

# Minnesota Integrated Services Project: Voices of Program Participants

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March 2008

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This report was prepared for the Minnesota Department of Human Services (DHS) under Contract A74830. The views expressed are those of the authors and should not be attributed to Minnesota DHS or the Urban Institute, its trustees, or its funders.

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## **ACKNOWLEDGEMENTS**

The evaluation of the Minnesota Integrated Services Projects (ISP) was conducted by the Urban Institute under contract to the Minnesota Department of Human Services (DHS). The evaluation is funded by the McKnight Foundation and DHS. We wish to thank the many people in Minnesota and at the Urban Institute who contributed to this report. The authors are especially grateful to the individuals who participated in the focus groups and shared their experiences with the Minnesota ISP. Their views, opinions, and insight are central to this report, and we sincerely thank them for their time and candor. In addition, the authors would like to thank the ISP program staff, who provided integral support for all of the logistical aspects of the focus groups including recruiting participants, reserving meeting rooms, and transporting participants to and from the sessions. In particular, we are grateful to Dan Dauth in Anoka County, Linda Fancher in Hennepin County, Sue Illg in Ramsey County, and Kari Kraft in Washington County for their continued help and cooperation.

We also would like thank Leslie Crichton and Joan Truhler from the Minnesota Department of Human Services and Carolyn O'Brien from the Urban Institute for reviewing earlier drafts and providing helpful comments. Finally, we are indebted to Karin Martinson at the Urban Institute, whose invaluable comments, guidance, and support made this report possible.

## INTRODUCTION

The Minnesota Integrated Services Projects (ISP) are designed to address the needs of long-term cash assistance recipients in the Minnesota Family Investment Program (MFIP), many of whom are in danger of reaching their time limit on benefits, by requiring a more coordinated response from the human service system. The Minnesota Department of Human Services (DHS) provided grants to eight sites across the state to improve both economic and family-related outcomes for this population by increasing access to more comprehensive services that address multiple needs, coordinating services provided by multiple service systems, and focusing on the needs of both adults and children in the household.

To provide an understanding of participants' experiences in the program, this report presents results from focus groups with participants from the ISPs. Focus groups with participants in four sites were conducted—Anoka, Hennepin, Ramsey, and Washington (box 1 provides a brief description of each of the programs). These focus groups are part of a larger evaluation of the Minnesota ISP that is being completed by the Urban Institute for DHS.<sup>1</sup> Earlier reports examined the implementation of the projects and participant characteristics. The final report will examine changes in participants' economic and family-related outcomes.

The focus groups were conducted in August 2007 by Urban Institute researchers. Each ISP site was responsible for recruiting past and current participants to attend the focus group using a list of randomly selected ISP participants who had been in the program for at least six months provided by the Urban Institute. Sites did encounter some difficulties in locating some participants and generally had more success recruiting individuals who were currently enrolled in the program (rather than those who had left). Each focus group session lasted approximately 90 minutes, and participants received an incentive payment (a gift card) for attending. Because of the relatively small number of focus group participants and nonrandom selection process, the views expressed by participants should not be viewed as representative of the overall ISP population.

This report begins with a summary of the focus group sessions across the four sites and is followed by summaries of each of the individual four sessions. For each, the summary includes a discussion of the characteristics and circumstances of participants who attended the session, how participants learned of and were referred to the program, the types of services they received in the program, participants' views of the benefits of the program, and their suggested improvements.

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<sup>1</sup> Martinson, Karin, Caroline Ratcliffe, Elizabeth Harbison, and Joanna Parnes. *Minnesota Integrated Services Project: Participant Characteristics and Program Implementation*. Washington, DC: The Urban Institute, 2007. Martinson, Karin and Robin Koralek. *Early Implementation of the Minnesota Integrated Services Project*. Washington, DC: The Urban Institute, 2006.

**Box 1**  
**Minnesota Integrated Services Projects Included in Focus Group Study**

**Anoka.** This, project, housed in the Anoka County Human Services Division, features a multidisciplinary service team that provides intensive case management and service coordination for participants. Staff specialize in specific areas, including juvenile and criminal justice, employment and vocational rehabilitation, public health, child protection, mental health, chemical dependency, and housing, and participants are assigned to a case manager based on the barriers they are facing. A staff disability advocate assists participants with the SSI application process. Whenever possible, services for the family are provided in-house by the project team, though team members also connect with other professionals involved with the family.

**Hennepin.** Sponsored by NorthPoint Health and Wellness Center, Inc., a community-based health and human services agency, the core service of this program is one-on-one case management provided by Family Facilitators employed by NorthPoint as well as several MFIP employment service providers. Family Facilitators connect participants and their families with services in the community that address employment and other barriers. Staff from African American Family Services and Turning Point, two community-based social service agencies, assist participants with chemical dependency and domestic violence issues, and an onsite psychologist provides mental health assessments and counseling.

**Ramsey.** This initiative integrates mental health rehabilitation expertise into the county MFIP employment services program, while accessing new funding outside the regular MFIP allocation. The ISP provides financial support to several providers to meet capacity and certification standards to provide services under Adult Rehabilitative Mental Health Services (ARMHS). ARMHS aims to help individuals with serious mental illness improve functionality, and services are billed directly to Medical Assistance (Minnesota's Medicaid program). Each agency has flexibility to provide ARMHS services or partner with an agency that provides ARMHS services.

**Washington.** Operated by HIRED, a nonprofit organization that provides MFIP employment services, this project aims to reduce the likelihood that residents will relocate and assist those who have relocated to reestablish services in Washington County. Its larger goal is to facilitate case coordination across systems for families involved with multiple service providers. Integrated Services coordinators complete an in-depth assessment, make individualized referrals to a wide range of services, and communicate with other professionals involved with the family to better coordinate services. The program has established a close working relationship with the county's community mental health clinic to ensure quick access to psychological evaluations and mental health services for clients.

## **FINDINGS FROM FOCUS GROUPS ACROSS THE FOUR SITES**

### **Summary**

Across the four sites, focus group participants were generally positive about their experiences in ISP, though several areas for improvement were suggested throughout the discussions. Participants described receiving intensive services in multiple areas of assistance and, in general, felt they would not have received these services were it not for ISP. Many participants reported that they benefited from these services and discussed the various improvements in their lives since enrolling in ISP. In particular, participants often praised the individual and holistic nature of ISP services, particularly in comparison to MFIP. Participants in all sites had frequent contact with their ISP worker, either by phone or in face-to-face meetings, and generally described feeling that their worker was highly accessible and willing to help.

Perhaps not surprising given the intense nature of the participant-ISP worker relationship, participants' experiences in the program appeared to be highly dependent on their relationship with their ISP worker. Many participants, including those in Anoka and Hennepin counties and most in Washington County, described a strong bond with their ISP worker from which they derived emotional support. Other participants, however, were less pleased with this relationship and, as a result, were generally less enthusiastic about the program overall. Most of the suggested improvements were recommended by the latter group and were related to their specific difficulties with their ISP worker. Participants in Ramsey County were discontent with the high turnover among workers, which inhibited their ability to develop a trusting relationship with their ISP worker. In Washington County, participants were unhappy with inconsistencies in the ways different ISP workers addressed employment and education.

Overall, the focus group discussions shed light on the multiple barriers faced by many participants and underscored the importance of the intensive services and coordination offered by ISP. While Anoka County focus group participants stood out in the extent of their disadvantage—particularly evident in the high incidence of reported mental illness—the severity and prevalence of barriers faced by participants in all counties was notable. Some participants struggled to meet basic needs such as housing and transportation, and physical and mental health issues were common. Further, participants described damaging and traumatic experiences that included substance abuse and domestic violence, and many participants' children faced problems in school and with mental and physical health. These accounts suggest that ISP is serving a population in need of its services.

### **Overview of Focus Group Participants**

Focus groups ranged in size from 5 participants in Ramsey County to 12 participants in Hennepin County. Based on their own accounts, participants across the four sites were generally very disadvantaged, particularly in Anoka and Hennepin counties. The majority of focus group participants described facing multiple barriers at the time of enrollment in ISP, including mental and physical health issues, substance abuse, homelessness, lack of transportation, and domestic violence. In addition, many participants described problems that their children faced, including health complications, behavior problems, and criminal justice issues. All participants were parents and nearly all were female, with the exception of one male participant in Ramsey County.

Mental health issues appeared to be especially prominent among focus group participants in Anoka County, which is not surprising given the ISP's emphasis on SSI advocacy. Participants described feeling isolated or emotionally unstable at the time of their referral, and half of the six focus group participants expressed that they had contemplated suicide. One woman struggled with feeling that her life had been "in chaos," and another said, "Emotionally and mentally, I was becoming unglued." In addition to these severe mental health concerns, three participants were receiving SSI, two participants had experienced homelessness, two had struggled with substance abuse, and one participant had recently fled a long-term abusive relationship. These accounts suggested that this group was especially disadvantaged in comparison to the focus group participants in the other three sites.

Participants in Hennepin were particularly vocal about a range of barriers, including child-related problems, lack of housing, and mental health issues. Notably, 4 out of the 12 participants described experiencing problems related to their children and expressed their need for assistance in this area. These needs ranged from assistance applying for SSI for their children to communication with teachers or counselors regarding problems at school. Hennepin was the only site in which participants feared their children becoming involved with gangs, likely a factor of its urban setting and the high level of gang activity in the area. Lack of affordable housing was another issue faced by participants in Hennepin County; one participant had been homeless at the time of her referral to the program, and two others' houses had burned down. Further, two participants revealed that they had struggled with suicidal thoughts brought on by the multiplicity of challenges in their lives.

Focus group participants in Ramsey and Washington counties also experienced a range of mental and physical health problems, though participants in these two sites generally discussed these barriers to a lesser extent. Several participants in Ramsey County needed help with communication and parenting skills. Keeping track of commitments such as doctor's appointments was another need mentioned by several of the participants, as well as other assistance with physical and mental health issues. In Washington County, most participants' primary concerns were related to employment and education. Transportation was an issue also raised by several participants, who were seeking help with the costs of auto maintenance and gas. One participant revealed the serious challenges she faced from an abusive relationship and substance abuse.

### **Getting to ISP**

The vast majority of focus group participants were referred to ISP by their MFIP worker, although workers from other programs also made referrals. For example, one woman in Anoka was referred by her child protection worker, and several participants in Ramsey County heard about ISP through other programs in which they were involved, including a fatherhood program and a residential mental health program. In both Hennepin and Washington counties, a participant found out about the program while seeking food assistance at a service center. Hennepin County was the only location in which participants reported having enrolled in the program after hearing about it from friends.

Participants differed in their initial perceptions of the program. In Anoka and Hennepin counties, participants had positive expectations of the program and enrolled with the hope that it would help improve their situations. Said one participant in Anoka County, "I was told [ISP] would help me get a better life, help me get on my feet and put me in the right direction." The attitude of the focus group participants in Hennepin County was similar, where participants described the program as a resource they wished to use.

In contrast, some participants in Ramsey and Washington counties expressed a belief that participation in the program was mandatory in order to continue receiving MFIP benefits. In Washington County, several participants believed the program would be "more strict" or "more work" and enrolled because "you either did it, or you'd lose your benefits." A participant from Ramsey County acknowledged, "You could have said 'no', but it would penalize you in the

end.” However, while several participants in each of these counties chose to enroll because they felt obligated to do so, there were others who enrolled with the belief that the program had the potential to help them.

### **Types of Services Received through ISP**

Focus group participants reported receiving assistance in a wide range of areas. In particular, employment services, child-related assistance, and assistance with mental and physical health issues emerged as key areas of assistance across the four sites. Workers generally played a service brokering role, referring participants to other services and programs in the community based on their specific needs. Additionally, participants spoke about the ways in which their ISP worker served as a liaison between the multiple programs and systems in which participants were involved. In Hennepin County, support groups were a key component of the program. Other types of services discussed by participants included referrals to community programs and resources and assistance with transportation and housing.

#### *Employment and Education*

Participants in each focus group reported receiving employment-related assistance from their ISP worker or from someone else on the ISP team, including individual job search, structured job search class, and education and training. While at least some participants in all four sites received assistance in this area, participants in Hennepin, Ramsey, and Washington counties discussed employment-related assistance more frequently than participants in Anoka County, perhaps in part because of Anoka County’s focus on participants who are applying for SSI. In particular, focus group participants in Washington County viewed employment-related assistance as especially central to the program.

Three of the six participants in Anoka reported receiving employment-related assistance. Two participants reported that the ISP job counselor helped them to enroll in employment-related training programs, and a third participant, who was interested in pursuing self-employment, received referrals to educational and financial support. However, the focus group discussion in Anoka County focused less on employment-related support and more on services in other areas, such as mental and physical health. Notably, two of the six participants were receiving SSI and were unable to work, reflecting Anoka’s focus on SSI advocacy.

In Hennepin, Ramsey, and Washington counties, focus group participants reported receiving assistance with job search, resume development, interview preparation, enrolling in education and training programs, and applying for financial aid. In Hennepin County, where 7 out of 12 focus group participants reported receiving some type of employment-related assistance, three participants reported that their ISP worker helped them obtain clothing vouchers for interview attire, and four participants received assistance with individual job search. In Ramsey County, four of the five focus group participants received employment-related assistance. Three participants received help creating a resume, and two reported that their ISP worker showed them how to search for jobs on the Internet. Two participants were referred to employment-related training by their ISP worker, and, as a result, one participant received her forklift license.

Focus group participants in Washington County viewed employment services provided by ISP as particularly central to the program, and all eight participants received services in this area. One woman stated that ensuring participants obtain a job was the “primary function” of the program, and the rest of the group agreed, noting that their ISP worker focused on employment more than any other area. Participants also noted that MFIP and ISP were highly integrated. While participants reported that they maintained a separate MFIP employment counselor, many were not in contact with their employment counselor and made it clear that their ISP worker enforced MFIP requirements, including mandatory job search. Except for one participant in the group who was in the process of applying for SSI, all participants reported receiving assistance with job search from their ISP worker. “[The ISP worker] will call people and ask if they will interview you,” explained one participant. Several participants were referred to a job developer for further employment assistance, and two participants were referred to mandatory structured employment classes at the Workforce Center. “They are trying to eliminate any blockage against you getting a job,” one woman explained.

#### *Child-Related Assistance*

Receiving assistance related to their children was common among focus group participants. Assistance in this area appeared to be particularly prevalent in Anoka and Hennepin counties, where participants reported that their ISP worker provided specific referrals as well as direct services for their children. For example, in Anoka, three participants’ children were referred to a health care professional, and two were enrolled in afterschool programs with the help of an ISP worker. Another participant’s ISP worker contacted her son’s school counselor. Similarly, two participants in Hennepin County reported that their ISP worker helped them mitigate problems at their child’s school, and three participants’ children were referred to a mentoring program specifically targeted to at-risk youth.

In Ramsey and Washington counties, child-related assistance was generally more indirect. For example, two participants in the Ramsey County focus group credited the program with improving their parenting skills. Notably, one participant’s children were doing much better in school as a result of improved parent-child communication. One participant in Ramsey County and another in Washington County received assistance securing child care, and a woman in Washington County received help with the application for child care subsidies. Another woman in Washington County received a referral to WIC for herself and her son, and one participant received assistance with child support paperwork.

#### *Assistance with Mental and Physical Health Issues*

Services that addressed participants’ mental health issues were a common topic during focus group discussions. Participants in all four focus groups reported receiving mental health-related assistance. For example, participants reported that their ISP worker referred them to mental health professionals, drug treatment programs, and support groups. Further, ISP workers provided emotional and logistical support that allowed participants to address their mental health issues, including transportation to and from doctors’ appointments, reminder calls to pick up and take medications, and visits during inpatient drug treatment programs.

Participants in Anoka County were especially forthcoming about their mental health issues and the services they received to address them. Three of the six women in the group were referred to

a psychologist or psychiatrist by their ISP worker, one participant's worker connected her with a drop-in program for individuals with serious mental illness, and a fifth was referred to an outpatient drug treatment program. Notably, these five women also emphasized the emotional support they received from their worker while dealing with mental health issues such as severe depression, anxiety, and addiction.

Participants in the other three sites also reported receiving assistance with mental health issues. In Hennepin County, three participants were referred for counseling; one participant was referred to a psychologist and another to group therapy in Ramsey County; and one Washington County participant was referred for a psychological evaluation and subsequent treatment, while another was referred to a supportive housing community for people with severe mental illness.

ISP workers also assisted participants with their physical health issues in Anoka, Hennepin, and Ramsey counties. The most common types of assistance in this area were referrals to doctors and specialists. For example, one woman in Anoka County discovered she was diabetic after her ISP worker set up a doctor's appointment for her. The worker then arranged for public health nurses to assist her with her medications. Two Hennepin participants were referred to the NorthPoint health clinic, which is located on the premises of the ISP program. In Ramsey County, the group agreed that ISP had provided assistance with their physical health, reporting that their ISP worker often reminded them about doctor's appointments and kept track of medications.

#### *Overall Coordination*

According to focus group participants, ISP workers served as liaisons between various programs and services. In all four focus group discussions, participants agreed that their ISP worker communicated with the other workers with whom they were involved, including MFIP employment counselors, child protection workers, child support workers, and representatives of the criminal justice system. "ISP made it easier to work with other programs," one Ramsey participant said. According to several participants in Anoka, Hennepin, and Washington counties, this included helping to get MFIP sanctions lifted or negotiating a work exemption from MFIP participation requirements. In Washington County, the majority of participants were not in contact with their MFIP worker, and their ISP worker had assumed the responsibilities of an employment counselor and financial worker. Said one woman in Washington County, "ISP pretty much just does it all. They work with all your workers so that you really don't have to be talking to five different people, which is really nice."

#### *Support Groups in Hennepin County*

In Hennepin County, participants explained that a key component of the ISP was a biweekly support group, which participants were required to attend. These groups were facilitated by ISP workers and often featured a guest speaker who presented information on topics such as self-empowerment, job search, basic computer training, or healthy eating. In general, participants in the focus group found these meetings beneficial, and four participants were especially vocal about the positive impact the support group had on them. In addition to the information they gained from the presentations, these participants emphasized that the meetings offered an opportunity to develop connections with other ISP participants who were dealing with similar issues.

### *Other Services*

In addition to the key services discussed above, participants received a wide array of assistance and referrals that varied somewhat by site. Participants across the four sites agreed that their ISP worker served as a resource for information regarding benefits, services, and programs in the community. For example, as a result of referrals from their ISP worker, two women in Anoka and two in Hennepin received free or reduced-price furniture and other household items; three participants in Hennepin received assistance paying their heating bills; one participant in Anoka received assistance applying for Food Stamps and another in Ramsey County was referred to a food pantry; and a man in Ramsey County was referred to the Young Dads program. Participants also received assistance applying for SSI for themselves and for their children through ISP.

Other areas of assistance included transportation and housing. Participants in Anoka, Hennepin, and Washington counties reported receiving assistance with transportation. Three women in Anoka and one in Washington received a free car through community-based programs with the help of their ISP worker, and participants in Hennepin and Washington counties reported that they received assistance with car repairs as well as bus passes and gas cards through ISP. In Anoka County, three participants received assistance with housing, including referrals for Section 8 housing vouchers and a home ownership assistance and education program.

### **Participants' Relationships with their ISP Worker**

The strong relationship between participants and their ISP worker emerged as a central theme throughout all four focus group discussions. In most cases, participants met with their ISP worker frequently—in many cases weekly or biweekly—and felt they could contact their worker at any time. Many participants described a close bond with their ISP worker, and, with a few exceptions, most were extremely pleased with the relationship.

The frequency with which participants met with their ISP worker varied both across and within sites. In Anoka, Hennepin, and Ramsey counties, participants reported having contact with their worker anywhere from once a day to once a month. The frequency and schedule of face-to-face meetings in these three sites appeared to be flexible and based on participants' needs and schedules. In general, participants in Anoka met with their worker at least twice a month, and in Hennepin and Ramsey, meetings occurred at least once a month. In Washington County, however, meeting schedules were more structured. Participants reported that weekly meetings were a requirement of the program until they found a job, at which point the requirement loosened to monthly meetings. In general, participants in all four sites reported that they could contact their worker by phone at any time, with the exception of one participant in Hennepin County and another in Ramsey County who explained that their recently assigned ISP worker was difficult to reach.

While the majority of participants across the four sites were content with their ISP worker, participants in Anoka and Hennepin counties in particular emphasized the intimate nature of their relationship with their ISP worker. In Anoka County, all six focus group participants discussed the strength of the rapport with their ISP worker. Comparing their worker to a friend or family member, several Anoka participants told stories of the emotional and personal support they had derived from their worker. Several participants in Hennepin also likened their worker to

a family member, and one woman referred to ISP as her “second home.” In both focus group discussions, it was clear that participants perceived a genuine commitment from their ISP worker, and this dedication and accessibility were qualities they valued highly.

Ramsey County participants unanimously agreed they had benefited from the breadth of resources to which ISP workers had access. However, two significant issues regarding the participant-worker relationship arose during the focus group discussion. First, one participant characterized ISP workers as “nosy,” to the agreement of several others in the group. These participants cited instances where workers asked pointed and seemingly unrelated questions, such as the whereabouts of the father of one participant’s children or for the permission to attend another participant’s therapy session. Two participants agreed, though ceded that, to some extent, their discomfort in reaction to their worker’s questions stemmed from difficulties with trusting new people. One participant, however, voiced disagreement over the issue of “nosiness,” stating that she found her worker’s questions relevant and helpful. Second, all five focus group participants felt that frequent turnover of workers had inhibited their ability to build a strong relationship with their ISP worker. Four participants had been assigned two different workers while enrolled in ISP, and the fifth was currently working with his third worker. Participants agreed it was difficult to start over with someone new, both because new workers were unfamiliar with their situation and because of the time invested in developing trust with a new person.

In Washington County, participants’ evaluations of their relationship with their ISP worker—and their experiences in the program more generally—appeared to be highly dependent on the personality of the specific worker. In particular, four participants in the group, all of whom had been assigned the same worker, characterized the program as providing immeasurable emotional support and credited their positive experiences in the program to their worker. Two other women in the group, however, had strikingly different experiences in the program and, specifically, with their worker, explaining that they did not like to talk to their worker because she was negative and discouraging.

### **Connections between ISP and the MFIP Program**

MFIP was a frequent topic of discussion during focus group sessions. According to participant accounts, programs varied in their degree of integration with MFIP—some ISP workers essentially took on the responsibilities of an MFIP employment counselor, others served as a liaison between participants and their MFIP workers, while others were less involved. Participants in all focus groups voiced their frustrations with MFIP, and many participants highlighted the differences between MFIP and ISP.

In Anoka, Hennepin, and Ramsey counties, participants talked about the ways in which ISP services complemented or enhanced their experience with MFIP. While all focus group participants still maintained a relationship with their MFIP worker, ISP workers served as liaisons between participants and their MFIP financial worker, helping to get sanctions lifted, exemptions granted, and other benefits instituted. Focus group participants in these three counties contrasted ISP from MFIP; in Anoka and Hennepin, participants emphasized MFIP’s many rules and regulations, while participants in Ramsey County found that ISP requirements

and expectations were stricter. However, participants in all three counties generally viewed ISP services as more personalized and holistic. Said one woman in Anoka to the agreement of the group, “MFIP is only concerned about how much money you’re making and how much money you need, whereas [ISP] is more about your overall family lifestyle.” In Ramsey County, four out of five participants appreciated the enhanced job search assistance they received from their ISP worker, explaining that the job-related services they received through ISP were more customized to their experiences and qualifications.

In Washington County, the majority of focus group participants reported that, in essence, their ISP worker took on the role of their MFIP employment counselor. Several participants explained that their ISP worker was the only worker with whom they had contact, a statement with which the rest of the group agreed. Four participants discussed the benefits of having their ISP worker serve in this role, recounting situations where their worker was able to lift sanctions imposed by MFIP financial counselors or resolve other MFIP-related issues. However, some dissatisfaction appeared to stem from the blending of these two roles and the close interaction between MFIP and ISP. In particular, these frustrations emerged around the issue of continuing education. Some participants felt that, because their worker was under pressure to ensure they meet MFIP participation requirements, their educational goals and aspirations were not supported. One woman, who was enrolled in a nursing program, explained that her ISP worker would not give her child care support. “They don’t like you to go to school... She says a job’s more important, but I think making \$8.50 an hour compared to \$30 an hour makes a huge difference,” she said. This was a common sentiment among participants, who agreed that they would prefer to focus on training for better jobs rather than accept low-wage employment.

### **Participant Views on Overall Benefit of ISP**

Overall, focus group participants across the four sites had positive assessments of the program and enumerated the benefits of participation. For example, participants in Anoka, Hennepin, and Ramsey counties discussed the ways in which ISP services had improved their mental health. This was particularly pronounced in Anoka, where three participants credited the program with helping them overcome suicidal periods and two others discussed how their ISP worker supported them through bouts of depression and anxiety. Said one Anoka participant, “ISP turned my life around.” In Hennepin County, participants valued the sense of community fostered by the regular support group meetings. Participants benefited from the opportunity to share their experiences and hear other’s stories; said one woman, “You can relate, and it just helps you out.” In Ramsey County, all participants agreed that participating in the program had a positive impact on their mental health.

Some participants felt that ISP participation helped them to improve their parenting skills and, subsequently, their relationship with their children and their children’s overall wellbeing. In Anoka, for example, three participants believed that because they felt more emotionally stable since enrolling in ISP, they were able to be a better parent to their children. Another woman in Hennepin County received counseling for problems she was having with her son, which helped her learn better ways to communicate with him. In Ramsey County, one participant explained how the organizational skills gained while enrolled in ISP helped with keeping children’s documents and schedules in order. This participant credited the program with strengthening an

appreciation for serving as a good role model. “[The program] helped me to be a better person and start working better to be showing my kids things instead of just hollering at them,” the participant said, noting that since enrolling in ISP, one child was named “Student of the Month” and another’s reading skills greatly improved.

Participants also benefited from the employment- and education-related services they received through ISP. In Anoka County, the group agreed they felt they were now in a better financial position and were more self-sufficient. Notably, one participant owned her own townhouse after her ISP worker referred her to a home ownership education and support program. Several participants in Hennepin, Ramsey, and Washington counties were employed as a result of job leads they received from their ISP worker, and one participant in Ramsey County received her forklift license after her ISP worker referred her to a training program. One woman in Washington County who was homeless at the time of referral to ISP started her own child care business with the help of her ISP worker.

### **Participants’ Suggested Improvements for ISP**

Overall, participants had few suggestions for improvement. One suggestion that was mentioned in all four focus groups was to create a comprehensive directory of services so that all ISP participants are aware of available services. In Anoka and Hennepin, suggestions centered on increasing or extending ISP services and expanding the program so that more individuals could be served. In Ramsey County, one participant suggested that MFIP counselors should refer participants to ISP earlier during their time on MFIP rather than waiting until they have nearly reached their time limit.

Participants in Ramsey and Washington counties also suggested improvements based on site-specific problems they encountered. In Ramsey County, for example, participants were unhappy with the high turnover among workers and suggested that this be avoided in order for participants to develop meaningful relationships with their ISP worker. In Washington County, where much of the discussion focused on the lack of support for continuing education, participants voiced their desire that ISP make attending school or other educational programs more accessible to participants. On a related note, some participants felt that ISP emphasized employment at the cost of encouraging participants to find higher quality jobs. There appeared to be a split among the group on this issue, suggesting that there were inconsistencies in the ways that different ISP workers addressed the issues of employment and education.

## **ANOKA COUNTY FOCUS GROUP SUMMARY**

### **Overview of Focus Group Participants**

Six women participated in the focus group in Anoka, all of whom had been involved with Partnerships for Family Success (PFS), Anoka County’s ISP, for a year or longer. All six focus group participants had at least one child and described facing multiple barriers at the time of enrollment in PFS. One mother of two school-age daughters was homeless at the time she was referred to the program; she had been sanctioned by her MFIP case worker and needed assistance

obtaining an exemption. In addition, she needed help finding a psychiatrist who could help her daughter, who was struggling with untreated Attention Deficit Disorder (ADD). Another woman with one child in high school and one in college was struggling with medical conditions that prohibited her from working, including a ruptured disc, and was on short-term disability. She was involved with child protection as a result of her drug use and was going through a drug rehabilitation program at the time of enrollment in PFS. One focus group participant had undergone several surgeries shortly before enrolling in PFS and felt isolated, particularly because she did not have a driver's license and had no one to turn to for logistical or emotional support. Another woman, who was pregnant with her second child when she enrolled in PFS, needed a place to live and was without transportation or a driver's license at the time of enrollment. In addition, she had been sanctioned and was no longer receiving MFIP. One woman explained that she had multiple problems that made her feel overwhelmed and emotionally unstable. She had four warrants out for her arrest and was going through drug court at the time of PFS enrollment in an attempt to regain custody of her children. A mother of four explained that she had been involved in a severe domestic abuse situation. "My life was gone," she said, explaining that on top of a 20-year violent marriage, she was facing legal issues, bankruptcy, severe depression, and thoughts of suicide. In addition, her son had criminal charges brought against him and she needed help navigating his legal options.

Mental health problems were a common theme among participants in Anoka. Five out of six participants expressed feelings of isolation and depression, and three participants had contemplated suicide at some point in time. One woman talked about feeling painfully isolated and, at times, suicidal. She became very emotional as she told the group that she "needed something to do and people who could relate to shared drug experiences." Another said that her life "has been in chaos" and she was overwrought with a general "feeling of failure." She explained, "When you're overwhelmed and dealing with depression, just going through MFIP is really difficult." While speaking about losing custody of her children due to a drug addiction and other criminal charges, one woman described, "I was at the edge with rage. Emotionally and mentally, I was becoming unglued," adding that she had contemplated suicide. A third woman also spoke about feeling suicidal after years of domestic abuse and severe depression. "It's selfish to kill yourself, but it was really hard sometimes," she shared with the group.

### **Getting to ISP**

Five out of six participants were referred to PFS by their MFIP financial worker or employment counselor. The remaining participant was referred to the program by her child protection worker to satisfy a requirement of her drug court case plan. Participants were referred to PFS for issues beyond the scope of MFIP. In general, participants were referred to PFS to address multiple barriers, including homelessness, legal and criminal justice issues, bankruptcy, lack of transportation, physical health problems, mental health issues, domestic violence, and substance abuse. One focus group participant explained that she was facing "compound problems beyond just financial stuff." For example, two women needed assistance securing permanent housing, two were suffering from physical health problems, one woman was dealing with bankruptcy, and two had children who needed medical care. Said one woman, "I hoped the program would help me get a better life and put me in the right direction."

## **Types of Services Received through ISP**

Generally, participants set goals and created a plan with their PFS worker upon enrollment in the program, though goals evolved as new situations and needs emerged. All six focus group participants received assistance in multiple areas and noted that their PFS worker was always available to address any needs that arose. Participants met with their worker frequently, ranging from several times a week to two times a month.

Several focus group participants received assistance from more than one member of the PFS team. For example, two participants continued to work with their assigned PFS case worker while the PFS job counselor helped them to enroll in employment-related training programs. Another participant received referrals to self-employment support from the PFS job counselor. Two participants received assistance applying for SSI from the PFS disability advocate.

Assistance with mental health issues was common among focus group participants. Three women were referred to a psychologist or psychiatrist by their PFS worker. One participant began attending a drop-in program for individuals with serious mental illness featuring activities and support groups at the suggestion of her PFS worker. Further, five focus group participants cited the emotional support they had received from their worker. “She would sit with me and listen if I was crying,” one woman said of her worker. One participant stated that her PFS worker provided significant support during her court-mandated drug treatment, visiting her regularly while in treatment and referring her to an outpatient program upon discharge. “She visited me and supported me, no matter what the situation,” she said. “She was there for me despite her own problems, and it wasn’t all about a paycheck.”

Focus group participants also received assistance with physical health issues. Specifically, two women were referred by their PFS worker to a physician or specialist, two received help scheduling and reminders of their doctors’ appointments, one woman’s PFS worker facilitated communication between her various health care professionals, one participant’s PFS worker coordinated home visits by public health nurses, and one received help picking up and keeping track of her medications. One focus group participant discovered she was diabetic after her PFS worker referred her to a doctor. “I wouldn’t have known otherwise,” she said. “My worker talked to the doctor and let him know about other problems going on. I was able to find a different doctor who was more on top of my medical conditions.” Two participants underwent surgery while enrolled in PFS and received assistance from their PFS worker during their recovery. Two participants also received assistance applying for SSI.

Some participants reported receiving child-related assistance as well as direct services and referrals for their children. Two participants reported that their PFS worker referred their children to a psychiatrist, and another participant received a referral to an optometrist for her child. PFS workers also helped to enroll two focus group participants’ children in after school programs and activities, including an art program and an activity at the YMCA. One participant explained, “My daughter is introverted and keeps her emotions inside. She draws very well, so my PFS worker helped her get into an art program at the Asian Media Association.” Two participants also received family memberships to the YMCA through PFS. One participant’s PFS worker contacted her son’s school counselor regarding his IEP. “They have more clout,” she said

of the experience, “and people [at the school] will listen more to them.” Another focus group participant whose son had been arrested received assistance with his criminal charges from her PFS worker, who helped her fill out necessary paperwork and offered to accompany her and her son to court. Two participants attended a PFS-sponsored support group for parents, during which child care was provided.

PFS workers maintained contact with participants’ other workers, such as child protection and financial workers, enabling them to stay abreast of all requirements and obligations and help to ensure that they were met. One participant explained that her worker “has everything in black and white and can help keep things organized so you know how cases are going.” For example, two participants reported that their PFS worker helped to get MFIP sanctions lifted, one woman was granted an MFIP employment exemption at the urging of her PFS worker, and another received assistance applying for Food Stamps through her financial worker. In addition, two participants mentioned that their PFS worker was in contact with their child protection worker, and another woman’s PFS worker helped to resolve four arrest warrants through communication with her lawyer and the police department

All six participants in the focus group agreed that the PFS team was continually searching for programs and services in the community that could benefit them and emphasized the breadth of resources to which PFS workers had access. Explained one woman, “PFS has a bloodline to organizations you might not know about.” For example, three participants received a free car through a program called Free to Be, and two were referred to organizations that offer free or reduced price furniture and other household items. Two participants also received housing assistance through government and community programs with the assistance of their PFS worker. PFS workers helped one woman apply for Section 8 housing vouchers and referred another woman to the Anoka County Community Action Program’s (ACCAP) homeownership assistance and education program. One woman summed up her experience in PFS: “They just pull together and find all the resources that are there.”

### **Participants’ Relationships with their ISP Worker**

Notably, all six participants focused on the personal relationship they had developed with their PFS worker and considered their worker integral to their success. Two participants likened their case worker to a friend or family member; another referred to her case worker as an “angel.” Another woman felt that the best part of the program was the match with her counselor. “We have a great rapport,” she said. “We are close but not buddies. We have a professional, client relationship. I consider her a tool to use for the best results.” Three women commented on the honesty and genuine commitment of their worker. Said one participant, “Your worker is someone to talk to and be there for you. I don’t have family, but they’re right there.” Another woman added that her PFS worker truly cared about her children and asked about them regularly. All participants in the focus group agreed that their PFS worker made navigating their chaotic lives more manageable.

## **Connections between ISP and the MFIP Program**

All six participants found the wide range of services offered by PFS beneficial, particularly in comparison with MFIP. “When you’re dealing with issues beyond being laid off, PFS is very helpful,” one participant noted, adding that it was overwhelming trying to find employment without also addressing other issues such as transportation and mental health. Everyone else in the group agreed that the program, unlike MFIP, did not exclusively address financial- and employment-related issues. One participant explained that MFIP was “only concerned about how much money you’re making and how much money you need, whereas PFS was more about your overall family lifestyle.” One participant expressed frustrations about MFIP, characterizing it as a program that was “set up for people to get caught in the system” with rules and requirements that “make you feel like you’re going to battle.” Another woman used an analogy to explain the interaction between MFIP and PFS: “MFIP is like the frame of a house, and PFS gives you the tools and materials to fill it in.”

## **Participant Views on the Overall Benefit of ISP**

Overall, participants in the focus group were extremely positive about the program and expressed the feeling that their participation in PFS had resulted in significant improvements in their lives. One woman noted that “the best part [of the program] is the individualized attention,” and the group agreed that the one-on-one focus enabled them to organize and prioritize aspects of their lives. One participant repeated that the program had helped “put things in perspective” and “keep things together.” Another participant thought the program “turned [her] life around,” a sentiment echoed by another woman who said she would have been “lost” without the help of PFS.

Specifically, five participants felt that the emotional support derived from their PFS worker and referrals to psychological services had improved their mental health. One participant explained that participating in the program helped rid her of a feeling of personal failure, and another had addressed her rage issues. Three participants attributed the abatement of severe depression and suicidal thoughts to the program. “I don’t know where I would be without being given the opportunity to work with PFS,” said one woman. “I am grateful of where I am now... the emotional support and patience is very important.” Another added, “I may have given up without PFS, without the one-on-one. [My worker] was like a sister to me and made all the difference... I was overwhelmed with a feeling of failure, and [PFS] helped get rid of that.”

Three participants felt that they were able to be a better parent to their children as a result of feeling more emotionally and mentally stable since enrolling in PFS. One woman explained, “I was too scared of being separated from my children once I was over the rage, and [my worker] helped to keep it all together.” Another told the group that before enrolling in PFS and addressing issues related to addiction and depression that had impacted her relationship with her children, her daughter would not go to church with her. “I was raised in church, but my daughter wouldn’t go with me. Now she goes to church with me every Sunday,” she said. Another woman agreed that the program had helped her relationship with her children. “It makes you feel better, and when you’re happier, your children feel better.”

The PFS program impacted other aspects of participants' lives as well. All participants in the group felt that, to some extent, they were in a better financial position and had increased their ability to be self-sufficient. One woman credited the program with "relieving some of her financial stresses," and another said it "helped [her] to be self-sufficient and do things on her own." One participant was in the process of setting up a child care center with the help of her PFS worker and another was working on starting a catering business. Another participant had gotten out of bankruptcy, and two other participants had enrolled in school or training programs. Two participants now owned their own homes, and two had received cars. Another woman, after being referred to a doctor by her PFS worker, was diagnosed with diabetes and had gotten her medical condition under control.

### **Participants' Suggested Improvements for ISP**

Overall, there was little participants in the focus group wanted to change about the program. One participant suggested that developing a comprehensive directory of services would be beneficial so that participants are informed about what was available in the community, and the group agreed that this would be helpful. Further, two participants recommended expanding the program so that more people could be served, and the group agreed. One participant suggested a similar program for kids and teenagers, who she feels could also benefit from intensive, one-on-one assistance. Lastly, three participants mentioned they would like the duration of services to be more flexible, as they felt they could have benefited from the program beyond the point when their case was terminated.

## **HENNEPIN COUNTY FOCUS GROUP SUMMARY**

### **Overview of Focus Group Participants**

In Hennepin County, there were twelve participants in the focus group, all of them female. One of them was a newly single mother who spoke about the difficult circumstances she endured in the past year; while she was pregnant, her house burned down, her brother was murdered, her grandmother passed away, and a friend committed suicide. Another participant sympathized, describing the difficult time she had when her mother died, and how she was also pregnant at the time. One other participant revealed that she was on medication for depression and thought of suicide. These two participants discussed the difficulty of going on when reality is hard, and one reported that her children were sustaining her and keeping her going. One participant encouraged the group to make positive changes, asking, "Do y'all listen to all this chaos we're in? This is crazy. But you know what, it really don't gotta be like this." Another woman also expressed frustration with her situation, saying, "People dying, people going away to jail, people being broke, struggling: I never seen this stuff when I was little, growing up, I never knew it was going to be like this. But it's real life, and it's happening, and everything comes to an end, and everything happens for a reason." Another participant was homeless when she first started with the program, but had since found shelter and started her own cleaning business.

## **Getting to ISP**

Participants were referred to the program in a variety of ways. Five of them were referred by their MFIP employment counselor or financial worker. Two other participants were referred by friends who were aware of the program and thought they were in need of its help. Another participant visited the food shelf at NorthPoint (where the program is located) and was encouraged to join by a worker on duty. She explained how someone from NorthPoint called her and offered to come to her home to discuss the program; she and one other participant agreed that it was the persistence and follow-up of the worker that led to their decision to join. Overall, they chose to participate because they believed it would be helpful to them.

## **Types of Services Received through ISP**

Participants explained that the Gateway to Success Program, Hennepin County's ISP, had two primary components: group sessions and individualized service with a facilitator. Group sessions, also known as support groups, occurred once or twice a month and often featured a speaker or educator. One participant was particularly enthusiastic about a book that she had received in one of the sessions, *The Power of People* by Verna Price, explaining that the book "changed my life." Two other participants chimed in with their agreement. One participant reported that classes were also offered during the sessions on topics such as "Good Health Choices." Another participant also received computer training and said that she believed the skill helped her to get the job she currently had.

A group of four participants agreed that, above all, they drew upon the group sessions for support and encouragement. As one of them explained, "You come here and you hear different people's stories... you hear worse and better and you can relate. A lot of people are from your neighborhood so it just helps you out." Another participant agreed that being able to talk about her life was helpful; she said that she discussed things in the groups that she ordinarily would not have shared. Agreeing, another woman said that a lot of people did not have anyone to talk to. Later in the discussion, another participant asked, "Can you hear how much motivation we've got?" in response to the goals and accomplishments that other participants were describing. These participants stressed how positive it was for them to be able to discuss events and issues in their lives with others in the group sessions.

Focus group participants reported receiving a wide range of services through their ISP worker (called a facilitator in Hennepin County). Three participants said that they received help paying bills. Another participant said that her facilitator advised her on how to manage money and that she no longer bought things she did not need. Two participants' facilitator referred them to a furniture store so that they could acquire furniture at no cost. Six participants also reported that they received bus passes or other forms of transportation assistance from their facilitator; one woman said that her facilitator helped her to get her car repaired. Two others received help with disability assistance; one woman needed help applying for it after having been in a car accident and was currently working with her facilitator to restore her daughter's disability benefits.

The program helped several participants through various stages of the job search process. One participant said that her facilitator provided her with job leads; she also said that she was

currently employed and credited Gateway with giving her the courage that led to her recent promotion. Another participant reported that Gateway staff helped her prepare for an interview. There were three participants who said that they received vouchers for interview- and job-appropriate clothing. According to one participant, her Gateway facilitator intervened when she thought her MFIP employment counselor was dragging his feet over giving her a voucher. In addition, one participant had GED preparation classes paid for her through the program and was hired by Gateway once she received her GED. Another participant received a scholarship from Gateway for an internship at NorthPoint.

Access to mental and physical health services was another area in which Gateway facilitators aided participants. Two participants were seeing a doctor located in the NorthPoint complex for counseling. Another participant said that the program helped her and her daughter with mental health issues as well, while another, who stated that she was on medication for stress, got a referral to a doctor in St. Paul for her physical health needs. One woman, who was referred to counseling because of problems she was having with her son, said, “I didn’t know how to talk to him; I just always cursed. But we talk now, and it was really a big help.”

Several other participants received assistance with their children as well. In particular, three participants mentioned the Gateway mentoring program for youth. The woman who was counseled on how to communicate with her son explained that he had been “out of control” and wanted to be in gangs. She said that he was assigned to a mentor who organized various activities for them to do together, explaining that, as a result, he did not just “sit around with his mind wandering.” Two participants said that their children had also been helped with issues at school; one participant’s facilitator helped to resolve problems at her daughter’s school stemming from what she described as “birth issues.” Another mother’s son had been expelled from school but was able to return because her facilitator talked to school administrators for her. One additional participant said that her son received help with transportation and employment from the program.

### **Participants’ Relationships with their ISP Worker**

Overall, participants reported having strong relationships with their facilitator. Two participants explained that their facilitator helped them address whatever was needed. Four participants described their facilitator as very accessible; one said that she talked to her facilitator every day and that she “can call her even just to talk.” The three others were in contact with their facilitator less frequently, but each one said that they received regular phone calls from their facilitator. One described how her facilitator sent her mailings about services for which she was eligible, which she liked. Some participants described the Gateway program as being like a family. When talking about a barbeque the program had hosted, one participant likened it to a family barbeque, and several others in the room agreed. Two participants spoke of how important it was to them that the people at Gateway were so friendly; one woman admired how the workers at Gateway always asked how she was doing and seemed genuinely interested in her reply. Another woman, who had moved from Wisconsin five years ago, explained that she was very depressed when she arrived, but since enrolling in the Gateway program she got out of the house more often and liked to interact with people. She described how she dropped by the center frequently, explaining, “I feel like I need them because if I go out there to something else to get pushed

away, turned down... Certain places, they don't lift your spirits up, they don't greet you, and they don't make you feel like, okay, you're a human being. You can come here and cry. They rub your back and they wipe your tears, and you're alright. I love Gateway—that's my second home."

### **Connections between ISP and the MFIP Program**

Four participants reported that their facilitator took on the role of a liaison with their MFIP workers. One participant said that her facilitator helped her to resolve issues with MFIP sanctions. Two other participants reported that their relationships with their MFIP workers were strained; one participant believed that her employment counselor thought she was lazy and would deny her access to certain services. She said that she liked how her Gateway facilitator kept track of what she had accomplished so that her MFIP counselor was aware of the progress she had made towards her employment goals. The second participant described an incident in which her MFIP worker called security on her because she refused to talk during a meeting. She explained, "The way she was talking to me, I just sat there, and I said, 'Decide if I'm your client or your child, then I'll come around and then we can have a decent conversation.'" She said that her Gateway facilitator accompanied her on her next meeting with the worker and helped her to deal with the situation; she also added that she thinks the worker was no longer employed there as a result of how she was treated.

### **Participants' Suggested Improvements for ISP**

Although four participants reported that they found their facilitator to be accessible (to the general agreement of the group), one woman, who had returned to the program after leaving for a short period of time, said she had not been able to get in touch with her new facilitator. She expressed frustration over this point and said that if the program was going to help her to achieve her goals, her facilitator needed to return her phone calls. This, however, was the only suggestion arising from a negative experience. The participants were overwhelmingly positive in their reviews of Gateway, and the only other suggestion made was by one woman (with one other participant agreeing) that the services they were already receiving be increased by conducting group sessions more frequently.

## **RAMSEY COUNTY FOCUS GROUP SUMMARY**

### **Overview of Focus Group Participants**

There were five participants in the Ramsey County focus group, four of whom were female and one of whom was male. All of the participants were parents with more than one child, and two were grandparents. One of the grandparents was a woman whose children are in their mid-twenties, and the other was the sole male participant, who had seven children and three grandchildren. He was currently raising four of his children by himself. Another participant, who had been diagnosed with major depression, had four children ranging in age from 3 to 17; a fourth participant had three young children. The fifth participant, who was new to the area when she enrolled in ISP, also had young children whose father was incarcerated. Only three of the

participants were involved in the program at the time of the focus group; one participant had “graduated” from the program, while another left after she was reassigned to a counselor whom she did not like as much. The time participants had spent in the program ranged from a year to a year and a half.

### **Getting to ISP**

When asked about how they were referred to the ISP program, all but one participant said that they were referred by an MFIP financial worker or job counselor. The one exception was a participant who was referred by a community employment program. One woman had heard about it from several different programs as well as from a worker at the residential program in which she was involved. When asked why they enrolled, one participant said, “Basically, they tell you that it’s not an option, that you have to go through the program in order to get any funding [such as MFIP] to help you and your kids,” to which another participant agreed. Although they realized they would not be forced to participate, it was primarily the risk of being denied access to other benefits that spurred their enrollment; the same participant later continued, “If you told them ‘no’ and don’t be in the program, it’s going to penalize you in the end.” Another participant was referred because of her health and enrolled because she believed her ISP worker could help her get the health services she needed.

### **Types of Services Received through ISP**

The Ramsey County ISP’s unifying focus was described by three participants as assisting participants with individualized goal-setting. One participant described how she and her ISP worker (called counselors in Ramsey County) created a plan together and added in new ideas or updated existing ones. She said that her counselor suggested potential goals and checked to make sure her plan reflected her wants and needs. Two other participants in the room commented that they went through a similar process with their counselors. While the frequency of their meetings with their counselors varied by participant from daily to monthly, all participants said that they felt they could contact their counselor whenever necessary.

Employment and education were two areas in which participants said their counselor helped them. One participant received help applying for college and financial aid. Three participants received help with their resumes. One of these participants said her counselor also gave her some job leads, which another participant had also received. Two participants took advantage of employment training offered by the program, and one received a forklift license after completing the training course. The other participant listed the types of training that were available, which included training to be a bank teller or to work in construction. She explained that similar training was available through MFIP but that there were more eligibility restrictions and she was allowed to participate because of her involvement in the ISP program. Another participant said that her counselor showed her how to use the computer, adding that her counselor was able to show her tools that she had not been aware of. She also described how her counselor gave her advice on how to talk to her employer since she had difficulty communicating with people, and a second participant also mentioned that her counselor gave her similar guidance.

ISP counselors helped their clients keep track of their commitments by making reminder calls about things like doctor's appointments. One participant said that her counselor provided her with a planning calendar. Further, two participants reported that their counselor helped them with transportation to appointments. One participant discussed receiving help with improving organizational skills, and another participant agreed. Specifically, the skills that their ISP counselor helped them acquire positively affected their parenting skills through making purchases to keep child-related documents in order.

ISP counselors also provided advice on how to better communicate with to their children. Said one participant, "Using the [ISP] program helped me to be a better person and start working better to be showing my kids things instead of just hollering at them." This participant's children were doing better because of involvement in the program—two were "Student of the Month" in the past year and another's reading ability had improved. Another participant similarly received guidance on how to communicate with her children. Other participants received help with services for their children; one said her counselor walked her through the process of applying for SSI for her daughter, while another participant received help applying for SSI for herself. Another participant reported that her counselor was helping her to work out some child care issues.

According to one participant, the counselors often referred participants to other programs when they themselves were unable to help. "They tell you about everything that's going on within the community... they're a reference," another participant explained. One participant said that her counselor referred her to the Food Shelf program, while another was referred to the Young Dads program by his counselor. One participant said the ISP counselor would also attend trainings to become educated on issues relevant to her case and then would come back with contacts for beneficial programs.

All participants received assistance with mental health, which is the primary emphasis of ARMHS services. When asked if the program had affected their mental health, each participant spoke up to say that it had affected them in a positive direction. One said that her counselor recommended a support group, and another who was new to the area said that her counselor helped her find a psychologist. She reported that her counselor would ask her questions about her therapy to determine if it was working for her and how she felt about it. She said that even just talking to her ISP counselor helped her to deal with her transition to a new place and the difficult circumstances she was facing. One participant, who said she was referred to the program for her health, also reported that her counselor signed her up at the YWCA so that she could exercise.

### **Participants' Relationships with their ISP Worker**

A significant issue for three of the participants was the "nosiness" of their counselor. One participant disliked how her counselor asked her questions when she came to her house, describing an instance when her counselor asked who the children in the house belonged to, which the participant said was unrelated to the issues they were working on together. She cited this as the reason she left the ISP program. A fourth participant also agreed that sometimes her counselor's questions bothered her because she had trust issues and did not like to open up. One participant was particularly upset when a counselor asked if she could attend the participant's

therapy session, and another participant referred to ISP as “a gossip pool.” This participant suggested that clients and their counselors develop guidelines detailing the topics that can be discussed during their meetings so that acceptable boundaries of their conversations are clearly defined. There was one participant who disagreed with the consensus that counselors’ questions are sometimes too personal, stating that her counselor’s questions served to help her “open up more and give me ideas” about the services she needed.

While all participants received numerous services, their reactions to the program were mixed. All of the participants agreed that turnover among ISP counselors was a problem. One participant had been assigned to three different counselors and found it difficult to get acquainted with someone new each time. “I started feeling like, I can’t trust you so much, so I quit opening up to [my counselor], just kept my distance from her,” the participant said. Another participant explained, “I’m not really crazy about change,” adding that she hated it when she was told her ISP worker would be changing. There was a consensus among the group that it was difficult to become comfortable with several different counselors.

### **Connections between ISP and the MFIP Program**

Several focus group participants reported that their ISP worker was more involved in their job search than their MFIP employment counselor. One participant said that with MFIP, she had to spend so much time listening to her worker talk or attending workshops that she did not have time to look for jobs. She described how people would use information from newspapers to fill out the employment logs required by MFIP without actually undertaking a job search, to which two other participants agreed. Another reason she found her MFIP employment counselor unhelpful was that he only brought her to group interviews. In contrast, she said, her ISP counselor was more attentive to her qualifications and would have gone to look for jobs with her. Another participant agreed, saying that ISP counselors were more involved and took participants to interviews or showed them where to apply. One participant disagreed, however, noting that when she was involved in the ISP program, they were looking to hire an employment counselor, so employment-related services had been more limited. She reported that she ended up with a job in the fast food industry and was unsatisfied with because of the low pay.

### **Participants’ Suggested Improvements for ISP**

One participant suggested that the program compile a referral guide that lists all the resources available to them. This participant felt that this type of guide would help her by giving her ideas about the programs that could benefit her. She said that the program was generally beneficial and that if the type of assistance she received from ISP had been available earlier during her time on MFIP, she would not have had to go through many of the difficulties that led to her participation in the ISP program.

## **WASHINGTON COUNTY FOCUS GROUP SUMMARY**

### **Overview of Focus Group Participants**

The focus group in Washington County was comprised of eight women. One of them had a son and was pregnant at the time of the focus group. She said that she had been in the ISP for about six months, which was the shortest time that was reported in this session. A woman in her mid-twenties with four children had been in the program for two years. Another woman, who had three children and said she would soon be a grandmother, said that she had started with the program in December 2005 and was off it for a little while when she was working but “went back down” and was now back with the program. When she first entered, she had just left an abusive relationship of 21 years. Another participant was working as a waitress but had remained with the program since her son was born two and a half years ago. She later mentioned that her father had passed away around the same time of her son’s birth.

### **Getting to ISP**

Five participants were referred to Washington County’s ISP by MFIP workers, as well as an additional participant who said that the county human services department had simply sent her information that she had been assigned an ISP worker. One participant explained that she had gone to a community center hoping to sign up for food assistance and the workers there told her about other services for which she was eligible, including health care and ISP. For three of the participants, their impression was that the program was mandatory. One participant said that enrolling in the program was not a choice, and another agreed, saying, “You either did it or you’d lose your benefits.” They also agreed that they were told ISP would be stricter than MFIP, with higher expectations and requirements.

### **Types of Services Received through ISP**

One participant reported that employment assistance was the primary function of the ISP program and that employment was what her worker focused on the most. She said that she was told she could find a job by being part of the program and that she did in fact obtain employment soon after she enrolled. She reported that her ISP worker referred her to a program that provides intensive employment services. Her ISP worker also told her about workshops at the local Workforce Center, which were sometimes mandatory, that provided information on how to write a resume or prepare for a job interview. Another participant had heard of a similar service at the Workforce Center, which was a weekend-long “boot camp” on different topics such as searching for employment or creating a resume. Participants were connected to these workshops through their ISP worker. Another participant said her ISP worker helped her get clothing for job interviews, while another participant said her worker gave her the opportunity to use a computer along with a list of jobs for which she could apply.

Four participants received assistance with transportation issues, which served as a barrier to employment. A community organization called Charity Cars donated a vehicle to one participant, who said she also received gas cards from ISP. One participant said that she was told she could only get gas cards if she was unemployed (she was currently working). Two other participants

agreed, saying that they were often turned down when they asked for gas cards because, according to their ISP worker, gas cards were scarce. However, two participants said that their ISP worker helped them with maintenance for their cars and one other said that the program helped her to get insurance for her car when she first enrolled.

Two participants said they received mental health services as a result of their enrollment. One spoke about how her ISP worker helped her to get set up in a supportive housing community staffed by nurses and doctors who checked in with her and made sure she was taking her medication. She also received counseling on issues related to her children. The other participant said that her ISP worker referred her for a psychological evaluation, which resulted in a referral for counseling.

Some of the assistance that participants received was related to their children. One woman said that her ISP worker referred her to a GED preparation program that also provided child care, which she said was a big help. Her worker also set her up with 20 hours of child care when she was unemployed so that she would have the time to look for a job. Another participant received a referral to WIC, which benefited her child. One woman said that her ISP worker was a resource for her son as well because her worker regularly called him to ask if he had enough to eat. "It's good for him to hear that someone else cares about him," she said. In addition, two participants' worker helped them with child support: one said that her worker helped her with the paperwork, while the other participant said that she had trouble communicating with her child support worker and used her ISP worker as a liaison when necessary.

### **Participants' Relationships with their ISP Worker**

Focus group participants' reactions to their relationship with their ISP worker were varied. One participant characterized the ISP program as providing emotional support, and another woman in the group agreed. Speaking of her ISP worker, one participant said "She's like my best friend... making sure I do what I need for myself. When you do something right she'll pat you on the back and praise you; she makes you feel like you can do anything." Another participant later agreed, saying, "Having someone there to support you when everything's going to crap... She kept pushing; you'd have bad days and she'd help you to get back up." Although other participants in the room seemed to agree with these assessments, there were two who disagreed. One of them said that she did not like to talk to her worker because her worker was very negative; the other participant explained, "I mean my lady's nice, when I'm doing everything right, but if I don't have a job, and any time I bring up a certain situation, she snaps." In this group, the participants' experiences appeared to vary based on their specific ISP worker. However, the frequency of their communication with their worker was more consistent; five of the participants said that they talk to their worker once a week. One participant explained, "You have to talk to them once a week until you get a job, and then it can be once a month." Three of the participants also mentioned calling their worker more frequently, even multiple times a day if they needed to.

## **Connections between ISP and the MFIP Program**

ISP workers served as a connection to MFIP as well. One participant described how she had not realized she was being sanctioned by MFIP for child support reasons until her ISP worker told her, and they were able to sort it out together. Three participants reported that their ISP worker would talk to their financial worker or employment counselor for them and more or less took on the role of administering the MFIP program. One participant explained, “ISP pretty much just does it all. They work with all your workers so that you really don’t have to be talking to five different people, which is really nice.” For some participants, their ISP worker was the only one with whom they regularly met; when two participants explained that they only spoke with their ISP worker, there was a chorus of agreement among the group. One participant said that she could never get in touch with anyone except for her ISP worker.

## **Participants’ Suggested Improvements for ISP**

After hearing about the different services that participants in the group had received, three participants said they felt that their worker had not communicated to them all of the available services. One participant felt that she must not have been asking her worker for enough, and another expressed the sentiment that “there are a lot of programs out there that nobody knows about because they will not tell you.” These participants felt that the program should ensure that everyone is aware of available services. However, two other participants disagreed, saying that their worker put them in touch with many new services. In particular, one participant found the guide to Washington County services that her worker had given her to be helpful. This appeared to be an area in which variation in experience was due to differing ISP workers. Another suggestion was to make nutritional education available.

The most common suggestion, which participants brought up frequently throughout the focus group, was to make continuing education more accessible to participants. One participant was frustrated over what she felt was a lack of support by her ISP worker and said that the program stressed obtaining a GED but was unsupportive of any educational activities beyond that. She said that her ISP worker would not help her with child care while she was in school and just wanted her to get a job instead. Another participant, who was also enrolled in higher education courses, said that she had felt supported by her first ISP worker, but the one she was transferred to did not like the idea of her going to school and said she would not be allowed to pursue anything higher than an associate’s degree. A third participant agreed, saying, “They’re not real good about that... you would think they would want to encourage you to go to school.” Another woman felt that education was necessary for her to stop receiving welfare. “Do you want me making \$8.50 an hour so I can stay on welfare, or do you want me to become something in my life?” she asked.

For these three participants, the disagreements with their ISP worker over higher education were closely related to a belief that ISP was too focused on employment without considering job quality. One of them said, “They push you because they want you off the system... They’re real pushy about making you take these cheap jobs instead of giving you the training or the schooling to get a better job.” Another participant added, “My whole thing is that, if you have five years, shouldn’t you use those five years to better yourself and never have to be on the system again?”

These three participants also reported inconsistencies in how ISP workers dealt with education-related issues. They felt it was important that the program give them access to higher education and thought that in this capacity ISP restricted them from reaching their full potential.