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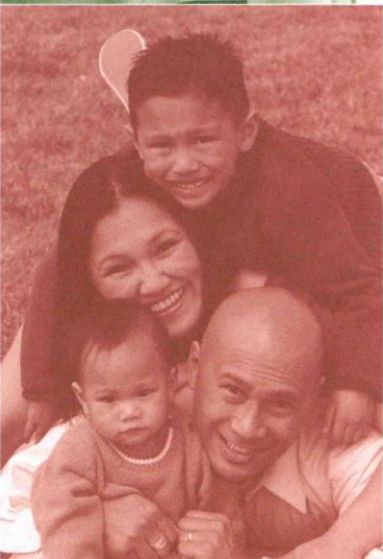


MFIP Family Connections final evaluation report

*Outcomes and lessons learned from a
three-year pilot project: January 2008 -
December 2010*



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pilot project: January 2008-December 2010*

April 2011

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Summary

MFIP Family Connections was a collaborative program of the Minnesota Family Investment Program and Child Welfare Services, developed by the Minnesota Department of Human Services (DHS). The voluntary pilot program connected eligible individuals receiving MFIP with community supports and services. Program goals included: 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 was implemented in eight Minnesota counties: Beltrami, Cass, Crow Wing, Dakota, Olmsted, Polk, Ramsey, and Sherburne. The program served 1,672 families between October 2007 and December 2010, 88 percent of their goal of 1,900 families.

Overview of the evaluation

The Department of Human Services contracted with Wilder Research in St. Paul to conduct an evaluation of the MFIP Family Connections program. The evaluation used an experimental design that compared outcomes for families who were served by the program with a similar group of families who did not receive program services. To carry out this evaluation, Wilder staff randomly assigned 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 who were offered services and those from the control group, and State administrative data. Data presented reflect information collected during three years of the program (January 2008-December 2010) and include 3,647 individuals who were offered services (1,594 of whom went on to accept services and enroll in the program) and 600 individuals who comprise the control group.

Description of families served and services received

- Overall, 43 percent of families who were offered MFIP Family Connections went on to accept and receive program services.
- Ninety-three percent of program participants were women. About half of the participants were White (51%), with the next largest racial groups being African American or Black (31%), and American Indian (12%).

- Participants were enrolled in the program for an average of 4 and a half months and had about 12 contacts with their case worker during the course of their enrollment (either in-person, by phone, or in writing).
- The most common services received by families were related to basic needs. Fifty-five percent of families received services related to housing, and 38 percent received transportation services. About one-third of families also received services or referrals for food, clothing, and furniture or household items.

Key findings by program goal area

Child maltreatment

Overall, few families who received services through the MFIP Family Connections program or those from the control group had a child maltreatment report at any point during the 18 month period following program enrollment (8% of families who received services and 10% of families from the control group). Even fewer families (3% of families receiving services and 2% of control group families) had a child placed out of the home during that time due to a child protection incident. Furthermore, there were no significant differences between families receiving services and the control group with regard to child maltreatment reports or out of home placements. Although the evaluation was not able to demonstrate that the MFIP Family Connections program was effective at reducing child maltreatment among participating families, it is encouraging to note that few families in either group experienced child maltreatment, particularly in light of existing research which suggests that 42 percent of families receiving economic assistance (MFIP) have a child maltreatment report within five years following their enrollment.¹

Service coordination

Families who received MFIP Family Connections services were usually also working with a financial worker (73% of cases) and/or an employment counselor (64% of cases) as part of their participation in MFIP, and in some cases, they were also receiving services through other county and community professionals. As part of the program model, MFIP Family Connections caseworkers were encouraged to consult with these other professionals to help coordinate services for families. This case consultation occurred with financial workers and employment counselors in about two-thirds of cases (62%-68%), and 9 out of 10 times when other county workers were involved in the case. Although actual time spent consulting with other professionals was modest (three hours or less in most cases), this

¹ 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

coordination of services across program areas presents a new and innovative approach to service delivery that could be beneficial for other child welfare initiatives in the future. In a survey of MFIP Family Connections staff conducted in fall 2010, many described how increased coordination among workers had resulted in more effective and streamlined services, and the ability to provide more resources to families.

Basic needs/connections to resources

Overall, it appears that the MFIP Family Connections program was successful in helping families secure resources to meet their basic needs, but their changes in knowledge and use of community resources were no more likely to improve than those of the control group. Program staff reported that families' circumstances improved for over three-quarters of families who received services in the areas of transportation, furniture and household items, clothing, medical and dental needs, food, and phone/utilities. However, families who participated in the baseline survey did not report any differences in their ability to meet their basic needs at baseline or follow-up. Of families who received program services and those in the control group, most families (71%-100%) reported being able to meet their basic needs at both points in time, so it may be that there was too little room for improvement. And while one-third to one-quarter of participants reported an increase in their knowledge and use of community resources from baseline to follow-up, they were no more likely to report differences than the control group. These results suggest that the program did not have an impact on families' knowledge or use of community programs/services at the six month follow-up.

Employment and income

Overall, the employment rate and income level for program participants were generally equivalent to that of the comparison group. The comparison group (49%) was more likely to be employed at baseline than program participants (44%), but there were no statistical differences between groups at the follow-up time points. Findings suggest a modest decline (although not statistically significant) in employment for the control group over an 18 month period (52% to 47%), while rates for program participants were fairly stable over 18 months, ranging from 45 to 47 percent. Given the current economic climate and unemployment rate, the findings may indicate a modest trend favoring program participants in the long term. Quarterly income increased slightly for both groups over time, but at about the same rate; no group differences were observed. Employment and income findings should be interpreted cautiously, however, given the variability in reported income, and the fact that measures of employment and income are based solely on wages reported to DEED.

Client participation and satisfaction with services

Evaluation results suggest that families receiving services worked collaboratively with caseworkers to meet their goals, and were generally very satisfied with the program overall. According to case workers, 85 percent of families helped develop case plans with their worker, and 75 percent were engaged in carrying out their case plans. Case workers felt that 80 percent of clients had at least partially met the goals they had set for themselves by the time they left the program. Regarding program satisfaction, families who had received services identified basic needs and emotional support as the areas where they most needed help from the program, and a majority of families felt they got the help they needed in each of these areas. In fact, 89 percent felt that their Family Connections worker provided them with the emotional support they needed, and about two-thirds of families felt they received the help they needed when it came to basic needs. Overall, 87 percent of participants were satisfied with the program, and 92 percent would recommend the program to others.

Lessons learned

The art of engagement

Because MFIP Family Connections was a voluntary program, it was the responsibility of case workers to recruit eligible participants for the program. Overall, 43 percent of families offered the program decided to enroll, which is fairly consistent with the acceptance rates of other similar, voluntary programs. While there may be many reasons why a family chooses not to participate in this type of program, the way in which the program is described and marketed likely plays an important role in the family's decision about participation. Over the course of the project, the following lessons emerged related to client engagement:

- Workers may need to make multiple attempts to reach a family, but more than three to five attempts may not be worthwhile.
- Families appear to be more likely to participate when the worker personally connects with the family in some way.
- The service offer made to families and the description of the program must be clear and concise.
- Families who ultimately accept services have more risk factors and are already connected with social services.

Understanding the program model

The MFIP Family Connections program was developed in response to research demonstrating a link between families receiving economic supports through welfare programs and families involved in the child welfare system. The theory of change behind the program is that by helping families access basic needs and community resources, some of the stress related to financial hardship is alleviated, which in turn reduces the potential incidence of child abuse or neglect. In practice, this involved providing case management to families on MFIP, connecting them with needed community resources, and providing cash support in some cases. This theory and general practice model was shared with the county case workers and supervisors at an orientation meeting, who then used this general framework to implement the program in their local county. However, the geographic scope and diversity of counties as well as issues related to staff turnover and training may have affected fidelity to the program model. Over the course of the project, the following lessons emerged related to the program model:

- It is a challenge for a statewide program with diverse satellite sites to implement programming uniformly.
- Defining and revisiting the program model with current and new staff on an ongoing basis may enhance fidelity to the program model.

Aligning program goals and outcomes

In the case of MFIP Family Connections, two primary goals were identified, including: a) preventing child maltreatment and negative developmental outcomes for children while increasing protective factors, and b) enhancing systems of service coordination. These goals reflect the interests of multiple funders and stakeholders, and although they are succinctly stated, the first goal in particular encompasses several complex, multi-layered issues, such as children's social-emotional health, school achievement, and parent-child interactions. These goals therefore include a broad range of complex outcomes, some of which may not directly align with specific activities in the program model. Several lessons related to the importance of aligning goals and outcomes emerged:

- Before identifying the program outcomes to be measured, it is important to assess program goals and the ability to achieve these goals given the program model.
- Developing a logic model that clearly illustrates the links between program goals, activities, and outcomes would help ensure that the evaluation is targeted and assessing the appropriate outcomes.

- Actual outcomes for MFIP Family Connections are similar to those of other, similar child maltreatment prevention and early intervention programs.

The influence of dosage and risk

Families expressed high levels of satisfaction with program services, and had many basic needs met through the program. However, the study found few other impacts on families as a result of their participation in the MFIP Family Connections program. While this might be true for the given set of families who participated in the program as initially conceived, additional exploration of the data suggest that *who* receives services and the *amount* of services received may influence the extent to which the program positively impacts participants.

- Families who receive a higher dosage of service may benefit more from this type of programming.
- Families with more risk factors and needs may benefit more from this type of programming.
- It is possible that the maximum benefit of this type of programming is experienced by high-risk families who receive high levels of service.

Introduction

Project description

MFIP Family Connections was 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 was a voluntary pilot program that connected 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. A study conducted by the Chapin Hall Center for Children² found that 42 percent of the families receiving economic assistance (N=1,075) had a child maltreatment report in the five year period following their enrollment in TANF, including a high percentage of families who had no previous child welfare involvement. In addition, the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4) found that children in low socioeconomic status households experience maltreatment at five times the rate of other children.³ 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 program 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 MFIP Family Connections program were 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

² 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

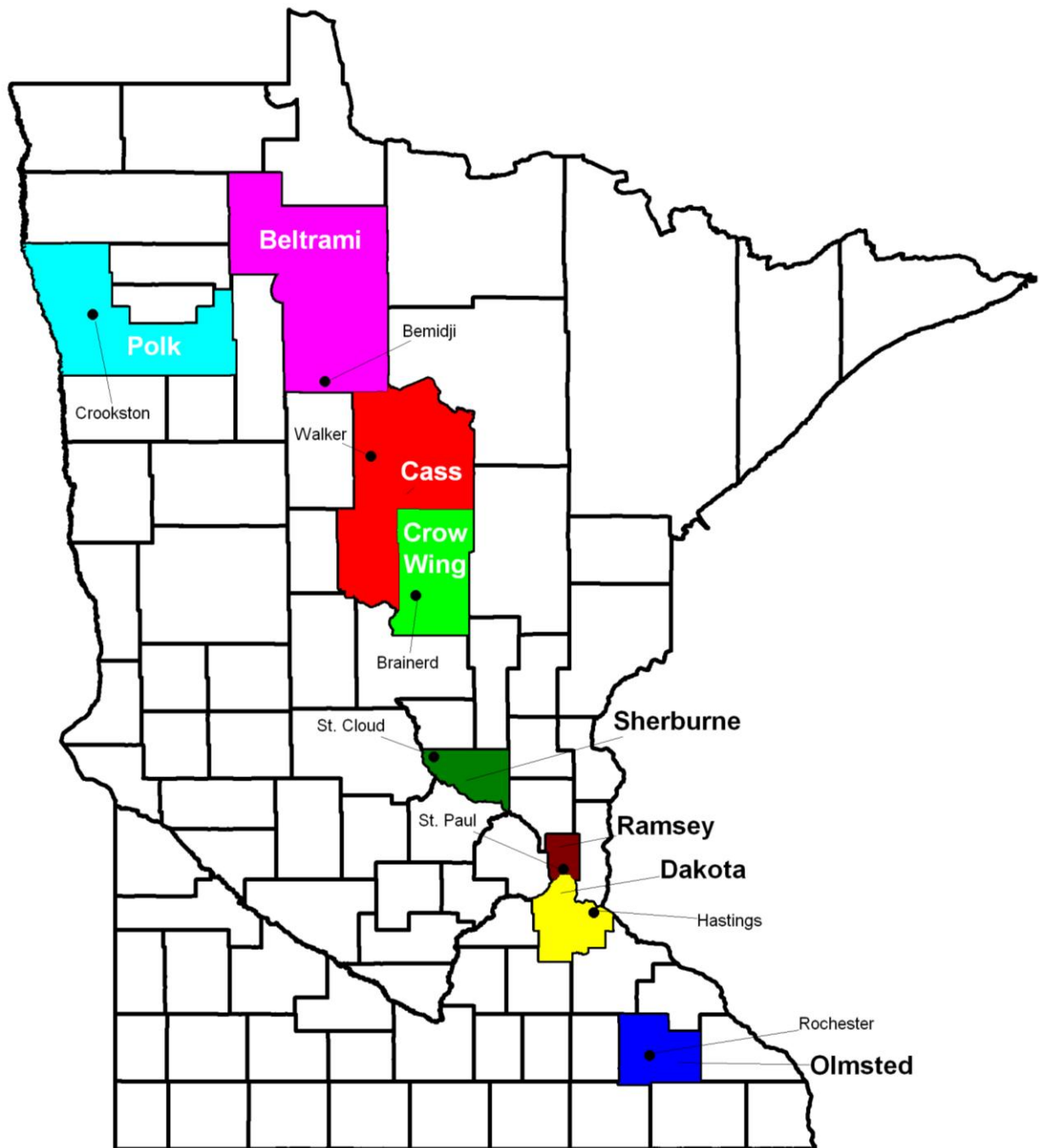
³ Andrea J. Sedlak, Jane Mettenburg, Monica Basena, Ian Petta, Karla McPherson, Angela Greene, and Spencer Li. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families.

case planning and service delivery. Through the provision of these services, the program aimed to improve family functioning and enhance child well-being for low-income families with young children. In addition, this evaluation also assesses 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.

Participating counties

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

1. Minnesota counties participating in MFIP Family Connections



Family Connections program model

In general, each of the eight counties that provided services to families through the MFIP Family Connections program used a similar overarching approach for service delivery. That is, all of the counties worked with families to address primarily short-term, immediate needs and connected them to community resources for longer-term support. Despite a common purpose and goal, counties implemented the program in diverse communities across the state and tailored 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 delivered services directly through their county social service office (Beltrami, Cass, Dakota, and Polk), while the other half contracted with community-based service providers for case management services (Crow Wing, Olmsted, Ramsey, and Sherburne). Contracted agencies maintained an ongoing relationship with their respective county offices in order to obtain information about the families they served through the program.

All participating counties and contracted agencies were staffed by one to three case workers responsible for serving families through MFIP Family Connections, and each case worker was supervised by one or more staff in the social services or economic support services areas. In some counties, additional staff screened families for program eligibility or offered other forms of support.

Eligibility criteria

Families had to meet select eligibility criteria in order to participate in the MFIP Family Connections program. From October 2007 through June 2010, a family was eligible for the program if they:

- a) had been receiving MFIP family supports between 0 and 36 months,⁴
- b) had a child under the age of 11 in their household (or, was a first-time expectant parent),
- c) did not have an open Child Protection or Child Welfare case (intake investigation, family assessment, case management, etc.),

⁴ In March 2009, eligibility criteria related to length of enrollment in MFIP was adjusted from 3 to 36 months to 0 to 36 months. In 2010, the 36-month maximum criterion was also dropped for some counties to allow them to reach their projected target number of families to be served.

- d) were not currently participating in similar programs such as PSOP (Parent Support Outreach Program), ISP (Integrated Services Project), and MFIP Outreach;⁵ and
- e) had not moved out of the county.

In July 2010, the program expanded eligibility criteria in order to serve a broader pool of families. Families were still required to have an open MFIP case and have a child under age 11 living in the home, but all other criteria were dropped.

Program scope

Between October 2007 and December 2010, the MFIP Family Connections program expected to serve approximately 1,900 families. The number of families to be served by each of the eight counties varied from 96 to 465. Through December 2010, a total of 1,672 families received program services, or 87 percent of the total number of families intended to be served through the program. It should be noted, however, that the number of families served during the expanded eligibility period (July-December 2010) may be underreported, so it is possible that the total number of families served is also underreported. See Figure 2 for a breakdown by county.

2. Total number of families 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 (Oct 2007-Dec 2010)	Percentage of expected number served
Beltrami	240	160	67%
Cass	246	139	57%
Crow Wing	112	121	108%
Dakota	465	470	101%
Olmsted	192	136	71%
Polk	96	59	61%
Ramsey	465	480	103%
Sherburne	96	107	111%
Total	1,912	1,672	87%

⁵ 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 were deemed ineligible for MFIP Family Connections.

Evaluation design

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 was to:

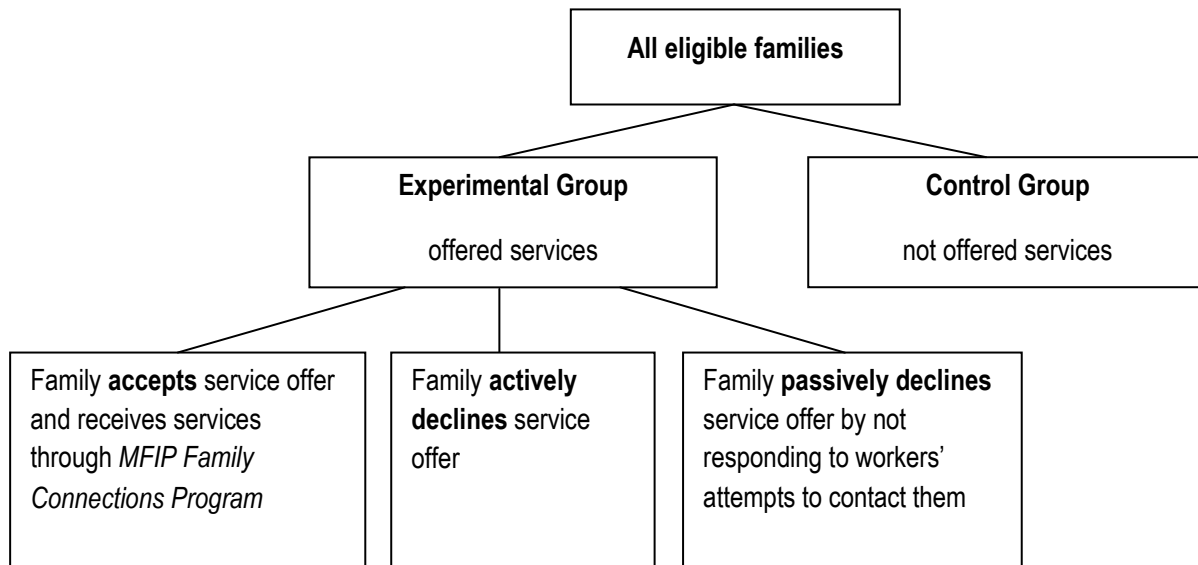
1. Assess the impact of early intervention services on low-income families with young children – specifically to see how the intervention may help to prevent child maltreatment and other negative developmental outcomes for young children while increasing protective factors, and
2. Examine how well participating 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 employed 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 identified families who were eligible for program services. Wilder staff then randomly assigned the families into the experimental group (families who were offered services) or the control group (families who were not offered services). Counties had 60 days to make a service offer to families in the experimental group. Figure 3 summarizes the study design and the groups of families included in the study.

3. Experimental and control groups for MFIP Family Connections program



Data sources

This evaluation used multiple data sources, including the following:

- **Telephone interviews** with a randomized sample of eligible parents in the experimental and control groups at baseline and again six months later. Families who completed the interview received a \$15 gift card for the baseline interview and a \$25 gift card for the follow-up interview. A total of 741 baseline interviews and 535 follow-up interviews were completed and analyzed for this report (response rates of 40% and 72%, respectively). Of the completed baseline interviews, 306 were with families who received services, and 192 were with families from the control group. The remaining 243 interviews were conducted with families who declined services or could not be reached by caseworkers. Of the completed follow-up interviews, 232 were with families who received services and 141 were with families from the control group. Again, the remaining 162 interviews were completed with families who had declined services or could not be reached by caseworkers (see Figures A1-A4 in the Appendix for a summary of completed interviews by county and status).
- **Case closing forms** completed by county workers for all families who were offered services through the MFIP Family Connections program (the experimental group), including families who accepted and declined services and those who could not be reached. A copy of the closing form is included in the Appendix of this report. Data from 3,332 closing forms were analyzed for this report, including 1,345 forms for families who accepted and received program services.

- **Site visits** with eight county agency sites, conducted by Wilder Research staff in the spring of 2008.
- **Online survey of service providers** conducted in the summer of 2008 and fall of 2010. In total, 34 of 41 program staff completed the survey in 2008 (83% response rate), and 42 of 52 individuals completed the survey in 2010 (81% response rate).
- **State administrative databases** including the Minnesota Department of Human Services' MAXIS records system and Minnesota's Social Service Information System (SSIS). Baseline and follow-up data are reported for 3,998 families from the four study groups (families who accepted services, declined services, could not be reached, and were in the control group).

Study period

Most of the data included throughout this report reflect program activities that occurred between January 2008 and June 2010, the official study period for this evaluation. Although the program continued to operate from July through December 2010, program eligibility criteria were modified and evaluation requirements were lifted in order to provide program staff with greater flexibility to reach a broader population and expand or modify their services. Information about families served during this period is more limited and is presented separately later in the report.

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 was 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 indicates that the groups had no notable 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 had the intended effect of producing comparable groups for the experimental study.⁶

⁶ Two exceptions are related to children's physical health and child protection history. The experimental group was significantly more likely to have a child with a physical disability than families in the control group. The control group was significantly more likely to have had a child protection report in the four years prior to program entry compared with the experimental group. However, due to the large number of cases and the small difference in percentages, the result of this statistical test does not likely reflect any real difference between groups with regard to child protection history.

Description of families

Program enrollment

Between January 2008 and June 2010, 3,398 families across eight counties were offered services through the MFIP Family Connections program (the experimental group). Of these, 1,471 families accepted services, for an average acceptance rate of 43 percent (Figure 4). Acceptance rates varied by county, ranging from 26 percent to 53 percent. Although the program continued from July through December 2010, acceptance rate data for this period are less clear, as counties were no longer required to report this information on a monthly basis and could also accept referrals outside the list of eligible families sent to them. Based on data submitted by case workers on case closing forms, it is known that at least 123 additional families were served between July and December 2010, and at least 126 families declined services or could not be reached. Families served during this period are described in a separate section later in this report.

4. Program acceptance rates and control group numbers by county, January 2008-June 2010 (N=3,998)

County	Experimental group			Control group	Acceptance rate
	Accept	Active decline ^a	Passive decline ^b		
Beltrami	130	228	90	77	29%
Cass	130	29	162	62	40%
Crow Wing	97	24	65	43	52%
Dakota	397	141	208	135	53%
Olmsted	126	88	144	65	38%
Polk	54	127	29	37	26%
Ramsey	445	80	429	145	47%
Sherburne	92	31	52	36	53%
Total/Average	1,471	748	1,179	600	43%

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

^b Families who could not be reached by case workers, despite attempts to contact them.

Families receiving services

Evaluators obtained descriptive information about families in the study through administrative records from the Minnesota Department of Human Services and telephone interviews. Information from administrative records reflects all families who entered the program between January 2008 and June 2010.⁷ Information from parent interviews represents a sample of families from each group who entered the program between January 2008 and December 2009.

Demographics

Figures 5 through 9 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 (93%) were women. About half of the participants were White (51%), with the next largest racial groups being African American or Black (31%), and American Indian (12%). The average age of adult participants was 28, and the average age of children was 5 years old, ages that are consistent with the aim of the program to target families with young children (Figures 5-6).

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 (49%) 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 7-8).

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 in school when they enrolled in the program (Figure 9).

⁷ Due to changes in program eligibility, administrative data are not available for families served after July 1, 2010.

5. Demographic characteristics of primary MFIP recipient (N=1,148-1,471)

	N	%
Gender		
Female	1,373	93%
Male	98	7%
Race		
White	742	51%
Black or African American	442	31%
American Indian or Alaskan Native	178	12%
Asian/Pacific Islander	62	4%
Multi-racial	24	2%
Ethnicity		
Hispanic/Latino	144	10%
Non-Hispanic/Latino	1327	90%
Marital/relationship status (N=305)		
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%
Citizenship		
US citizen	1,247	85%
Non citizen	224	15%

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

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

	Total N	Minimum	Maximum	Mean
MFIP grant applicant	1,450	17	72	28
Children in the household	3,071	0	17	5

Source: MAXIS State records.

7. Household size for participating families at entry (N=1,464)

	N
Minimum number	2
Maximum number	14
Mean	4
Median	4

Source: MAXIS State records.

8. Household type for participating families at entry (N=1,464)

	N	%
Households with parent(s)/applicant and children	711	49%
Households with parent(s)/applicant, children and other relatives under 18	69	5%
Households with parent(s)/applicant, children, and other relatives over 18	366	25%
All other households	318	22%

Source: MAXIS State records.

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

	N	%
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 (85%) were still receiving MFIP at baseline. At that time, length of MFIP enrollment for families accepting services ranged from 2 to 112 months (due to expansion of eligibility criteria for select counties), with an average of 19 months at entry (Figure 10).

10. MFIP participation of Family Connections participants at entry (N=1,471)

	Minimum	Maximum	Mean	Median
Months receiving MFIP	2	112	19 months	16 months

Source: MAXIS State records.

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, 44 percent of program participants (N=649) 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 widely for the 649 program participants employed at baseline. Figure 11 below provides the range of reported incomes earned during the quarter that participants entered the MFIP Family Connections program. The median quarterly income was \$2,130, or about \$710 per month. Higher than expected quarterly earnings may reflect incomes of child-only relative caregiver cases, which comprise 13 percent of the total sample, as well as errors in State records.

11. Quarterly income of program participants at baseline: January 2008-June 2010 (N=1,471)

	N	% of total	Income at baseline			
			Minimum	Maximum	Mean	Median
Individuals employed at baseline	649	44%	\$5	\$21,504	\$2,784	\$2,130

Source: DEED State records.

Note. Figures reflect income reported by employers and do 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 12).

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

Number and percentage 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 and 10 percent had a learning disability. A large majority (88%) felt that their child's development was on track (Figure 13).

13. Health and development of participants' children^a at entry (N=297-304)

	N	%
Does your child have any of the following conditions?		
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%
Is your child's development on track?		
Number of parents who felt development was on track	265	88%

Source: Baseline parent interview.

^a Survey respondents were asked to provide information about one randomly-selected child living in their home.

Housing

The next set of figures summarizes living arrangements and housing stability for families who participated in MFIP Family Connections. At baseline, most participants (84%) reported that they either rented or owned the home where they were currently living. The remaining 16 percent of families were staying somewhere else, most often with relatives or friends (Figure 14).

The findings suggest that housing stability was an issue for many of the families served through the program. Just over half of the families (55%) reported that they were 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 15).

14. 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.

15. 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 was to prevent future maltreatment of children in the study population. In order to be eligible for the program, families must not have had an active Child Protection case open at the time they enrolled. However, families who had previously been involved with Child Protection Services were not excluded from the program. In fact, according to State administrative records, 16 percent of families accepting services (N=241) had a previous maltreatment report some point during the four years prior to program entry. Types of cases reported included neglect (207 families with at least one report), physical abuse (66 families with at least one report), medical neglect (6 families with at least one report), and sexual abuse (3 families with at least one report) (Figure 16).

**16. Participant involvement with Child Protection within last four years
(N=1,471)**

	N	%
Child Protection report in past 4 years	241	16%
Type of report(s)		
Neglect	207	86% of cases
Physical abuse	66	27% of cases
Medical neglect	6	2% of cases
Sexual abuse	3	1% 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 1,471 families served between January 2008 and June 2010, 17 percent (N=245) 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.

Families who declined program services

During the baseline parent interview, families who declined MFIP Family Connections 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 17.

17. 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 ^a	27	24%

^a 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 63 percent of cases that declined (Figure 18). 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 have misinterpreted or misunderstood 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.

18. Reasons for declining program services: Caseworkers' assessments (N=605)

Reason	N	%
Family has no time/interest	384	63%
Services not needed, family is financially stable	86	14%
Family is receiving services through a similar program	25	4%
Other ^a	34	6%
Don't know	76	13%

^a Other reasons include: client recently moved or was moving, client recently closed from a similar program, client did not want to get involved with county system/did not trust system, cultural barriers, client requested resources but did not want to open a case, client thought other families could benefit more, client in jail/treatment and could not commit to program.

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 were more likely to accept program services.

General characteristics

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

- Were more likely to be African American or Black, and less likely to be American Indian.
- Were more likely to be of Hispanic/Latino ethnicity.
- Were less likely to be US citizens (although 85% of those accepting services are US citizens).
- Were less likely to have a relative's child living in their home.
- Were somewhat less likely to be employed and have lower incomes, on average.
- Were less likely to have reliable transportation.

Service utilization

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

- Were more likely to be enrolled in MFIP at program entry.
- Had 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.
- Were 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.

Family well-being

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

- Reported lower levels of social support.
- Reported higher levels of stress related to providing for their family and general feelings of being "overwhelmed."
- Had 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 were:

- 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 were offered this voluntary program were more likely to accept if they had fewer resources, more stressors, and were already connected to other social service systems, particularly county-run or public programs.

Description of program services

The following summarizes the type and amount of service provided to families participating in the MFIP Family Connections program between January 2008 and June 2010, 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 817 days (or about 27 months). On average, participants were enrolled in the program for 141 days, or 4 and a half months (Figure 19).

19. Duration in program (N=1,222)

	Minimum	Maximum	Mean	Median
Length of participation (in days)	6	817	141	114

Source: Case closing form.

Amount of service

Thirty-nine percent of program participants interacted with their case worker between four and 10 times over the course of their involvement in the program. On average, participants had about 12 total contacts with their case worker (either in-person, by phone, or in writing) and met with their case worker in-person about five times. This translated into an average of 3.2 contacts with workers per month. However, 57 percent of participants had three or fewer in-person meetings with their case worker, and 1 in 10 never met with their case worker face to face (Figure 20). 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.

20. Frequency of contact with clients by form of contact (N=1,220)

	In-person ^a		Total contacts in-person, phone and written ^b	
	N	%	N	%
0 times	119	10%	25	2%
1 to 3 times	567	47%	212	17%
4 to 10 times	273	22%	480	39%
11 times or more	261	21%	503	41%

Source: Case closing form.

^a The number of in-person contacts ranged from 0 to 53, mean = 5.

^b The number of total contacts ranged from 0 to 154, mean = 12.

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-one percent of families received between one and four hours of direct service from their case worker (Figure 21). On average, participants received about eight hours of direct service from their case worker in total, or about 1.8 hours per month. These data suggest that for most program participants, MFIP Family Connections was a short-term intervention.

21. Amount of contact with clients (N=1,189)

	N	%
Less than 1 hour	61	5%
1 to 2 hours	213	18%
2 to 4 hours	268	23%
4 to 8 hours	269	23%
8 to 12 hours	118	10%
12 to 16 hours	85	7%
More than 16 hours	175	15%

Source: Case closing form.

Note. Amount of contact with clients ranged from 15 minutes to 87.5 hours. On average, clients had 7.8 hours of contact with case workers.

Service types and methods of delivery

Families received a broad range of services through MFIP Family Connections. According to caseworkers, the most common services received by families were related to basic needs. In particular, over half of families (55%) received services related to housing, and 38 percent received transportation services. About one-third of families also received services or referrals for food, clothing, and furniture or household items (35%-33%). One-third of families also received services related to employment or job training (Figure 22).

MFIP Family Connections workers provided direct case management services as well as resource referrals in each of these areas. In addition, they also offered cash support when available and appropriate (see Figures A5-A6 in Appendix for more detailed information by service type). Housing and food were the most common referrals provided, offered to 34 percent and 26 percent of families, respectively. Housing was also the most common area of direct service for families, provided to 25 percent of families. Forty-three percent of clients received money or cash support through the MFIP Family Connections program; families received an average of \$456 each. Cash support was most often provided for transportation needs (18% of families) and furniture or household items (17% of families). The average amount spent per family in each of these areas ranged from about \$130 to \$230.

22. Services provided to clients (N=1,221)

Issue/Need	Families receiving services ^a in this area	
	N	%
Housing	666	55%
Transportation	460	38%
Food (other than WIC)	422	35%
Clothing	412	34%
Furniture/household items	398	33%
Employment/job training	406	33%
Utilities/phone	376	31%
Financial or other public benefits	252	21%
Child care	253	21%
Financial management/budgeting	233	19%
Recreational activities	220	18%
Mental health (parent or child)	217	18%
Education – child	189	16%
Education – parent/caregiver	163	14%
Parenting education	157	13%
Medical or dental (parent or child)	134	11%
Legal assistance	118	10%
Domestic violence support	57	5%
Substance abuse treatment/support	32	3%
English language skills	27	2%
Holiday programs	21	2%
Respite care	17	1%
Children’s needs/services	12	1%
Developmental disabilities/PCA services	15	1%
Emotional support	7	1%
Other ^b	65	5%

Source: Case closing form.

^a Services were provided through direct case management, resource referrals, and/or cash support.

^b Other services include advocacy, general community resources, organizational support, probation support, and other services.

MFIP Family Connections workers also helped families access public benefits for which they were eligible. The most common referrals in this area were for energy or fuel assistance (14% of families) and Section 8 or HUD vouchers (11% of families) (Figure 23).

23. Connections to public benefits as reported by caseworkers (N=1,221)

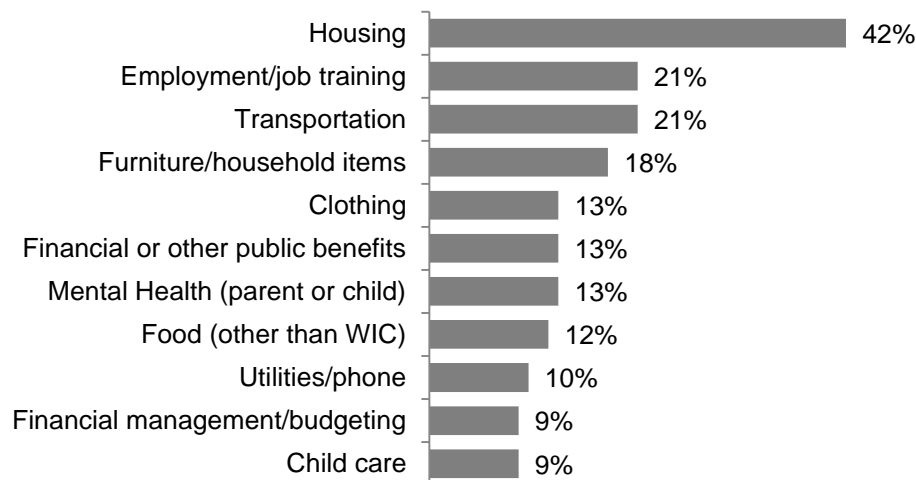
MFIP Family Connections helped connect this family to the following	N	%
Energy or fuel assistance	174	14%
Section 8 or HUD Voucher	136	11%
Emergency assistance	84	7%
Child care subsidy	62	5%
WIC	39	3%
SSI or SSDI	35	3%
MA or MinnesotaCare	20	2%
Other public benefit program ^a	73	6%

Source: Case closing form.

^a Other includes county-run case management services, public housing programs, reinstating MFIP benefits, public health services, legal services, and others.

Caseworkers were also asked to identify which service areas they believed were the major focus of their work with each client. Not surprisingly, housing was the most common issue identified as a major focus of work for case workers and families, identified by workers in 42 percent of cases. The next most common areas of focus were employment and job training and transportation, which were major focus areas in 21 percent of all cases. Figure 24 includes the top focus areas for all families served.

24. Top major focus areas of work with clients as perceived by case workers (N=1,091)



Key findings

The two primary goals of the MFIP Family Connections program were 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. Program developers were also interested in assessing the degree to which the program helped families meet their basic needs by connecting them to community resources and whether the program helped families secure and/or maintain employment. In all outcome areas, families who received services through the MFIP Family Connections program were compared to families who did not receive services (the control group) at program entry or “baseline” and 6 months later. For some outcome areas, follow-up data were also examined at 12 months and 18 months following program enrollment. In addition to measuring these key outcome areas, evaluators also assessed clients’ engagement and progress in meeting program goals, and their level of satisfaction with the services they received. Results for each of these key outcome areas are discussed in detail in this section of the report, but the following overview provides highlights in each outcome area.

Overview of key findings

- **Child maltreatment.** Overall, few families who received services through the MFIP Family Connections program or those from the control group had a child maltreatment report at any point during the 18-month period following program enrollment (8% of families who received services and 10% of families from the control group). Even fewer families (3% of families receiving services and 2% of control group families) had a child placed out of the home during that time due to a child protection incident. Furthermore, there were no significant differences between families receiving services and the control group with regard to child maltreatment reports or out of home placements. Although the evaluation was not able to demonstrate that the MFIP Family Connections program was effective at reducing child maltreatment among participating families, it is encouraging to note that few families in either group experienced child maltreatment, particularly in light of existing research which suggests that 42 percent of families receiving economic assistance (MFIP) have a child maltreatment report within five years following their enrollment.⁸

⁸ 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

- **Service coordination.** Families who received MFIP Family Connections services were usually also working with a financial worker (73% of cases) and/or an employment counselor (61% of cases) as part of their participation in MFIP, and in some cases, they were also receiving services through other county and community professionals. As part of the program model, MFIP Family Connections caseworkers were encouraged to consult with these other professionals to help coordinate services for families. This case consultation occurred with financial workers and employment counselors in about two-thirds of cases (62% to 68%), and 9 out of 10 times when other county workers were involved in the case. Although actual time spent consulting with other professionals was modest (three hours or less in most cases), this coordination of services across program areas presents a new and innovative approach to service delivery that could be beneficial for other child welfare initiatives in the future. In a survey of MFIP Family Connections staff conducted in fall 2010, many described how increased coordination among workers had resulted in more effective and streamlined services, and the ability to provide more resources to families.
- **Basic needs/connections to resources.** Overall, it appears that the MFIP Family Connections program was successful in helping families secure resources to meet their basic needs, but their changes in knowledge and use of community resources were no more likely to improve than those of the control group. Program staff reported that families' circumstances improved for over three-quarters of families who received services in the areas of transportation, furniture and household items, clothing, medical and dental needs, food, and phone/utilities. However, families who participated in the parent interview did not report any differences in their ability to meet their basic needs from baseline to follow-up. Of families who received program services and those in the control group, most families (71% to 100%) reported being able to meet their basic needs at both points in time, so it may be that there was little room for improvement. Additionally, while one-third to one-quarter of participants reported an increase in their knowledge and use of community resources from baseline to follow-up, they were no more likely to report differences than the control group. In fact, families from the control group were significantly more likely to report an increase in use of local community resources from baseline to follow-up, compared with families who participated in the program. These results suggest that the program did not have an impact on families' knowledge or use of community programs/services at the six month follow-up.
- **Employment and income.** Overall, the employment rate and income level for program participants was generally equivalent to that of the comparison group. The comparison group was more likely to be employed at baseline (49%) than program participants (44%), but there were no statistical differences between groups at the follow-up time points. Findings suggest a modest decline (although not statistically

significant) in employment for the control group over an 18 month period (52% to 47%), while rates for program participants were fairly stable over 18 months, ranging from 45 to 47 percent. Given the current economic climate and unemployment rate, the findings may indicate a modest trend favoring program participants in the long term. Quarterly income increased slightly for both groups over time, but at about the same rate; no group differences were observed. Employment and income findings should be interpreted cautiously, however, given the variability in reported income and the fact that measures of employment and income are based solely on wages reported to DEED.

- **Client participation and satisfaction with services.** Evaluation results suggest that families receiving services worked collaboratively with case workers to meet their goals, and were generally very satisfied with the program overall. According to case workers, 85 percent of families helped develop case plans with their worker, and three-quarters (75%) were engaged in carrying out their case plans. Case workers felt that 80 percent of clients had at least partially met the goals they had set for themselves by the time they left the program. Regarding program satisfaction, families who had received services identified basic needs and emotional support as the areas in which they most needed help from the program, and a majority of families felt they got the help they needed in each of these areas. In fact, 89 percent felt their Family Connections worker provided them with the emotional support they needed, and about two-thirds of the families felt they received the help they needed when it came to basic needs. Overall, 87 percent of participants were satisfied with the program, and 92 percent would recommend the program to others.

Discussion of findings

Child maltreatment

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 in reports and placements. Screened in reports are reports of suspected child maltreatment that Child Protection staff reviewed and determined should be investigated. This variable includes cases that enter into either Traditional Investigation or Family Assessment, based on the type of allegation and level of risk. Placements refer to 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

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 was that families not be involved with Child Protection at program entry (Figure 25).

25. Child Protection: Screened in reports at baseline

Status	Total N	Screened in reports: (Family Assessment or Investigation)	
		N	%
MFIP FC group	1,471	21	1%
Comparison group	600	6	1%

Source: SSIS State records.

At each of the follow-up periods (6, 12, and 18 months), between 4 and 6 percent of participants had a screened in child protection report. Overall, 8 percent of families who received Family Connections services and 10 percent of families from the control group had a screened in child protection report at anytime during the follow-up period (between 6 and 18 months). However, this difference is not statistically significant (Figure 26).

Regarding placements, very few families who received services or were in the control group had a child placed in out of home care during each of the follow up periods (1% to 2%). Overall, only 3 percent of families who received services and 2 percent of families from the control group had a child placed in out of home care at any point during the 18 month follow up period. There were no statistically significant differences between groups with regard to placement rate percentages at any follow-up period, or over time (Figure 27).

26. Child Protection: Screened in reports at follow-up periods

Status	Families with a screened in report at 6 months			Families with a screened in report at 12 months			Families with a screened in report at 18 months			Families with a screened in report during any of the follow-up periods ^a		
	Total N at 6 months	N	%	Total N at 12 months	N	%	Total N at 18 months	N	%	Total N (across periods)	N	%
MFIP FC group	1,349	51	4%	1,022	41	4%	710	34	5%	1,471	114	8%
Comparison group	600	23	4%	565	32	6%	396	18	5%	600	61	10%

Source: SSIS State records.

^a Significance testing was conducted between groups, and no significant differences were detected.

27. Child Protection: Placements during follow-up periods

Status	Placements between baseline and 6 month follow up			Placements between 6 and 12 month follow up			Placements between 12 and 18 month follow up			Placements at any time during follow up (Baseline to 18 months) ^a		
	Total N	N	%	Total N	N	%	Total N	N	%	Total N	N	%
MFIP FC group	1,349	21	2%	1,022	10	1%	710	9	1%	710	20	3%
Comparison group	600	3	1%	565	5	1%	396	4	1%	396	8	2%

Source: SSIS State records.

^a Significance testing was conducted between groups, and no significant differences were detected.

It is possible that a deeper examination of the characteristics of families in both groups with maltreatment reports might reveal important differences. In particular, it is known that poverty is a greater risk factor for child neglect than physical or sexual abuse,⁹ so a critical review of neglect cases in particular could help determine whether access to a program like MFIP Family Connections might alleviate some family stress related to poverty and thus reduce the likelihood of a family experiencing child neglect. An evaluation of a similar initiative offered in Hennepin County in the 1990s did find differences in neglect cases between families receiving services and those in a randomly selected control group with regard to the severity of the incident reported, even when the number of reports was similar across both groups. In that initiative, families who received services were just as likely to receive a follow up report for neglect, but the risk level for the reported incident was lower for served families than for families from the control group.¹⁰ Analysis by case type and severity was not feasible for the current evaluation due to the small number of maltreatment reports overall across groups. However, a qualitative review of reported cases could be a useful next step in determining whether differences exist across groups.

Service coordination

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 case workers, financial workers were involved in most cases (73%), and employment counselors were involved in 6 in 10 cases (61%) (Figure 28).

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 (90% to 94%), and less likely with employment counselors (62%). The extent to which this consultation occurred during regular team meetings varied; this was most true when consulting with other county workers (55% of the time) or employment counselors (51% of the time) (Figure 28). In half (50%) 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 (42%), program staff did not consult with other professionals (Figure 29).

⁹ Andrea J. Sedlak, Jane Mettenburg, Monica Basena, Ian Petta, Karla McPherson, Angela Greene, and Spencer Li (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary. Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families.

¹⁰ Greg Owen and Claudia Fercello (1998). Family Options Final Evaluation Report: Reducing child maltreatment among high risk families. Wilder Research Center.

28. Case worker consultation with other staff or professionals (N=1,222)

	Other workers assigned to case		Consultation ^a with other assigned workers			Consultation ^a that occurred during regular team meetings		
	N	%	Total N	N	%	Total N	N	%
Financial worker	890	73%	890	602	68%	600	255	43%
Employment counselor	736	61%	735	455	62%	453	230	51%
Other county worker	99	8%	99	89	90%	89	49	55%
Other community worker	78	6%	78	54	69%	54	15	28%
Other worker	97	8%	97	91	94%	89	35	39%

Source: Case closing form.

^a Consulting includes face-to-face interactions with staff, as well as phone, email, or another contact method.

29. Time spent consulting with other staff or professionals (N=1,067)

	N	%
No hours	450	42%
1 to 3 hours	536	50%
4 to 6 hours	57	5%
7 to 9 hours	15	1%
10 or more hours ^a	9	1%

Source: Case closing form.

^a Respondents who spent 10 or more hours reported spending between 10 and 33 hours consulting with other staff or professionals.

Worker's perceptions of service coordination

In an online survey of 42 MFIP Family Connections service providers conducted in the fall of 2010, 43 percent of respondents reported that they coordinate more with staff from other service areas now compared to their level of coordination prior to MFIP Family Connections. Another 41 percent reported they coordinate the same amount as before. Only 5 percent reported that they coordinate less now than they did prior to MFIP Family Connections, and 12 percent reported that they do not have a need to coordinate with other service providers in their role in MFIP Family Connections.

Workers were asked to describe how case coordination affected the way they serve families in the MFIP Family Connections program. Many respondents described how the program facilitated increased coordination among workers, which ultimately led to more effective and streamlined services and the ability to provide more resources to families. In particular, several noted that case coordination reduced duplication of services. Some respondents felt they were already coordinating well with other service areas, and that the program simply continued or strengthened existing relationships. A few staff identified some difficulties in coordinating with other departments where staff turnover is high. Below are select verbatim responses from respondents about case coordination.

I believe the clients receive better information and the service we give them is more accurate to meet their needs. A lot of times, client tell parts of what is going on in their life to different people they are working with, so when we meet, the big picture is revealed and it is much better to coordinate a plan for the client.

When we have coordination across departments, we are able to help the clients achieve more, and have access to more resources.

Coordination across all departments makes helping the client reach their goals that much easier. When everyone is on the same page, there is no duplication of services and all case managers/social workers/financial workers/employment counselors can work together to help the family in the best way that they can. It also helps reduce the frustration for clients because when their workers coordinate with each other, it can alleviate some of the "run around" effect when trying to access services that can benefit their family.

Communication with employment services was helpful, but from my experience, not the most effective. The worker turnover was so high and there did not seem to be an ongoing working knowledge of support services programs. This was very frustrating to keep re-explaining who we are.

Working with the MFIP case managers allows us to look at what is going on with the family and what one worker has already identified as a need within the family. The coordination is beneficial to the family as the MFIP FC worker can also work on getting the necessary documentation in for the financial case to remain intact.

It gives families a wrap around effect and with people helping them and coordinating services, they are more able to make progress.

I found that through our collaboration, we were able to meet needs that, left to each department alone, we would not have been able to do. We were able to use our individual knowledge and experience to collectively discuss resources and options for our clients that served them in broader ways, and our efforts, therefore, were further reaching and more impactful.

Basic needs and connections to community resources

Information about the types of services that families received through MFIP Family Connections is included in a previous section of this report. This section examines the degree to which these services actually improved families' situations with regard to these basic needs areas. In addition, it also reviews the extent to which families felt their knowledge of available community resources increased, so once they are no longer receiving program services, they might be better able to access these resources on their own.

Improvements in meeting basic needs

According to case closing forms submitted by caseworkers, MFIP Family Connections families saw improvements across multiple areas of need by the time they exited the program. The following basic needs had improved either "significantly" or "moderately" for over three-quarters of families who received related services: transportation, furniture and household items, clothing, medical and dental needs, food, and phone/utilities (Figure 30). The top two need areas identified as a major focus of work for families, housing and employment, saw fewer improvements. Thirty-two to 34 percent of families who had these as a major focus of their work either "stayed the same" or "got worse" with regard to these areas.

30. Clients' ability to meet basic needs through the program as perceived by case worker (N=1,091)

Issue/Need	N	Improved significantly	Improved moderately	Stayed the same	Got worse
Housing	451	30%	39%	30%	2%
Employment/job training	232	24%	41%	33%	1%
Transportation	229	32%	44%	24%	0%
Furniture/household items	212	56%	34%	10%	0%
Financial management/budgeting	149	8%	65%	27%	0%
Clothing	140	30%	66%	4%	0%
Mental health (parent or child)	139	17%	51%	30%	1%
Medical or dental (parent or child)	139	45%	35%	19%	2%
Food (other than WIC)	130	22%	61%	17%	0%
Utilities/phone	114	40%	40%	21%	0%
Financial or other public benefits	101	21%	47%	29%	4%
Child care	93	22%	50%	29%	2%
Education – child	90	27%	53%	20%	0%
Recreational activities	81	27%	63%	10%	0%
Parenting education	78	9%	60%	31%	0%
Education – parent/caregiver	75	15%	53%	29%	3%
Legal assistance	53	34%	45%	21%	0%
Domestic violence support	21	19%	52%	19%	10%
Holiday programs	17	30%	71%	0%	0%
Developmental disabilities	14	36%	29%	26%	0%
Substance abuse treatment/support	13	15%	31%	46%	8%
Children's needs/services	11	27%	55%	18%	0%
Respite care	8	38%	50%	13%	0%
English language skills	8	13%	63%	31%	0%
Emotional support	2	100%	0%	0%	0%
Other	32	21%	47%	29%	4%

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.

Although workers reported positive gains with regard to meeting clients' basic needs, families did not report any changes in their ability to meet their basic needs from baseline to follow-up (Figure 31). However, it is encouraging to note that few families reported that they were unable to meet their basic needs over the previous month at either point in time. In particular, over 90 percent of families who received services through MFIP Family Connections as well as those in the control group reported that they had food for at least two meals a day, a stable place to live, adequate clothing, and phone service, at both baseline and 6 months later. More families reported difficulties related to paying heat or utility bills, accessing reliable transportation, and finding child care at both baseline and follow-up.

There were no differences between families who received program services and those in the control group with regard to most need areas. The only exceptions were families' ability to secure adequate clothing and reliable transportation. In these cases, the comparison group was actually more likely than program participants to be meeting these needs at follow-up. However, because both groups demonstrated a similar modest increase in their capacity to meet these specific needs at follow-up as compared to baseline, these findings fail to demonstrate any program impact on participants' ability to use community resources to meet basic needs. There are also no differences between groups in terms of children's participation in various activities, suggesting that the program did not have an impact on children's connections to resources.

31. Families' basic needs at baseline and follow-up

<i>Over the last month, did you have...</i>	MFIP FC group (N=221-232)		Comparison group (N=133-141)	
	% at baseline	% at follow-up	% at baseline	% at follow-up
Food for at least two meals a day	94%	95%	96%	97%
Stable place to live	99%	97%	100%	99%
Adequate clothing for you and your children	91%	92%*	95%	97%*
Enough money to pay for heat and other basic utilities	71%	73%	73%	79%
Phone service, either in your home or a cell phone	95%	98%	96%	97%
Reliable transportation	72% ^a	77% ^b	82% ^a	87% ^b
Child care when you need it	76%	82%	75%	83%

Source: Baseline and follow-up parent interview.

Note. Significance tests were conducted between and within groups at baseline and follow-up, using a matched pair comparison. Differences between groups are significant at * $p < .05$, ** $p < .01$, and *** $p < .001$. There were no significant differences within groups over time.

^a Groups are significantly different at baseline, $p < .05$.

^b Groups are significantly different at follow-up, $p < .05$.

Connections to public programs

Researchers also examined whether families participating in MFIP Family Connections experienced changes in enrollment over time in several public programs including Medical Assistance (MA), MFIP, and Food Support. Across all programs, the general trend over time showed that a majority of MFIP Family Connections families and those from the control group were enrolled in all three public programs at baseline, and their enrollment steadily declined over the next 18 months. Despite the general decline, however, enrollment remained relatively high for MA and Food Support, and dropped most substantially for MFIP. See Figures A7-A12 in the Appendix for more information about rates of participation at each time point across groups.

With regard to Medical Assistance, the vast majority of families (96% of families who received services and 93% of families from the control group) had at least one member of the household receiving MA at baseline. Participation in Medical Assistance declined steadily over time for both groups, although about 8 in 10 families (80% to 82%) were still receiving MA after 18 months. Families' enrollment in MFIP also declined steadily over time for both program participants and the comparison group. While 85 percent of families receiving services and 78 percent of the control group were receiving MFIP at baseline, less than half of program participants and those in the control group were still enrolled in MFIP 18 months after baseline. Most families (91% of served families and 86% of the control group) were participating in the State sponsored Food Support program at baseline across groups, but this rate of participation also steadily decreased over time. Still, nearly three-quarters of study participants (71% to 73%) were receiving food support after 18 months. The rate at which participation declined over time was equivalent between the two study groups across all three state-sponsored public programs. Although there were no statistically significant differences between families who accepted services and the control group in their participation in these programs over time, families accepting services were participating at slightly higher rates at baseline, so their decreased reliance upon public programs over time may be especially noteworthy given a potentially greater level of need among these families.

Participation in these programs is difficult to interpret. On one hand, program participation could be interpreted positively if it means a family has accessed a public benefit for which they are eligible, and thus are better able to meet one or more of their basic needs. On the other hand, participation in public benefits is generally a temporary or even time-limited solution, so sustained participation might be interpreted negatively, implying that families have been unable to secure a long-term source of income, health care, or food.

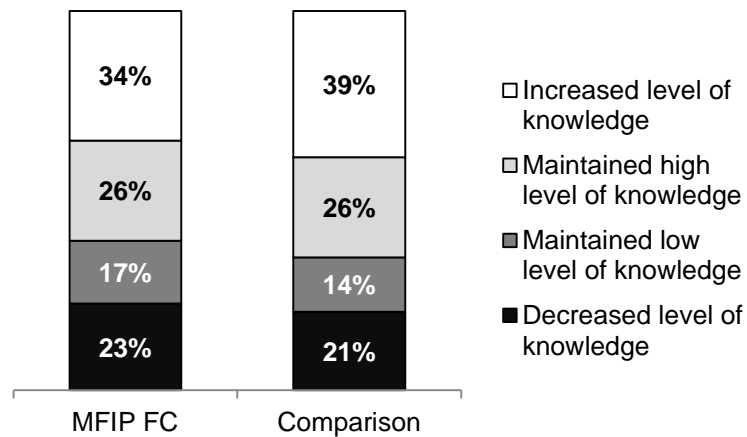
Knowledge and use of resources

Slightly more than one-third of program participants and families from the control 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 reported a high level of knowledge at both baseline and follow-up (“maintained high”), while a small proportion (14% to 17%) reported the same low level of knowledge at follow-up as they did at baseline (“maintained low”). Interestingly, almost one-quarter of families from both groups (21% to 23%) 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. 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 32). 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.

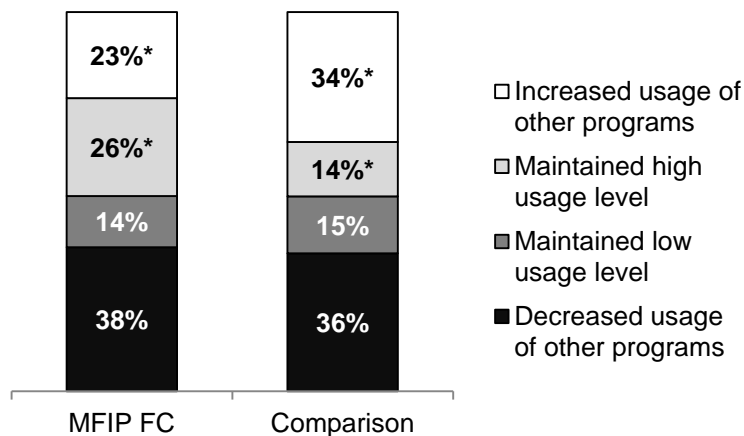
Similarly, about one-quarter of program participants and one-third of the control group reported an increase in their **use** of community programs and services at follow-up. This difference was statistically significant, such that the control group (34%) was actually more likely to report a higher usage level at follow-up as compared to program participants (23%). However, there were significantly more program participants (26%) than control group families (14%) who maintained a “high” rate of use between baseline and follow-up. The remaining one-third (36% to 38%) of both program participants and the control group said they used community services less often at follow-up as compared to baseline (Figure 33). Given that the total proportion of individuals who showed *either* higher usage or maintained high usage is equivalent across groups (49%), results suggest that the program did not have an impact on using community programs/services at the six month follow-up.

This pattern was also true when it came to receipt of specific services, such as food shelves, transportation vouchers, legal assistance, health services, parent education, and others. Program participants were just as likely as the comparison group to be connected to these services at the six month follow-up, and to have received help from someone in accessing these services.

32. Knowledge of community programs and services at follow-up



33. Use of community programs and services at follow-up



Note. Differences between groups are significant at * $p < .05$.

Workers' perceptions of service availability

Given the variability among participating counties with regard to their population size and geography, researchers were interested in determining the availability of certain resources in each community. In a survey of MFIP Family Connections providers conducted in fall 2010, workers were asked to report how available they perceived various resources to be within their own community. In general, workers reported that most resources were at least “somewhat” available in their community. The resources that appear to be least available are transportation and housing, with 43 percent of respondents reporting transportation is not available in their community, and 38 percent of respondents reporting housing is not

available (Figure 34). The limited availability of resources, whether real or perceived, may help explain why some families were not able to improve with regard to basic needs. This may be especially true with regard to housing.

34. Workers' perceptions of availability of community resources

How available are these services for clients in your county? (N=42)

Area of need	Very		Somewhat		Not available		Don't know	
	N	%	N	%	N	%	N	%
Housing	4	10%	21	50%	16	38%	1	2%
Basic needs (food, clothing, furniture)	9	21%	26	62%	6	14%	1	2%
Transportation	5	12%	18	43%	18	43%	1	2%
Child care	5	12%	29	69%	7	17%	1	2%
Medical/dental care	7	17%	22	52%	11	26%	2	5%
Mental health care	16	38%	21	50%	3	7%	2	5%
Counseling or treatment	15	36%	22	52%	3	7%	2	5%

Employment and income

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

Employment. The comparison group was more likely to be employed at baseline (49%) than program participants (44%), although there were no differences between groups at any of the follow-up time points (Figure 35). There were also no statistically significant differences within each group over time, indicating that employment rates were generally stable for both groups (Figure 36). However, the overall pattern of findings demonstrates that while the employment rate for program participants remained fairly stable over time (between 45% and 47%), the employment rate for the comparison group decreased slightly over an 18 month period (from 52% to 47%) (Figure 37). These trend rates were not statistically significant, but given the current economic climate and unemployment rate, the findings may indicate a very modest trend around employment favoring program participants.

35. 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	1,471	44%*	1,349	47%	1,022	48%	710	47%
Comparison group	600	49%*	600	48%	565	45%	396	47%

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 *** $p < .001$.

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

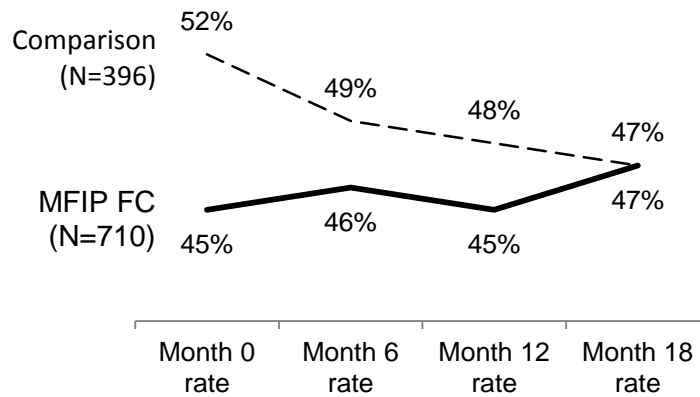
Group	Baseline to 6 months MFIP FC (N=1,349) Comparison (N=600)			Baseline to 12 months MFIP FC (N=1,022) Comparison (N=565)			Baseline to 18 months MFIP FC (N=710) Comparison (N=396)		
	% at base-line	% at 6 months	Difference	% at base-line	% at 12 months	Difference	% at base-line	% at 18 months	Difference
MFIP FC group	44%	47%	+3%	46%	48%	+2%	45%	47%	+2%
Comparison group	49%	48%	-1%	49%	45%	-4%	52%	47%	-5%

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 *** $p < .001$. No differences were detected.

37. Employment trends over time (baseline to 18 months)



Income. The median income for program participants (\$2,130) and the comparison group (\$2,233) was generally equivalent during the quarter in which they were enrolled in the study. Quarterly earnings between groups did differ at the 6- and 12-month follow-up periods, such that the comparison group's quarterly earnings were significantly higher than the earnings of program participants. However, there were no differences between groups at the 18-month follow-up (Figure 38).

Over time, quarterly income increased for program participants as well as the comparison group. However, after controlling for differences at baseline, quarterly income at the 6-, 12-, and 18- month follow-up points for both groups was comparable, indicating that the rate at which income increased for both groups was generally equivalent (Figure 39).

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

Group	Median \$ at baseline		Median \$ at 6 months		Median \$ at 12 months		Median \$ at 18 months	
	Total N	\$	Total N	\$	Total N	\$	Total N	\$
MFIP FC group	649	\$2,130	627	\$2,688*	487	\$2,750*	332	\$3,111
Comparison group	295	\$2,233	285	\$3,077*	256	\$3,314*	185	\$3,045

Source: DEED records.

Note. Significance tests were conducted between groups, using a matched pair comparison of medians (due to the large variance in income levels), 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. Given large variances in income, medians rather than means are reported here.

39. Quarterly income at follow-up (adjusted means)

Quarterly mean income	Total N	MFIP FC group	Comparison group
At 6 months	692	\$3,876	\$3,841
At 12 months	533	\$4,003	\$4,213
At 18 months	356	\$4,490	\$4,449

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 (ANCOVAs) 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 *** $p < .001$. There were no significant differences.

Client participation and progress

Clients served through MFIP Family Connections were generally active participants in the program. According to case workers, 85 percent of families were actively engaged in developing their case plans with their case worker, and three-quarters of families (75%) were also engaged in carrying out their case plans (Figure 40). Case workers also felt that 80 percent of clients had at least partially met the goals they had set for themselves by the time they left the program (Figure 41).

40. Client participation and engagement as perceived by caseworker (N=1,146-1,151)

	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	590	51%	395	34%	69	6%	97	8%
The client was actively engaged in <u>carrying out</u> his or her case plan	447	39%	407	36%	139	12%	153	13%

Source: Case closing form.

41. Clients' progress in meeting goals as perceived by case worker (N=1,129)

	N	%
Client exceeded goals	84	7%
Client met goals	532	47%
Client partially met goals	286	25%
Client did not meet goals	227	20%

Source: Case closing form.

Reasons for closing services

Case workers were also asked to describe the reason for closing a family's case in MFIP Family Connections. About half of the cases (51%) were closed because no further services were needed. About one-third of families (32%) 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 42 for a breakdown of reasons for exiting the program.

42. Primary reasons for closing a case: Caseworkers' assessments (N=1,213)

	N	%
Services complete, no further services needed at this time	619	51%
Case closed at client's request/unable to locate client (client nonresponsive)	393	32%
Case closed, client referred or transferred to a county-based or community program	69	6%
Client no longer available to participate (i.e., client is incarcerated, hospitalized, moved out of county, etc.)	57	5%
Case closed, client's needs exceeds the capacity of the program	32	3%
Case closed due to end of program/funding	13	1%
Other ^a	30	3%

Source: Case closing form.

^a Most "other" reasons include: worker left, client wanted resources only/did not set goals, program was too difficult for client, and other non-specific reasons.

Experiences of families in the program

Participants in the MFIP Family Connections program were asked during their 6-month follow-up interviews to provide feedback about their experiences in the program. Of the 232 parents who participated in the MFIP Family Connections program and completed a follow-up interview, 160 (70%) 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 160 parents who were asked about their experiences in MFIP Family Connections, 35 (22%) 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

When asked what they had most needed from the MFIP Family Connections program, most families identified basic needs and emotional support. The majority of families in need of emotional support or encouragement (89%) 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 (47%) received the help they needed from their case worker related to employment (Figure 43).

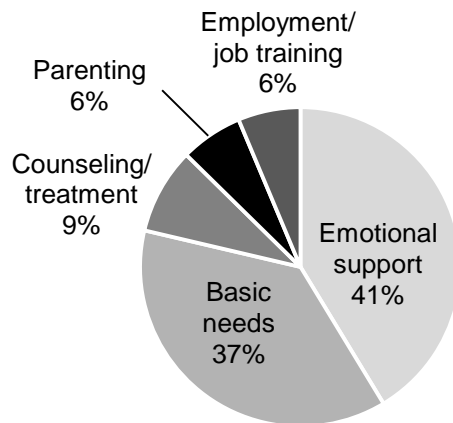
43. Areas in which program provided needed assistance to families (N= 157-159)

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	Percentage who received help
By just being there to provide emotional support or encouragement?	107	95	89%
With basic things like food, clothing, housing, or paying bills?	111	75	68%
Find or keep a job, or help you with a job training program?	60	28	47%
With parenting?	47	30	64%
With counseling services or treatment for things like chemical dependency, domestic violence, or other needs?	36	26	72%

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 (41%) 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 (37%) (Figure 44).

44. Parent perceptions of most helpful areas of assistance provided by program (N=159)



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 45-46). 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, one in five parents (20%) did not agree that the services they had received met their expectations (Figure 46).

Overall, 9 in 10 parents were glad they had gotten involved with the program (91%) and would recommend the program to others if referrals were permitted (92%) (Figure 46).

45. Parent overall satisfaction with program

Item	N	Percentage who were “very satisfied” or “satisfied”
Overall, how satisfied were you with the services you received through the Family Connections program?	159	87%

Source: Follow-up parent interview.

46. Parent perceptions of the program services and staff

Item	N	Percentage who “strongly agreed” or “agreed”
My Family Connections worker gives me useful suggestions.	157	88%
My Family Connections worker understands my problems or concerns.	159	91%
My Family Connections worker respects me.	158	96%
My Family Connections worker communicates with me in a way that I understand.	158	93%
My Family Connections worker is caring and warm.	158	96%
My Family Connections worker knows a lot about services and programs in the community that could help me and my family.	157	87%
My Family Connections worker is able to relate to my cultural background.	152	88%
My Family Connections worker is sensitive to cultural issues.	147	93%
It is easy for me to reach my Family Connections worker when I need to.	156	85%
My Family Connections worker works with me to develop goals for me and my family.	157	86%
The services I am receiving through Family Connections meet my expectations.	157	80%
The Family Connections program was helpful for me and my family.	157	87%
Overall, I am glad I got involved in the Family Connections program.	158	91%
If it were possible, I would recommend the Family Connections program to families like mine.	159	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 its helpfulness in finding resources for the family (23%) and the supportive and encouraging nature of the program (22%). Other common responses included having someone always available to them (13%) and having someone to listen to them and talk with (11%). See Figure 47 for a full list of responses (coded by theme).

47. Parent perceptions of the most positive aspect of the program (N=135)

Item	%
Helped family find other resources	23%
Supportive/encouraging	22%
Always available to family	13%
Someone to listen/talk with/let family vent	11%
Affordable housing	8%
Understood family's concerns/problems	7%
Program/case worker was good (general)	7%
Money/paying bills, such as rent	5%
Child care	5%
Food stamps/vouchers	4%
Employment/job training	4%
Family and relationship advice	4%
Medical care/medical needs	4%
Clothing	4%
Transportation	3%
Other ^a	9%

Source: Follow-up parent interview.

^a Other reasons include: 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.

The help that I got from the worker. She was very nice and helpful. It was a way for me to keep a job. I needed that transportation to take my kids to daycare.

Just the overall support. It brought me closer to my daughter, and gave us things to do.

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 (43%), others suggested more follow-up or communication with their case worker (16%), expanding the program and offering it to more people (9%), providing additional financial assistance to families (8%), and extending the length of the program (8%). See Figure 48 for a full list of responses (coded by theme).

48. Parent suggestions for improving the program (N=146)

Item	%
No changes	43%
More follow-up/communication with case worker	16%
Expand program to more families	9%
Provide additional financial assistance	8%
Extend length of program	8%
Provide more information about the program	6%
Add staff/volunteers	4%
Training for staff	3%
Other ^a	6%

Source: Follow-up parent interview.

^a Other reasons include: increase worker's understanding of family's circumstances, provide additional assistance related to accessing specific services (transportation, housing, driver's license), reduce meeting frequency, make services available in closer proximity to family, focus on the most needy families, and make changes to the county employment program.

Additional findings: The influence of service dosage and risk

While program participants expressed a high level of satisfaction with program services and report having many basic needs met through the program, there were few other changes or improvements for program participants. Other factors, however, such as the amount of service received, or the characteristics of the participants, may influence the extent to which the program impacts families. The following section summarizes the influence of these factors on outcomes for families, including their role in influencing outcomes for families who received service during the July to December 2010 modified program period.

Dosage

The analysis of services provided through MFIP Family Connections demonstrated that, in general, the program was a relatively short-term, modest intervention for most participants. As such, the program aided families in meeting many of their basic needs, but did not appear to significantly impact families in other, more complex outcome areas. However, it is possible that families who received a higher level or “dosage” of service may demonstrate improvement in some outcome areas above and beyond those who receive more modest levels of service. To examine this hypothesis, the researchers conducted an analysis of outcomes for a “high-dosage” group of participants, that is, individuals who received a relatively higher or more intensive amount of program service. The following selection criteria were used to identify the “high dosage” group:

- A minimum of 12 contacts with program staff
- A minimum of 6 in-person contacts with program staff
- A minimum of 8 hours of service

Description of the “high-dosage” group

There were 308 MFIP Family Connections participants who met the selection criteria for inclusion in the high dosage group, representing one-quarter (25%) of all participants. On average, these participants were involved in the program for about seven months, had 26 contacts with program staff (half of which were in-person), and received approximately 19 hours of service. This level of service was significantly higher than the amount of service received by the overall group of program participants.

Description of analyses

Researchers compared the high-dosage group to the control 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 some variables. In particular, the high-dosage group was more likely to be receiving clothes from a clothing program, to receive Emergency Assistance payments, and to have had a social service provider recently help them with services like housing, respite care, and youth recreational programs; they were less likely to be employed, to be using a food shelf, to have adequate clothing, and to think their child's development was on track. The high-dosage group also reported less income at baseline, compared to the control group. In the past, to account for these group differences, researchers conducted analyses with variables both weighted (using inverse probability of treatment weights, or IPTW) and un-weighted. However, because the weighted variables failed to exert much influence on the findings in previous analyses, these analyses were conducted without any weighting.

Summary of key findings

The following summarizes the findings from the dosage analysis on select outcomes of interest. Analyses included an examination of differences between groups at baseline and follow-up periods (6, 12, and 18 months), within groups over time (between months 0 to 6, months 0 to 12, and months 0 to 18), and any differential response patterns between groups over time.

Income (quarterly earnings)

Quarterly income for the control group was significantly higher than income for the high-dosage group at baseline, and at the 6- and 12-month follow-up points. However, these differences disappeared at the 18-month follow-up. Controlling for the differences at baseline, the two groups were again compared at the 6-, 12-, and 18-month follow-up points. Income rose slightly for each group over time, but these increases were generally equivalent between groups.

Employment

The employment rate for the control group was significantly higher at baseline compared to the high-dosage group, but there were no differences between groups at any of the follow-up time points. Over time, the employment rate for both groups remained somewhat steady. The high-dosage group showed slight up-and-down fluctuations over the 18 month period, ranging from 38 to 46 percent, but these fluctuations were not statistically significant. There was also some evidence of a slight decline in employment

for the control group, with rates ranging from 45 to 49 percent, but again, these changes were not statistically significant.

Knowledge and use of services

Researchers also compared the two groups on their knowledge and use of community resources at baseline and follow-up (6 months only). Level of knowledge remained relatively constant over time for high-dosage participants (about 51% reported “a lot” or “some” knowledge at both time points), but increased significantly from baseline to follow-up for the control group (from 52% to 64%). There were no differences between groups in their use of community services and no changes in either area over time.

Basic needs

In general, the majority of participants receiving a high dose of services, as well as the control group, had many of their basic needs met at both baseline and the 6-month follow-up. The proportion of high-dosage participants who said they were able to meet their basic needs remained relatively constant over time. However, control group participants were more likely to report being able to meet basic needs at follow-up as compared to baseline.

According to caseworkers, however, high-dosage families showed more improvement in several need areas as compared to all program participants (comparison to the control group on service-related outcomes was not possible because they did not receive program services). Specifically, families receiving a high dose of services were more likely to improve “significantly” or “moderately” with regard to housing, furniture or household needs, transportation, child care, employment and job training, and children’s educational needs.

Other factors of interest

Researchers also compared the high-dosage and control groups on other select outcomes, including housing stability and homelessness, educational attainment, and receipt of case management, at baseline and six months later. Overall, there were no differences between groups or changes over time with regard to these variables.

Dosage did appear to make a difference with regard to goal achievement, however. In comparison to the overall group of participants who received program services, those who received a high dose of service were significantly more likely to meet their goals, according to caseworkers (96% of high-dosage families, compared to 74% of all program participants).

Conclusions

Results from this analysis demonstrate that individuals who received a “high-dosage” of program intervention show some, albeit limited, improvements relative to the comparison group. Although there were few changes related to employment and income, the fact that the employment rate for the high-dosage group did not decline during a period of economic downturn and high unemployment may suggest that the high-dosage group is experiencing some stability, possibly as a result of the program services received. Furthermore, the perception of caseworkers that participants who received higher amounts of service showed more improvement in certain need areas may indicate, not unexpectedly, that dosage does exert some influence on outcomes. The lack of additional findings related to dosage may be due in part to the measures used, which may not have been able to adequately capture the types of changes or full impact of the program on participants. Although these analyses examined outcomes for “high-dosage” participants, it may also be that an even higher or more intensive level of services is necessary to really impact families. Furthermore, it is possible that only certain types of families ultimately benefit from services, especially a high level of services, such as families with more risk factors and needs.

Participant characteristics

As previously noted, researchers observed few significant differences with regard to program outcomes when comparing all families who received program services to a randomly selected group of families who did not receive program services. However, it is also true that some families who received program services did experience measurable benefits from their participation. Researchers conducted an analysis of these families compared to all families who received service in an effort to understand whether there were certain common characteristics among families who most benefited from the MFIP Family Connections program.

Description of the “maximum benefit” group

For this analysis, families were considered to have received maximum program benefit if they met the following criteria:

- They experienced improvement in at least one basic need area from baseline (program entry) to follow-up (6 months later). In other words, the family reported during the baseline survey that they did not have resources to meet a particular basic need, but reported that this basic need was met when asked again at follow up. Basic needs measured include food, housing, clothing, money for utilities, phone service, transportation, and child care.

- The family's case worker reported that they "improved significantly" in at least one of the areas in which they received a lot of service (i.e., a "focus area"), as identified by their case worker. Focus areas include basic needs like housing, food and clothing; physical and mental health; employment; substance use; education; parenting; and others.

In all, 31 individuals met these criteria and could be included in this analysis.

Comparison of "maximum benefit" group and all other families served

Although the number of families included in this analysis was relatively small, researchers still observed notable differences between those who received maximum benefit from the Family Connections program and all others served. Not surprisingly, families who benefited most from the program were significantly more likely to be engaged in developing and carrying out a case plan as part of their participation in the MFIP Family Connections program. Their caseworkers were also significantly more likely to have spent at least some time consulting with other professionals about their case.

Most notably, perhaps, is that families who benefited most from the program also appear to have more risk factors than other families who receive program services. In particular, "maximum benefit" families appear to be:

- More likely to have mental health problems
- More likely to report having been abused or neglected as a child
- More likely to have been homeless in the past three years
- More likely to have had a Child Protection report in the past four years, either as a victim or offender

Conclusions

Although these differences were not statistically significant (possibly attributable to the small sample size), they still indicate a clear pattern suggesting that families who have more risk factors may be more likely to benefit from the MFIP Family Connections program. Maximum benefit families were also significantly more likely to be connected with at least one other county-operated case management program, such as children's mental health, adult mental health, developmental disabilities, or chemical dependency, which suggests that these families may also have higher needs compared to other families served. Overall, this raises the question of whether or not a more narrowly targeted intervention effort would yield more measurable benefits for participants.

Summary of findings from expanded eligibility period: July-December 2010

During the last six months of the MFIP Family Connections program (July-December 2010), program eligibility criteria were expanded to allow counties to serve a wider range of families, or to target specific populations. Under these new criteria, counties could choose to serve families regardless of their time on MFIP and their child protection history. Because of these changed criteria and the fact that the selection of families was no longer random, information about this group of families is presented here separately.

County participation

The MFIP Family Connections program was originally scheduled to conclude in September 2010, but an optional extension period through December 2010 was offered to counties as an opportunity to serve additional families, given the somewhat lower than expected service numbers in some counties. Polk County did not participate in the extension and did not choose to modify their eligibility criteria for the July-September 2010 period. The remaining seven counties did participate in the extension period.

Although each county established their own criteria to determine eligibility, in general, most counties used this period as an opportunity to target families they identified as high-need or high-risk in some way. Counties generally identified these families from the final monthly list of families they received from Wilder (in which families were selected based on the new criteria). Using this list, many counties applied their own set of criteria to target high-need or high-risk families, such as families in child protection; younger families; families with chemical health, mental health, or violence-related issues; and families struggling to meet basic needs (e.g., housing). Some counties also accepted referrals or walk-ins, as long as families were on MFIP and had a child under age 11.

Description of families

Limited information is available about families who received services during this time because Wilder was no longer tracking participating families on a monthly basis. The only information available about these families comes from closing forms submitted by workers when cases were closed. According to these data, a total of 123 families accepted services between July and December 2010. See Figure 49 for a breakdown of families served during this period by county.

It is possible that some workers did not submit closing forms for families served during this period. As a result, these service numbers may underreport the actual number of families who received services between July and December 2010.

49. Families served by county, July-December 2010 (N=123)

Program participants	
Beltrami	16
Cass	3
Crow Wing	20
Dakota	44
Olmsted	0
Polk	0
Ramsey	26
Sherburne	14
Total	123

Description of program services

The following summarizes the type and amount of service provided to new families who enrolled in the modified MFIP Family Connections program between July and December 2010, as reported by case workers on the case closing form.

Length of service

Families' length of program enrollment during this period ranged from 9 days to 172 days. On average, participants were enrolled in the expansion program for 70 days, or a little over 2 months (Figure 50). Length of service during this period is about half that during the study period (average enrollment was 141 days for study participants), which is expected given the six month duration of this period.

50. Duration in program, July-December 2010 (N=123)

	Minimum	Maximum	Mean	Median
Length of participation (in days)	9	172	70	64

Source: Case closing form.

Amount of service

Almost all program participants (94%) met with their case worker at least once during the course of their involvement in the expansion service period, and most (70%) interacted with the worker between one and three times. On average, participants had about 6 to 7 contacts with their case worker (either in-person, by phone, or in writing) and met with their case worker in-person about three times (Figure 51).

This is fewer contacts than participants had during the study period; they averaged 12 contacts with their case worker, five of which were in-person. However, these differences disappear when the length of service is taken into consideration. Participants during the July-December period had about the same number of average contacts per month (3.4 contacts) as individuals served during the full study period (3.2 contacts).

51. Frequency of contact with clients by form of contact, July-December 2010 (N=122)

	In-person ^a		Total contacts in-person, phone and written ^b	
	N	%	N	%
0 times	7	6%	2	2%
1 to 3 times	85	70%	38	31%
4 to 10 times	26	21%	57	47%
11 times or more	4	3%	25	20%

Source: Case closing form.

^a The number of in-person contacts ranged from 0 to 19, mean = 2.9.

^b The number of total contacts ranged from 0 to 27, mean = 6.6.

Program participants served between July and December 2010 had varying levels of contact with their case worker. The total amount of contact ranged from 15 minutes to 28 hours. Three-quarters of the participants during this period received between one and eight hours of direct service from their case worker. On average, participants received about five hours of direct service from their case worker (Figure 52). This is less contact overall than participants received in the study period (who averaged 8 hours of contact). However, participants between July and December 2010 actually had a significantly higher average number of contact hours per month (2.3 hours per month) when compared with participants during the study period (1.8 hours per month).

52. Amount of contact with clients, July-December 2010 (N=120)

	N	%
Less than 1 hour	8	7%
1 to 2 hours	30	25%
2 to 4 hours	32	27%
4 to 8 hours	28	23%
8 to 12 hours	9	7%
12 to 16 hours	1	1%
More than 16 hours	12	10%

Source: Case closing form.

Note. Amount of contact with clients ranged from 15 minutes to 28 hours. On average, clients had 5.2 hours of contact with case workers.

Types of service

Families served between July and December 2010 received a broad range of services through MFIP Family Connections. According to caseworkers, the most common services received by this group of families related to basic needs and employment. In particular, nearly two-thirds of families (63%) received services related to housing, and 45 percent received support related to employment and job training. About one-third of families (31% to 37%) also received services or referrals for food, utilities/phone service, clothing, and transportation (Figure 53). In general, the most common services provided to families during this period paralleled those provided to families during the full study period. Housing was the most pressing need for both sets of families. One notable exception is that more families during the July-December 2010 period received services related to employment and job training (45%) than families participating during the study period (33%).

Overall, 37 percent of families served between July and December 2010 received any cash support through the program. On average, families received \$799 each, although amounts ranged from \$5 to \$2,528 per family. Families during this period received significantly more financial support than families during the full study period (average of \$799 per family, compared to \$456 per family).

During this period, caseworkers also connected more than one-quarter of families (28%) to energy or fuel assistance, and 15 percent of families to Section 8 or HUD vouchers (Figure 54).

53. Services provided to clients, July-December 2010 (N=123)

Issue/Need	Families receiving services in this area	
	N	%
Housing	77	63%
Employment/job training	55	45%
Food (other than WIC)	54	44%
Utilities/phone	46	37%
Clothing	45	37%
Transportation	38	31%
Furniture/household items	29	24%
Parenting education	27	22%
Education – parent/caregiver	23	19%
Medical or dental (parent or child)	22	18%
Financial management/budgeting	21	17%
Mental health (parent or child)	21	17%
Domestic violence support	17	14%
Financial or other public benefits	16	13%
Substance abuse treatment/support	16	13%
Education – child	12	10%
Child care	11	9%
Legal assistance	11	9%
Recreational activities	9	7%
English language skills	8	7%
Respite care	2	2%
Holiday programs	2	2%
Developmental disabilities/PCA services	1	1%
Other ^a	18	15%

Source: Case closing form.

^a Other responses include advocacy, general community resources, organizational support, probation support, and other services.

54. Connections to public benefits as reported by caseworkers, July-December 2010 (N=123)

Did MFIP Family Connections help connect this family to the following:	N	%
Energy or fuel assistance	34	28%
Section 8 or HUD Voucher	19	15%
Emergency assistance	3	2%
Child care subsidy	3	2%
WIC	1	1%
SSI or SSDI	1	1%
MA or MinnesotaCare	1	1%
Other public benefit program	1	1%

Source: Case closing form.

Select outcomes

Because the closing form was the only source of information for this group of families, only outcomes obtained from this data source are available. These include outcomes related to client participation and progress, basic needs, and service coordination, as well the reasons for case closure.

Client participation and progress

Clients served between July-December 2010 were generally very active participants in the program. According to case workers, almost all of these families (93%) were actively engaged in developing their case plans with their case worker, and most (83%) were also engaged in carrying out their plans (Figure 55). Clients during this period were, in fact, significantly more engaged than participants during the full study period (85% of study participants were actively engaged in developing case plans, and 75% were engaged in carrying out plans).

Case workers also felt that 87 percent of clients during the expansion period had at least partially met the goals they had set for themselves by the time they left the program (Figure 56). Somewhat fewer clients during the study period (80%) had at least partially met their goals (this difference approached statistical significance).

55. Client participation and engagement as perceived by caseworker, July-December 2010 (N=101)

	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	60	59%	34	34%	5	5%	2	2%
The client was actively engaged in <u>carrying out</u> his or her case plan	50	50%	33	33%	15	15%	3	3%

Source: Case closing form.

56. Clients' progress in meeting goals as perceived by case worker, July-December 2010 (N=99)

	N	%
Client exceeded goals	13	13%
Client met goals	44	44%
Client partially met goals	29	29%
Client did not meet goals	13	13%

Source: Case closing form.

Basic needs

According to case closing forms submitted by caseworkers, the vast majority of MFIP Family Connections families served during the July-December 2010 period saw improvements across multiple areas of need by the time they exited the program. All families improved either “significantly” or “moderately” in the following need areas: food, furniture and household items, and financial management and budgeting. At least three-quarters of families also improved at least “moderately” with regard to basic needs such as transportation, phone/utilities, and clothing, as well as in areas related to education, employment and job training, parenting education, and mental health (Figure 57). Housing was the top need area identified as a major focus of work for families, and 72 percent of families saw improvement in this area. Still, more than one-quarter (28%) “stayed the same” with regard to housing. In general, as compared to participants during the full study period, a higher proportion of families served during the July-December 2010 period saw improvements across multiple need areas, including food, utilities/ phone, financial management and budgeting, mental health, employment and job training, and parent education. Improving clients’ housing situation continued to be a challenge.

57. Clients' ability to meet basic needs through the program as perceived by case worker, July-December 2010 (N=123)

Issue/Need	N	Improved significantly	Improved moderately	Stayed the same	Got worse
Housing	43	28%	44%	28%	0%
Transportation	24	54%	29%	17%	0%
Parenting education	23	0%	87%	13%	0%
Utilities/phone	20	15%	80%	5%	0%
Education – parent/caregiver	19	47%	32%	21%	0%
Employment/job training	18	11%	72%	17%	0%
Food (other than WIC)	16	13%	88%	0%	0%
Furniture/household items	15	67%	33%	0%	0%
Clothing	14	43%	43%	14%	0%
Financial management/budgeting	12	25%	75%	0%	0%
Mental health (parent or child)	11	27%	73%	13%	0%
Medical or dental (parent or child)	8	1	6	1	0
Financial or other public benefits	6	1	5	0	0
Child care	5	1	3	1	0
Education – child	5	1	4	0	0
Legal assistance	3	1	2	0	0
Substance abuse treatment/support	3	0	1	2	0
Recreational activities	2	1	1	0	0
Domestic violence support	1	0	1	0	0
Holiday programs	1	0	1	0	0
Developmental disabilities	1	1	0	0	0
Respite care	1	1	0	0	0
Other	16	56%	25%	19%	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. Number of participants, rather than percentages, are included when the total N is less than 10.

Service coordination

During the July-December 2010 period, case workers also reported on the extent to which they coordinated services with other county or agency staff. According to case workers, financial workers were involved in most cases (73%), while employment counselors were involved in about half of cases (47%).

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, at levels comparable to the full study period. During this period, workers reported regularly consulting with financial workers, employment counselors, and other workers in more than half of all cases (54% to 100%). Workers spent between one and three hours in consultation with workers in other areas in 43 percent of cases, similar to the amount of consultation that occurred during the full study period. In most of the remaining cases (53%), program staff did not consult with other professionals.

Reason for closing

Case workers were also asked to describe the reason for closing a family's case during the July-December 2010 period. About two-thirds of the cases (68%) were closed because no further services were needed. One in six cases (16%) 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. Cases were significantly more likely to be closed during the July-December 2010 period because services were complete (68%), compared to cases during the full study period (51%), suggesting more families during this period had their needs met through the program. See Figure 58 for a breakdown of reasons for exiting the program.

58. Primary reasons for closing a case: Caseworkers' assessments, July-December 2010 (N=123)

	N	%
Services complete, no further services needed at this time	84	68%
Case closed at client's request/unable to locate client (client nonresponsive)	20	16%
Client no longer available to participate (i.e., client is incarcerated, hospitalized, moved out of county, etc.)	4	3%
Case closed, client's needs exceeds the capacity of the program	3	2%
Case closed, referred or transferred to a county-based program (e.g., child protection, children's mental health)	2	2%
Case closed, referred or transferred to a community-based program	2	2%
Other ^a	8	7%

Source: Case closing form.

^a Most "other" reasons include: provided resources only and program ending.

Conclusions

In general, programming during the July to December 2010 period did not differ drastically from the regular study period, although families did tend to receive somewhat higher levels of service. Many counties also chose to target their services to specific populations, and, as a result, the findings suggest some differences between these families and those served during the study period. In particular, clients served between July and December 2010 were more likely to:

- Have received somewhat more intensive levels of service (i.e., a higher dosage)
- Be engaged in services and reach their goals
- Demonstrate improvement in many basic need and other service areas
- Have had their case closed because they did not require any further services

Although these data are preliminary, the findings suggest that allowing caseworkers to identify and serve families in their community that *they* feel are most in need of services may result in more positive changes for those families. The results, in conjunction with the findings about the influence of dosage and participant characteristics on outcomes for families, point to the possibility that higher-risk families who receive a higher dose of services might benefit most from this type of program.

Success stories

As part of a survey of program staff conducted in the fall of 2010, MFIP Family Connections workers were asked to share stories of families who received program services. The following excerpts highlight how several individual families directly benefited from the MFIP Family Connections program. Names and identifying information have been changed to protect client anonymity.

Sarah

Sarah and her family lived in a trailer house with no running water. When she entered the MFIP Family Connections program, Sarah had been hauling water daily for 14 years. Her extended family had prohibited Sarah from putting a well on her property, which had prevented other service organizations from providing her with funds for a well. When she entered the program, she explained to the MFIP Family Connections worker that she felt she was no longer physically capable of hauling water on a daily basis. She also wanted her children to be able to shower and play in the water. The MFIP Family Connections worker partnered with the client and another community services provider to identify and secure housing closer to town so the family could have running water.

Evelyn

Evelyn was in an extremely abusive relationship. She and her partner had just finished building a large home together, yet one day her abusive partner told her that she and her children had to leave immediately. With no place to go, Evelyn lived out of her car and couch-hopped with friends, while still continuing to work. She did not tell many people about her situation because she was ashamed and afraid she would be reported for being homeless and risk losing her children to a child protection placement. She worked with the MFIP Family Connections worker to secure housing and used program funds to help pay her first month's rent. She was very grateful to have financial assistance with rent so she could save her money to afford a lawyer to manage issues related to losing her house, and to file bankruptcy. The MFIP Family Connections program also helped Evelyn enroll her children in several recreational and educational programs they would have otherwise been unable to afford.

Mandy

Mandy was homeless with a young daughter and no one to turn to for help. Her primary goal was to find housing. When she contacted her MFIP Family Connections worker, it was late in the day and the local shelter was already closed. Her worker used program funds to pay for her to stay in a motel for the night so they could contact the shelter the

next day. Mandy was able to stay at the shelter for several months while she saved money for her own home. With the help of her MFIP Family Connections worker, she eventually located housing through a local housing program. Mandy was also working on completing her degree, but, when her daycare closed abruptly, she had no one to watch her daughter while she attended school. Her Family Connections worker arranged child care for her during school hours, enabling Mandy to continue working toward her degree. Mandy also expressed a desire to enroll her daughter in preschool so she could interact with peers her own age. With the support of the staff who worked with Mandy through the Family Connections program, Mandy was able to identify and enroll her daughter in a local preschool. Today, Mandy and her daughter have a place of their own, and Mandy continues to work toward her goals of completing school and maintaining a safe and stable home.

Dalmar

Dalmar is an 8-year old Somali boy with Stage 4 cancer. Although his family had many financial services in place, their relationship with their financial worker had been strained due to complications with their case. The MFIP Family Connections worker served as a liaison between the family and the financial worker to help open the lines of communication and resolve issues. This service coordination helped the family remain on economic assistance during a critical time. The MFIP Family Connections worker also helped to organize a fundraiser for Dalmar and his family to help them pay for rent, car insurance, and phone bills; the worker also helped connect them to a local Mosque for ongoing support. Since the MFIP Family Connections worker became involved in this case, Dalmar's father and two siblings have extended a visit to Africa, leaving behind his mother to care for him, along with two other siblings. Since that time, the MFIP Family Connections worker continues to provide ongoing support for Dalmar's mother and family, including assistance with financial paperwork and providing ongoing emotional support.

Angela

Angela had a part-time job as a hostess at a restaurant, but was having a difficult time advancing beyond her current position because of a felony on her record. The MFIP Family Connections worker referred her for job training in customer service, and she was accepted to the program. Shortly after completing the training, Angela interviewed for a customer service job and received an offer. She was thrilled. Because her new job offered better hours and pay, she was able to afford child care for her daughter. Angela was grateful to the MFIP Family Connections program for providing her with these opportunities, and helping her build confidence, despite her criminal history.

Lessons learned

Beyond gathering data to address the key research questions of the project, researchers have learned a great deal from the implementation of the program over the three years. Because this information may have implications for future programming and evaluation related to child welfare and working with at-risk families, these lessons have been summarized for this report and are presented below. They include information aimed at program developers, direct service workers, and evaluators, and address the following issues: a) engaging families in a voluntary child welfare program, b) ensuring that all stakeholders understand the program model, c) aligning program goals with outcomes, and d) the influence of dosage and risk on program outcomes.

The art of engagement

Because MFIP Family Connections was a voluntary program, it was the responsibility of case workers to recruit eligible participants for the program. Overall, 43 percent of families offered the program decided to enroll, which is fairly consistent with the acceptance rates of other similar, voluntary programs such as the Minnesota Parent Support Outreach Program (49.5% acceptance rate).¹¹ While there may be many reasons why a family chooses not to participate in this type of program, the way in which the program is described and marketed to a family likely plays an important role in the family's decision about participation.

Workers may need to make multiple attempts to reach a family, but more than three to five attempts may not be worthwhile.

Case workers used a variety of methods to engage families in the voluntary MFIP Family Connections program, including: 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. Counties used various combinations of these strategies to engage families in the program, and often made multiple attempts. On average, workers reached out to families four to five times before the family either accepted services, declined the invitation, or were deemed unreachable. In some cases, workers made more than 10, even 20, attempts to reach a family. Of the families who accepted program services, a majority (76%) were contacted five or fewer times by program staff, indicating that most families who eventually accept program services will do

¹¹ Tony Loman, Chistine Shannon, Lina Sapokaite, and Gary Siegel (March 2009). Minnesota Parent Support Outreach Program Evaluation Final Report. Institute of Applied Research, St. Louis, MO.

so within the first few contacts. Given this information, it may not be worth the investment of time to make more than three to five attempts to engage families in the program.

Families appear to be more likely to participate when the worker personally connects with the family in some way.

The pattern of findings related to engagement suggests that using a varied combination of methods is the most effective strategy to reach out to families, especially if these methods allow the worker to make a personal connection with the family. In particular, workers that make “live” contact with families, either in-person or by telephone, appear to be more successful in engaging families in the program. For many counties, a common outreach strategy involved making an initial contact through a mailed letter/brochure, and then following up with the family by phone or in-person, if possible. This combination of strategies, including actually talking with the family directly, appeared to be a particularly successful approach to engaging families.

The service offer made to families and the description of the program must be clear and concise.

It was often the perception of case workers (60%) that families declined to participate in the program due to a lack of interest and/or time. However, about one-third of a sample of families who declined services cited a lack of understanding about the program and its benefits as a reason for not participating. Furthermore, 3 in 10 families said they did not even recall being offered the program when interviewed, despite the fact that families were interviewed within two months of the service offer. These findings suggest that it is critically important that the service offer and description of the program is clear, concise, and understood by the potential program participant. This includes the message being delivered by the worker him/herself, as well as any written promotional materials about the program.

Families who ultimately accept services have more risk factors and are already connected with social services.

An analysis comparing families who accepted program services with those who declined services revealed several significant differences between these groups. Most notable is that families who accepted program services had more risk factors (i.e., were less likely to be employed, had lower incomes on average, were less likely to have reliable transportation, reported lower levels of social support and higher levels of family stress, and were more likely to have children with special needs). In addition, they were more likely to already be accessing county and community-based social service programs. It is encouraging to note that families with more risk factors are accepting services at higher rates, as these are families most in need of services. However, enhancing outreach efforts

to families who are not already connected to social service systems may be a goal of future prevention and early intervention programs, as these families are less likely to be getting their needs met through other providers.

Understanding the program model

The MFIP Family Connections program was developed in response to research demonstrating a link between families receiving economic supports through welfare programs and families involved in the child welfare system. The theory of change behind the program is that by helping families access basic needs and community resources, some of the stress related to financial hardship is alleviated, which in turn reduces the potential incidence of child abuse or neglect. In practice, this involved providing case management to families on MFIP, connecting them with needed community resources, and providing cash support in some cases. This theory and general practice model was shared with the county case workers and supervisors at an orientation meeting in the fall of 2007, at which time some written materials (e.g., a program brochure) were also disseminated. Workers then used this general framework to implement the program in their local county. However, the geographic scope and diversity of counties as well as issues related to staff turnover and training may have affected fidelity to the program model.

It is a challenge for a statewide program with diverse satellite sites to implement programming uniformly.

Each of the eight counties providing services to families through the MFIP Family Connections program generally subscribed to the overarching approach to service delivery described above. That is, all of the counties worked with families in the program to address primarily short-term, immediate needs and attempted to connect them to community resources for longer-term support. Despite a common purpose and goal, counties were implementing the program in diverse communities across the state and had to tailor service delivery to accommodate the specific populations with whom they worked, the geographical realities of their communities, and the capacity and skills of individual county or agency staff. Furthermore, half of the counties delivered services directly through their county social service office, while the other half contracted with community-based service providers for case management services. As a result, counties may have been implementing slightly different versions of the program, which impacts the ability to draw conclusions about the overall program model.

Defining and revisiting the program model with current and new staff on an ongoing basis may enhance fidelity to the program model.

Although program staff had opportunities during the project to participate in periodic conference calls to discuss issues related to engagement and service delivery, additional

and/or more formal opportunities, such as in-person meetings or trainings dedicated to reviewing the goals of the model and program expectations, may have been beneficial. One reason is because of the diverse backgrounds of the program staff. According to the September 2010 survey of service provider staff on this project, some staff had a child welfare or child protection background (56%), while others (22%) had previous experience with MFIP or in economic supports. Over half (55%) had done similar work for six or more years, while 14 percent had less than one year of experience in this type of work. Because of their varied backgrounds and levels of experience, some program staff might have benefitted from more detailed information about the program and service delivery expectations. This information might encourage less experienced workers in particular to “course correct” if they find their practice deviates from expected practice, and prevent program drift in general, which is possible for any staff during longer-term projects.

Opportunities to learn about the program model and service delivery would also be beneficial to new staff coming onto the project. Staff turnover was a prevalent issue over the course of the project; almost every county experienced at least some staff transition during the three years. Transfer of knowledge about the program to new county staff was the responsibility of existing county staff, and it is possible that the full spectrum of information about the program model and expectations was not always communicated. This may have been a particular challenge in smaller counties where the MFIP Family Connections program was essentially administered by a single caseworker. However, even in larger counties, most programs had only two or three staff providing direct services. Continuity of service and fidelity to the original program model is extremely challenging when a single staff person who holds all of the institutional wisdom about a program transitions out of that program, and a new staff person is left to carry out the work. Regularly revisiting the program model and goals with all project staff might help ensure that program developers and those implementing the program are operating under a common framework.

In addition to informational meetings or trainings, the establishment of “learning communities” in which program staff have the opportunity to share successes and challenges, ask questions, and offer suggestions might also improve fidelity to the model and overall service delivery. While some of this sharing did occur during the periodic conference calls hosted by DHS, being more intentional about offering these opportunities, such as providing staff the time and financial support to meet in-person (for example, semi-annually), might encourage deeper sharing and increase commitment to the project.

Aligning goals and outcomes

In the case of MFIP Family Connections, two primary goals were identified, including: a) preventing child maltreatment and negative developmental outcomes for children while increasing protective factors, and b) enhancing systems of service coordination. These goals reflect the interests of multiple funders and stakeholders, and, although they are succinctly stated, the first goal in particular encompasses several complex, multi-layered issues, such as children's social-emotional health, school attendance and achievement, parent-child interactions, nurturing and attachment, and parental resilience. Therefore, embedded within these goals are a broad range of complex outcomes, some of which may not be directly aligned with activities outlined in the program model.

Before identifying the program outcomes to be measured, it is important to assess program goals and the ability to achieve these goals given the program model.

The current evaluation set out to measure a host of outcomes ranging from employment and income, to child maltreatment reports and placements, to child, parent, and family health and well-being. The program, as illustrated by the study results, was a somewhat modest, short-term intervention for most families, focused on addressing basic needs. The expectation that a modest service intervention delivered to a broadly targeted cross-section of MFIP participants would have a significant impact on such complex and multi-faceted outcomes may not have been entirely realistic. On the other hand, there is some evidence to suggest that a narrower targeting of the intervention based on worker identification of need may result in greater benefit for participants.

When program staff were asked about their perceptions of the program's goals and projected outcomes in 2008, the majority (91%) were optimistic about the ability of the program to achieve outcomes related to securing basic needs for families. However, far fewer (38% to 47%) thought goals related to improving children's school achievement, parent-child interactions, and protective factors such as nurturing and attachment were realistic. Although these outcomes are laudable and reflect the interests of all project stakeholders, the link between these outcomes and the project goals may be more indirect and complex than initially perceived.

Developing a logic model that clearly illustrates the links between program goals, activities, and outcomes would help ensure that the evaluation is targeted and assessing the appropriate outcomes.

Although a basic logic model of the MFIP Family Connections program was developed by the evaluator in preparation for the evaluation, a more comprehensive model developed in conjunction with the program developers and other key stakeholders (including funders) may have been beneficial in guiding the evaluation design. As part of

this process, all stakeholders should come to agreement about the program goals and activities, how they are defined, and the short- and long-term outcomes associated with these goals and activities. This would facilitate a targeted evaluation, based on a shared understanding of the project and what is reasonable to expect in terms of outcomes.

The current evaluation of the MFIP Family Connections program was designed to address the goals and outcomes as initially outlined by DHS, and did so rigorously using a randomized control group experimental design. However, this translated into an evaluation that attempted to measure multiple, complex outcomes that, in retrospect, may not have been reasonable to expect given the actual project activities and the intensity of the intervention. Early efforts to develop a common logic model may have lead to increased focus on select outcomes that are more directly linked to the program model and activities, maximizing the resources available for evaluation.

Outcomes for MFIP Family Connections are comparable to those of other, similar child maltreatment prevention and early intervention programs.

MFIP Family Connections was a shared initiative of several project funders and collaborators including representatives from child welfare, economic supports, and private foundations. Consequently, some of the goals of the MFIP Family Connections program fell outside of what might typically be expected of traditional child welfare interventions. However, when compared to other, similar child maltreatment prevention and early intervention initiatives such as the Parent Support Outreach Program (currently offered in 30 Minnesota counties) and the Family Options Program (formerly offered in Hennepin County), outcomes for the MFIP Family Connections program were comparable in many areas. In particular, in the evaluation of the Family Options program, results showed that this program, also voluntary in nature and targeting families at risk of child maltreatment, and providing case management, resource referrals and cash support to help families meet their basic needs, did not result in differences in the number of future maltreatment reports between the program participants and those from a randomly selected control group. However, families receiving services were more likely to make gains in areas of social support and in accessing basic resources needed for daily living, similar to families in the MFIP Family Connections program. Rates of program satisfaction were also similar across programs (72% to 87% of Family Options participants were satisfied, compared with 87% of MFIP Family Connections participants).¹²

Similarly, an evaluation of the Minnesota Parent Support Outreach Program, which also provides voluntary case management services to families at risk of child abuse and neglect, showed that circumstances improved for 62 percent of families in at least one of their goal

¹² Greg Owen and Claudia Fercello (1998). Family Options Final Evaluation Report: Reducing child maltreatment among high risk families. Wilder Research Center.

areas, often related to basic needs. This was similar to MFIP Family Connections, where workers reported client circumstances improved in at least two-thirds of cases. Levels of program satisfaction were also similar (79% of PSOP families reported they were somewhat or much better off as a result of their participation). And while the PSOP evaluation did show declines in future maltreatment reports among program participants, families eligible for this program were at somewhat higher risk for maltreatment due to the fact that they had at least one prior “screened out” maltreatment report.¹³ MFIP Family Connections participants were no more likely to have a future maltreatment report than families from the control group, but the overall percentage of families from each group who had a future maltreatment report was relatively low overall.

The influence of dosage and risk

Families expressed high levels of satisfaction with program services, and had many basic needs met through the program. However, the study found few other impacts on families as a result of their participation in the MFIP Family Connections program. While this might be true for the given set of families who participated in the program as initially conceived, additional exploration of the data suggests that *who* receives services and the *amount* of service received may influence the extent to which the program positively impacts participants.

Families who receive a higher dosage of service may benefit more from this type of programming.

Results from the analysis of outcomes for the “high dosage” group and for those who participated during the modified program period (July-December 2010) found that individuals who received a “high-dosage” of program intervention showed some improvements and positive outcomes relative to comparison groups. Specifically, findings suggest that high-dosage participants may be more likely to get their basic needs met and achieve the goals they set for themselves related to the program. Although these findings are limited, it is important to note that these participants received slightly higher levels of service and that perhaps an even higher dosage of service would demonstrate additional impact.

Families with more risk factors and needs may benefit more from this type of programming.

An analysis of client characteristics relative to program outcomes found that the families who benefited most from the program appeared to have more risk factors than other

¹³ Tony Loman, Chistine Shannon, Lina Sapokaite, and Gary Siegel (March 2009). Minnesota Parent Support Outreach Program Evaluation Final Report. Institute of Applied Research, St. Louis, MO.

families who receive program services. In particular, they were more likely to report mental health problems, a childhood history of abuse or neglect, a recent episode of homelessness, and a recent child protection report (either as a victim or offender). These families were also more connected to county-operated case management programs, indicating that they may also have higher needs compared to other families served. This pattern suggests that families with more risk factors and higher needs may be more likely to benefit from a program like MFIP Family Connections.

It is possible that the maximum benefit of this type of programming is experienced by high-risk families who receive high levels of services.

Between July and December 2010, program eligibility criteria and group randomization requirements were lifted, allowing counties to offer services to families at their discretion. Many counties took advantage of this opportunity to target families they identified as having more risk factors or being most in need of services. Data also indicate that these families received higher levels of service from their caseworkers. Although further analysis is needed, the outcomes for these high-risk, high-dosage families appear to be somewhat more positive compared to families served during the regular study period. That is, these families were more engaged with their caseworkers, showed more improvements related to basic needs and other services, and were more likely to reach their personal goals. The results point to the possibility that higher-risk families who receive a higher dose of services might benefit most from this type of programming.

Appendix

Data tables

Evaluation steps and county roles flow chart

Data collection instruments – Closing form

MFIP Family Connections program brochure

Data tables

A1. Study participation by status for baseline interviews completed February 2008-January 2010 (N=741)

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

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.

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

^b 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.

A2. Study participation by county for baseline interviews conducted February 2008-January 2010 (N=741)

County	Experimental group			Control group	Total N	Percentage of total N
	Accept	Active decline ^a	Passive decline ^b			
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%
Total	306	123	120	192	741	100%

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

^b 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.

A3. Study participation by status for follow-up interviews completed between August 2008-July 2010 (N=535)

Status	Number completed	Percentage of total completed	Response rate	Cooperation rate
Accept	232	43%	76%	93%
Active decline ^a	84	16%	68%	85%
Passive decline ^b	78	15%	65%	85%
Control group	141	26%	73%	94%
Total	535	100%	72%	91%

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.

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

^b Families who could not be reached by case workers, despite attempts to contact them.

A4. Study participation by county for follow-up interviews conducted February 2008-July 2010 (N=535)

County	Experimental group			Control group	Total N	Percentage of total N
	Accept	Active decline^a	Passive decline^b			
Beltrami	24	24	2	24	74	14%
Cass	25	9	10	16	60	11%
Crow Wing	16	2	7	9	34	6%
Dakota	88	11	12	30	141	26%
Olmsted	9	11	4	12	36	7%
Polk	10	9	3	5	27	5%
Ramsey	49	11	39	33	132	25%
Sherburne	11	7	1	12	31	6%
Total	232	84	78	141	535	100%

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

^b Families who could not be reached by case workers, despite attempts to contact them.

A5. Resource referrals, case management and cash support provided to clients (N=1,221)

Issue/Need	Resource referral ¹		Direct service ²		Cash support ³	
	N	%	N	%	N	%
Housing	414	34%	303	25%	139	11%
Food (other than WIC)	316	26%	118	10%	117	10%
Utilities/phone	269	22%	108	9%	90	7%
Clothing	256	21%	149	12%	180	15%
Employment/job training	283	23%	160	13%	25	2%
Transportation	205	17%	217	18%	216	18%
Child care	197	16%	68	6%	6	1%
Furniture/household items	176	14%	220	18%	206	17%
Financial management/budgeting	158	13%	103	8%	1	<1%
Financial or other public benefits	131	11%	131	11%	4	<1%
Mental health (parent or child)	126	10%	118	10%	1	<1%
Education – parent/caregiver	104	9%	66	5%	10	1%
Recreational activities	132	11%	97	8%	33	3%
Education – child	83	7%	111	9%	37	3%
Medical or dental (parent or child)	82	7%	56	5%	13	1%
Parenting education	78	6%	98	8%	12	1%
Legal assistance	77	6%	49	4%	11	1%
Domestic violence support	36	3%	0	0%	0	0%
Substance abuse treatment/support	22	2%	16	1%	0	0%
English language skills	20	2%	7	1%	1	<1%
Respite care	12	1%	8	1%	2	<1%
Other ^a	21	2%	42	3%	16	1%

Source: Case closing form.

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

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

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

^a "Other" referrals, case management support, and cash was provided for a variety of needs, including advocacy, general community resources, organizational support, probation support, and other services.

A6. Money or cash support provided to clients (N=1,221)

Issue/Need	N	Minimum cash amount	Maximum cash amount	Average cash amount
Transportation	216	\$10.00	\$1,497.00	\$231.00
Furniture/household items	206	\$2.50	\$781.00	\$129.00
Clothing	180	\$5.00	\$525.00	\$127.00
Housing	139	\$20.00	\$2,328.00	\$489.00
Food (other than WIC)	117	\$6.00	\$300.00	\$90.00
Utilities/phone	90	\$20.00	\$1,118.00	\$263.00
Education – child	37	\$3.00	\$325.00	\$41.00
Recreational activities	33	\$5.00	\$629.00	\$108.00
Employment/job training	25	\$7.00	\$1,008.00	\$540.00
Medical or dental (parent or child)	13	\$48.00	\$906.00	\$269.00
Parenting education	12	\$1.00	\$70.00	\$20.00
Legal assistance	11	\$8.00	\$370.00	\$66.00
Education – parent/caregiver	10	\$15.00	\$155.00	\$45.00
Children’s needs	9	\$15.00	\$300.00	\$91.00
Child care	6	\$25.00	\$2,840.00	\$946.00
Financial or other public benefits	4	\$24.00	\$150.00	\$79.00
Respite care	2	\$178.00	\$480.00	\$329.00
Holiday program	2	\$18.00	\$100.00	\$59.00
Mental health (parent or child)	1	\$300.00	\$300.00	\$300.00
English language skills	1	\$140.00	\$140.00	\$140.00
Financial management/budgeting	1	\$198.00	\$198.00	\$198.00
Other	25	\$1.00	\$7,940.00 ^a	\$522.00

Source: Case closing form.

Note. Dollar amounts rounded to the nearest whole dollar.

^a This expenditure was for a private benefit for a family, and may have been funded from other sources in addition to the MFIP Family Connections Program.

A7. 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	1,471	96%**	1,349	91%	1,022	86%*	710	82%
Comparison group	600	93%**	600	89%	565	82%*	396	80%

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 *** $p < .001$.

A8. Participation in Medical Assistance (baseline to follow up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=1,349) Comparison (N=600)			Baseline to 12 months MFIP FC (N=1,022) Comparison (N=565)			Baseline to 18 months MFIP FC (N=710) Comparison (N=396)		
	% 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%	91%	-6%***	96%	86%	-10%***	96%	82%	-14%***
Comparison group	93%	89%	-4%**	92%	82%	-10%***	92%	80%	-12%***

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 *** $p < .001$.

A9. 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	1,471	85%***	1,349	64%	1,022	52%	710	47%
Comparison group	600	78%***	600	61%	565	50%	396	44%

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 *** $p < .001$.

A10. Enrollment in MFIP (baseline to follow up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=1,349) Comparison (N=600)			Baseline to 12 months MFIP FC (N=1,022) Comparison (N=565)			Baseline to 18 months MFIP FC (N=710) Comparison (N=396)		
	% at base- line	% at 6 months	Difference	% at base- line	% at 12 months	Difference	% at base- line	% at 18 months	Difference
MFIP FC group	85%	64%	-21%***	84%	52%***	-32%***	86%	47%***	-39%***
Comparison group	78%	61%	-17%***	77%	50%***	-27%***	79%	44%***	-35%***

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 *** $p < .001$.

A11. 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	1,471	91%**	1,349	80%	1,022	75%	710	73%
Comparison group	600	86%**	600	79%	565	75%	396	71%

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 *** $p < .001$.

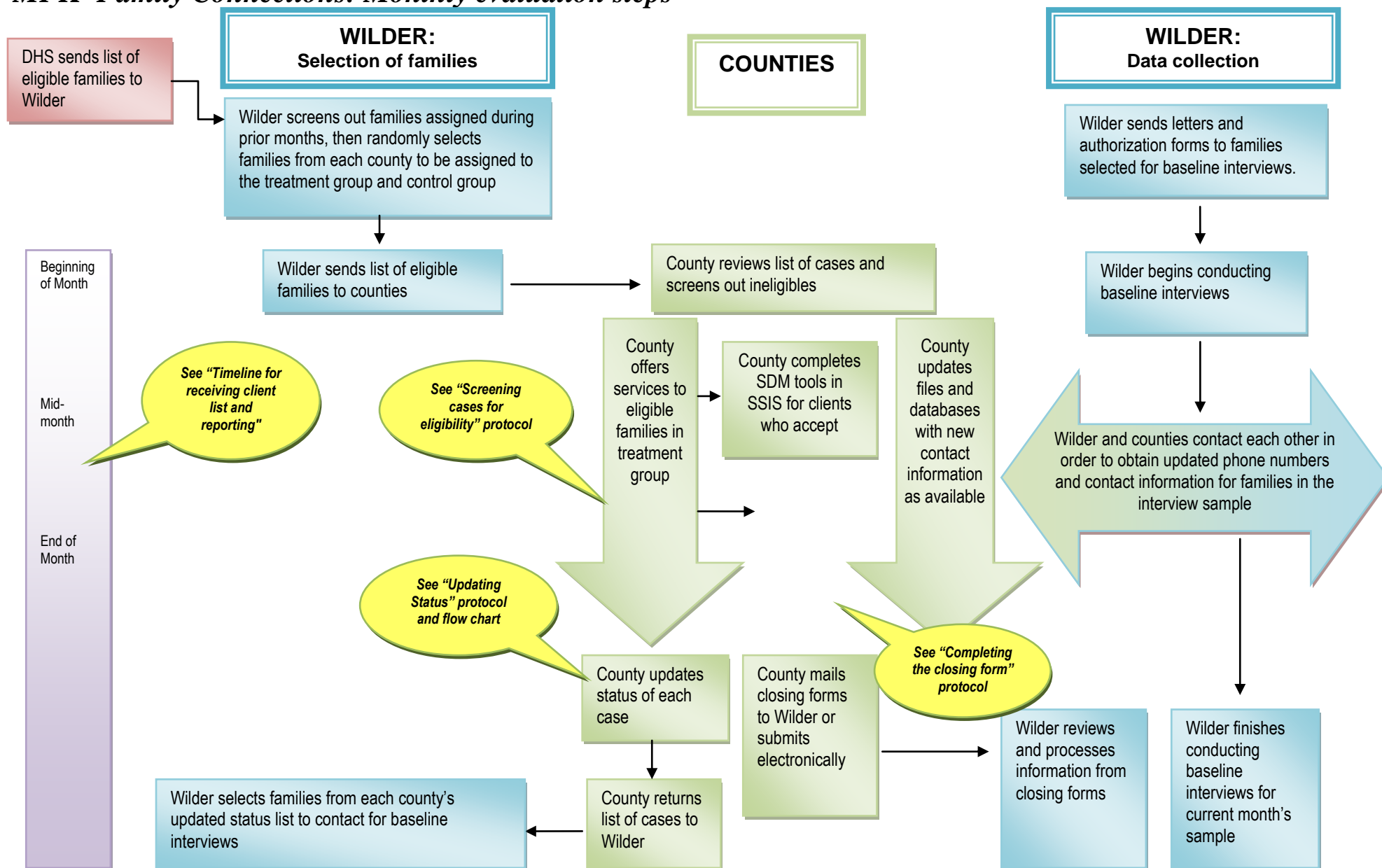
A12. Participation in Food Support (baseline to follow up): Matched pair comparisons within groups over time

Group	Baseline to 6 months MFIP FC (N=1,349) Comparison (N=600)			Baseline to 12 months MFIP FC (N=1,022) Comparison (N=565)			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	91%	80%	-11%***	90%	75%	-15%***	90%	73%	-17%***
Comparison group	86%	79%	-7%***	86%	75%	-11%***	87%	71%	-16%**

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 *** $p < .001$.

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)?

☐¹ 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]

☐² 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)

☐¹ Less than 1 hour

☐² 1-2 hours

☐³ 3-4 hours

☐⁴ 5-6 hours

☐⁵ 7-8 hours

☐⁶ More than 8 hours (about how many hours? _____)

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

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

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

☐³ 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)

☐¹ Services not needed, family is financially stable

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

☐³ Services not needed, family *recently closed services* with a similar program

☐⁴ Family has no time/interest

☐⁵ Other (Please describe: _____)

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

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

** **Case Management/direct service:** worker provided client with a service or ongoing support

*** **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"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
29. _____	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
30. _____	<input type="checkbox"/> ⁴	<input type="checkbox"/> ³	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

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)

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

- ☐¹ Strongly agree
☐² Somewhat agree
☐³ Somewhat disagree
☐⁴ Strongly disagree

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

- ☐¹ Strongly agree
☐² Somewhat agree
☐³ Somewhat disagree
☐⁴ 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"/> ²	<input type="checkbox"/> ⁸	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
b. Employment counselor	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
c. Other county worker	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
d. Other community worker	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹
e. Other (Describe: _____)	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ¹

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)

- ☐¹ No hours
☐² 1-3 hours
☐³ 4-6 hours
☐⁴ 7-9 hours
☐⁵ 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)

- ☐¹ Client exceeded goals
☐² Client met goals
☐³ Client partially met goals
☐⁴ Client did not meet goals

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

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



Being 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.

