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Research

# MFIP Family Connections Progress Report

*Lessons learned and preliminary  
outcomes: January 2008 -December 2009*

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January 2008-December 2009*

**April 2010**

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# Summary

MFIP Family Connections is a collaborative program of the Minnesota Family Investment Program and Child Welfare Services developed by the Minnesota Department of Human Services (DHS). This voluntary pilot program connects eligible individuals receiving MFIP with community supports and services. Program goals include: 1) preventing child maltreatment and other negative developmental outcomes for young children while increasing protective factors, and 2) developing systems for integrating and coordinating case planning and service delivery. The pilot program is being implemented in eight Minnesota counties: Beltrami, Cass, Crow Wing, Dakota, Olmsted, Polk, Ramsey, and Sherburne. The program expects to serve approximately 1900 families between October 2007 and December 2010.

## *Overview of the evaluation*

The program evaluation employs an experimental design that allows for a comparison of outcomes for families who were served by the program with a similar group of families who did not receive program services. Wilder staff randomly assigns eligible families into either an experimental group (offered service) or a control group (not offered service). Information for this evaluation was collected from multiple data sources and multiple informants, including MFIP Family Connections case workers, families, and State administrative data. Data presented reflects information collected during the first two years of the program (January 2008-December 2009) and includes 2,506 individuals who were offered services (1,085 of whom went on to accept services and enroll in the program) and 600 individuals who comprise the control group.

## *Key findings at year two*

A variety of statistical analyses were conducted to detect any observable differences between treatment and control group families from baseline to follow-up, and to examine potential changes within each group over time. The following summarizes key findings that emerged from the year two analyses of program outcomes. These results should be considered in light of the scope of services provided. Overall, MFIP Family Connections is a relatively modest, short-term intervention. Most families were involved in the program for a relatively brief period of time (about 4 months) and had limited contact with their case worker (about half received 4 or fewer hours of service).

- **Participants are highly satisfied, especially with the emotional support provided by program staff.** Similar to last year, families are generally very satisfied with program staff and services. Most parents (79% to 97%) agreed that the program was

valuable across several key indicators of program satisfaction, including overall helpfulness of the program and respect from their worker. When participants were asked to describe the benefits of the program in their own words, the most common responses were related to the emotional support they received from program staff. While it may be difficult to observe any concrete difference in a client's life as a result of this emotional support, it is important to note that families recognize this as a valuable component of this program.

- **Basic needs are being met.** According to program staff, over 75 percent of families involved in the MFIP Family Connections program improved either “significantly” or “moderately” in several key areas related to their basic needs, including food, medical/dental needs, clothing, furniture/household items, and recreational activities. In addition, 38 percent of program participants reported that the support they received in helping them access their basic needs was the most helpful aspect of the program (second after emotional support, 40%). Although the program is still a relatively modest, short-term intervention, staff have had success in helping families access supports to meet their basic needs, which was a primary goal of the program.
- **There are early indications of longer-term increases in income.** Changes in employment and income for program participants were generally comparable to the changes experienced by the comparison group during the first year following baseline. That is, both groups experienced a decrease in employment (not surprising, given the economic climate), yet a small increase in quarterly earnings overall. However, by the 18 month follow-up, program participants showed a significant increase in income since baseline, relative to the comparison group. Because this finding represents a relatively small number of cases, and occurs at only one follow-up period, the results must be interpreted with caution. Similar analysis will be conducted in year three to determine if this trend is maintained at the follow-up periods with a larger number of participants. If so, it may be a possible indicator of how addressing the basic, immediate needs of vulnerable individuals can contribute to increased stability in the long term.
- **There is limited Child Protection involvement across all study groups.** In general, the number of screened-in Child Protection reports, maltreatment determinations, and placements was low across both the treatment and control groups. The small number of cases precluded an analysis of differences between groups, but indicates that maltreatment is occurring at low rates among this study population, typically thought to be at higher risk for abuse.
- **Service coordination is occurring across service areas.** In general, program staff consulted with economic support staff and other county/community workers in their

provision of services through MFIP Family Connections, one of the major goals of the program. This consultation was more likely to occur with county or other workers (91% to 93%), and somewhat less likely to occur with employment counselors (66%). While the overall amount of consultation that occurred was relatively modest in most cases (about 1 to 3 hours for the majority of cases in which consultation occurred), the findings indicate staff are regularly communicating across service areas, which should contribute to more efficient and coordinated case planning for families.

- **No differences detected in some areas.** In addition to those reported above, other outcome variables that were tested and showed no difference between treatment and comparison groups at follow-up include participation in state-run assistance programs including Medical Assistance, MFIP, and Food Support; employment; families' knowledge and use of community resources; and family well-being indicators. Researchers also conducted statistical tests comparing families who received a higher dose of service (longer and more intensive service intervention) and the control group, and there were no differences detected.

### ***Issues to consider and next steps***

The year two findings can be best understood by considering some of the larger, contextual issues that frame this study. Where possible, these issues will be explored further in relation to program outcomes in year three.

- **Variations in program models.** One of the challenges of the evaluation is assessing an intervention that varies from site to site in terms of its implementation. To date, researchers have not conducted separate analyses of program outcomes by service model or site. However, it is possible that differences across sites/counties may be accounting for the limited differences between treatment and control group outcomes in the year two analyses. As a next step, Wilder will conduct an analysis of outcomes by program model and site as well as by characteristics of program staff (credentials, experience, etc.) to determine whether program outcomes are correlated with either of these factors.
- **Families accepting services have more needs.** Compared to families who decline to participate in the program, those who choose to participate have some unique needs and challenges. They tend to have lower incomes; are less likely to be employed, to have reliable transportation, or have social support; are more likely to be receiving a public housing subsidy, to be participating in a county-operated case management program, to have parenting challenges, and to be experiencing more (self-reported) stressors; and, their children are more likely to have a learning disability and not be on track developmentally. It is not surprising that families with greater needs are more

likely to accept services through the MFIP Family Connections program, but workers may want to consider ways to better engage families who are not already accessing other public programs. These families may be declining services due to fear of or stigma associated with public social service programs. In addition, although researchers controlled for baseline differences when conducting analyses of program outcomes, it is still important to note that individuals who accept program services probably do so because they have more needs, some of which may extend beyond the scope of the program. This may make it more difficult to detect differences in families' circumstances over time.

- **Rigor of the evaluation design.** The MFIP Family Connections program evaluation employs an experimental design, including a randomized control group, which is difficult to implement and maintain in human service program evaluations. This has required substantial coordination and cooperation on the part of participating counties and the Department of Human Services, as well as strict adherence to evaluation procedures which limit the length of time workers can attempt to engage families and prohibit individuals from making referrals to the program based on an assessment of client need. While these procedures are necessary to maintain the integrity of the research design, they limit workers' flexibility to be responsive to the individual needs of clients and others in the community who might benefit from the program.

### ***Future evaluation activities***

Wilder will be conducting an analysis of program outcomes by program model and site to measure the degree to which participant outcomes vary depending on where they receive service. This analysis will be conducted during the late Spring of 2010. In accordance with the research plan, baseline interviews with new program participants were discontinued as of January 2010. Wilder will continue to conduct follow-up interviews through July 2010 with families who entered the program in 2009. In addition, Wilder will also conduct a final survey of program staff in the Summer of 2010 to assess the degree to which they feel the program has reached its goals and objectives. A complete report of evaluation findings for this three year pilot program will be available in April 2011.

# Introduction

## *Project description*

*MFIP Family Connections* is a collaborative program of the Minnesota Family Investment Program and Child Welfare Services developed by the Minnesota Department of Human Services. The Minnesota Family Investment Program (MFIP) is Minnesota's welfare reform program for low-income families with children. MFIP Family Connections is a voluntary pilot program that connects eligible individuals receiving economic support through MFIP with community-based organizations to provide strengths-based services, including connections to existing community services and supports.

## *Project goals*

The program was developed in response to research demonstrating a link between families receiving economic supports through welfare programs (Temporary Assistance for Needy Families, or, in Minnesota, MFIP) and families involved in the child welfare system. For example, a study conducted by the Chapin Hall Center for Children<sup>1</sup> found that 42 percent of the families receiving assistance (N=1,075) had a child maltreatment report in the 5 year period following their enrollment in TANF, including a high percentage of families who had no previous child welfare involvement. It is possible that some families receiving economic assistance face increased parental stress due to financial hardships, increasing the risk for child maltreatment. The theory of change behind the MFIP Family Connections is that by helping families access basic needs and community resources, some of this stress could be alleviated, thus reducing potential incidence of child abuse or neglect.

In particular, the goals of the program are to: 1) prevent child maltreatment and other negative developmental outcomes for young children while increasing protective factors, and 2) develop systems for integrating and coordinating case planning and service delivery. Through the provision of these services, the program strives to improve family functioning and enhance child well-being for low-income families with young children. In addition, this project will assess whether county social service agencies and community-based providers can successfully engage families to voluntarily receive support services and whether the provision of early intervention services has an impact on reducing the frequency and intensity of negative outcomes for children and families served.

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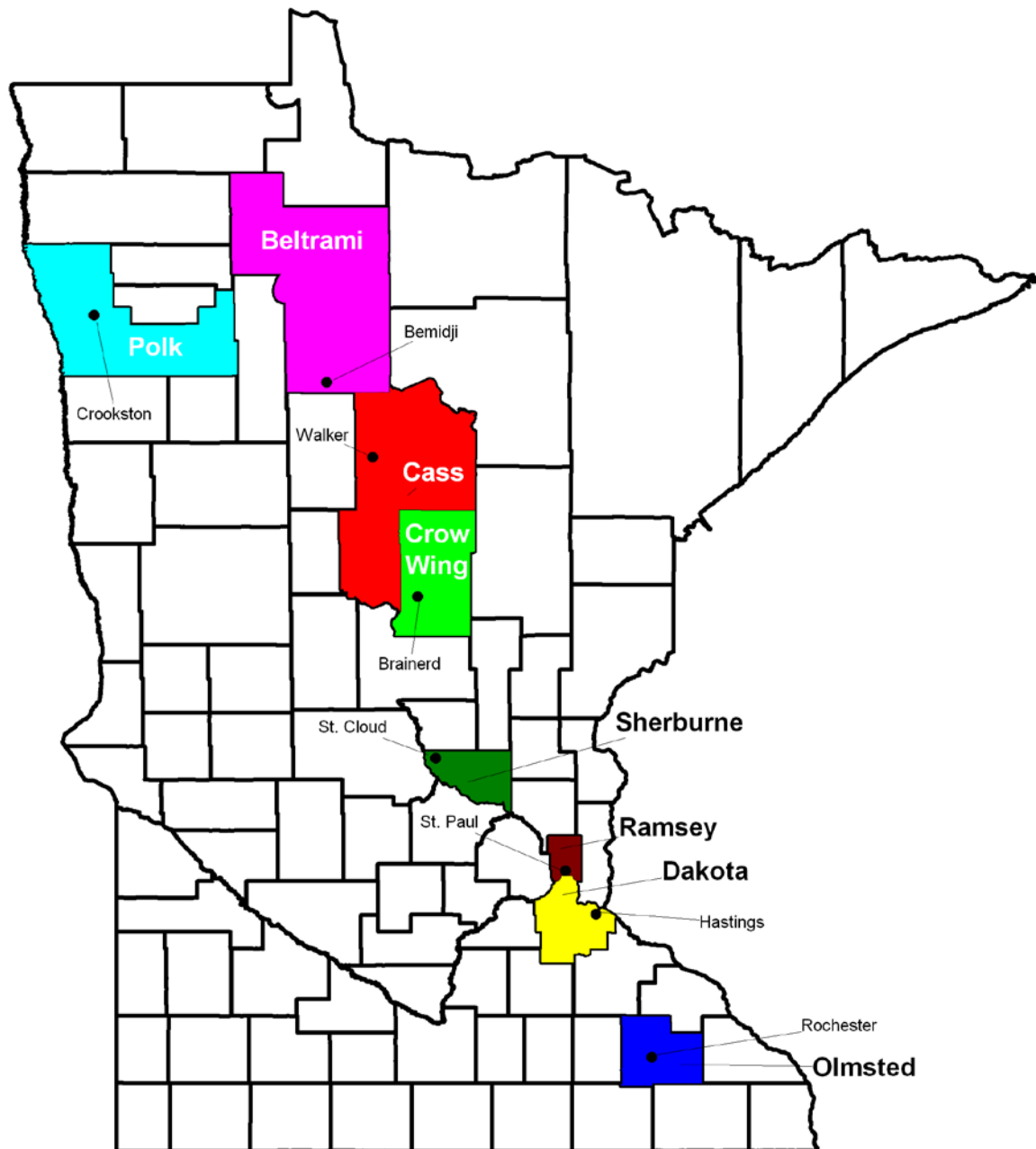
<sup>1</sup> Mark Courtney and Amy Dworsky (2006). Child welfare services involvement: Findings from the Milwaukee TANF applicant study. *Chapin Hall Center for Children*. Retrieved on March 31, 2009 from [http://www.chapinhall.org/article\\_abstract.aspx?ar=1339](http://www.chapinhall.org/article_abstract.aspx?ar=1339)

## Participating counties

The pilot program was implemented in eight counties across the state of Minnesota beginning in October 2007 and continues through December 2010.<sup>2</sup> The eight Minnesota counties selected to participate in the pilot include: Beltrami, Cass, Crow Wing, Dakota, Olmsted, Polk, Ramsey, and Sherburne (Figure 1).

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### 1. Minnesota counties participating in MFIP Family Connections



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<sup>2</sup> The pilot period was extended from September 2010 to December 2010.

## **Family Connections program models**

Each of the eight counties providing services to families through the MFIP Family Connections program subscribes to a similar overarching approach to service delivery. That is, all of the counties work with families in the program to address primarily short-term, immediate needs and attempt to connect them to community resources for longer-term support. Despite a common purpose and goal, counties are implementing the program in diverse communities across the state and must tailor service delivery to accommodate the populations with whom they work, the geographical realities of their communities, and the capacity and skills of the individual county or agency staff.

Of the eight participating counties, half are delivering services directly through their county social service office (Beltrami, Cass, Dakota, and Polk), while the other half have contracted with community-based service providers for case management services (Crow Wing, Olmsted, Ramsey, and Sherburne). Contracted agencies maintain an ongoing relationship with their respective county offices in order to obtain information about the families they will be serving through the program.

All participating counties and contracted agencies are staffed by one to three case workers responsible for serving families through MFIP Family Connections, and each case worker is supervised by one or more staff in the social services or economic support services areas. In some counties, additional staff are available to conduct the screening of families for eligibility that occurs on a monthly basis and provide other forms of support.

## **Program scope**

Between October 2007 and December 2010, the MFIP Family Connections program expects to serve approximately 1,900 families. The number of families to be served by each of the eight counties varies from 96 to 465. Through December 2009, a total of 1,163 families have been served, or 61 percent of the total number of families intended to be served through the program. See Figure 2 for a breakdown by county.

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## 2. Total number of families to be served through MFIP Family Connections by county

County	Expected number of families to be served over 3-year grant period	Total number of families served to date (Oct 2007-Dec 2009)	Percent of expected number served to date
Beltrami	240	107	45%
Cass	246	123	50%
Crow Wing	112	74	66%
Dakota	465	344	74%
Olmsted	192	99	52%
Polk	96	47	49%
Ramsey	465	313	67%
Sherburne	96	56	58%
<b>Total</b>	<b>1,912</b>	<b>1,163</b>	<b>61%</b>

### Program modifications in year two

■ **Number of families served still low, but program extended through December 2010.** During 2009, Wilder continued to monitor the number of eligible families who accepted services each month, and provided this information by County to DHS periodically upon request. Overall, acceptance rates remained steady in 2009, with 43 percent of eligible families accepting service. However, given the number of families who were determined to be ineligible for the program, the overall number of families served to date is still below the target (Figure 2). Given these service numbers, DHS made the decision to extend the program end date from September 2010 to December 2010. Although no additional grant dollars will be available to fund program activities during these two months, the extension will allow counties to count families served during this period in their overall totals.

■ **DHS-sponsored trainings provided to program staff.** The Minnesota Department of Human Services responded to recommendations in the year one report to offer additional training in the areas of engagement and housing. They offered a series of trainings for MFIP Family Connections program staff in the Summer of 2009, which included one session on engaging families in voluntary programs and one session on housing needs and resources. Wilder will ask staff about the effectiveness of these and other trainings in an upcoming web-survey of program staff, to be implemented in the Summer of 2010.



# Evaluation methods

Wilder Research was contracted by the Minnesota Department of Human Services Child Safety and Permanency Division in September 2007 to evaluate the MFIP Family Connections program. The purpose of the evaluation is to:

1. Assess the impact of early intervention services on low-income families with young children – specifically to see how the intervention may help to prevent child maltreatment and other negative developmental outcomes for young children while increasing protective factors, and
2. Examine how well participating agencies are able to develop systems for integrating and coordinating case planning and service delivery.

The first three months of the MFIP Family Connections program (October-December 2007) consisted of a pilot phase during which time counties hired and trained staff and began to serve families, and evaluators developed evaluation materials and protocols. The evaluation and data collection began in January 2008.

## *Experimental design*

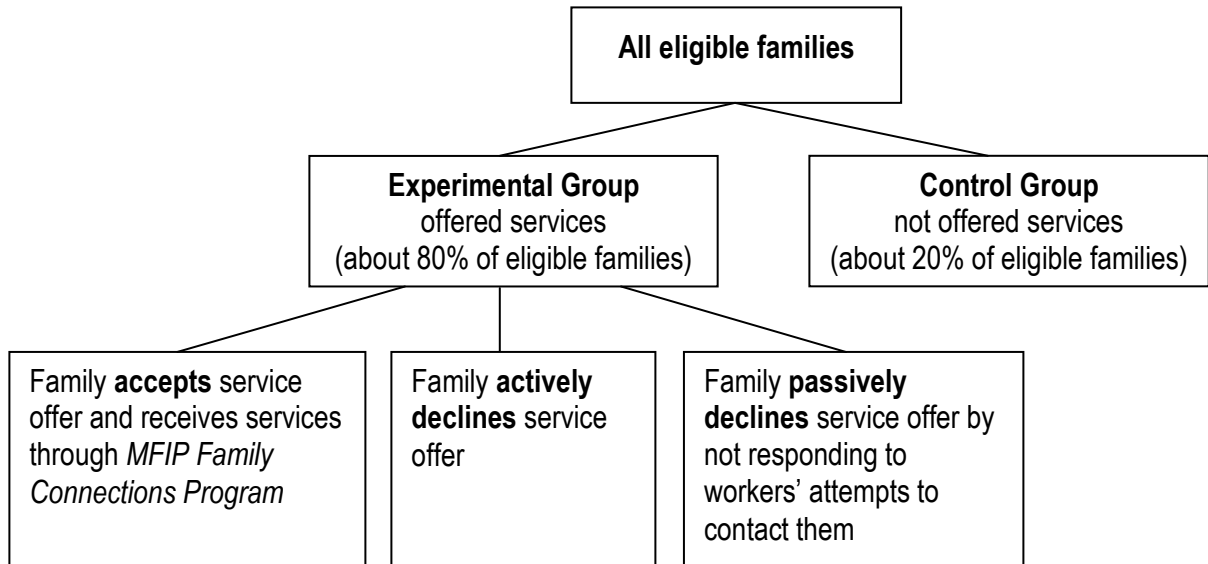
The MFIP Family Connections program evaluation employs an experimental design to compare the outcomes of families who were served by the program to a similar group of families who did not receive program services. In order to carry out the experimental design, the Minnesota Department of Human Services identifies families who are eligible for program services each month (see below for eligibility criteria), and sends this information to Wilder Research. Wilder staff then randomly assigns the families into one of the following two groups:

- **Experimental group:** Families who are offered services. This ultimately includes families who accept the service offer and participate in the MFIP Family Connections program, as well as those who decline the program either by actively refusing services, or by passively not responding to a worker's attempt to contact them. The experimental group comprises about 80 percent of total eligible families each month (Figure 3 below).
- **Control group:** A control group of families who is not offered services through the MFIP Family Connection program. The control group comprises about 20 percent of total eligible families each month.

Each month, county or contracted staff from each program site conduct additional screenings for program eligibility of the experimental and control group. Counties have 60 days to make a service offer to families in the experimental group. At the end of 60 days, county staff notify Wilder Research which families accepted services through the MFIP Family Connections program, which families declined services, and which families they were unable to locate.

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### 3. Experimental and control groups for MFIP Family Connections program



#### Eligibility criteria

In order to participate in the MFIP Family Connections evaluation, families must first meet select eligibility criteria. A family is eligible for the study if they:

- a) have been receiving MFIP family supports between 3 and 36 months,<sup>3</sup>
- b) have a child under the age of 11 in their household (or, are a first-time expectant parent),
- c) do not have an open Child Protection case (intake investigation, family assessment, or ongoing case management) or are open for case management in Child Welfare;

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<sup>3</sup> In March 2009, eligibility related to length of enrollment in MFIP was adjusted to between 0 and 36 months.

- d) are not currently participating in similar programs such as PSOP (Parent Support Outreach Program), ISP (Integrated Services Project), and MFIP Outreach;<sup>4</sup> and,
- e) have not moved out of the county.

These criteria apply to both families who are offered services (experimental group) and to those who are not offered services (control group). Families not meeting these criteria are screened out of the study. Families remain eligible for the program if circumstances related to any of these criteria change during the course of their participation in the study.

## ***Overview of data sources***

This evaluation uses multiple data sources, including interviews and surveys with staff and families as well as information from state record keeping systems. The following outlines the primary data sources used in this evaluation:

### **Parent interviews**

Researchers conduct phone interviews with a randomized sample of eligible parents in the experimental and control groups at baseline and again six months later.

Interviews address parents' connectedness to and utilization of community support services, the extent to which their basic needs are met, the quality of the parent-child relationship and child well-being, and parents' perceptions of and satisfaction with the program. Persons who were offered program services and opted out are asked a question related to barriers to participation. Child-specific data are collected about a randomly selected focal child under the age of 11 living with the parent.

Six months after the completion of their first interview, parents are contacted again for a follow up interview. Most of the interview questions are similar to those asked at baseline, but the follow up interview also includes questions about program satisfaction and perceptions of program impact which are asked only of those families who received services through the MFIP Family Connections program.

Families who participate in the study receive a \$15 gift card at the completion of the baseline interview, and a \$25 gift card at the completion of the follow-up interview.

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<sup>4</sup> PSOP, ISP, and MFIP Outreach are programs which offer support services similar to those in MFIP Family Connections and are available in some of the eight participating counties. To avoid duplication of services, families already participating in these early intervention programs are deemed ineligible for MFIP Family Connections.

The report includes results from a total of 741 baseline interviews and 448 follow-up interviews conducted between February 2008 and January 2010. See Figures 4-7 for breakdown by status and county.

#### 4. Study participation by status for baseline interviews completed February 2008-January 2010 (N=741)

Status	Number completed	Percent of total completed	Response rate	Cooperation rate
Accept	306	41%	48%	77%
Active decline <sup>a</sup>	123	17%	43%	67%
Passive decline <sup>b</sup>	120	16%	27%	66%
Control group	192	26%	39%	72%
<b>Total</b>	<b>741</b>	<b>100%</b>	<b>40%</b>	<b>72%</b>

**Note.** Response rate refers to the proportion of interviews completed based on all households attempted. Cooperation rate refers to the percentage of interviews completed with participants who were able to be reached by interviewers.

<sup>a</sup> Families who either declined services or did not accept services before the end of the two-month engagement period.

<sup>b</sup> Families who could not be reached by case workers, despite attempts to contact them. Although invitations to participate in the study may have been extended in the form of letters, phone messages, etc., the family's receipt of the service offer cannot be confirmed.

#### 5. Study participation by county for baseline interviews conducted February 2008-January 2010 (N=741)

County	Experimental group			Control group	Total N	Percent of total N
	Accept	Active decline <sup>a</sup>	Passive decline <sup>b</sup>			
Beltrami	35	35	2	30	102	14%
Cass	34	12	17	23	86	12%
Crow Wing	22	2	8	14	46	6%
Dakota	102	21	18	41	182	25%
Olmsted	17	14	9	20	60	8%
Polk	13	15	5	10	43	6%
Ramsey	68	15	58	40	181	24%
Sherburne	15	9	3	14	41	6%
<b>Total</b>	<b>306</b>	<b>123</b>	<b>120</b>	<b>192</b>	<b>741</b>	<b>100%</b>

<sup>a</sup> Families who either declined services or did not accept services before the end of the two-month engagement period.

<sup>b</sup> Families who could not be reached by case workers, despite attempts to contact them. Although invitations to participate in the study may have been extended in the form of letters, phone messages, etc., the family's receipt of the service offer cannot be confirmed.

**6. Study participation by status for follow-up interviews completed between August 2008-January 2010 (N=448)**

<b>Status</b>	<b>Number completed</b>	<b>Percent of total completed</b>	<b>Response rate</b>	<b>Cooperation rate</b>
Accept	204	46%	75%	93%
Active decline <sup>a</sup>	63	14%	64%	82%
Passive decline <sup>b</sup>	68	15%	66%	85%
Control group	113	25%	77%	95%
<b>Total</b>	<b>448</b>	<b>100%</b>	<b>72%</b>	<b>90%</b>

**Note.** Response rate refers to the proportion of interviews completed based on all households attempted. Cooperation rate refers to the percentage of interviews completed with participants who were able to be reached by interviewers.

<sup>a</sup> Families who either declined services or did not accept services before the end of the two-month engagement period.

<sup>b</sup> Families who could not be reached by case workers, despite attempts to contact them. Although invitations to participate in the study may have been extended in the form of letters, phone messages, etc., the family's receipt of the service offer cannot be confirmed.

**7. Study participation by county for follow-up interviews conducted February 2008-January 2010 (N=448)**

<b>County</b>	<b>Experimental group</b>			<b>Control group</b>	<b>Total N</b>	<b>Percent of total N</b>
	<b>Accept</b>	<b>Active decline<sup>a</sup></b>	<b>Passive decline<sup>b</sup></b>			
Beltrami	23	19	1	21	64	14%
Cass	24	9	10	13	56	13%
Crow Wing	15	2	7	8	32	7%
Dakota	78	5	11	24	118	26%
Olmsted	6	7	2	9	24	5%
Polk	9	7	3	4	23	5%
Ramsey	42	7	33	27	109	24%
Sherburne	7	7	1	7	22	5%
<b>Total</b>	<b>204</b>	<b>63</b>	<b>68</b>	<b>113</b>	<b>448</b>	<b>100%</b>

<sup>a</sup> Families who either declined services or did not accept services before the end of the two-month engagement period.

<sup>b</sup> Families who could not be reached by case workers, despite attempts to contact them. Although invitations to participate in the study may have been extended in the form of letters, phone messages, etc., the family's receipt of the service offer cannot be confirmed.

## Closing forms

Wilder Research staff designed a case closing form to be completed by county workers for all families who are offered services through the MFIP Family Connections program (the experimental group). The form captures information about initial engagement and enrollment of families into the program, services received, teaming and service integration, and families' progress toward meeting their goals. Workers can complete the form online or on paper, and should complete it immediately after a case closes or after a client declines participation in the program. A copy of the closing form is included in the Appendix of this report.

Figure 8 summarizes the number of closing forms received from each participating county. It should be noted that this total may not reflect the total number of cases actually closed to date. It is possible that additional families closed during 2008-09 but case workers have not yet submitted closing forms for those families. Wilder's only way of knowing that a case is closed is through the submission of a case closing form, so researchers are unable to calculate a response rate for completed closing forms.

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### 8. Closing forms received from participating counties: January 2008-December 2009 (N=2,047)

County	Number of closing forms received	Percent of total received	Total number of experimental cases	Percent of experimental cases with a closing form
Beltrami	305	15%	330	92%
Cass	213	10%	250	85%
Crow Wing	115	6%	133	86%
Dakota	549	27%	561	98%
Olmsted	133	6%	252	53%
Polk	154	8%	156	99%
Ramsey	517	25%	705	73%
Sherburne	61	3%	119	51%
<b>Total</b>	<b>2,047</b>	<b>100%</b>	<b>2506</b>	<b>82%</b>

## Site visits

In the Spring of 2008, Wilder Research staff traveled to each of the eight selected county agency sites to collect information directly from service provider staff about their service models and processes, staff and program characteristics, and information about the populations served. Counties also received information about the evaluation workplan and strategies to collect and report data.

## **Service provider survey**

In the Summer of 2008, agency and contracted staff were invited to participate in a web-based survey. This survey was used to collect information about participant recruitment strategies and barriers, program features, implementation issues, and strategies for coordinating case planning across economic support and child welfare systems. This survey served as a baseline assessment, and will be conducted again in the Summer of 2010.

## **State administrative databases**

Wilder staff used data from the Minnesota Department of Human Services' MAXIS records system to collect demographic information about parents and children in the experimental and control groups. This includes information about household composition, length of time on MFIP, employment, and utilization of other economic supports. Researchers also used MAXIS data to measure changes in case status, including sanctions. Minnesota's Social Service Information System (SSIS) database was used to provide information about families and children in the experimental and control groups with regard to Child Protection involvement and participation in other county-operated case management programs.

## ***Experimental and control group comparisons***

In order to assess whether differences observed in program participants may be attributed to services received through MFIP Family Connections, information is collected and analyzed from both the experimental and control groups throughout the study period. Because families were randomly assigned to either the experimental or control group, it was anticipated that there should be no significant differences between the participants in each group at baseline.

Analysis of data collected about the two groups at baseline indicate that the groups have no statistically significant differences with regard to a range of characteristics including demographics (age, gender, race, marital status, educational attainment, etc.); participation in public programs; utilization of community resources; housing status and stability; physical health; mental health; and, children's health, suggesting that random assignment is having the intended effect of producing comparable groups for the experimental study.<sup>5</sup>

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<sup>5</sup> One exception relates to children's physical health. The experimental group was significantly more likely to have a child with a physical disability than families in the control group.

# Program enrollment

## *Program acceptance rates*

Between January 2008 and December 2009, 2,506 families across eight counties were offered services through the MFIP Family Connections program (the experimental group). Of these, 1,085 families accepted services, for an average acceptance rate of 43 percent (Figure 9). Acceptance rates varied by county, ranging from 28 percent to 56 percent.

### **9. Program acceptance rates by county, January 2008-December 2009 (N=3,106)**

County	Experimental group			Control group	Acceptance rate
	Accept	Active decline <sup>a</sup>	Passive decline <sup>b</sup>		
Beltrami	93	192	45	77	28%
Cass	116	25	108	62	47%
Crow Wing	70	19	44	43	53%
Dakota	314	100	146	135	56%
Olmsted	89	61	102	65	35%
Polk	42	87	27	37	27%
Ramsey	304	50	351	145	43%
Sherburne	55	26	38	36	46%
<b>Total/Average</b>	<b>1,085</b>	<b>560</b>	<b>861</b>	<b>600</b>	<b>43%</b>

<sup>a</sup> Families who either declined services or did not accept services before the end of the two-month engagement period.

<sup>b</sup> Families who could not be reached by case workers, despite attempts to contact them. Although invitations to participate in the study may have been extended in the form of letters, phone messages, etc., the family's receipt of the service offer cannot be confirmed.

## *Engagement strategies*

Case workers are using a variety of methods to engage families in the MFIP Family Connections program. According to the closing form data, strategies include sending letters, brochures, postcards, and handwritten notes; telephone calls; attending appointments clients have with their MFIP financial worker or employment counselor; and in-person visits with the family, including unscheduled drop-in visits at the family's home.

Figure 10 shows changes in engagement strategies used in 2008 to 2009. Overall, it appears that case workers have been using similar methods to engage families in the



program, with the average number of attempts remaining consistent across years. However, percentages increased for several engagement methods, which may mean that although number of attempts has remained fairly constant, workers may be using a wider variety of approaches in their efforts to engage families. This also may also help explain the slight increase in acceptance rates from 2008 (41%) to 2009 (45%). One engagement method that workers appear to be using less frequently now than in 2008 is face to face visits. Although this method is correlated with increased acceptance rates, it is more time-intensive than other methods, which may have been prohibitive as workers' case loads increased and their capacity became more limited.

## 10. Methods of engagement by year for participants who accepted services

Method	2008 (N=289-299)				2009 (N=449)			
	N	%	Range (min-max number of attempts)	Average number of attempts	N	%	Range (min-max number of attempts)	Average number of attempts
Left phone message	151	52%	0 to 10	1.1	297	66%	0 to 5	1.3
Phone contact	246	82%	0 to 10	1.3	424	94%	0 to 7	1.6
Letter	230	77%	0 to 3	1.1	373	83%	0 to 3	1.2
Hand-written note	27	9%	0 to 2	.10	24	5%	0 to 1	.05
Face-to-face visit	67	23%	0 to 15	.40	58	13%	0 to 15	.20
At client's appointment with other worker	2	1%	0 to 1	.01	9	2%	0 to 1	.02
Other	68	24%	0 to 6	.30	73	16%	0 to 3	.20
<b>Total</b>	<b>299</b>	<b>100%</b>	<b>1 to 28</b>	<b>4.2</b>	<b>449</b>	<b>100%</b>	<b>1 to 27</b>	<b>4.6</b>

**Source:** Case closing form

<sup>a</sup> Other methods include: attempts to contact other workers working with the family already and postcards.

Not surprisingly, workers spent more time trying to engage individuals who they were ultimately unable to reach (passive decline group). For example, the average number of contacts or attempts made for families who accepted services was 4.4, compared to 4.6 for the passive decline group (Figure 11). Of the families who accepted program services, a majority (76%) was contacted five or fewer times by program staff, indicating that most families who eventually accept program services will do so within the first five contacts (Figure 12). Given this information, it may not be worth the investment of time to make more than five attempts to engage families in the program. However, when attempting to engage families, the pattern of findings suggests that workers should consider using a variety of methods and continue to focus on making a personal connection with each family.

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**11. Number of engagement contacts attempted by status group**

Number of contacts	Accept (N=792)	Active Decline (N=517)	Passive Decline (N=730)	Total (N=2,039)
Mean	4.4	3.6	4.6	4.2
Median	4	3	4	4
Minimum	1	1	0	0
Maximum	28	16	15	28

**Source:** Case closing form

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**12. Engagement efforts for participants who accept services (N=792)**

	N	%
<b>Hours spent in engagement</b>		
Less than 1 hour	482	61%
1 – 2 hours	215	27%
3 – 4 hours	48	6%
More than 4 hours	47	6%
<b>Number of engagement attempts</b>		
1 attempt	53	7%
2 attempts	161	20%
3 attempts	166	21%
4 attempts	141	18%
5 attempts	81	10%
6 – 7 attempts	97	12%
8 or more attempts	93	12%

**Source:** Case closing form

### ***Families who declined program services***

During the baseline parent interview, families who declined services were asked why they chose not to participate in the program. The most common reasons given were that the family was too busy (33%), they did not understand the program or its benefits (32%), or the family was already financially stable and did not need the program (25%). Even though baseline interviews were conducted within two months of when the family first received the service offer, 18 percent of families who declined services said they did not remember being offered the program. Other reasons noted are identified in Figure 13.

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**13. Reasons for declining program services: Families' self-reports (N=113-114)**

Reason	N	%
Not a good time/too busy	38	33%
Did not understand the program or its benefits	37	32%
Did not need service (i.e. financially stable)	28	25%
Don't remember being offered the program	20	18%
Getting needs met through other similar programs (currently or recently)	6	5%
Bad experience with similar program	2	2%
Did not like social worker or description of program	1	1%
Otherwise not interested	8	7%
Other*	27	24%

\* Other reasons include: forgot to call back, planning on leaving MFIP, no transportation, and don't know/don't remember.

**Source:** Baseline parent interview

**Note.** Families could identify more than one reason so summed percentages exceed 100.

On the case closing form, caseworkers were also asked to identify what they felt was the main reason clients declined program services. The most common reason identified by workers was a lack of time or interest on the part of the family, noted in 60 percent of cases that declined (Figure 14). While the sample of families who provided a rationale for declining is smaller than the number of actual cases reported to have declined (according to case workers), it should still be noted that workers may be misinterpreting or misunderstanding some families' reasons for declining, and that there may be a number of families for whom more information or a clearer description of the program would have led them to accept program services.

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**14. Reasons for declining program services: Caseworkers' assessments (N=484)**

Reason	N	%
Family has no time/interest	289	60%
Services not needed, family is financially stable	66	14%
Family is receiving services through a similar program	4	1%
Other*	49	10%
Don't know	56	12%

\* Other reasons include: client moved, client failed to call back/follow through, client gets help from family, client changed mind, etc.

**Source:** Case closing form

## ***Differences between families who accept and decline services***

Within the experimental group, characteristics of families who voluntarily accepted program services were compared to those who declined services at baseline. Analyses reveal some statistically significant differences between these groups, suggesting that families with certain characteristics are more likely to accept program services. This information may help program managers and staff gain an understanding of the potential differences between families who accept services and those who decline, which could inform initial client engagement strategies and case management practices.

### **General characteristics**

Compared to families who declined services, families enrolled in the program:

- Are more likely to be African American or Black, and less likely to be American Indian.
- Are more likely to be of Hispanic/Latino ethnicity.
- Are less likely to be US citizens (although 85% of those accepting services are US citizens).
- Are less likely to be employed, and have slightly lower incomes on average.
- Are less likely to have reliable transportation.

### **Service utilization**

Compared to families who declined services, families enrolled in the program:

- Are more likely to be enrolled in MFIP at program entry, and are more likely to be receiving the cash portion of their MFIP grant.
- Have accessed and utilized community programs at higher rates. Specifically, families in the program were more likely to report using these types of community-based programs at least once during the three months prior to program entry than those who declined program services.
- Are more likely to be receiving services through another county-run case management program, such as children's mental health, adult mental health, chemical dependency or developmental disabilities program.
- Are more likely to be receiving a public housing subsidy.

## **Family well-being**

Compared to families who declined services, families enrolled in the program:

- Report lower levels of social support.
- Have higher levels of stress related to providing for their family and general feelings of being “overwhelmed.”
- Have more parenting challenges, including less positive parent-child interactions.

## **Child health and well-being**

Compared to families who declined services, children of participants enrolled in the program are:

- Twice as likely to have a learning disability.
- Less likely to be on track developmentally, according to the child’s parent.

Overall, these comparisons suggest that families who are offered this voluntary program are more likely to accept if they have fewer resources, more stressors, and are already connected to other social service systems, particularly county-run or public programs. It is not surprising that families with greater needs are more likely to accept services through the MFIP Family Connections program, but workers may want to consider ways to better engage families who are not already accessing other public programs. These families may be declining due to fear of or stigma associated with public social service programs.

# Description of families served

Evaluators obtained descriptive information about families in the study through administrative records from the Minnesota Department of Human Services and telephone interviews with a sample of parents from the experimental group (i.e., those who accept, actively decline, and passively decline program services), and the control group. Information from administrative records reflects all families who entered the program between January 2008 and October 2009.<sup>6</sup> Information from parent interviews represents a sample of families from each group who entered the program between January 2008 and December 2009.

## *Demographics*

Figures 15 through 19 summarize the demographic characteristics of clients (i.e., the primary MFIP applicant and his or her family) who accepted program services. According to these data, a large majority of program participants (92%) were women. Half of the participants were White (50%), with the next largest racial groups being African American or Black (29%), and American Indian (13%). The average age of adult participants is 30, and the average age for children is 5 years old, ages that are consistent with the aim of the program to target families with young children (Figures 15-16).

The average household size for participating families was 4 people, although household size ranged from 2 to 14 people. Almost half of all participating households (48%) were made up of “nuclear” families including a parent or parents and children only. Another 30 percent of households were made up of parents, children and other adult and child relatives (Figures 17-18).

Three-quarters of parents (74%) had received a high school diploma or GED, and nearly two-thirds (63%) reported that they had received some additional education after high school. One-quarter of parents (24%) were currently in school when they enrolled in the program (Figure 19).

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<sup>6</sup> Due to time lags in administrative records, data were not available through the end of 2009 in time to be included in this report.

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**15. Demographic characteristics of primary MFIP recipient (N=967)**

	<b>N</b>	<b>%</b>
<b>Gender</b>		
Female	893	92%
Male	74	8%
<b>Race</b>		
White	484	50%
Black or African American	277	29%
American Indian or Alaskan Native	122	13%
Asian/Pacific Islander	40	4%
Multi-racial	28	3%
Unknown race	16	2%
<b>Ethnicity</b>		
Hispanic/Latino	100	10%
Non-Hispanic/Latino	867	90%
<b>Marital/relationship status (N=305)</b>		
Married, living with spouse	40	13%
Living with a partner	61	20%
Single, never married, not living with a partner	148	49%
Divorced or widowed, not living with a partner	35	12%
Married, but living apart	21	7%
<b>Citizenship</b>		
US citizen	818	85%
Non citizen	149	15%

**Source:** MAXIS State records and baseline parent interview (for marital status)

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**16. Ages of MFIP recipients at program entry (in years)**

	<b>Total N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>
MFIP grant applicant	967	18	73	30
Children in the Household	2,066	0	17	5

**Source:** MAXIS State records

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**17. Household size for participating families at entry (N=965)**

	<b>N</b>
Minimum number	2
Maximum number	14
Mean	4
Median	4

**Source:** MAXIS State records

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**18. Household type for participating families at entry (N=965)**

	<b>N</b>	<b>%</b>
Households with parent(s)/applicant and children	467	48%
Households with parent(s)/applicant, children and other relatives under 18	52	5%
Households with parent(s)/applicant, children, and other relatives over 18	241	25%
All other households	205	21%

**Source:** MAXIS State records

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**19. Education of program participants at entry (N=306)**

	<b>N</b>	<b>%</b>
Completed 12th grade or received a GED	227	74%
Completed additional school beyond high school	144	63%
Currently in school	72	24%
Currently in a job training program	23	8%

**Source:** Baseline parent interview



## *Other characteristics of families served at program entry*

### **MFIP participation**

Not surprisingly, most families enrolled in the MFIP Family Connections program (84%) were still receiving MFIP at baseline. At that time, length of MFIP enrollment for families accepting services ranged from 2 to 42 months, with an average of 19 months at entry (Figure 20).

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#### **20. MFIP participation of Family Connections participants at entry (N=967)**

	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Median</b>
Months receiving MFIP	2	42	19 months	17 months

**Source:** MAXIS State records

**Note.** Due to time lags in State administrative data, the maximum benefit months recorded at baseline exceeds the program eligibility requirements (0 to 36 months on MFIP).

### **Employment and income**

Baseline information about employment and income of program participants is available from the Minnesota Department of Employment and Economic Development (DEED). Income figures are based on wages reported by employers for unemployment insurance filings. At baseline, 41 percent of program participants (N=392) were employed and received reportable income. It should be noted that because some individuals may be self-employed or earning other non-reported income, employment data may be underreported here.

Income levels varied for the 392 program participants employed at baseline. Figure 21 below provides the range of reported incomes earned during the quarter that participants entered the MFIP Family Connections program. Average quarterly income was \$2,808, or about \$936 per month. Higher than expected quarterly earnings may reflect incomes of child-only relative caregiver cases, which comprise 14 percent of the total sample, as well as errors in State records.

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**21. Quarterly income of program participants at baseline: January 2008-October 2009 (N=967)**

	N	% of total	Income at baseline		
			Minimum	Maximum	Average
Individuals employed at baseline	392	41%	\$5	\$16,681	\$2,808

**Source:** DEED State records

**Note.** Figures reflect income reported by employers and does not include other possible sources of income, such as earnings from self-employment or other non-reported sources.

**Health and mental health**

With regard to health, two-thirds of participants (68%) reported being in good or excellent health during the three months prior to their baseline interview. However, 27 percent reported some type of chronic health condition, and 45 percent reported experiencing mental health problems over the past six months. In addition, more than one quarter of participants (27%) reported being physically or sexually mistreated as a child (Figure 22).

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**22. Health and mental health of program participants at entry (N=303-306)**

Number and percent of applicants reporting the following...	N	%
Chronic health conditions	82	27%
Good or excellent health over the past 3 months	209	68%
Problems related to anxiety, depression, or other mental health concerns over the past 6 months	137	45%
History of abuse as a child	81	27%

**Source:** Baseline parent interview

During their interview, participants were also asked to provide information about one of their children (randomly selected). Regarding their child's health, 10 percent of respondents reported that their child had a chronic health condition or learning disability. A large majority (88%) felt that their child's development was on track (Figure 23).

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**23. Health and development of focal child at entry (N=297-304)**

	N	%
<b>Does your child have any of the following conditions?</b>		
Physical disability	15	5%
Learning disability	29	10%
Mental or cognitive disability	13	4%
Chronic health condition	30	10%
Emotional or behavioral problems	26	9%
<b>Is your child's development on track?</b>		
Number of parents who felt development was on track	265	88%

**Source:** Baseline parent interview

**Housing**

The next set of figures summarizes living arrangements and housing stability for families participating in MFIP Family Connections. At baseline, most participants (84%) reported that they either rent or own the home where they currently live. The remaining 15 percent of families are staying somewhere else, most often with relatives or friends (Figure 24).

The findings suggest that housing stability is an issue for many of the families being served through the program. Just over half of the families (55%) reported that they are not living in the same place they were one year ago, and almost one in five had moved at least twice in the past year. In addition, one-quarter of participating families (25%) reported that they had experienced at least one period of homelessness over the past three years (Figure 25).

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**24. Living situation of program participants at program entry (N=306)**

	N	%
Living in own home	257	84%
Staying with relatives or friends	46	15%
Living in shelter or transitional housing	1	<1%
Tribal owned housing/other	1	<1%

**Source:** Baseline parent interview

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**25. Housing stability of program participants at program entry (N=306)**

	N	%
Same housing over past year	169	55%
Moved more than once in past year	55	18%
Homeless within the past 3 years	77	25%

**Source:** Baseline parent interview

**Child Protection history**

As previously noted, one of the goals of the MFIP Family Connections program is to prevent future maltreatment of children in the study population. In order to be eligible for the program, families must not have an active child protection case open at the time they enroll. However, families who have previously been involved with Child Protection Services are not excluded from the program. In fact, according to State administrative records, 14 percent of families accepting services (N=134) had been involved with the Child Protection system at some point during the four years prior to program entry. Types of cases reported include neglect (114 families with at least 1 report), physical abuse (32 families with at least one report), and medical neglect (5 families with at least one report) (Figure 26).

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**26. Participant involvement with Child Protection within last four years (N=967)**

	N	%
Child Protection report in past 4 years	134	14%
<b>Type of report(s)</b>		
Neglect	114	85% of cases
Physical abuse	32	24% of cases
Medical neglect	5	4% of cases

**Source:** SSIS State records

**Note.** More than one type of report may have been filed for a participant so the sum of types of reports exceeds 100 percent.

## Systems involvement

Of the 967 families served between January 2008 and December 2009, 16 percent (N=157) were involved in at least one other county-operated case management program at the time they became involved with the Family Connections program. Other case management programs include child care assistance, adult mental health, children's mental health, chemical dependency, and developmental disabilities services.

## Child only cases

MFIP cases that are designated as "child only" refer to cases where the family is receiving MFIP cash assistance on behalf of a child or children in the household; the adult is not considered in the calculation of the grant amount. This is most often the case when the MFIP applicant is a relative caregiver for the child, but is ineligible for MFIP themselves because their income exceeds the MFIP eligibility rate. Other types of child only cases include cases where the adult MFIP applicant is ineligible for cash assistance because he or she is an undocumented immigrant, or has a documented disability and is receiving cash support through the Supplemental Security Income program (SSI). Overall, 14 percent of all eligible cases this year (N=382) were child only cases. Of these, 35 percent (N=133) accepted services (Figure 27).

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### 27. Child only cases among program participants (N=967)

	N	%	Total N across groups (N=2,777)	%
Applicant is a relative caregiver	65	7%	250	9%
Applicant receiving Supplemental Security Income (SSI)	32	3%	62	2%
Applicant is undocumented immigrant	34	4%	66	2%
Applicant ineligible for other reasons	2	<1%	4	<1%
<b>Total</b>	<b>133</b>	<b>14%</b>	<b>382</b>	<b>14%</b>

**Source:** MAXIS State records

# Description of services

The following summarizes the type and amount of service provided to families participating in the MFIP Family Connections program, as reported by case workers on the case closing form.

## Length of service

The duration of participation in the program ranged from 6 days to 560 days (or about 18 months). On average, participants were enrolled in the program for 122 days, or 4 months (Figure 28).

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### 28. Duration in program (N=800)

	Minimum	Maximum	Mean	Median
Length of participation (in days)	6	560	122	99

**Source:** Case closing form

## Amount of service

Thirty-nine percent of program participants interacted with their case worker between 4 and 10 times over the course of their involvement in the program, and another 38 percent of participants had more than 11 contacts with their case worker. On average, participants had about seven contacts with their case worker (either in-person, by phone, or in writing) and met with their case worker in-person about two times. Almost two-thirds of participants had three or fewer in-person meetings with their case worker, and one in eight never met with their case worker face to face (Figure 29). In some cases, service was limited to phone contact, often as a result of geographical constraints; in other cases, families initially accepted the MFIP Family Connections service offer but later chose not to participate in the program and did not go on to receive service.

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**29. Frequency of contact with clients by form of contact (N=800)**

	In-person <sup>1</sup>		Phone <sup>2</sup>		Written <sup>3</sup>		Total contacts across forms	
	N	%	N	%	N	%	N	%
0 times	100	13%	82	10%	348	44%	25	3%
1 to 3 times	360	51%	312	39%	436	55%	155	19%
4 to 10 times	155	19%	292	37%	15	2%	314	39%
11 times or more	185	23%	114	14%	1	0%	154	38%

**Source:** Case closing form

<sup>1</sup> The number of in-person contacts ranged from 0 to 53.

<sup>2</sup> The number of phone contacts ranged from 0 to 136.

<sup>3</sup> The number of written contacts ranged from 0 to 12.

<sup>4</sup> The number of total contacts ranged from 0 to 154.

Program participants had varying levels of contact with their case worker. The total amount of contact ranged from 15 minutes to more than 87 hours. Forty percent of families received between one and four hours of direct service from their case worker, and about one in eight were in contact with their case worker for less than one hour. On average, participants received about seven hours of direct service from their case worker (Figure 30). These data suggest that for at least half of program participants, MFIP Family Connections is a short-term intervention.

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**30. Amount of contact with clients (N=772)**

	N	%
0 to 1 hour	92	12%
1 to 2 hours	153	20%
2 to 4 hours	154	20%
4 to 8 hours	148	19%
8 to 12 hours	72	9%
12 to 16 hours	64	8%
More than 16 hours	89	12%

**Source:** Case closing form

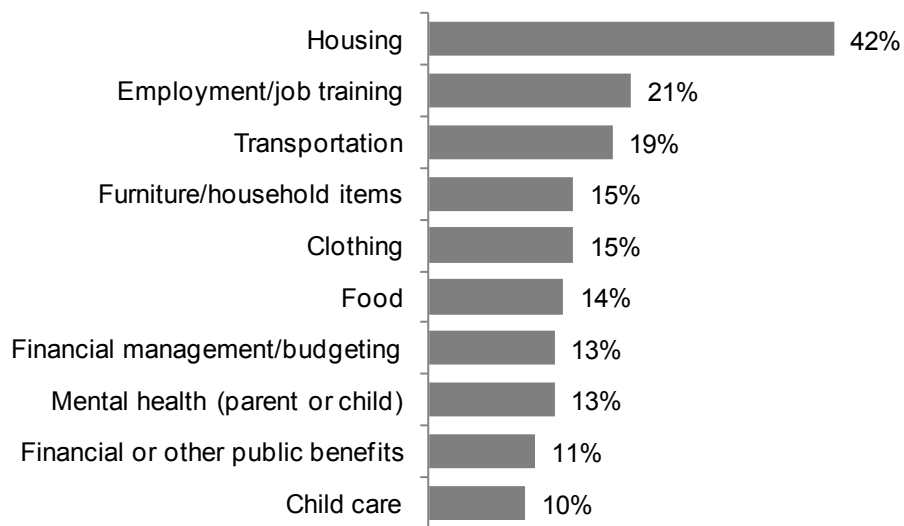
**Note.** Amount of contact with clients ranged from 15 minutes to 87 and ½ hours. On average, clients had 7.2 hours of contact with case workers.

## Service types and methods of delivery

Families received a broad range of services through MFIP Family Connections. Of the 691 families who participated in the program and whose cases were closed during this period,<sup>7</sup> case workers identified housing as the area in which they worked most often with clients (42% of families). About one in five families (21%) also spent significant time working with case workers on employment and job training needs. See Figure 31 for the top ten major focus areas of work with clients.

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### 31. Top 10 major focus areas of work with clients as perceived by case workers (N=691)



Case workers provided services to families in three ways: 1) direct service or case management by the program case workers, 2) referrals to community-based providers for services, and 3) money or cash support to address immediate emergency needs. Case management time was primarily spent addressing housing needs (24% of families), followed by transportation (15%), furniture/household items (14%), and employment or job training (13%) (Figure 32). Case workers also reported referring families to community providers for a wide variety of services. Not surprisingly, housing was the most common type of referral (32% of families), followed by referrals for food (28%), needs related to utilities or phone service (24%), and clothing (23%). Other common referrals related to employment/job training, transportation, child care, and furniture or household items (15% to 21% of families).

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<sup>7</sup> Some families (N=104 or 13%) who initially accepted the service offer to participate in the MFIP Family Connections program did not go on to receive services. Although these clients expressed some interest in the program initially, they chose not to remain engaged in the program.



Overall, a relatively small proportion of families (N=301, or 38% of families served) received direct money or cash support through the MFIP Family Connections program. Of the families who did receive this type of service, the most common expenses paid were related to transportation (15% of families overall), clothing (14% of families overall), and furniture/household items (13% of families). Ten percent of families also received cash support for housing and food needs (Figure 32).

### 32. Resource referrals, case management and cash support provided to clients (N=800)

Issue/Need	Resource referral <sup>1</sup>		Direct service <sup>2</sup>		Cash support <sup>3</sup>	
	N	%	N	%	N	%
Housing	259	32%	190	24%	77	10%
Food (other than WIC)	226	28%	78	10%	82	10%
Utilities/phone	188	24%	58	7%	43	5%
Clothing	180	23%	87	11%	111	14%
Employment/job training	165	21%	103	13%	6	1%
Transportation	144	18%	123	15%	117	15%
Child care	138	17%	40	5%	2	<1%
Furniture/household items	118	15%	111	14%	100	13%
Financial management/budgeting	100	13%	80	10%	-	-
Financial or other public benefits	84	11%	86	11%	1	<1%
Mental health (parent or child)	73	9%	77	10%	1	<1%
Education – parent/caregiver	69	9%	38	5%	5	1%
Recreational activities	63	8%	45	6%	14	2%
Education – child	52	7%	66	8%	18	2%
Medical or dental (parent or child)	49	6%	31	4%	3	<1%
Parenting education	44	6%	67	8%	11	1%
Legal assistance	41	5%	12	2%	-	-
Domestic violence support	21	3%	16	2%	-	-
Substance abuse treatment/support	12	2%	10	1%	-	-
English language skills	8	1%	4	1%	-	-
Respite care	5	1%	5	1%	1	<1%
Other <sup>a</sup>	52	7%	117	15%	55	7%

**Source:** Case closing form

<sup>1</sup> Passive resource referral: worker provided client with educational materials about or contact information for other county or community program/services.

<sup>2</sup> Case management/Direct service: worker provided client with a service or ongoing support.

<sup>3</sup> Money/Cash support: worker authorized the use of cash or direct payments made on the client's behalf.

<sup>a</sup> "Other" referrals, case management support, and cash was provided for a variety of needs, including advocacy, ARMHS worker, baby supplies, general community resources, computer, Developmental Disabilities services, household supplies, driving test/license, emotional support, benefit applications, bus/gas cards, school supplies, holiday resources, mentoring services, organizational support, PCA, probation support, and other services.

The amount of money families received for basic needs varied greatly, from \$1 to \$1,600 per family. Of the 301 families (38%) who were provided some form of cash support, families received \$337 on average. As noted previously, the most common expenses paid were in the areas of transportation (\$166 on average), clothing (\$150 on average), and household items (\$109 on average) (Figure 33). Per family, the largest amount of cash support was provided for housing. See Figure 33 for a complete listing of the allocation of direct dollars to clients.

### 33. Money or cash support provided to clients (N=301)

Issue/Need	N	Minimum cash amount	Maximum cash amount	Average cash amount
Transportation	117	\$10.00	\$1,051.60	\$166.51
Clothing	111	\$20.00	\$525.00	\$150.84
Furniture/household items	100	\$2.00	\$357.66	\$109.03
Food (other than WIC)	82	\$6.38	\$200.00	\$85.32
Housing	77	\$20.00	\$1,200.00	\$379.79
Utilities/phone	43	\$20.00	\$754.00	\$225.72
Education – child	18	\$3.00	\$58.97	\$20.13
Recreational activities	14	\$5.00	\$255.00	\$78.56
Parenting education	11	\$1.00	\$70.00	\$19.94
Employment/job training	6	\$7.00	\$500.00	\$197.96
Education – parent/caregiver	5	\$15.00	\$95.00	\$36.40
Medical or dental (parent or child)	3	\$47.60	\$422.10	\$173.23
Child care	2	\$25.00	\$169.77	\$97.39
Financial or other public benefits	1	\$24.00	\$24.00	\$24.00
Mental health (parent or child)	1	\$300.00	\$300.00	\$300.00
Respite care	1	\$177.75	\$177.75	\$177.75
Other	12	\$1.00	\$75.46	\$32.46

**Source:** Case closing form

## Year 2 outcomes

The following section includes information from case closing forms, baseline and follow-up parent interviews, and MAXIS and SSIS record systems. Data from the closing forms include case workers' assessments of the degree to which families' circumstances have changed as a result of their participation in the program. These data are available for families who accepted and enrolled in the MFIP Family Connections program only, and were collected at the time of case closing. Parent interviews were conducted with families from both study groups (treatment and control) at two points in time: baseline (program entry) and 6 months later. Data from state records systems (MAXIS and SSIS) were available at four points in time: baseline, 6 months, 12 months, and 18 months after program enrollment. A variety of statistical analyses were conducted to detect differences between families who accepted services and the control group at each point in time, as well as potential changes within each group over time. Results of these analyses are included below, organized by the research question they address.

### *Basic needs*

#### **Research Question: Do families who participate in the MFIP Family Connections program have their basic needs met?**

#### **Answer at year 2: Yes, for most families, in most areas**

Case workers reported that families were able to improve their situation across multiple areas of need by the time the family exited the program. The following basic areas of need had improved either “significantly” or “moderately” for over three-quarters of families: clothing, furniture/household items, food, medical/dental needs, and recreational activities (Figure 34). (Respite care issues had also improved for most families, but these issues were the focus of work with very few families [N=7] so results should be interpreted with caution).

While housing, employment/job training, and transportation were the primary areas of need workers addressed with families, the circumstances for about one-third of families (29% to 33%) in these areas remained the same or worsened at program exit (Figure 34).

**34. Clients' ability to meet basic needs through the program as perceived by case worker (N=800)**

<b>Issue/Need</b>	<b>N</b>	<b>Improved significantly</b>	<b>Improved moderately</b>	<b>Stayed the same</b>	<b>Got worse</b>
Housing	284	30%	37%	31%	2%
Employment/job training	147	25%	43%	31%	2%
Transportation	134	25%	46%	29%	0%
Furniture/household items	106	43%	43%	15%	0%
Clothing	101	19%	75%	6%	0%
Food (other than WIC)	98	17%	61%	21%	0%
Mental health (parent or child)	90	14%	50%	34%	1%
Financial management/budgeting	90	1%	64%	34%	0%
Financial or other public benefits	75	19%	43%	33%	5%
Child care	65	15%	57%	28%	0%
Utilities/phone	65	34%	37%	29%	0%
Parenting education	57	7%	56%	37%	0%
Education – parent/caregiver	51	14%	47%	35%	4%
Education – child	50	16%	58%	26%	0%
Recreational activities	34	15%	74%	12%	0%
Medical or dental (parent or child)	32	41%	34%	22%	3%
Legal assistance	15	13%	53%	33%	0%
Domestic violence support	12	25%	42%	25%	8%
Substance abuse treatment/support	9	22%	33%	44%	0%
Respite care	7	43%	43%	14%	0%
English language skills	6	17%	50%	33%	0%

**Source:** Case closing form

**Note.** Percentages reflect case workers' perceptions of the extent to which the condition of families within each basic area of need had improved by the time they left the program.

## Medical Assistance (MA)

The vast majority of families (93% to 96%), including program participants and the comparison group, had at least one member of the household receiving State-sponsored Medical Assistance at baseline. Program participants were more likely to be receiving MA at baseline than the comparison group, although there were no differences between groups at any of the follow-up time points (Figure 35).

Participation in Medical Assistance declined somewhat over time for both groups, although more than three-quarters of study participants (76% to 83%) were still receiving MA after 18 months (Figure 36).

### 35. Participation in Medical Assistance at baseline and follow-up: Comparisons between groups at each point in time

Group	MA at baseline		MA at 6 months		MA at 12 months		MA at 18 months	
	Total N	%	Total N	%	Total N	%	Total N	%
MFIP FC group	967	96%	671	89%	395	83%	182	83%
Comparison group	532	93%**	369	89%	218	81%	87	76%

**Source:** MAXIS State records

**Note.** Significance tests were conducted between groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

### 36. Participation in Medical Assistance (baseline to follow up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=671) Comparison (N=369)			Baseline to 12 months MFIP FC (N=395) Comparison (N=218)			Baseline to 18 months MFIP FC (N=182) Comparison (N=87)		
	% at base-line	% at 6 months	Difference	% at base-line	% at 12 months	Difference	% at base-line	% at 18 months	Difference
MFIP FC group	96%	89%	-7%***	96%	83%	-13%***	95%	83%	-12%***
Comparison group	91%	89%	-2%	90%	81%	-9%**	92%	76%	-16%**

**Source:** MAXIS State records

**Note.** Significance tests were conducted within groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

## Minnesota Family Investment Program (MFIP) participation

At baseline, most of the study participants were enrolled in MFIP (78% to 84%). The results show that families who accepted services were more likely to be on MFIP at baseline than the comparison group (84% compared to 78%). However, there were no differences between program participants and the comparison group with regard to MFIP status at any other time point (Figure 37).

As expected, families' enrollment in MFIP declined steadily over time, for both program participants and the comparison group. Less than half of program participants and those in the comparison group were still enrolled in MFIP 18 months after baseline (Figure 38).

### 37. Enrollment in MFIP at baseline and follow-up: Comparisons between groups at each point in time

Group	MFIP at baseline		MFIP at 6 months		MFIP at 12 months		MFIP at 18 months	
	Total N	%	Total N	%	Total N	%	Total N	%
MFIP FC group	967	84%**	671	64%	395	51%	182	47%
Comparison group	532	78%**	369	63%	218	53%	87	43%

**Source:** MAXIS State records

**Note.** Significance tests were conducted between groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

### 38. Enrollment in MFIP (baseline to follow up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=671) Comparison (N=369)			Baseline to 12 months MFIP FC (N=395) Comparison (N=218)			Baseline to 18 months MFIP FC (N=182) Comparison (N=87)		
	% at base- line	% at 6 months	Difference	% at base- line	% at 12 months	Difference	% at base- line	% at 18 months	Difference
MFIP FC group	74%	56%	-18%***	72%	44%***	-28%***	73%	42%***	-31%***
Comparison group	71%	55%	-16%***	67%	48%***	-19%***	66%	38%***	-28%***

**Source:** MAXIS State records

**Note.** Significance tests were conducted within groups, using a matched pair comparison, over time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

## Food support participation

Overall, a small proportion of families were participating in the State sponsored food support program at baseline across groups (16% to 19%). There were no differences between program participants and the comparison group in terms of their participation in food support at baseline or any of the follow-up time points (Figure 39).

Families' participation in food support steadily increased over time. About one-third of study participants (32% to 36%) were receiving food support after 18 months (Figure 40).

### 39. Participation in Food Support at baseline and follow-up: Comparisons between groups at each point in time

Group	FS at baseline		FS at 6 months		FS at 12 months		FS at 18 months	
	Total N	%	Total N	%	Total N	%	Total N	%
MFIP FC group	967	19%	671	27%	395	33%	182	36%
Comparison group	532	16%	369	23%	218	29%	87	32%

**Source:** MAXIS State records

**Note.** Significance tests were conducted between groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

### 40. Participation in Food Support (baseline to follow up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=671) Comparison (N=369)			Baseline to 12 months MFIP FC (N=395) Comparison (N=218)			Baseline to 18 months MFIP FC (N=182) Comparison (N=87)		
	% at base-line	% at 6 months	Difference	% at base-line	% at 12 months	Difference	% at base-line	% at 18 months	Difference
MFIP FC group	19%	27%	+8%***	21%	33%	+12%***	19%	36%	+17%***
Comparison group	14%	23%	+9%***	14%	29%	+15%***	15%	32%	+17%**

**Source:** MAXIS State records

**Note.** Significance tests were conducted within groups, using a matched pair comparison, over time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

## *Employment and income*

**Research Question: Are families who participate in the MFIP Family Connections program more likely to be employed? Is there a difference in their income compared to the control group?**

**Answer at year 2: There are no differences in employment, but there may be differences in income over the long term.**

Information about employment and income is based on wages reported by employers to the Minnesota Department of Employment and Economic Development for unemployment insurance filings.

**Employment.** There were no significant differences in employment between program participants and the comparison group at baseline or at any of the follow up periods (Figure 41). However, there were significant differences within each group over time (Figure 42). In particular, of those employed at baseline, significantly fewer were employed at the 6 month follow-up. This trend continued at the 12- and 18-month follow-up periods, at a similar declining rate for both groups over time. This is not surprising given the overall decline in available jobs and increasing unemployment rates across Minnesota, and nationally, during the study period. In particular, people with fewer job skills and less education are typically even more affected by a recession than the general population, as they are competing with a larger pool of skilled workers for fewer jobs.

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### **41. Employment rate of study participants at baseline and follow-up: Comparisons between groups at each point in time**

Group	Employed at baseline		Employed at 6 months		Employed at 12 months		Employed at 18 months	
	Total N	%	Total N	%	Total N	%	Total N	%
MFIP FC group	967	41%	671	41%	395	40%	182	31%
Comparison group	532	45%	369	43%	218	44%	82	28%

**Source:** DEED State records

**Note.** Employment status is determined by whether or not any wages are reported in DEED for the MFIP applicant. Because some individuals may be self-employed or earning other non-reported income, the number of individuals reported to be employed here may be underreported.

**Note.** Significance tests were conducted between groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ . No differences were detected.



## 42. Employment changes (baseline to follow-up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=671) Comparison (N=369)			Baseline to 12 months MFIP FC (N=395) Comparison (N=218)			Baseline to 18 months MFIP FC (N=182) Comparison (N=87)		
	% at base- line	% at 6 months	Difference	% at base- line	% at 12 months	Difference	% at base- line	% at 18 months	Difference
MFIP FC group	46%	41%	-5%*	50%	40%	-10%***	51%	31%	-20%***
Comparison group	52%	43%	-9%**	55%	44%	-11%**	49%	27%	-22%**

**Source:** DEED State records

**Note.** Employment status is determined by whether or not any wages are reported in DEED for the MFIP applicant. Because some individuals may be self-employed or earning other non-reported income, the number of individuals reported to be employed here may be underreported.

**Note.** Significance tests were conducted within groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

**Income.** On average, program participants earned \$2,808 during the quarter in which they were enrolled in the MFIP Family Connections program. The comparison group earned \$3,253 that same quarter, slightly more than program participants, although the difference just failed to reach statistical significance. Quarterly earnings between groups did not differ at any of the follow-up time points (Figure 43).

Over time, however, quarterly income increased for program participants. Controlling for differences at baseline, quarterly income at the 6- and 12- month follow-up points for both groups were comparable. At month 18, however, program participants were earning significantly more than their counterparts in the comparison group (Figure 44). Furthermore, the rate at which income increased for program participants over this 18-month period was significantly higher than the rate for the comparison group.

## 43. Quarterly income at baseline and follow-up: Comparisons between groups at each point in time

Group	Mean \$ at baseline		Mean \$ at 6 months		Mean \$ at 12 months		Mean \$ at 18 months	
	Total N	%	Total N	%	Total N	%	Total N	%
MFIP FC group	967	\$2,808	671	\$3,556	395	\$3,969	182	\$4,186
Comparison group	532	\$3,253	369	\$3,960	218	\$4,024	87	\$4,317

**Source:** DEED records

**Note.** Significance tests were conducted between groups, using a matched pair comparison, at each point in time. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

**Note.** Figures reflect income reported by employers and does not include other possible sources of income, such as earnings from self-employment or other non-reported sources.

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#### 44. Quarterly income at follow-up (adjusted means)

Quarterly mean income	Total N	MFIP FC group	Comparison group
At 6 months	338	\$4,200	\$4,207
At 12 months	201	\$4,587	\$4,252
At 18 months	57	\$5,589*	\$4,089*

**Source:** DEED State records

**Note.** Figures reflect income reported by employers and does not include other possible sources of income, such as earnings from self-employment or other non-reported sources.

**Note.** Adjusted means are reported. Significance tests were conducted within groups, using a matched pair comparison, at each point in time, controlling for baseline differences in income. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

### *Child maltreatment*

#### **Research Question: Are families who participate in the MFIP Family Connections program less likely to become involved in the Child Protection System?**

#### **Answer at year 2: It is too early to tell.**

Information about participants' involvement in the Child Protection System was obtained through administrative records from Minnesota's Social Services Information System. Variables used to measure Child Protection involvement are screened-reports, maltreatment determinations, and placements. These variables are described below.

#### **Description of variables**

##### **Screened-in reports**

Reports of suspected child maltreatment that Child Protection staff reviewed and determined should be investigated. This variable includes cases that enter into traditional investigation or family assessment, based on the type of allegation and level of risk.

##### **Maltreatment determinations**

Cases that have undergone a traditional investigation and county social work staff determined that child maltreatment occurred.

## Placements

Cases in which a child was removed from the home because his or her health or welfare was perceived to be in immediate danger.

## Maltreatment reports and determinations

At baseline, very few participants (1%) were involved in the Child Protection system, either with an open Family Assessment or Investigation. This is not surprising given that one of the eligibility criteria for the program is that families not be involved with Child Protection at program entry (Figure 45).

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### 45. Child Protection: Screened in reports and determinations at baseline

Status	Total N	Screened in reports: (Family Assessment or Investigation)		Maltreatment determined	
		N	%	N	%
MFIP FC group	967	15	2%	3	<1%
Comparison group	532	7	1%	1	<1%
<b>Total (across the 4 groups)</b>	<b>2,777</b>	<b>37</b>	<b>1%</b>	<b>6</b>	<b>&lt;1%</b>

**Source:** SSIS State records

**Note.** Totals reflect the number of reports or maltreatment determinations across the four study groups: those who accepted services (MFIP FC group), those who declined, those who could not be reached ("no contact" group), and the comparison group.

At each of the follow-up periods (6, 12 and 18 months), between 3 and 8 percent of participants had a screened in child protection reports, and 2 percent or fewer had a maltreatment determination. In addition, 5 percent or fewer of the program participants had a child in out of home placement during each of the six month follow-up periods. Because of the small number of cases with Child Protection activity across all study groups, researchers were unable to conduct significance tests to determine whether any differences between program participants and the comparison group were statistically significant (Figures 46-47).

#### 46. Child Protection: Screened in reports and determinations at follow-up periods

Status	Total N	6 months				Total N	12 months				Total N	18 months			
		Screened in reports: (Family Assessment or Investigation)		Maltreatment determined			Screened in reports: (Family Assessment or Investigation)		Maltreatment determined			Screened in reports: (Family Assessment or Investigation)		Maltreatment determined	
		N	%	N	%		N	%	N	%		N	%	N	%
MFIP FC group	671	29	4%	2	<1%	395	24	6%	1	<1%	182	14	8%	2	1%
Comparison group	369	18	5%	3	1%	218	16	7%	2	1%	87	5	6%	0	0%
Total (across the 4 groups)	1,969	87	4%	9	<1%	1,210	72	6%	7	1%	507	28	6%	7	1%

Source: SSIS State records

#### 47. Child Protection: Placements between...

Status	Total N	Baseline and month 6				Month 6 and month 12				Month 12 and month 18			
		Number of children	Number of households		Total N	Number of children	Number of households		Total N	Number of children	Number of households		
			N	%			N	%			N	%	
MFIP FC group	671	18	14	2%	395	7	3	1%	182	3	2	1%	
Comparison group	369	3	3	1%	218	4	2	1%	87	1	1	1%	
Total (across the 4 groups)	1,969	38	27	1,969	1,210	33	18	1%	507	9	7	1%	

Source: SSIS State records

**Note.** Totals reflect the number of reports, maltreatment determinations, or placements across the four study groups: those who accepted services (MFIP FC group), those who declined, those who could not be reached ("no contact" group), and the comparison group.

## *Connections to services and supports*

**Research Question: Are families who participate in the MFIP Family Connections program more connected to services and supports in their community?**

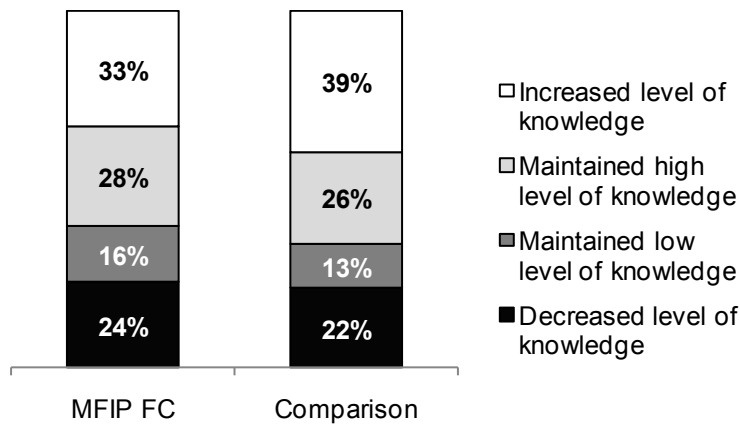
### **Answer at year 2: Not compared to the control group**

About one-third of program participants and the comparison group reported an increase in their *knowledge* of programs and services available in their community at the six month follow-up interview. About one-quarter continued to report a high level of knowledge at follow-up (“maintained high”), while a small proportion (13% to 16%) reported the same low level of knowledge at follow-up as they did at baseline (“maintained low”). Interestingly, almost one-quarter (23% to 24%) actually reported being less familiar with community programs and services at follow-up compared to baseline. One possible explanation for this finding is that families have less need for community programs at follow up, so they feel less in touch with what programs are available. Another explanation could be that after learning through their MFIP Family Connections worker about some community programs, families felt that there were likely to be additional programs in their community about which they were unaware. There were no significant differences between program participants and the comparison group in terms of their increase, or decrease, in knowledge of community resources (Figure 48a). These results indicate that participation in the program did not result in any measurable changes in knowledge of local programs/services at the six month follow-up.

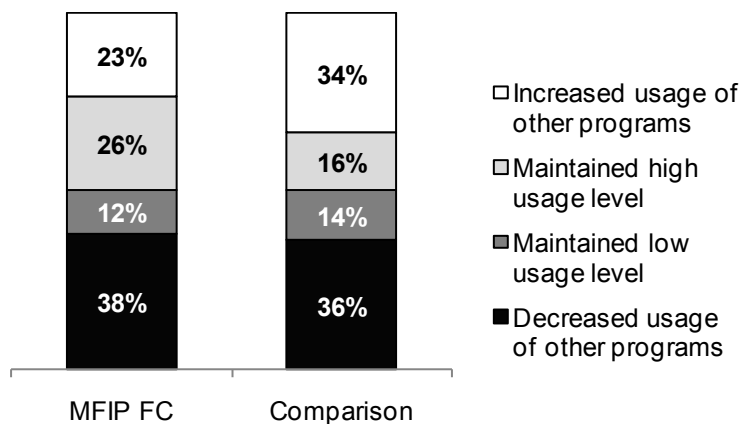
Similarly, about one-quarter of program participants and one-third of the comparison group reported an increase in their *use* of community programs and services at follow-up. For roughly one-third (30% to 38%), there was no change in their accessing of local resources at follow-up, while the remaining one-third (36% to 38%) said they used community services less often at follow-up as compared to baseline (Figure 48b). Again, there were no differences between the program participants and the comparison group in terms of their increase, or decrease, in accessing of local resources, indicating a lack of program impact on using community programs/services at the six month follow-up.

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#### 48a. Knowledge of community programs and services at follow-up



#### 48b. Use of community programs and services at follow-up



### *Family well-being*

#### **Research Question: Are families who participate in the MFIP Family Connections program experiencing less stress in their family life?**

##### **Answer at year 2: Not compared to the control group**

Parents reported on their families' well-being in a number of areas of their life, including stress, social support, parenting, and overall family functioning. Results indicate that at follow-up, both the program participants and the comparison group are functioning relatively well in these areas (lower means indicate more positive functioning on each scale, with the exception of the total number of stressors). There were no differences between the groups on any well-being indicator (Figure 49). Parents also reported on

their child's social-emotional well-being at follow-up. Children of both program participants and parents in the comparison group demonstrated relatively positive social-emotional health, and no differences between groups were detected (Figure 50).

#### 49. Parent outcomes at follow-up

	Total N	Scale	MFIP FC group means	Comparison group means
Total number of stressors <sup>1</sup>	317	1 – 11	1.1	1.1
Social support scale <sup>2</sup>	311	1 – 4	1.8	1.6
Coping with stress scale <sup>3</sup>	310	1 – 4	2.0	1.9
Positive parenting scale <sup>4</sup>	314	1 – 4	1.4	1.4
Family functioning scale <sup>5</sup>	312	1 – 4	1.4	1.4

**Source:** Baseline and follow-up parent interview

**Note.** Adjusted means are reported. Significance tests were conducted within groups, using a matched pair comparison, at each point in time, controlling for baseline differences. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

<sup>1</sup> Parents identified how many of 11 life stressors they, or someone in their household, had experienced in the past 6 months. Stressors related to changes in employment, health, housing, safety, and relationship/parental status.

<sup>2</sup> Social support is composed of 4 items related to access to both financial, emotional, and concrete support.

<sup>3</sup> Coping with stress is composed of 2 items related to level of stress and ability to manage stress.

<sup>4</sup> Positive parenting is composed of 7 items related to amount of parent-child interaction, discipline techniques, affection, ability to self-regulate, and energy level.

<sup>5</sup> Family functioning is composed of 4 items related to amount of time spent together, communication, and cohesiveness.

#### 50. Child social-emotional well-being at follow-up

	Total N	Scale	MFIP FC group means	Comparison group means
Child social-emotional health scale <sup>1</sup>	310	1 – 4	1.6	1.6

**Source:** Baseline and follow-up parent interview

**Note.** Adjusted means are reported. Significance tests were conducted within groups, using a matched pair comparison, at each point in time, controlling for baseline differences. Differences are significant at \* $p < .05$ , \*\* $p < .01$ , and \*\*\* $p < .001$ .

<sup>1</sup> Child social-emotional health is composed of 4 items that varied depending on child age and related to child temperament/mood, self-regulation, family and peer relationships (age 4 and older), and misbehavior (age 4 and older).

## ***Analysis by intensity of service intervention***

Given the limited results from the full outcomes analysis, additional analyses were conducted to determine whether there were differential outcomes for participants who received a higher or more intensive level of service. “High-dosage” participants included those with a minimum of 12 contacts with program staff, at least 3 of which were in-person contacts, and a minimum of 7 hours of service. This group represented approximately one-quarter of all program participants (N=211). On average, these participants were involved in the program for six and a half months, had 24 contacts with program staff (half of which were in-person), and received approximately 17 hours of service.

As a preliminary step in the analysis, researchers compared the high-dosage group to the comparison group on a range of variables in order to determine if and how the two groups differed at baseline. While similar in many ways, the two groups did differ on several variables. In particular, the high-dosage group was more likely to be receiving MFIP at program entry, less likely to have a child-only MFIP grant, more likely to be non-White, have poorer physical health (self-report), have greater housing mobility, have a child with physical, learning, or emotional problems, and less likely to think their child’s development was “on-track.” However, researchers adjusted for these differences in the outcome analysis, and they did not appear to have any effect on the results.

The high-dosage group was compared to the comparison group on the key outcomes of interest described above, and a similar pattern of results emerged. In general, high-dosage program participants did not differ from the comparison group in most areas, with the exception of some changes in income and employment at the 18-month follow-up period. In contrast to the comparison group, quarterly income for the high-dosage group increased significantly over the 18 months; furthermore, the employment rate did not decline as sharply for the high-dosage group over this time period.

## ***Client participation and progress***

Clients served through MFIP Family Connections were generally active participants in the program. According to case workers, 84 percent of families were actively engaged in developing their case plans with their case worker, and three-quarters of families (74%) were also engaged in carrying out their case plans (Figure 51).

Case workers also felt that 79 percent of clients had at least partially met the goals they had set for themselves by the time they left the program (Figure 52).



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**51. Client participation and engagement as perceived by caseworker (N=752-757)**

	Strongly agree		Somewhat agree		Somewhat disagree		Strongly disagree	
	N	%	N	%	N	%	N	%
The client was actively engaged in <u>developing</u> his or her case plan	347	46%	288	38%	48	6%	74	10%
The client was actively engaged in <u>carrying out</u> his or her case plan	276	37%	278	37%	85	11%	113	15%

**Source:** Case closing form

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**52. Clients' progress in meeting goals as perceived by case worker (N=736)**

	N	%
Client exceeded goals	57	8%
Client met goals	347	47%
Client partially met goals	175	24%
Client did not meet goals	157	21%

**Source:** Case closing form

## ***Service coordination***

One of the major goals of the MFIP Family Connections program is to increase the extent to which services for families are coordinated between social service and economic support staff. Upon closing a family's case in MFIP Family Connections, case workers reported on the extent to which they coordinated services with other county or agency staff. According to the case workers, financial workers were involved in most cases (70%), while employment counselors were involved in a little more than half (56%) (Figure 53).

When other workers were involved in a family's case, MFIP Family Connections staff generally consulted with them about the client or family at least once. This consultation was more likely with county or other workers (91% to 93%), and less likely with employment counselors (66%). The extent to which this consultation occurred during regular team meetings varied; this was most true when consulting with other county workers (60% of the time) (Figure 53). In about half (49%) of all cases, MFIP Family Connections staff reported spending between one and three hours of time in consultation with workers in other areas. In most of the remaining cases (43%), program staff did not consult with other professionals (Figure 54).

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**53. Case worker consultation with other staff or professionals (N=800)**

	Other workers assigned to case		Consultation <sup>1</sup> with other assigned workers			Consultation <sup>1</sup> that occurred during regular team meetings		
	N	%	Total N	N	%	Total N	N	%
Financial worker	556	70%	556	397	71%	395	144	37%
Employment counselor	444	56%	443	291	66%	289	138	48%
Other county worker	79	10%	79	72	91%	72	43	60%
Other community worker	57	7%	57	41	72%	41	13	32%
Other worker	74	9%	74	69	93%	68	26	38%

**Source:** Case closing form

<sup>1</sup> Consulting includes face-to-face interactions with staff, as well as phone, email, or another contact method.

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**54. Time spent consulting with other staff or professionals (N=690)**

	N	%
No hours	294	43%
1 to 3 hours	336	49%
4 to 6 hours	46	7%
7 to 9 hours	8	1%
10 or more hours <sup>1</sup>	6	1%

**Source:** Case closing form

<sup>1</sup> Respondents who spent 10 or more hours reported spending between 13 and 33 hours consulting with other staff or professionals.

## ***Families who exited the program***

Case workers were also asked to describe the reason for closing a family's case in MFIP Family Connections. Nearly half of the cases (47%) were closed because no further services were needed. About one-third of families (35%) were closed because the client indicated he or she no longer wanted or needed services. In some cases, clients informed case workers of this decision to end their participation; in other cases, the client simply stopped responding to caseworkers' attempts to contact them. See Figure 55 for a breakdown of reasons for exiting the program.

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**55. Primary reasons for closing a case: Caseworkers' assessments (N=793)**

	N	%
Services complete, no further services needed at this time	370	47%
Case closed at client's request/unable to locate client (client nonresponsive)	275	35%
Client no longer available to participate (i.e., client is incarcerated, hospitalized, moved out of county, etc.)	44	6%
Case closed, client's needs exceeds the capacity of the program	29	4%
Case closed, referred or transferred to a county-based program (e.g., child protections, children's mental health)	22	3%
Case closed, referred or transferred to a community-based program	18	2%
Other <sup>a</sup>	35	4%

**Source:** Case closing form

<sup>a</sup> Most "other" reasons include: lack of funding and lack of time/time limit.

### ***Experiences of families in the program***

Participants in the MFIP Family Connections program were asked during their 6-month follow-up interview to provide feedback about their experience in the program. Of the 204 parents who participated in the MFIP Family Connections program and completed a follow-up interview, 144 (71%) recalled their involvement in this program and were subsequently asked about their perceptions. Some clients did not recall being involved in the program. Although the reasons for this lack of recall is unclear, these individuals did spend, on average, less time in communication with their case manager; as a result, these clients were therefore not asked any further questions about their participation.

Of the 144 parents who were asked about their experience in MFIP Family Connections, 30 (21%) were still meeting with their case worker at the 6-month follow-up. The following summarizes families' perceptions of the support provided to them through the program and their general satisfaction with services.

#### **Perceptions of support**

Most families identified basic needs and emotional support as the areas in which they had needed assistance. The majority of families in need of emotional support or encouragement (88%) felt their Family Connections worker provided this support. About two-thirds of the families felt they received the help they needed when it came to basic needs, counseling services or treatment, and parenting. Slightly less than half (46%) received the help they needed from their case worker related to employment (Figure 56).

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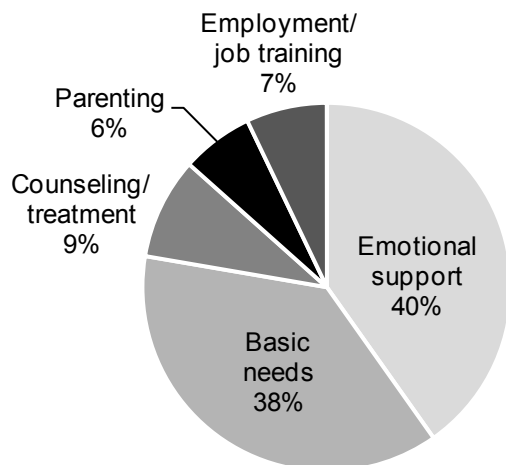
**56. Areas in which program provided needed assistance to families (N=141-143)**

Did your Family Connections worker help you...	Number of families who needed help in this area	Of those who needed help...	
		Number who received help	Percent who received help
By just being there to provide emotional support or encouragement?	93	82	88%
With basic things like food, clothing, housing, or paying bills?	100	67	67%
Find or keep a job, or help you with a job training program?	56	26	46%
With parenting?	42	27	64%
With counseling services or treatment for things like chemical dependency, domestic violence, or other needs?	32	22	69%

**Source:** Follow-up parent interview

Of the various types of support provided to them through the program, participants were asked to identify which was most helpful to them and/or their children. Four in 10 parents (40%) felt the emotional support and encouragement provided by their case worker was the most helpful form of support, followed closely by services related to securing basic needs (38%) (Figure 57).

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**57. Parent perceptions of most helpful areas of assistance provided by program**

## Client satisfaction

At the 6-month follow-up, parents generally expressed satisfaction with the program staff and the services they received through MFIP Family Connections (Figures 58-59). Most parents (87% to 88%) felt the services were helpful and that their case worker was knowledgeable and provided useful suggestions. At least 9 out of 10 parents reported a positive relationship with their case worker and agreed he or she was understanding, respectful, caring, and communicated effectively. Most (88% to 93%) also felt their case worker considered their cultural background and cultural issues appropriately. However, about one in five parents (21%) did not agree that the services they had received met their expectations (Figure 58).

Overall, the majority of parents was glad they had gotten involved with the program (90%) and would recommend the program to others (92%), if referrals were permitted (Figure 59).

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### 58. Parent overall satisfaction with program

Item	N	Percent that were “very satisfied” or “satisfied”
Overall, how satisfied were you with the services you received through the Family Connections program?	143	87%

**Source:** Follow-up parent interview

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**59. Parent perceptions of the program services and staff**

Item	N	Percent that “strongly agreed” or “agreed”
My Family Connections worker gives me useful suggestions.	141	88%
My Family Connections worker understands my problems or concerns	143	91%
My Family Connections worker respects me.	142	97%
My Family Connections worker communicates with me in a way that I understand.	142	94%
My Family Connections worker is caring and warm.	142	96%
My Family Connections worker knows a lot about services and program in the community could help me and my family.	141	87%
My Family Connections worker is able to relate to my cultural background.	136	88%
My Family Connections worker is sensitive to cultural issues.	131	93%
It is easy for me to reach my Family Connections worker when I need to.	140	85%
My Family Connections worker works with me to develop goals for me and my family.	141	87%
The services I am receiving through Family Connections meet my expectations.	141	79%
The Family Connections program was helpful for me and my family.	141	87%
Overall, I am glad I got involved in the Family Connections program.	142	90%
If it were possible, I would recommend the Family Connections program to families like mine.	143	92%

**Source:** Follow-up parent interview

When asked to describe the most positive aspect of the MFIP Family Connections program, participants were most likely to identify the supportive and encouraging nature of the program (22%) and its helpfulness in finding resources for the family (21%). Other common responses included having someone to listen to them and talk with (11%), having someone always available to them (10%), and helping families find affordable housing (8%). See Figure 60 for a full list of responses.

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**60. Parent perceptions of the most positive aspect of the program (N=126)**

Item	%
Supportive/encouraging	22%
Helped family find other resources	21%
Someone to listen/talk with/let family vent	11%
Always available to family	10%
Affordable housing	8%
Understood family's concerns/problems	7%
Money/paying bills, such as rent	6%
Program/case worker was good (general)	6%
Food stamps/vouchers	5%
Employment/job training	5%
Child care	5%
Family and relationship advice	5%
Medical care/medical needs	4%
Clothing	3%
Other <sup>a</sup>	11%

**Source:** Follow-up parent interview

<sup>a</sup> Other reasons include: transportation (2%), daily needs/toiletries (2%), schooling for parent (2%), setting goals (2%), help with paperwork (2%), treated me fairly/like a "normal person" (2%).

Below is a sampling of participants' responses to the question about what they felt was the most helpful aspect of the MFIP Family Connections program:

The encouragement [was most helpful]. The information on all the different areas of help. Just knowing that you have one single person that can help you in so many areas.

She helped us get community activities that I didn't know about before and early learning books for my daughter.

She just seemed like she cared and like we mattered. And she gave us information and household items.

Knowing that she would be able to help with many different things. I was planning to move at that time and she did research and found some programs at the place that I going to move to. She also helped me find ECFE.

The two areas I needed she provided right away – parenting class and a summer job for my teenager.

Participants were also asked to identify changes they would make to improve the program. While many said they would not change anything about the program (41%), others suggested more follow-up or communication with their case worker (16%), expanding the program and offering it to more people (10%), providing additional financial assistance to families (8%), and extending the length of the program (8%). See Figure 61 for a full list of responses.

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**61. Parent suggestions for improving the program (N=135)**

Item	%
No changes	41%
More follow-up/communication with case worker	16%
Expand program to more families	10%
Provide additional financial assistance	8%
Extend length of program	8%
Provide more information about the program	7%
Add staff/volunteers	4%
Training for staff	4%
Other <sup>a</sup>	6%

**Source:** Follow-up parent interview

<sup>a</sup> Other reasons include: increase worker's understanding of family's circumstances, provide additional assistance related to specific services (transportation, housing, driver's license), reduce meeting frequency, make services available in closer proximity to family, and changes to the county employment program.



# Results and implications

Several findings emerged from year two of the MFIP Family Connections study, as well as a number of key issues to consider related to program impact.

## *Key findings at year two*

The following summarizes key findings that emerged from year two analyses of program outcomes. These results should be considered in light of the scope of services provided. Overall, MFIP Family Connections is a relatively modest, short-term intervention, even for those families who received somewhat longer, more intensive services (i.e., “high-dosage” participants). Most families were involved in the program for a relatively brief period of time (about 4 months) and had limited contact with their case worker (about half received 4 or fewer hours of service). Given this level of intervention, the extent of program participants’ needs, and the current economic climate, it may not be realistic to expect families’ circumstances to improve significantly in the long term. Nevertheless, year two findings reveal some modest outcomes and positive feedback about the program:

- **Participants are highly satisfied, especially with the emotional support provided by program staff.** Similar to last year, families are generally very satisfied with program staff and services. Most parents (79% to 97%) agreed that the program was valuable across several key indicators of program satisfaction, including overall helpfulness of the program and respect from their worker. When participants were asked to describe the benefits of the program in their own words, the most common responses were related to the emotional support they received from program staff. While it may be difficult to observe any concrete difference in a client’s life as a result of this emotional support, it is important to note that families recognize this as a valuable component of this program.
- **Basic needs are being met.** According to program staff, over 75 percent of families involved in the MFIP Family Connections program improved either “significantly” or “moderately” in several key areas related to their basic needs, including food, medical/dental needs, clothing, furniture/household items, and recreational activities. In addition, 38 percent of program participants reported that the support they received in helping them access their basic needs was the most helpful aspect of the program (second after emotional support, 40%). Although the program is still a relatively modest, short-term intervention, staff have had success in helping families access supports to meet their basic needs, which was a primary goal of the program.

- **There are early indications of longer-term increases in income.** Changes in employment and income for program participants were generally comparable to the changes experienced by the comparison group during the first year following baseline. That is, both groups experienced a decrease in employment (not surprising, given the economic climate), yet a small increase in quarterly earnings overall. However, by the 18 month follow-up, program participants showed a significant increase in income since baseline, relative to the comparison group. Because this finding represents a relatively small number of cases, and occurs at only one follow-up period, the results must be interpreted with caution. Similar analysis will be conducted in year three to determine if this trend is maintained at the follow-up periods with a larger number of participants. If so, it may be a possible indicator of how addressing the basic, immediate needs of vulnerable individuals can contribute to increased stability in the long term.
- **There is limited Child Protection involvement across all study groups.** In general, the number of screened-in Child Protection reports, maltreatment determinations, and placements was low across both the treatment and control groups. The small number of cases precluded an analysis of differences between groups, but indicates that maltreatment is occurring at low rates among this study population, typically thought to be at higher risk for abuse.
- **Service coordination is occurring across service areas.** In general, program staff consulted with economic support staff and other county/community workers in their provision of services through MFIP Family Connections, one of the major goals of the program. This consultation was more likely to occur with county or other workers (91% to 93%), and somewhat less likely to occur with employment counselors (66%). While the overall amount of consultation that occurred was relatively modest in most cases (about 1 to 3 hours for the majority of cases in which consultation occurred), the findings indicate staff are regularly communicating across service areas, which should contribute to more efficient and coordinated case planning for families.

### *Issues to consider and next steps*

The year two findings can be best understood by considering some of the larger, contextual issues that frame this study. Where possible, these issues will be explored further in relation to program outcomes in year three.

- **Variations in program models.** One of the challenges of the evaluation is assessing an intervention that varies from site to site in terms of its implementation. To date, researchers have not conducted separate analyses of program outcomes by service model or site. However, it is possible that differences across sites/ counties may be

accounting for the limited differences between treatment and control group outcomes in the year two analyses. As a next step, Wilder will conduct an analysis of outcomes by program model and site as well as by characteristics of program staff (credentials, experience, etc.) to determine whether program outcomes are correlated with either of these factors.

- **Families accepting services have more needs.** Compared to families who decline to participate in the program, those who choose to participate have some unique needs and challenges. They tend to have lower incomes; are less likely to be employed, to have reliable transportation, or have social support; are more likely to be receiving a public housing subsidy, to be participating in a county-operated case management program, to have parenting challenges, and to be experiencing more (self-reported) stressors; and, their children are more likely to have a learning disability and not be on track developmentally. It is not surprising that families with greater needs are more likely to accept services through the MFIP Family Connections program, but workers may want to consider ways to better engage families who are not already accessing other public programs. These families may be declining services due to fear of or stigma associated with public social service programs. In addition, although researchers controlled for baseline differences when conducting analyses of program outcomes, it is still important to note that individuals who accept program services probably do so because they have more needs, some of which may extend beyond the scope of the program. This may make it more difficult to detect differences in families' circumstances over time.
- **Rigor of the evaluation design.** The MFIP Family Connections program evaluation employs an experimental design, including a randomized control group, which is difficult to implement and maintain in human service program evaluations. This has required substantial coordination and cooperation on the part of participating counties and the Department of Human Services, as well as strict adherence to evaluation procedures which limit the length of time workers can attempt to engage families and prohibit individuals from making referrals to the program based on an assessment of client need. While these procedures are necessary to maintain the integrity of the research design, they limit workers' flexibility to be responsive to the individual needs of clients and others in the community who might benefit from the program.

### ***Future evaluation activities***

Wilder will be conducting an analysis of program outcomes by program model and site to measure the degree to which participant outcomes vary depending on where they receive service. This analysis will be conducted during the late Spring of 2010. In accordance with the research plan, baseline interviews with new program participants were discontinued as of January 2010. Wilder will continue to conduct follow-up interviews through July 2010 with families who entered the program in 2009. In addition, Wilder will also conduct a final survey of program staff in the Summer of 2010 to assess the degree to which they feel the program has reached its goals and objectives. A complete report of evaluation findings for this three year pilot program will be available in April 2011.

# Appendix

*Summary of study and parent interview participation rates for current quarter*

*Evaluation steps and county roles flow chart*

*Data collection instruments – Closing form*

*MFIP Family Connections program brochure*



## *Summary of study and parent interview participation rates for current quarter*

### **Study participation during current quarter (December 2009 – February 2010)**

Of the families randomly selected by Wilder Research during the past quarter, 528 were eligible to participate in the MFIP Family Connections program. Overall, the accept/decline status was determined for a total of 412 families (some families who were offered the program in February were still in pending status at the end of the month and therefore not yet eligible for the study).

Of these 412 families, 377 who were randomly assigned to the experimental group and 35 were randomly assigned to the control group (control group cases represent the month of December 2009 only as control cases were not selected after that month) (see Figure A1). Among the families in the experimental group, 43 percent (162 families) accepted services. Ninety-two families (24%) declined to participate in the program. The remaining 33 percent could not be reached by case workers (“no contact”).

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#### **A1. Current quarter's sample**

	<b>N</b>	<b>%</b>
<b>Total eligible with a status determination</b>	<b>412</b>	
Experimental group	377	
Accepted services	162	43% accepted services
Declined/did not accept services	92	24% declined services
No contact <sup>a</sup>	123	33% could not be located
Control group <sup>b</sup>	35	

<sup>a</sup> Includes families who could not be reached by a case worker or did not respond to the worker's attempt to contact them.

<sup>b</sup> Control group cases were no longer included in the study after December 2009 so the above figure represents control cases from that month only.

## Parent interviews during current quarter (December 2009 – February 2010)

### Baseline interviews

January 2010 was the last month in which baseline interviews were conducted; therefore, during the previous quarter, baseline interviews were only conducted for two of the three months (December 2009 and January 2010). During this period, 90 baseline interviews were attempted with parents. Of these, 40 interviews were completed, for a response rate of 44 percent. The most common reason for incomplete interviews was incorrect or disconnected phone numbers (n=30). Of those respondents Wilder Research was able to contact, 77 percent completed the survey (see Figure A2).

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#### A2. Baseline interviews attempted: Current quarter (December 2009 – January 2010 only) (N=90)

Interview status	N	Response rate (%)	Cooperation rate (%)
Complete	40	44%	77%
Incomplete	50	-	-
Unable to locate respondent <sup>a</sup>	30	-	-
No answer	8	-	-
Not interviewed <sup>b</sup>	8	-	-
Language barrier	0	-	-
Participant refusal	4	-	-

<sup>a</sup> Interviewers could not locate respondent due to bad or disconnected phone numbers.

<sup>b</sup> Interviewers made initial contact with the household but could not complete an interview with the respondent.

**Note.** Response rate refers to the proportion of interviews completed based on all households attempted. Cooperation rate refers to the percentage of interviews completed with participants who were able to be reached by interviewers.

### Follow-up interviews

During this quarter, 61 follow-up interviews were attempted with parents. Of these, 42 interviews were completed, for a response rate of 69 percent. The most common reason for incomplete interviews was incorrect or disconnected phone numbers (n=14). Of those respondents Wilder Research was able to contact, 91 percent completed the survey (see Figure A3). Follow-up interviews will continue to be conducted through August 2010.



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**A3. Follow-up interviews attempted: Current quarter (N=61)**

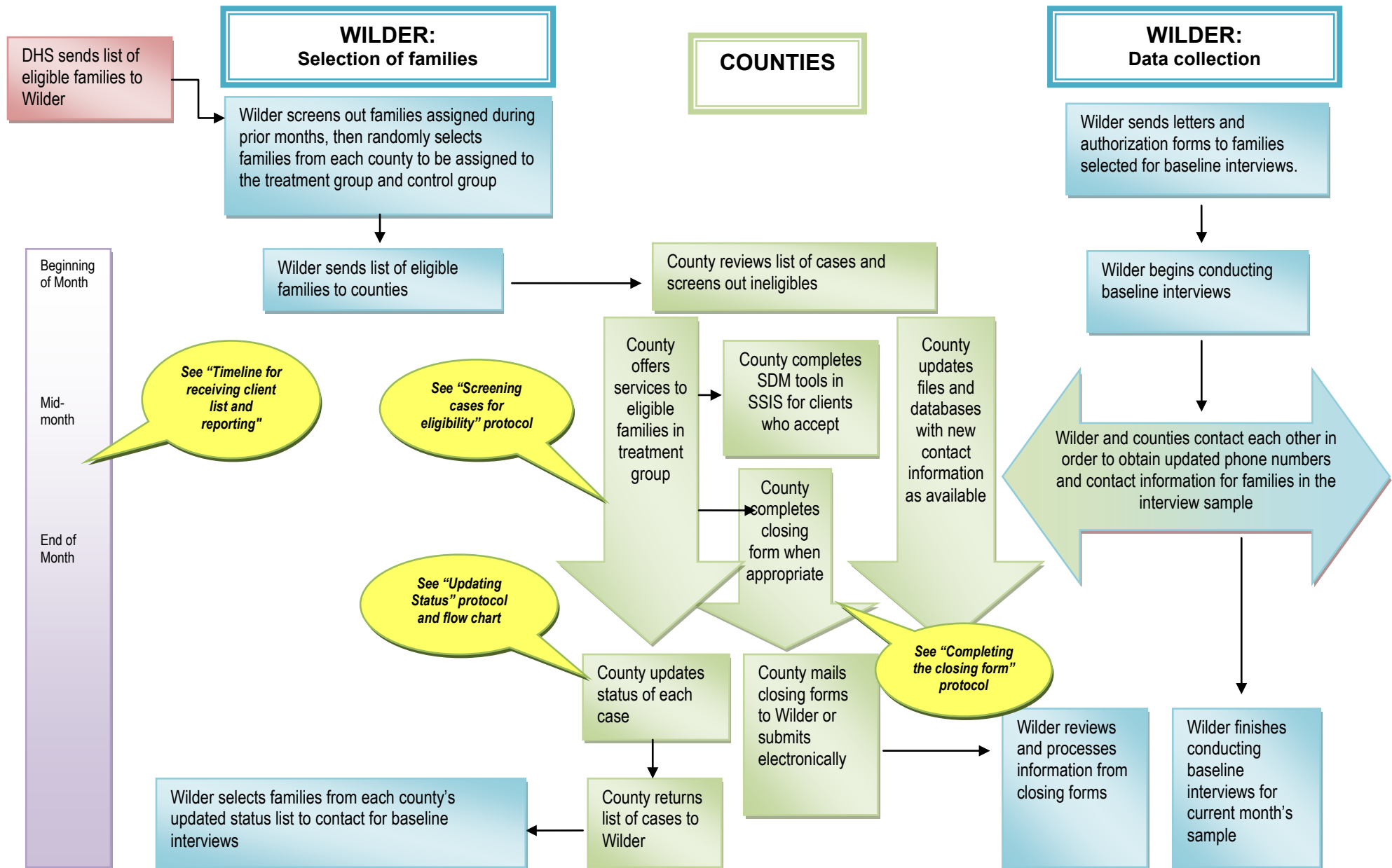
<b>Interview status</b>	<b>N</b>	<b>Response rate (%)</b>	<b>Cooperation rate (%)</b>
Complete	42	69%	91%
Incomplete	19	-	-
Unable to locate respondent <sup>a</sup>	14	-	-
No answer	1	-	-
Not interviewed <sup>b</sup>	2	-	-
Language barrier	0	-	-
Participant refusal	2	-	-

<sup>a</sup> Interviewers could not locate respondent due to bad or disconnected phone numbers.

<sup>b</sup> Interviewers made initial contact with the household but could not complete an interview with the respondent.

**Note.** Response rate refers to the proportion of interviews completed based on all households attempted. Cooperation rate refers to the percentage of interviews completed with participants who were able to be reached by interviewers.

## MFIP Family Connections: Monthly evaluation steps



## Data collection instruments – Closing form


### MFIP Family Connections Closing Form

Date form completed: \_\_\_\_\_ County: \_\_\_\_\_ Agency name: \_\_\_\_\_  
Primary staff name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client name: \_\_\_\_\_ Client PMI: \_\_\_\_\_

Is this a returning client (i.e., you reopened a closed case for someone who had previously accepted services)?

☐<sup>1</sup> Yes

 Why do you think this client returned for services? \_\_\_\_\_ (GO TO PAGE 2)

[Describe any changes in the client and/or the family you feel led to the client's return, not simply what services were needed]

☐<sup>2</sup> No, this is a new client

#### Engagement

1. Please indicate the number of times **you or someone from your team** initially attempted to reach the client using each of the following methods:

\_\_\_\_ Left phone message

\_\_\_\_ Phone contact

\_\_\_\_ Letter

\_\_\_\_ Hand-written note

\_\_\_\_ Face to face visit (drop in or scheduled appointment; in office, home or other)

\_\_\_\_ At client's appointment with employment counselor or financial worker

\_\_\_\_ Other (Please describe: \_\_\_\_\_)

2. Approximately how many hours did **you or someone from your team** spend attempting to reach and engage this client, before he/she accepted or declined? (CHECK ONLY ONE)

☐<sup>1</sup> Less than 1 hour

☐<sup>2</sup> 1-2 hours

☐<sup>3</sup> 3-4 hours

☐<sup>4</sup> 5-6 hours

☐<sup>5</sup> 7-8 hours

☐<sup>6</sup> More than 8 hours (about how many hours? \_\_\_\_\_)

3. Did this client accept services through the MFIP Family Connections Program?

☐<sup>1</sup> Yes, the client accepted services ("accept" status) *SKIP TO QUESTION 5*

☐<sup>2</sup> No, the client either declined or did not accept within the 2 month time frame ("Did not accept/decline" status)

☐<sup>3</sup> Client could not be reached ("no contact" status) *STOP HERE. YOU DO NOT NEED TO COMPLETE THE REMAINDER OF THIS FORM*

4. What do you think is the **main reason** this client did not accept services? (CHECK ONLY ONE)

☐<sup>1</sup> Services not needed, family is financially stable

☐<sup>2</sup> Services not needed, family is *currently receiving services* through a similar program

☐<sup>3</sup> Services not needed, family *recently closed services* with a similar program

☐<sup>4</sup> Family has no time/interest

☐<sup>5</sup> Other (Please describe: \_\_\_\_\_)

☐<sup>8</sup> Don't know

**STOP. Complete remainder of form only for clients who accepted services.**

**[OVER FOR OPEN CASES →]**

Date client accepted or re-opened for services: \_\_\_\_\_ Date case closed: \_\_\_\_\_

### **Services/Activities**

Please complete the following tables regarding the services and activities ***you or someone from your team*** provided for this family as part of the MFIP Family Connections program.

#### **A. Did you (or someone from your team) provide... (CHECK ALL THAT APPLY)**

Issue/Need	Passive resource referral <sup>*</sup>	Case management/direct service <sup>**</sup>	Money/cash support <sup>***</sup> → → → → →	Please write amount here
5. Housing	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
6. Food (other than WIC)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
7. Clothing	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
8. Utilities/phone	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
9. Furniture/household items	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
10. Financial or other public benefits	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
11. Transportation	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
12. Child care	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
13. Medical or dental (parent or child)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
14. Mental health (parent or child)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
15. Substance abuse treatment or support	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
16. Domestic violence support	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
17. Employment/job training	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
18. Education – parent/caregiver	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
19. Education – child	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
20. English language skills	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
21. Parenting education	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
22. Legal assistance	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
23. Recreational activities	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
24. Respite care	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
25. Financial management/budgeting	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
26. Other (Please describe: _____)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
27. Other (Please describe: _____)	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>3</sup> →	
<input type="checkbox"/> <b>No services provided</b>				

<sup>\*</sup> **Passive Resource Referral:** worker provided client with educational materials about or contact information for other county or community programs/services.

<sup>\*\*</sup> **Case Management/direct service:** worker provided client with a service or ongoing support

<sup>\*\*\*</sup> **Money/cash support:** worker authorized the use of cash or direct payments made on the client's behalf.

**OVER**

**B. In the space below, write in the corresponding numbers from the above table of the issues or needs that were a major focus of your work with this client (CHOOSE UP TO 3)**

**The client's situation in this area...(CHECK ONE)**

	Improved significantly	Improved moderately	Stayed the same	Got worse
28. _____	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>
29. _____	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>
30. _____	<input type="checkbox"/> <sup>4</sup>	<input type="checkbox"/> <sup>3</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>

31. Did MFIP Family Connections help connect this family to any of the following public benefits or government funded programs that they **were not already receiving**? (CHECK ALL THAT APPLY)

- ☐<sup>1</sup> SSI or SSDI  
☐<sup>2</sup> WIC  
☐<sup>3</sup> MA or MinnesotaCare  
☐<sup>4</sup> Section 8/HUD voucher  
☐<sup>5</sup> Emergency Assistance (EA)  
☐<sup>6</sup> Energy/Fuel Assistance  
☐<sup>7</sup> Child care subsidy  
☐<sup>8</sup> Other (Please describe: \_\_\_\_\_)  
☐<sup>9</sup> Other (Please describe: \_\_\_\_\_)

#### **Client contact**

Please complete the following table about the contacts or interactions **you or someone from your team\*** had with the family **after** they became involved in program or **since** they were re-opened in the program:

Type of contact	Number of contacts	Total number of hours spent in this type of contact
32. In person	_____	_____
33. Phone	_____	_____
34. Written	_____	_____

\*Do not include contacts and hours of staff who became involved with this family as a result of your referral as part of the MFIP Family Connections Program.

#### **Client participation and engagement**

**Please indicate your level of agreement with the following statements:**

35. The client was actively engaged in **developing** his or her case plan

- ☐<sup>1</sup> Strongly agree  
☐<sup>2</sup> Somewhat agree  
☐<sup>3</sup> Somewhat disagree  
☐<sup>4</sup> Strongly disagree

36. The client was actively engaged in **carrying out** his or her case plan

- ☐<sup>1</sup> Strongly agree  
☐<sup>2</sup> Somewhat agree  
☐<sup>3</sup> Somewhat disagree  
☐<sup>4</sup> Strongly disagree

### Teaming/Consultation

37. Please indicate whether any other staff or professionals were assigned to or involved in this case, and whether you met or consulted\* with them about the case:

	37a. Was this type of worker assigned to this case?			37b. If yes, did you meet or consult* with this worker about this case?		37c. If yes, did you meet regularly with this worker as part of a team?	
Staff person or other professional	No	Don't know	Yes →	No	Yes →	No	Yes
a. Financial worker	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>
b. Employment counselor	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>
c. Other county worker	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>
d. Other community worker	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>
e. Other (Describe: _____)	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>8</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>	<input type="checkbox"/> <sup>2</sup>	<input type="checkbox"/> <sup>1</sup>

38. About how many hours did you spend consulting\* about this case with staff or professionals identified in question 37? (Round up time to the nearest whole hour)

- ☐<sup>1</sup> No hours  
☐<sup>2</sup> 1-3 hours  
☐<sup>3</sup> 4-6 hours  
☐<sup>4</sup> 7-9 hours  
☐<sup>5</sup> 10 or more hours (about how many hours? \_\_\_\_\_)

\* Consulting includes face to face interactions with staff, as well as phone, email or other contact.

### Case Closing

39. Overall, how would you rate the client's progress in meeting his or her goals? (CHECK ONLY ONE)

- ☐<sup>1</sup> Client exceeded goals  
☐<sup>2</sup> Client met goals  
☐<sup>3</sup> Client partially met goals  
☐<sup>4</sup> Client did not meet goals

40. What was the main reason this case closed? (CHECK ONLY ONE)

- ☐<sup>1</sup> Services complete, no further services needed at this time  
☐<sup>2</sup> Case closed, referred or transferred to a county-based program (e.g. child protection, children's mental health)  
☐<sup>3</sup> Case closed, referred or transferred to a community-based program  
☐<sup>4</sup> Case closed, client's needs exceed the capacity of the program  
☐<sup>5</sup> Case closed at client's request  
☐<sup>6</sup> Client no longer available to participate (i.e. client is incarcerated, hospitalized, moved out of county, etc.)  
☐<sup>7</sup> Unable to locate client/missing  
☐<sup>8</sup> Other (please describe: \_\_\_\_\_)

**THANK YOU FOR COMPLETING THIS FORM!**

**At the end of each month**, please send completed forms to:  
 Mao Thao, Wilder Research  
 451 Lexington Parkway North  
 St. Paul, MN 55104

## MFIP Family Connections program brochure



**B**eing a parent can be a demanding job, especially if you are having a hard time making ends meet.

If you now get financial support from the Minnesota Family Investment Program (MFIP), and care for at least one child age 10 or younger, you may qualify for extra help.

### What do you need?

Maybe it's help with housing, transportation or child care. Maybe you want to take a class on how children grow. Maybe connection with a parent support group would help.

Maybe you know exactly what you need most right now but just need help in getting it.

### New effort

This extra support is available as part of a new effort in your county. We're changing the way we work to better support families and keep children safe and healthy.

Participation is voluntary. Services are usually short term. The focus is on working with family strengths and meeting family needs. This program is about linking families to community resources to provide parents and their children with the resources they want and need.

agency

### How it works

You will be contacted by program staff who will explain it to you. If you choose to participate, an MFIP Family Connections worker will talk with you further about services and resources you need and how you will be connected to them. Services are directed at helping you meet the needs of your children and family.

### Learning from you

Because we want to know what is most helpful to families, you may be contacted for information about your experience in this program. We want to learn from you so that we may better assist other families. You will be compensated for your time in completing surveys and interviews.



Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນຳພນັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoona kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda machuumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB #2 (10-06)

This information is available in other forms to people with disabilities by contacting us at (651) 431-4671 or toll free at (800) 657-3954. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.