case management is:
 - a method for managing the delivery of multiple services;
 - strength-based and solution focused;
 - “intensive” case management enables individual services to clients with multiple barriers; workers have smaller caseloads, sufficient training and adequate resources to meet client needs.
- Case management is:
 - a systematic approach to assessing the needs of the participant;
 - providing assistance, identifying resources, developing solutions;
 - developing and reinforcing participant skills;
 - evaluating and monitoring performance;
 - coordinating referrals and services; and
 - monitoring progress.

F. Case Management Services

Minimum requirements for FSS case management services:

- Identify a case manager, who may be the ES counselor, a social worker, or other professional working with the participant.
- Complete an assessment of strengths, barriers, and special circumstances that impact, or may impact, progress toward goals in the FSS plan. Consider organizing the assessment into the 11 areas covered by the Employability Measure.
- Identify services, supports, education, training, and accommodations needed to address barriers and enable the caregiver(s) to meet personal and family obligations.
- Develop an FSS plan that addresses long-term self-sufficiency and an employment goal when applicable; include activities and hours of participation as appropriate. Assist families in accessing the identified services and supports when necessary.
- Monitor progress.
- Set a schedule for periodic review of the FSS plan (at least every 6 months), and modify the plan as appropriate.

- Make personal contact with the participant at least once a month.
- Initiate sanctions when appropriate.

Attachment G includes two options for intensifying the level of case management services. The first option includes ideas that would require some reorganization and/or shifting of resources. The second option includes ideas that would require a greater reorganization and shifting of resources. Attachment H is a description of the Integrated Services Projects which can also serve as models for FSS.

G. Documentation/Verification of Activities and Hours of Participation

In response to input from the FSS legislative advisory committee, DHS has decided to reassess the proposed documentation and verification requirements for FSS. Staff is working to develop specific guidance on documentation and verification of activities and hours of participation for FSS participants that will promote good case management practices and hold both participants and workers accountable without overburdening workers or participants. A bulletin containing the guidance will be issued in January 2008.

H. Returning Cases to MFIP-ES

Cases can be returned to MFIP-ES services if the participant loses eligibility or at recertification as specified below.

1. Return cases to MFIP-ES services for not meeting the eligibility criteria in the following situations:

a. When the participant or household member:

- is no longer ill or incapacitated;
- is no longer needed in the home due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household;
- no longer has a child or an adult in the household who meets the disability or medical criteria for home care services or a home and community-based waiver services program or meets the criteria for severe emotional disturbance, or for serious and persistent mental illness;
- is no longer mentally ill or;
- no longer has a family violence waiver.

b. When participants in an eligibility category that is based on the inability to obtain or retain work (see list below) are engaged in paid or unpaid employment that is expected to continue and working enough hours to be meeting the work participation rate; whether or not a disability continues. *(See guidance below for determining when employment is expected to continue.)*

Hard-to-employ extension criteria base on ability to obtain or retain employment:

- ill/incapacitated more than 30 days
- developmentally disabled or mentally ill
- learning disabled
- unemployable
- IQ below 80

c. When a legal non-citizen has been in the country more than 12 months, unless the FSS case manager and participant determined the participant will remain in FSS after the 12 months. *Guidance:*

- If the participant's language skills are below SPL6 → remain in FSS
- If the participant's language skills are at SPL6, but s/he needs additional skills training to obtain employment → remain in FSS
- If the participant's language skills are at SPL6 and s/he does not need additional skills training to obtain employment → return to TANF funding and MFIP-ES

After the initial 12 months, continuation in FSS for legal non-citizens in the United States 12 months or less is reassessed every six months.

2. Return cases to MFIP-ES services at recertification when a caregiver with a child under the age of six is working at least 87 hours per month in paid or unpaid employment, or a caregiver without a child under the age of six is working at least 130 hours per month in paid or unpaid employment (meeting the work participation rate) and the employment is expected to continue. (See guidance below for determining when employment is expected to continue.)

Guidance: When determining if employment is expected to continue consider the following factors:

- Employment status for the last 3 to 6 months.
- Personal and family circumstance that impact the participant's ability to retain employment i.e. health or mental health status, family violence issues, involvement in social services and so forth.

III. NEXT STEPS

A. Service Agreement Addendums

Service Agreement Addendums will be e-mailed to counties after the release of this bulletin. They should be completed and returned to DHS by December 31, 2007. The addendum requires counties and tribes to identify strategies they will use to deliver FSS, the agency providing FSS services, and how they will ensure FSS cases are coded correctly on MAXIS. FSS cases must be accurately identified on MAXIS in order for DHS to remove them from the work participation rate calculation.

B. Notices and Forms

With the exception of non-fraud child only cases, a mass mailing will go to all DWP and MFIP families in December 2007. The purpose of the notice is to inform families that they may be eligible for Family Stabilization Services. A copy of the notice is attached to this bulletin and will be in the TEMP Manual on MAXIS.

Several forms will be updated to reflect the addition of a FSS designation for cases. Forms that will be revised include the Status Update (DHS-3165), DWP/MFIP Screening Questions (DHS-4026), Interagency Case Transfer Form (DHS-3195) and the DWP Referral to Employment Services (DHS-4161).

The Advisory Committee workgroups also developed sample letters and forms that can be used at the county's discretion. These letters include the following:

- Invitation/Appointment letter (Attachment B)
- Family Stabilization Sanction Checklist (Attachment F)
- Medical/Health Service Professional Opinion Cover Sheet (Attachment I)

C. Manual Revisions

The Combined Manual and Employment Services Manual will be updated to reflect the new legislative changes by February 1, 2008. Counties may contact their regional representative if they need any technical assistance in implementing these changes.

IV. AUTHORITY

Minnesota Session Laws 2007, Chapter 147, Article 2, Section 37.

V. SPECIAL NEEDS

This information is available in other forms to people with disabilities by contacting Aaron Coonce at (651) 431- 4049 (voice) or toll free at 1-888-234-1138 or through the Minnesota Relay Service at 1 (800) 627-3529 (TDD), 7-1-1 or 1-877- 627-3848 (speech-to-speech relay service).

VI. ATTACHMENTS

Attachment A	Advisory Committee Members
Attachment B	Family Stabilization Services Sample Invitation Letter
Attachment C	Important Notice of Policy Change for MFIP and DWP Caregivers
Attachment D	Assessment Checklist
Attachment E	Side-by-Side Comparison of Service Tracks
Attachment F	FSS Sanction Checklist
Attachment G	Case Management Service Model Continuum
Attachment H	Integrated Services Project Descriptions
Attachment I	Medical Opinion Cover Sheet

MFIP/DWP Legislative Advisory Committee Members

Name	Organization
Sandy Anderson	Ramsey County
Joyce Skjeie	Olmsted County
Twylla Wozniak	Central MN Jobs and Training
Wanda Jensen	Workforce Development
Nina Arneson	Washington County
Rolanda Mason	Mid-Minnesota Legal Assistance
Jessica Webster	Mid-Minnesota Legal Assistance
Barbara Kuhn	Mid-Minnesota Legal Assistance
Sandy Froiland	Anoka County
Linda DeHaven	City of Minneapolis
Dennis Anderson	Dakota County
Donna Krauth	McLeod County
Don Hoaglund	Minnesota Chippewa Tribe
Tara Mason	White Earth
Rachell Henning	Rock County
Joan Hasskamp	Crow Wing County
Sarah Jackson	Leech Lake
Mary Mulder	Southwest Private Industry Council
Joe Gaspard	Hennepin County
Mina Wilson	Olmsted County
Pamela Hoopes	MN Disability Law Center
Jerry Vitzthum	Anoka County
Liz Dodge	Chisago County
Marlys Horvath	Roseau County
Deborah Schlick	Affirmative Options Coalition

Family Stabilization Services Sample Invitation Letter

Date:

Dear _____

This letter is to tell you about a change in Minnesota State law to help families who have a hard time finding or keeping a job. Do you have a hard time finding or keeping a job for any of the reasons listed below?

- Your doctor says that you can not work and your condition is expected to last more than 30 days.
- Your doctor says that you are needed in the home to care for another family member and the family member's condition is expected to last more than 30 days.
- You are waiting to hear about your eligibility for disability benefits.
- Somebody in your family hurt you or your children.
- You have been in the United States for less than 13 months.
- You have difficulty reading or writing.

To find out whether you are eligible for these services you need to meet with your county worker or job counselor at the time listed below. If you are eligible, your worker will help you write a plan that will include services that can help improve the well being of your family and help with problems you have getting or keeping a job.

The meeting will be:

Date and time
Location
Address

If you have good reasons that prevent you from coming to the meeting, please contact _____ at _____ immediately to arrange a different time or make other arrangements.

Thank you.

Worker Name

**Important Notice of Policy Change for
MFIP and DWP Caregivers**

On February 1, 2008, Minnesota state law will change for some families who have a hard time getting or keeping a job. Do you have a hard time finding a job for any of the reasons listed below?

- Your doctor says that you can not work and your condition is expected to last more than 30 days.
- Your doctor says that you are needed in the home to care for another family member and the family member's condition is expected to last more than 30 days.
- You are waiting to hear about your eligibility for disability benefits.
- Somebody in your family hurt you or your children.
- You have been in the United States for less than 13 months.
- You have difficulty reading or writing.

Your county worker may be able to help you. The new law is called Family Stabilization Services. These services will help to improve the well being of your family and help with problems you have getting or keeping a job.

You may be contacted to come into the office for a meeting. It is important that you come to the meeting to find out if you are eligible for these services.

You can call your county worker or job counselor if you have questions about this notice.

Assessment Checklist

DHS recommends that an assessment cover at least the following areas and that the subsequent information should be used in developing an FSS or MFIP-ES employment plan. A star (*) identifies areas also used in the Employability Measures.

- | | |
|---|--|
| <input type="checkbox"/> Abilities | <input type="checkbox"/> Legal* |
| <input type="checkbox"/> Child Behavior* | <input type="checkbox"/> Level of English proficiency |
| <input type="checkbox"/> Dependent Care* | <input type="checkbox"/> Other personal and family circumstances |
| <input type="checkbox"/> Dependent care of anyone else in the household who is a vulnerable adult | <input type="checkbox"/> Personal Skills* |
| <input type="checkbox"/> Education* | <input type="checkbox"/> Prior employment/work history |
| <input type="checkbox"/> Family Violence Issues | <input type="checkbox"/> Safe Living Environment* |
| <input type="checkbox"/> Financial/Budgeting* | <input type="checkbox"/> Social Supports* |
| <input type="checkbox"/> Health (includes physical, chemical and mental health) * | <input type="checkbox"/> Special needs of child(ren) |
| <input type="checkbox"/> Housing* | <input type="checkbox"/> Transferable work skills |
| <input type="checkbox"/> Involvement in Social Services | <input type="checkbox"/> Transportation* |

Side-by-Side Comparison of Service Tracks

DWP			
DWP ES Services		Family Stabilization Services	
Services	<ul style="list-style-type: none"> • Participant is required to work with Employment Services. • Services last a maximum of four months. • Focus is on job search and rapid employment. • Employment Plans are highly work focused, but also include activities related to addressing a participant's immediate needs such as securing adequate child care, housing and transportation. • Employment skills, strengths and barriers are identified and addressed. • Participant is engaged in 35 hours per week of activities. • Language and other basic skills are assessed. • Referrals are made when necessary. 	Services	<ul style="list-style-type: none"> • Participant is required to work with a case manager. • A Family Stabilization Plan must be completed within 30 days of the first meeting. • Programs, activities and services to address participant's most appropriate path to unsubsidized employment, family stability, and barrier reduction must be identified.
Contact	Meet with participant on regular basis.	Contact	Monthly personal contact.
Use of Sanctions	Participant is disqualified if not complying with employment services.	Use of Sanctions	Strict requirements prior to imposing a sanction.

Side-by-Side Comparison of Service Tracks

MFIP			
MFIP ES Services		Family Stabilization Services	
Services	<ul style="list-style-type: none"> • Participants are required to work with Employment Services. • Focus is primarily job search and employment. • Employment Plans may focus on employment, education and/or other necessary services. • Employment skills, strengths and barriers are identified and addressed. • Daily activities must be outlined. • Employment plans are reviewed every three months and revised when necessary. • A Self-Screen and LD screen is completed after 6 weeks of unsuccessful job search. • Referrals are made when necessary. 	Services	<ul style="list-style-type: none"> • Participant is required to work with a case manager. • A Family Stabilization Plan must be completed within 30 days of the first meeting. • Plans must be reviewed no less frequently than every 6 months. • Programs, activities and services to address participant's most appropriate path to unsubsidized employment, family stability, and barrier reduction must be identified.
Contact	<ul style="list-style-type: none"> • Unpaid employment and education & training activities are supervised on an ongoing basis no less frequently than daily. • Job Search/Job Readiness assistance requires Employment Plans with daily activities and weekly check-ins with participant to verify job search engagement. • JC must collect documentation verifying progress on employment plans and at least one job contact no less frequently than bi-weekly. 	Contact	<p>Monthly personal contact</p> <p>Contact for other activities is the same as MFIP employment services.</p>
Use of Sanctions	Participant is sanctioned if not complying with employment services.	Use of Sanctions	Strict guidelines for using sanction as a case management tool.

NOTE: Post 60-month participants in the ill injured or incapacitated extension OR the hardship extension receive FSS. Post 60-month participants in an employed extension receive MFIP ES services.

Family Stabilization Sanction Checklist

Given the purpose of the Family Stabilization Services and the nature of the underlying family circumstances that act as barriers to both employment and full compliance with program requirements, the county must do the following prior to initiating a sanction.

_____ Review the existing plan to be sure it is appropriate to the needs of the participant and family.

_____ Confirm the ability of the participant to comply with these activities by a behavioral health or medical professional.

_____ Meet with the participant face to face in order to determine:

- _____ a) whether the noncompliance can be explained and mitigated by providing a needed family stabilization service
- _____ b) if the participant qualifies for a good cause exemption
- _____ c) whether activities in the family stabilization plan are appropriate based on the family's circumstances
- _____ d) if the consequences of continued non-compliance have been clearly explained
- _____ e) if there are other resources that may be available to meet the need of the family
- _____ f) whether the participant is clearly informed of their right to appeal

Note: If the lack of an identified activity or service can explain the non-compliance, the county must work with the participant to provide the identified activity.

_____ If the participant fails to attend the face-to-face meeting, the case manager or designee attempted at least one home visit.

_____ If the participant fails to attend a face-to-face meeting, the county sent a written notice that includes all of the information listed above.

_____ If all requirements listed above are met, and there continues to be non-compliance, the county sent the participant a Notice of Intent to Sanction.

Date Sent: _____

_____ If there was no response, the county agency sent the participant a Notice of Adverse Action.

Date request made to Financial Worker: _____

Case Manager: _____ Date Sanction Imposed: _____

Case Management Service Model Continuum

Ideas requiring some reorganization and/or shifting of resources

- Provide more intensive case management by lowering FSS caseloads. The additional staff necessary in FSS can be offset by:
 - ✓ Increasing caseloads for certain staff in MFIP-ES, and by maximizing assistance from clerical staff.
 - ✓ Triaging MFIP-ES cases so that some staff can carry higher caseloads than others (working cases, education cases, cases with low needs, cases with high needs).
 - ✓ Offering more group activities in MFIP-ES to help staff to manage higher caseload sizes, and use clerical staff to handle as much of the verification and documentation requirements as possible.
 - ✓ Utilizing financial workers to a greater degree in MFIP-ES to help manage caseload size (assist with monitoring activities, conduct overview/orientation; handle child care).
 - ✓ Use a specialized worker(s) as the FSS case manager.
 - ✓ Develop a hybrid position for FSS (ex: FSS case manager acts as both a social worker and an employment counselor for FSS cases)
 - ✓ Collaborate with public health on home visits.
 - ✓ Make a vocational rehabilitation counselor, or staff with similar qualifications, available for consultation.

Ideas requiring a greater reorganization and shifting of resources

- Provide a higher level of case management in FSS by using a model from the MFIP integrated services projects. One of three approaches is used to provide service to MFIP families with serious and multiple barriers to economic and family stability:
 - ✓ team-based
 - ✓ service brokering
 - ✓ single service

All projects assess strengths and barriers in the 11 areas covered by the Employability Measure.

Click the link below for a copy of the September 2007 Urban Institute report on ISP Participant Characteristics and Program Implementation.

http://www.dhs.state.mn.us/main/groups/children/documents/pub/dhs16_139267.pdf

Anoka County Partnerships for Family Success Program

Project Name: Partnerships for Family Success (PFS)

Service Delivery Area: Anoka County

Lead Agency: Anoka County Human Services Division

Key Partners: Central Center for Family; Medica/United Behavioral Health.

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

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

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

Primary Program Services: Referred clients are contacted by an ISP intake worker who conducts an in-depth initial screening and determines whether the referral is appropriate. After referrals are reviewed and accepted, clients are assigned to a case manager according to their specific needs and the assessment process begins. The case manager devises a plan identifying individual and family goals and works on addressing all issues that were identified during the assessment. Other PFS team members or professionals may be used for consultation or assigned to families as a secondary worker, where appropriate. PFS workers try to provide services to clients within the team whenever possible and, at a minimum, to consolidate services for clients. Key program services include case management, integration of services within the PFS team, a parent support group, ready access to other professionals that can provide support, home visits, and a focus on children in the family. PFS is designed to work with clients for nine months to a year. If families have significant impairments and would likely qualify for SSI, the program has an SSI advocate on staff who assists individuals with the application. The SSI advocate works with approximately half of participants in the Anoka County program. Further, the rehabilitation/job counselor serves as a job counselor for most PFS cases and provides vocational assessments for clients as necessary. Whenever possible, services for the family are provided in house by the PFS team. Team members also connect with other professionals involved with the family, such as child protection workers and probation officer. PFS also has established liaison support from the child care assistance unit, child protection, income maintenance department, and the job training center.

Chisago County Integrated Services Project

Project Name: Integrated Services Project (ISP)

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

Lead Agency: Chisago County Health and Human Services

Key Partners: Communities Investing in Families, Isanti County Health and Human Services; Kanabec County Health and Human Services; Mille Lacs County Health and Human Services; Pine County Health and Human Services; RISE, Inc.; Pine Technical College Employment and Training Center; Five County Mental Health Crisis Services.

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

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

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

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

Crow Wing County Integrated Services Project

Project Name: Crow Wing Integrated Services Project (ISP)

Service Delivery Area: Crow Wing County

Lead Agency: Crow Wing County Social Services (CWCSS)

Key Partners: Crow Wing County Child Protection Services (CWCCPS); Crow Wing County Chemical Dependency Unit; Crow Wing County Public Health.

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

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

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

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

Hennepin County Gateway to Success Program

Project Name: Northside Families Gateway to Success

Service Delivery Area: North Minneapolis

Lead Agency: Hennepin County Human Services and Public Health Department

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

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

Project Structure and Staffing: Staff includes a project director, who is responsible for the day-to-day operations; five family facilitators; and a psychologist. Two family facilitators are NorthPoint staff, and the remaining three are from MFIP employment service providers who partnered with Gateway on this initiative. All family facilitators spend the majority of their time at NorthPoint. There are staff members from African American Family Services and Turning Point who each spend 20 hours a week on site at NorthPoint to work with Gateway families. In addition, the program contracts with two consultants to provide services to male and female youth who are exhibiting difficulty with family dynamics, negative peer pressure, or having academic and social issues in school. NorthPoint assigns a community health worker to assist families with health concerns and connects them to available resources. The project also includes a program consultant who provides assistance with program implementation, data collection and interpretation, and documentation.

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

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

Ramsey County Integrated Services Project

Project Name: Ramsey County Integrated Services Project (ISP)

Service Delivery Area: Ramsey County

Lead Agency: Ramsey County Community Human Services

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

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

development. Before ISP, there was little coordination between MFIP and mental health services.

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

Project Structure and Staffing: Each MFIP employment service provider determines individual project staffing. The Employment Action Center/Health Choices has an ARMHS supervisor and one ARMHS practitioner, HIRED has two ARMHS practitioners, and Goodwill has seven. Lifetrack has yet to begin serving ISP clients, though at the time of our site visit, they intended to begin ARMHS services in early 2007. Workforce Solutions has contracted with four ARMHS providers to provide services to clients: South Metro Human Services, Goodwill/Easter Seals, Family Support Services, and Mental Health Resources, Inc. Five of South Metro Human Services' 23 ARMHS practitioners work with ISP clients;

Mental Health Resources, Inc. has six ARMHS practitioners on staff, all of whom work with some ISP participants. Mental Health Resources is no longer receiving ISP referrals as of December 2006, though it will continue to serve its current ISP caseload. Family Support Services joined the ISP in November 2006 and has four ARMHS practitioners working with ISP clients. Hmong American Partnership, while an original partner in the program, decided not to seek ARMHS certification but makes referrals to other providers.

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

Primary Program Services: Before ARMHS services may begin, clients must receive a diagnostic assessment by a mental health professional. After a diagnostic is completed indicating the clients' medical necessity for receiving mental health services, a functional assessment is performed with the clients, which examines client functionality in 14 different life areas. To be eligible for ARMHS, individuals must have at least moderate impairment in 3 or more of the 14 areas. Once clients are deemed eligible, an ARMHS case worker develops a treatment plan with the clients, which identifies functional goals. Services under ARMHS may include training on basic living skills, education on mental health symptoms, medications, and side effects, or engaging and training individuals in the community such as employers or family members to support the clients. The frequency of meetings and services with clients varies, but are generally frequent and intensive. An ARMHS provider generally assigns around 12 to 15 clients to a worker. ARMHS case managers provide all services in the community and typically in the clients' homes.

The Red Lake Integrated Services Project

Project Name: Mino Aanokii (Good Work)

Service Delivery Area: The Red Lake Reservation

Lead Agency: Tribal Council of the Red Lake Band of Chippewa Indians

Key Partners: New Beginnings Employment and Training Center; Beltrami County Human Services.

Overview of Project: Through multidisciplinary case management, community workers link hard-to-employ MFIP recipients with appropriate services and programs on the reservation. The project focuses on addressing the needs of families who face multiple barriers to employment.

Project Structure and Staffing: Staff include four community workers. The program is under the supervision of the executive director of the tribe. All staff members are tribal employees.

Target Group: The project targets hard-to-employ MFIP recipients with multiple barriers to employment including chemical dependency, mental health issues, and learning disabilities. While the program initially focused on those receiving over 40 months of MFIP, now all MFIP participants are eligible to participate in the program.

Primary Program Services: The initial meeting with clients lasts two to three hours and includes administration of several assessment tools (including the Employability Measure and TABE test). Community workers also develop an employability development plan, which includes participants' goals. The goal is for five community workers to each carry a caseload of 20 clients. Participants may be referred to services on the reservation, such as GED courses. The program also provides transportation assistance for many clients and instruction in traditional work activities for clients such as wreath-making, beading, and gardening.

St. Louis County Integrated Services Project

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

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

Lead Agency: Arrowhead Economic Opportunity Agency (AEOA)

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

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

Project Structure and Staffing: The project director is employed by the lead agency, AEOA. The community action agencies and the MCT employ seven family employment advocates. The community action agencies also employ five full-time Circles of Support coordinators who recruit volunteers for the program, organize weekly Circles of Support meetings, and train community volunteers and participants. The family employment advocates in St. Louis County's Virginia location, Itasca County, and Carlton County are located in workforce centers with MFIP employment counselors, but advocates in St. Louis County's Duluth location and Koochiching County are housed in a separate location. The MCT's advocate works at the workforce center in Carlton County and the Minnesota Chippewa Tribe office in Duluth.

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

Primary Program Services: Most family employment advocates make the first contact with potential participants by calling, sending an introduction letter and brochure, or stopping by their house. At the initial meeting with HOPE participants, if the individuals want to enroll, advocates complete an assessment and write out a plan detailing the participants' goals. Advocates work closely with participants on achieving these goals. Some family employment advocates meet with the participants, their MFIP employment counselor, and their financial worker so they can coordinate their plans. Each advocate carries a caseload of about 20 participants. The HOPE Project is also expanding the Circles of Support program that already existed in Duluth (in St. Louis County), Grand Rapids (in Itasca County), and International Falls (in Koochiching County). The program has expanded to Virginia and Hibbing (in St. Louis County). As part of Circles of Support, participants are matched with three community "allies" who volunteer to attend regular group meetings and support the participants' efforts to find and maintain employment. Allies assist in any way possible to help participants move out of poverty. Circles of Support also offer weekly leadership meetings with participants and allies to discuss issues relating to self-reliance or advocacy.

Washington County Integrated Services Project

Project Name: Washington County/HIRED Integrated Services Project (ISP)

Service Delivery Area: Washington County

Lead Agency: Washington County Community Services

Key Partners: HIRED; Human Services, Inc; Blue Cross/Blue Shield of MN

Overview of Project: The program's focus is to stabilize families in Washington County who receive MFIP assistance, reduce the likelihood that residents will relocate, and assist those who have relocated from another county to reestablish services in Washington County. A larger goal of the project is to facilitate communication and cooperation among counties to develop a process for transitioning services for families relocating across counties. Integrated services coordinators complete in-depth assessments and make individualized referrals to a wide range of services. The ISP has established a close working relationship with Human Services, Inc., to ensure quick access to psychological evaluations and mental health services for clients. Child protection workers and other professionals involved with the family participate in case conference sessions to coordinate services.

Project Structure and Staffing: Program staff are employed by HIRED and housed at the Washington County WFC and offices nearby. Staff include an ISP manager, four integrated services (IS) coordinators, and one part-time data entry specialist. IS coordinators often provide services in the community and, at times, in participants' homes.

Target Group: The project initially targeted MFIP recipients that had been receiving assistance for 12 to 48 months and were transitory (i.e., those who had moved during the last year or were facing eviction), but found that this population was smaller than they had anticipated. To increase participation, the program now also accepts individuals who are not transitory but who have a number of other barriers to stability that may cause them to eventually lose housing (including significant mental health issues, chemical abuse, involvement in the criminal justice system, or children doing poorly in school).

Primary Program Services: IS coordinators make contact with clients and set up an initial meeting. ISP services begin with the completion of the Employability Measure and HIRED's Full Family Assessment. Clients are referred to Human Services, Inc., for psychological assessment and mental health services, as needed. Services are determined individually for clients. A wide range of services is provided to clients, including primary medical care, counseling, parenting classes, education, and chemical dependency treatment. Staff conduct case conferences that include the multiple providers serving individual families to determine how best to meet families' needs and avoid duplication. IS coordinators also refer children to services. Workers typically carry caseloads of 15– 25 families.

Medical Opinion Cover Sheet

Date:

Dear Medical/Health Service Professional:

The State of Minnesota requires Counties to assist participants in the Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP) to achieve family stability. One of the components of these programs is to determine at what level individuals can achieve self sufficiency through employment.

Participants work with a counselor to develop a plan that best fits their circumstances. In some situations they may need assistance in determining what type of employment best fits their physical and mental capacity. We must take into consideration physical and mental disabilities and the requirements of the American with Disabilities Act.

The information that you provide on the attached medical opinion form will help us identify the abilities and or restrictions that the counselor must consider in development of a plan for the participant.

Your cooperation and help is greatly appreciated. Please do not hesitate to call us with any questions or concerns. Thank you.

Sincerely,

Employment Counselor

_____ County/Workforce Center