

June 29, 2011

First Report to the Steering Committee on Performance Measures and Outcomes

Income Supports Workgroup

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Executive Summary

Passage of the 2009 State-County Results, Accountability, and Service Delivery Reform Act led to the formation of the Steering Committee on Performance and Outcomes Reforms. This group was charged to determine desired performance outcomes and measures for county human service agencies and service delivery authorities. To aid in this charge, the Performance Steering Committee created three workgroups representing different components of the human service system. Each workgroup includes representatives from counties, the Minnesota Department of Human Services and the advocate communities. The Income Supports Workgroup began meeting in January of 2011. Their charge is to make recommendations to the Performance Steering Committee on performance measures and standards for the following income support programs:

- Public Assistance – Cash support
- Food Support
- Child Care Assistance Program
- Health Care Programs
- Child Support Enforcement

The first phase of the workgroup's duties was to recommend results and measures for county human services. The process of developing results statements for counties began with discussion about the desired outcomes for families participating in income support programs and the role of counties in helping participants to reach that goal. The workgroup also identified performance measures, considering issues such as alignment with current state and federal measures, the extent to which current systems support data collection, and the degree to which counties are able to impact the result.

The workgroup developed three overarching community level results, ten county level results and fifteen total performance measures. The workgroup recommends that all measures be broken down by race and ethnicity to identify disparities in outcomes for those counties that have a diverse population.

The Income Supports Workgroup identified **three overarching community results**:

- People are economically secure
- People have access to health care coverage
- Children develop to their fullest potential

Within these community results **10 county level results** were developed, along with county measures for those results. A detailed chart with all results, measures and measure definitions can be found in Appendix C.

People are economically secure

Result 1: People have the opportunity to attain and maintain employment.

Measure 1.1: *Percent of MFIP/DWP adults working 30 hours or more per week or are able to move off assistance three years after a baseline*

Result 2: The way people access and enroll in income support services is timely, respectful and non-discriminatory.

Measure 2.1: *Percent of public assistance applicants who received benefits within mandated timelines*

Measure 2.2: *Customer satisfaction survey used for assistance programs (encouraged, not required at this time)*

Result 3: Both parents contribute to children's financial security.

Measure 3.1: *Percent of current child support owed that is paid*

Measure 3.2: *Percent of open child support cases with a child support order established*

Result 4: People unable to meet their basic needs receive safety net services.

Measure 4.1: *Percent of persons potentially eligible that receive Food Support*

Measure 4.2: *Percent of expedited Food Support applications where support was issued within 24 hours of application*

Measure 4.3: *Percent of children in poverty that receive MFIP or DWP*

People have access to health care coverage

Result 5: Low income people have health care coverage.

Measure 5.1: *Percent of people in poverty (and therefore potentially eligible) that are enrolled in Medical Assistance*

Result 6: The way people access, enroll and maintain health care coverage is timely, respectful and non-discriminatory.

Measure 6.1: *Percent of health care assistance applicants who received approval within mandated timelines*

Measure 6.2: *Customer satisfaction survey used for health care coverage (encouraged, counties not required at this time)*

Result 7: People with specialized health care needs are connected to resources or services.

Measure 7.1: *No measure at this time*

Children develop to their fullest potential

Result 8: Children's individual, emotional and developmental needs are met.

Measure 8.1: *Percent of Medicaid enrolled children due for one or more well child visits during the report year who received at least one visit*

Result 9: Children are in quality, stable child care.

Measure 9.1: *Child Care Assistance application processing timelines met (measure under development)*

Measure 9.2: *Child Care Assistance Program continuity of care (under study)*

Result 10: Children's important relationships are strengthened and maintained.

Measure 10.1: *Percent of open child support cases for which paternity is established*

Phase II of the Income Supports Workgroup will involve quantifying the measures and developing suggested performance standards for these measures pending the approval of the Steering Committee of the Phase I recommendations.

I. Introduction

In 2009 the Legislature passed the State-County Results, Accountability, and Service Delivery Reform Act.¹ As part of this act a Steering Committee on Performance and Outcome Reforms was created to make recommendations to the Legislature on the following:

- Developing a uniform process to establish and review performance and outcome standards for essential human services; and
- Developing reporting measures and an accountability process for responding to a county or service delivery authority's failure to make progress towards achieving performance measure standards.

To aid in this charge the Performance Steering Committee created workgroups for three main areas of the human service system: Children's Services, Income Supports and Adult Services. Members of each of the workgroups include three representatives from the Department of Human Services (DHS), three representatives chosen by the Minnesota Association of County Social Services Administrators (MACSSA) and three client advocates appointed by the Commissioner of Human Services. Throughout this process the workgroups are guided by the principles of quality and transparency in the process, providing opportunities for input, and focusing on the need for continuous improvement in performance measures and outcomes.

Specifically, the workgroups are charged to support the Performance Steering Committee by contributing the following information:

- Developing suggested results statements for each essential service
- Compiling and reviewing existing performance measurement requirements
- Identifying preferred performance measures
- Suggesting performance standards

Part of the impetus for the State-County Results, Accountability, and Service Delivery Reform Act and formation of the Performance Steering Committee came from a 2007 report on human service administration by the Office of the Legislative Auditor. The report recommended that DHS and the Legislature develop a performance system for human services and improve information sharing with counties.² The Performance Steering Committee will use the recommendations of the three workgroups to guide its own recommendations to the Minnesota Legislature for setting minimum performance standards for counties and service delivery authorities, as required by Minnesota Statutes, section 402A.15.

II. Income Supports Workgroup Objectives

The Income Supports Workgroup (hereafter, workgroup) began meeting January 2011 and is scheduled to finish its work at the end of October 2011. The workgroup is tasked with creating

¹ Required by Minnesota Statutes, section 402A.15.

² "Human Services Administration," Office of the Legislative Auditor, January 2007, <http://www.auditor.leg.state.mn.us/ped/pedrep/hsa.pdf>.

results statements, performance measures and standards for the following services provided by counties or service delivery authorities:

- **Public Assistance – Cash support** programs in this category include: Diversionary Work Program (DWP), Minnesota Families Investment Program (MFIP), General Assistance, Minnesota Supplemental Aid, Work Benefit Program and Refugee Cash Assistance. For these programs the counties are responsible for determining initial and continued eligibility and providing employment training and services.
- **Food Support** is a federally funded program to help low income people buy food. The counties are responsible for determining initial and continued eligibility for the program.
- **Child Care Assistance** includes the MFIP, Transition Year and Basic Sliding Fee Child Care Assistance programs which support families by subsidizing child care. Counties determine initial and continuing eligibility, manage expenditures, and provide maintenance of effort matching funds.
- **Health Care Programs** include MinnesotaCare, Medical Assistance and General Assistance Medical Care³ that serve eligible Minnesota residents. Counties are responsible for determining initial and continued eligibility.
- **Child Support Enforcement** includes services to establish paternity, establish and modify child support orders, and enforce child support orders and collection of current support and arrears. The County is responsible for most case-based aspects of the program.

A majority of the recipients of each of these programs are white, with several small minority populations represented. MFIP and Refugee Cash Assistance are the exceptions. MFIP's eligible adult participants are about two-fifths white and a similar proportion black. Detailed breakouts of program specific demographics can be found in Appendix A. Each program has unique and varied program requirements with multiple income and assets tests to determine eligibility. These rules and requirements add complexity for counties when administering the programs.

The workgroup divided the work into two phases. Phase I focused on developing results statements and recommended performance measures for the income support programs and is the subject of this report. Once these initial recommendations have been reviewed and approved by the Performance Steering Committee, Phase II efforts will involve collecting data for the measures and developing recommended standards for the approved performance measures. Phase II recommendations will be submitted to the Performance Steering Committee in October 2011.

³ As of February 28, 2011 GAMC program ended and all current enrollees were automatically moved to Medical Assistance.

III. Methodology for Phase I: Developing Results Statements and Performance Measures

With the goal of developing performance measures that will guide counties in administering income support programs, the first step for the workgroup was to determine desired outcomes or results for program participants.

Workgroup members used a consensus decision making process to develop and decide on the final results statements. This involved brainstorming desirable results, sorting and editing, and clustering individual results statements for specific programs into higher level community results. A ‘community-level’ result is defined as an outcome the state or community as a whole desires for all of its residents. Once community results were developed, the workgroup identified targeted results statements based on the county role in delivering mandated income support programs.

Once community and county results were identified, members of the workgroup used their knowledge of the county role in income support programs to select current measures or develop new measures to indicate success in achieving the desired county-level result.

After initial brainstorming of possible performance measures, the workgroup considered various issues when deciding which results should move forward. Some of these included:

- Alignment with current state and federal measures (For list of state and federal measures see Appendix B)
- Extent to which current data systems support data collection
- Degree to which counties are able to control or impact the measure
- Further assessment of utility, cost, validity and practicality

As the measures were finalized, operational definitions for each measure, including methodology and data availability, were created to check the criteria listed above. Some measures not yet developed were retained for further work because of their importance to the result.

Two listening sessions were held with members of the nonprofit and advocate community, one in February 2011 and one in mid-May 2011. Overall, those present at the listening sessions were supportive of the direction being taken by the workgroup and acknowledged the limitations presented by the current available data sources. Participants expressed a hope that the measures and standards recommended be flexible, especially considering the current climate of diminishing resources. They also stressed a need for accountability and spirit of partnership on the part of the state to support counties in meeting desired outcomes. Feedback from these listening sessions was considered in the formation of the recommended results and measures.

IV. Context

As the recommended community and county results and measures began to take shape, the workgroup spent significant time considering the current economic, financial and political context of human service delivery in Minnesota. These considerations provide important context which is detailed below.

The relationship between levels of government and constraints of the current system were acknowledged by the workgroup throughout the process. We attempted to strike a balance between identifying and developing performance goals and measures that are ambitious in moving the state in a forward direction, but at the same time acknowledge the things that are within and outside of the control of county government. In many cases it was challenging to think about county results and measures in isolation, when in reality the work of counties is intertwined within the larger context of the state and federal governments and wider community. It is important to recognize the interplay between these stakeholders and how the actions and policies of different entities can help facilitate better outcomes at the county level.

Also important to acknowledge is the current context of county, state and federal finances. Many counties across the state are facing significant budget cuts and potential lay-offs. There is no correlation between the number of cases and the budget available to support those cases, and it is likely that service levels will not improve in the next several years. In acknowledging the constrained financial environment that many counties face, efforts were taken to focus on ways to truly measure outcomes for citizens, rather than work processes. We considered benefits versus risks of applying measures that result in additional workload for county staff.

The workgroup recognized that Federal Health Care Reform is likely to significantly affect the role of counties in the administration of health care programs, particularly in the area of eligibility determination. However, we did not try to anticipate the specifics of that impact and formed our recommendations using assumptions based on the current system. It is possible that when these measures are ready for implementation they may need to be revised or replaced to reflect the current reality of health care programs in Minnesota.

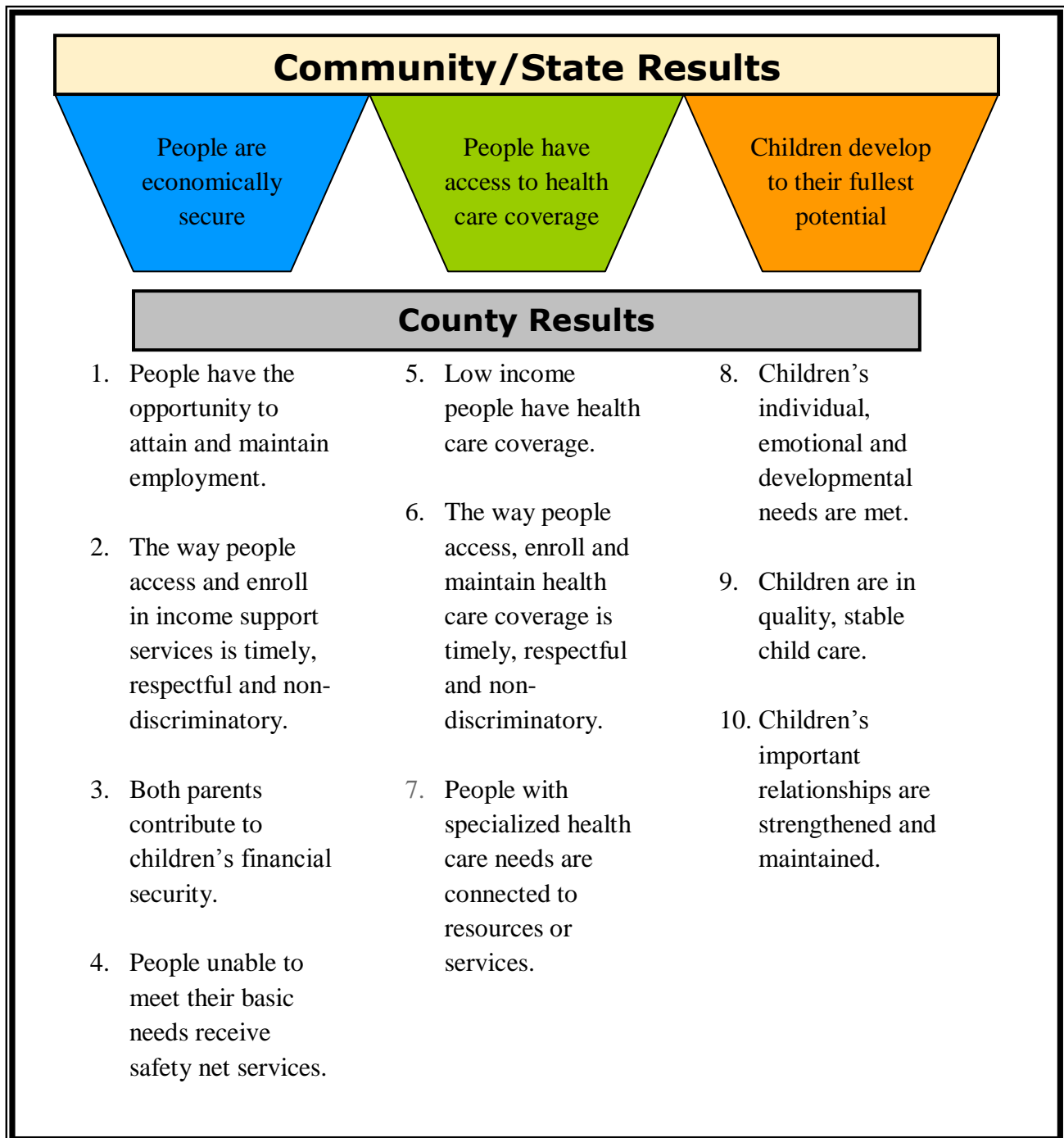
V. Workgroup Recommendations

Using the methods listed above, the workgroup developed three overarching community-level results, ten county-level results and 15 total performance measures. We recommend that all measures be broken down by race and ethnicity to identify disparities in outcomes at the county level for those counties that have a diverse population.

The Income Supports Workgroup identified three overarching community results:

- People are economically secure
- People have access to health care coverage
- Children develop to their fullest potential

Within these community results, **ten county level results** were developed and are detailed in the graphic below. A detailed chart with all results, measures and measure definitions can be found in Appendix C.



People are economically secure

Providing support that allows individuals the opportunity to attain and maintain employment (Result 1) is an essential role of county government. Counties contribute to and support employment through providing employment services and coordinating other resources such as housing, child care and health care that support a person's ability to get and keep a job. The effectiveness of these practices is indicated by the percent of MFIP/DWP adults that are **working at least 30 hours a week or are able to move off assistance three years after a baseline** (Measure 1.1).

Although counties have little control over the rules pertaining to the income support programs, persons accessing economic assistance services should experience a process that is timely, respectful and non-discriminatory (Result 2). County agencies contribute greatly to how people experience the human service system through direct interactions with participants in conducting interviews and their role in processing applications and securing verifications needed to determine eligibility. Counties are expected to meet timelines for processing applications and so can be measured as to whether **services were provided within their mandated timelines** (Measure 2.1). One way to better understand how participants are experiencing economic assistance services is through a **customer satisfaction survey** (Measure 2.2). Some counties already have a mechanism for surveying program participants on satisfaction with services, others do not. The workgroup recommends that counties be measured on whether they have a customer satisfaction survey and whether they use the survey information to improve services. This would be a "yes/no" measure. Because of the developmental nature of this measure, the workgroup recommends penalties should not be attached to this measure in the initial phase of implementation. The workgroup will take on this issue in more depth in Phase II, when discussion of standards occurs.

Counties also have a role in ensuring that both parents contribute to children's financial security (Result 3). Counties, through their role in the child support enforcement program, ensure that parents contribute to their children's economic support through securing enforceable orders, monitoring payments, providing enforcement activities and modifying orders when necessary. The percent of **child support owed that is paid** (Measure 3.1) and the percent of open **child support cases with a child support order that is established** (Measure 3.2) are both measures of the counties' work towards ensuring that children are getting financial aid from both parents.

In times of crisis, safety net services are essential to supporting economic security. Counties are responsible for helping individuals and families to meet basic needs with safety net services (Result 4) when they are unable to do so on their own. Counties coordinate activities to assure that they provide individuals and families with basic needs. Indicators of effective practices could be measured by estimating **the percent of persons potentially eligible that receive Food Support** (Measure 4.1). Another crucial safety net service is expedited food support. Since this is needed in an emergency situation, efficient and timely service for participants means that **expedited food support is issued to individuals within in 24 hours of application** (Measure 4.2). Coordinated services to ensure basic needs are met means that **children in poverty are recipients of MFIP or DWP** (Measure 4.3).

People have access to health care coverage

The county's responsibility for health care programs includes both initial and continuing determinations of eligibility. This eligibility determination and health care program activities should ensure that low income people have health care coverage (Result 5). Progress toward this result can be tracked by looking at the percent of **people in poverty (and therefore potentially eligible) that are enrolled in Medical Assistance** (Measure 5.1).

The county also has a role in making sure that the way people access, enroll and maintain health care coverage is timely, respectful and non-discriminatory (Result 6). To facilitate access to care, it is important that processing applications and securing verifications are done in a timely manner. The **percent of health care assistance applicants who were received approval within mandated timelines** (Measure 6.1) should indicate this timeliness. Similar to the result supporting economic security, implementing a **Customer Satisfaction Survey** (Measure 6.2) can help determine if participants are experiencing services that are respectful and non-discriminatory.

Connecting people with specialized health care needs to resources or services (Result 7) is also a crucial goal for the county's role in health care programs. From a service perspective people with specialized health care needs include pregnant women, people with disabilities and elders needing long-term care. In these situations there are differing eligibility and asset guidelines. Counties can contribute to this by identifying specialized health care needs and referring individuals to those resources and treatment services. At this time there is not a viable measure for this result, but the group considered this an important place holder for future integration that is likely in health care reform, or an area for further exploration by the Adult Services Workgroup.

Children develop to their fullest potential

Similar to the Children's Workgroup, the Income Supports Workgroup felt that an essential result for our community is ensuring that children develop to their fullest potential. Within this community goal, counties have some responsibility to ensure that children's individual, emotional and developmental needs are met (Result 8). The percent of Medicaid enrolled children due for one or more **well child visits during the report year who received at least one visit** (Measure 8.1) is one way to measure this result.

The county role in the Child Care Assistance Program is also vital to make sure that children are in quality, stable child care (Result 9). In this program counties are responsible for processing applications and authorizing hours. Currently measures are under development to see what would work best in this system. A measure for Child Care Assistance Program **application processing timelines met** (Measure 9.1) is being developed. A measure that would look at the **continuity of care** for Child Care Assistance Program participants (Measure 9.2) is under study. Part of the challenge in attempting to create measures around quality and stability of care is that many of the rules and complexity of the CCAP program and the instability of child care arrangements make the data complex, and can make it difficult for counties to provide timely and efficient service for program participants.

Another vital component of children developing to their fullest potential is ensuring that their important relationships are strengthened and maintained (Result 10). Within the child support system, counties are responsible for connecting parents and children by locating parents and establishing paternity. They perform this function by initiating court actions to adjudicate parentage and by securing signed recognition of parentage. The counties' ability to make these connections can be measured by the **child support paternity establishment rate**, the percent of open child support cases for which paternity is established (Measure 10.1). It is important that the county effectively establishes these relationships to lead to the outcome of strengthening and maintaining these relationships.

Considerations for implementation

Throughout the process of developing results and measures the workgroup discussed several issues that would affect future implementation of the above purposed measures.

- In developing the comprehensive human service performance management system the Performance Steering Committee should make efforts to break down programmatic silos and look across programs to find alignment amongst the three workgroups. As much as was possible, the workgroup attempted to think beyond just the specific programs of income supports and integrate our work with the Children's Services Workgroup. To see a graphic of how the two workgroup results aligned see Appendix D.
- In the spirit of continuous improvement, we acknowledge that some of our recommended measures may not be ready to be implemented on day one, but instead can act as test or developmental measures for counties. The workgroup hopes that these measures can serve to support counties as laboratories of innovation and to challenge counties in a way that is not punitive, but focused on development, learning and improvement.
- In order to have a robust performance management system, counties need to have access to data that can inform them on the process levels that feed into the performance measure. Whenever possible counties should have access to timely data that can help them identify their progress toward reaching performance goals.

VI. Challenges and Long-term Considerations

Throughout the first phase of this process, there were several issues that arose that the workgroup recommends be part of long-term thinking and considered in forming the performance management system.

Increase the role of community partners. Realization of the community results outlined by the workgroup requires that government and community agencies work in coordination and partnership. While some entities may be more responsible than others for specific results, coordinated contributions from all stakeholders are necessary to be most effective. The limited performance and outcome information we have been able to identify during this process reflects the tendency to silo programs in human services. For instance, it is possible that county financial eligibility workers could play a greater role in increasing the number of families accessing Child and Teen Check-ups, but expectations that this is part of their responsibility is currently limited. Having a performance measure may help to motivate closer examination of how the areas could

coordinate. On the data side, the state could provide policymakers and others with a better picture of outcomes for children in various programs if it linked with data collected by school districts and reported to Minnesota Department of Education. In 2010 more than 100,000 children were supported through MFIP, but the state does not currently take advantage of the targeting opportunity this presents for early intervention or other supportive services. This sort of shift in approach would require substantial policy discussion, legislation and key resource investment.

Limits of existing data and processes. The members also felt limited by developing measures using the existing data and processes. For example, the lack of existing data on homelessness made it difficult to create measures that could connect reducing homelessness to other human service outcomes. If data such as this could be strengthened, it could provide a more complete picture of county performance on essential services. The workgroup recommends exploration of opportunities to secure data from other sources. This could include using community-based agencies where rich data sets may exist, but may not be available consistently across the state. Exploration of this sort would also require an intentional investment of resources.

Connecting human service performance goals to state-wide goals. As the Steering Committee moves towards making recommendations to the Legislature regarding the results and performance measures to which counties will be held accountable, it is also important to draw connection to the broader goals for Minnesota as a whole. It would be helpful at some point to place the data being discussed in this effort into the bigger picture. This might include linking the county and state results to goals such as those in the Minnesota Milestones⁴ and comparing them to state level indicators of well-being. As part of this effort, the state and county results that cross health, human services, and education could be identified. This would give the public and policymakers a clearer picture of how the state is trying to meet that goal.

VII. Phase II: Performance Measure Standards

Phase II of the Income Supports Workgroup will involve quantifying the measures and developing suggested performance standards for these measures pending the approval of the Steering Committee of the Phase I recommendations.

VIII. Appendix

- A. Program demographics
- B. Federal and State measures for Income Support programs
- C. Community-level and County-level results with measures and measure definitions
- D. Alignment of Income Supports measures with Children's Services measures
- E. Members of Workgroup

⁴ Minnesota Milestones began in 1991 to create a shared vision, clear goals and measurement of these results for Minnesota, <http://www.demography.state.mn.us/milestones2011/>

Appendix A: Program specific demographics

Demographics of MFIP and Food Support Adult Program Participants, December 2009⁵

	MFIP	Food support
Eligible Adults	27,679	190,432
Race		
Asian	1,759 6.4%	12,996 6.8%
Black	10,226 36.9%	45,543 23.9%
Hispanic	1,521 5.5%	7,405 3.9%
White	11,092 40.1%	113,412 59.6%
American Indian	2,538 9.3%	8,717 4.6%
Multiple	454 1.6%	1,435 0.8%
Gender		
Female	22,375 80.8%	109,146 57.3%
Male	5,303 19.2%	81,285 42.7%
Age of Adults		
Mean	29.9	41.8
Median	28	39
Minimum	14	15
Maximum	80	103

⁵ Minnesota Family Investment Program and the Diversionary Work Program: Characteristics of December 2009 Cases and Eligible Adults. DHS, July 2010, and Characteristics of December 2009 Minnesota Food Support Program: Cases and People. DHS, May 2010.

Child Care Assistance Program Demographics

	Families			Children		
	CCAP	MFIP/TY	BSF	CCAP	MFIP/TY	BSF
SFY 2008	16,766	7,789	8,977	29,922	14,142	15,780
SFY 2009	17,694	8,612	9,082	31,426	15,494	15,932
SFY 2010	19,013	9,530	9,483	33,749	16,997	16,752

Race and Ethnicity of Children Served by CCAP

Child Race	Average Monthly Percentage FFY 2009 ⁱ
White	59%
Black / African-American	25%
Multi-Racial	11%
Asian	3%
Native American/Alaskan Native	2%
Native Hawaiian / Pacific	0%
Not Reported	0%
Child Ethnicity	Average Monthly Percent FFY 2009
Latino	7%
Not Latino	93%

Ages of Children Receiving CCAP

Percent of Children Receiving Child Care Assistance by Age, SFY 2008⁶

Age 0-1	Age 2-3	Age 4-5	Age 6-12	Age 13-14
12.6%	25.3%	23.7%	37.4%	1.0%

⁶ SFY 2010 full population data will be available in mid-March.

Minnesota Health Care Programs Enrollment by Race, 2009⁷

Race	
Asian	60,096 6%
Black	175,533 17%
Hispanic	85,404 8%
Native American	36,538 4%
Other/ Unknown	51,426 5%
White	598,931 59%
Total	1,007,928

⁷ Table includes 1,007,928 enrollees who were enrolled for at least one month during calendar year 2009. Includes enrollees in all Minnesota Health Care programs, enrollees with unknown major program codes are excluded.

Demographics of CSED PRISM Program Participants in Open Cases, as of February 2011

	Unduplicated CP/NCP	Custodial Parent	Non-Custodial Parent
Eligible Adults	383,867	201,969	194,147
Race			
African American	65,880 17.2%	32,751 16.2%	35,291 18.2%
American Indian	15,707 4.1%	9,069 4.5%	8,077 4.2%
Asian	8,514 2.2%	4,966 2.5%	3,815 2.0%
Hispanic	10,402 2.7%	1,449 .7%	9,004 4.6%
Other	30,772 8%	3,701 1.8%	27,248 14%
Pacific Islander	333 .1%	184 .1%	167 .1%
White	223,297 58.2%	131,008 64.9%	100,375 51.7%
Not Available	28,962 7.5%	18,841 9.3%	10,170 5.2%
Gender			
Female	191,382 49.9%	178,058 88.2%	21,153 10.9%
Male	184,383 48%	15,872 7.9%	172,931 89.1%
Unknown	303 .1%	240 .1%	63 0.0%
Not available	7,799 2%	7,799 3.9%	0 0%
Age of Adults			
Mean	37.8	37.3	38.4
Median	37.3	36.5	38.0
Minimum	13	13	14
Maximum	85	85	85

Appendix B: State and Federal Measures for Income Support Programs

Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP) Performance Measures

The federal Temporary Assistance for Needy Families (TANF) program reports one official statewide measure that does have federal bonuses and penalties attached.

TANF Work Participation Rate (WPR) - The federal measure for the state is the average monthly percentage of MFIP cases funded by the federal TANF program – and therefore required to meet work participation requirements – that successfully complete and document the required number of hours in approved work or work-related activities in the given month. The average is computed for a federal fiscal year. The measure includes about one quarter of MFIP cases in a given month. It excludes two-parent cases, Family Stabilization Services (FSS) cases, active cases that received no cash benefit in the month, and some others.

State benchmark: 50 percent, reduced by caseload reduction credit. For example, a caseload reduction credit of 10.2 makes the benchmark 39.8 percent. - DHS uses the federal methodology to compute unofficial preliminary state, county, and tribal monthly and annual WPRs. Counties earn an additional 2.5 percent of their Consolidated Fund allocation by reaching their benchmark or completing a Performance Improvement Plan that DHS approves.

County benchmark: 50 percent less the caseload reduction credit OR an increase of five percentage points from the previous year's WPR.

The state performance measure is the three-year **MFIP/DWP Self-Support Index (S-SI)**. It is computed for each county (and tribe) as well. The associated **Range of Expected Performance** for each county provides an individualized benchmark of its effectiveness in moving participants toward self-support. These values are computed for each county every quarter and annualized. Counties earn an additional 2.5 percent of their Consolidated Fund allocation by reaching the benchmark or completing a Performance Improvement Plan that DHS approves.

Self-Support Index (S-SI) -- Percentage of caregivers eligible for MFIP or DWP in a baseline quarter that are a “success” in the measurement quarter three years later. Success is defined as either working an average of 30 or more hours per week in paid employment OR being off the cash portion of MFIP in each month of the measurement quarter. Those leaving MFIP due to the time limit or sanctioned off are only counted as a success if they either had 30 hours per week paid work in one of the last three months before leaving cash or started receiving Supplemental Security Income (SSI).

Range of Expected Performance

A distribution of predicted S-SI values is generated for each county using 8,000 logistic regressions. The observed S-SI (1 or 0 for each person) is the criterion and a set of

individual and county (but not program) variables are the predictors. Each regression equation is developed using a random half of the state's baseline caregivers and computing the predicted S-SI on the other half. The county range of expected performance is the middle 95 percent of the empirical distribution of all predicted S-SI values for the county.

County benchmark: County S-SI is within or above its range of expected performance.

Minnesota Statute requires quarterly reporting of five county measures in addition to the two above:

- (1) Percent of MFIP caseload working in paid employment
- (2) Percent of MFIP caseload receiving only the food portion of assistance
- (3) Number of MFIP cases that have left assistance
- (4) Median placement wage rate
- (5) Caseload by months of TANF assistance

Food Support Program

The federal Supplemental Nutrition Assistance Program reports four state-level performance measures, with possible bonuses for each and penalty for the payment accuracy rate.

Payment Accuracy Rate

Measured by Quality Control (QC) data. This measure is based on the number of benefits (food support case payments) issued in error compared to the number of benefits issued.

Negative Error Rate

Measured by QC data. This measure is based on a comparison of cases denied or closed incorrectly to the total number of cases reviewed.

Application Processing Timeliness Rate

Measured by QC data. This measure is based on new applications certified during the measurement year. New applications that are processed outside the federal 30-day processing standard will be considered untimely for this measure.

Program Access Index

Measured by American Community Survey (ACS) and state administrative data. The numerator is the average monthly state participation in a calendar year as reported to Food and Nutrition Service (FNS). The denominator is the number of people below 125 percent of the official poverty line in the state (statewide, single-year ACS estimate).

Note: as of 11/1/2010, FS eligibility in MN was raised from 130 percent to 165 percent of the Federal Poverty Guideline (FPG) but the denominator stays at 125 percent.

There is a long time lag in the release of federal measures, so the state computes monthly and cumulative annual state estimates from the data to be submitted.

State benchmarks: For each performance measure:

- (1) Rank order among the states on index.
- (2) Rank order among states on improvement (this year's value minus last year's value).

These measures are not available at the county level. Samples for the first three measures above are statewide so results cannot be broken down by county; data systems are not in place at the county level that could collect data for these three measures.

For the state, DHS (PAID) produces a Food Support Participation Rate statewide and by county for the 47 counties with population of at least 20,000; the county denominator is a three-year population average from the American Community Survey, only available for these larger counties. The numerator is average monthly program participant count for the federal fiscal year. There are no bonuses or penalties attached. It is for information purposes for outreach efforts in the counties.

Child Care Assistance Program

There are no federal performance measures, penalties, or bonuses linked to child care assistance data. The state measure is computed statewide and for counties:

- **Basic Sliding Fee Expenditure Measure**
Percent of BSF funding allocation spent during the calendar year.
- **County benchmark:** County spent at least 90 percent of the BSF funding allocation during the calendar year OR there are no families on the BSF waiting list on December 31.

Minnesota Department of Human Services / Program Assessment and Integrity Division / June 2011

Federal and State Child Support Performance Measures

IV-D Measurement Formulas

**Paternities
Established**

Total Number of Children
in Open Cases with Paternity Established (1)

Total # of Children in Open Cases Not Born in Marriage (1)

**Orders
Established**

Open Cases at the End of the Fiscal Year
with Support Orders Established (2)

Open Cases at the End of the Fiscal Year (2)

**Collections on
Current**

Total Amt of Support Distributed as
Current Support During Fiscal Year (2)

Total Amount of Current Support Due for the Fiscal Year (2)

**Collections on
Arrears**

Total Cases with Support Distributed
as Arrears During Fiscal Year (2)

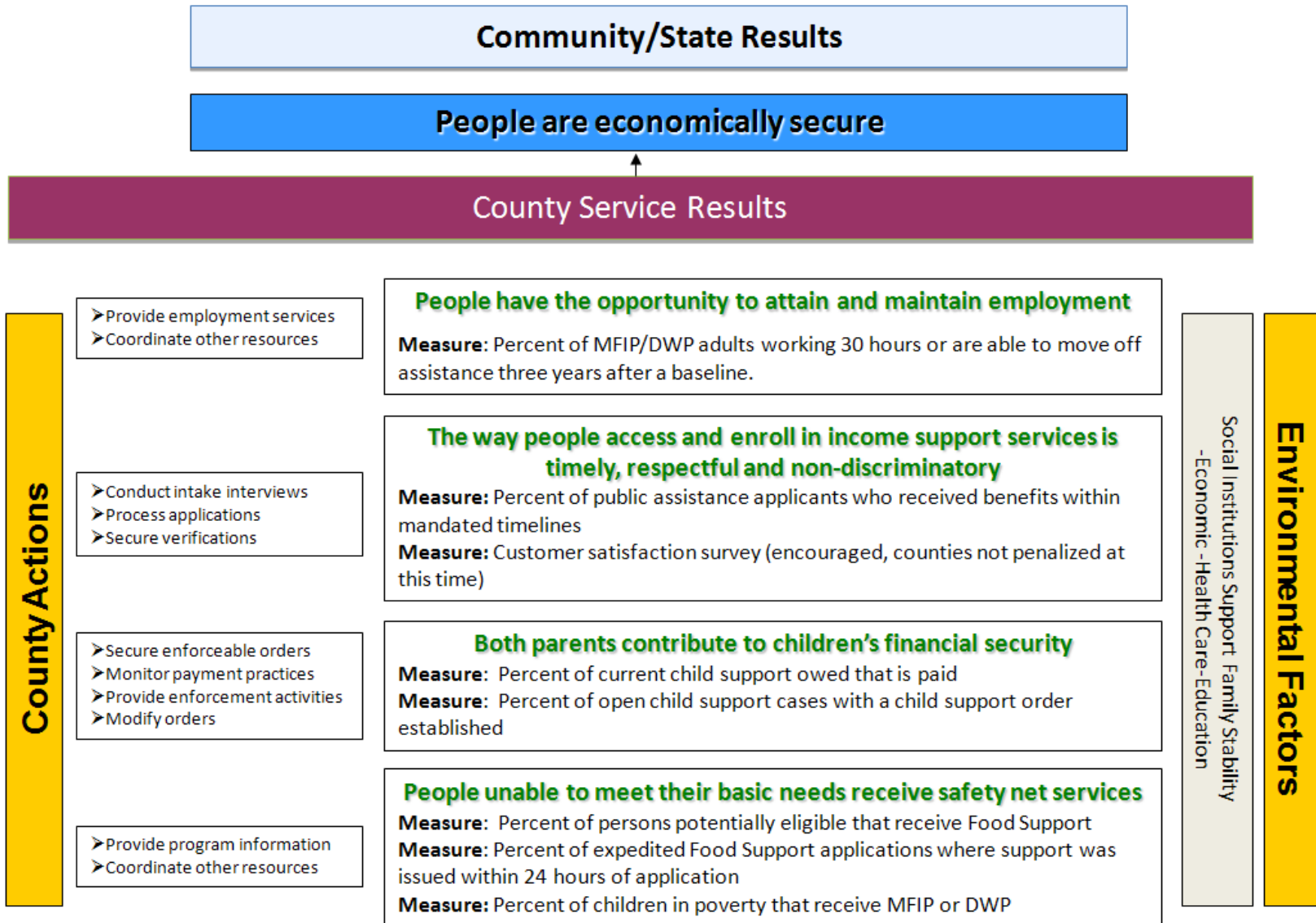
Total Cases with Arrearages Due for All Fiscal Years (2)

**Cost
Effectiveness**

Total Collections Forwarded to Other States + Total Collections
Distributed + Total Fees Retained by Other States (3)

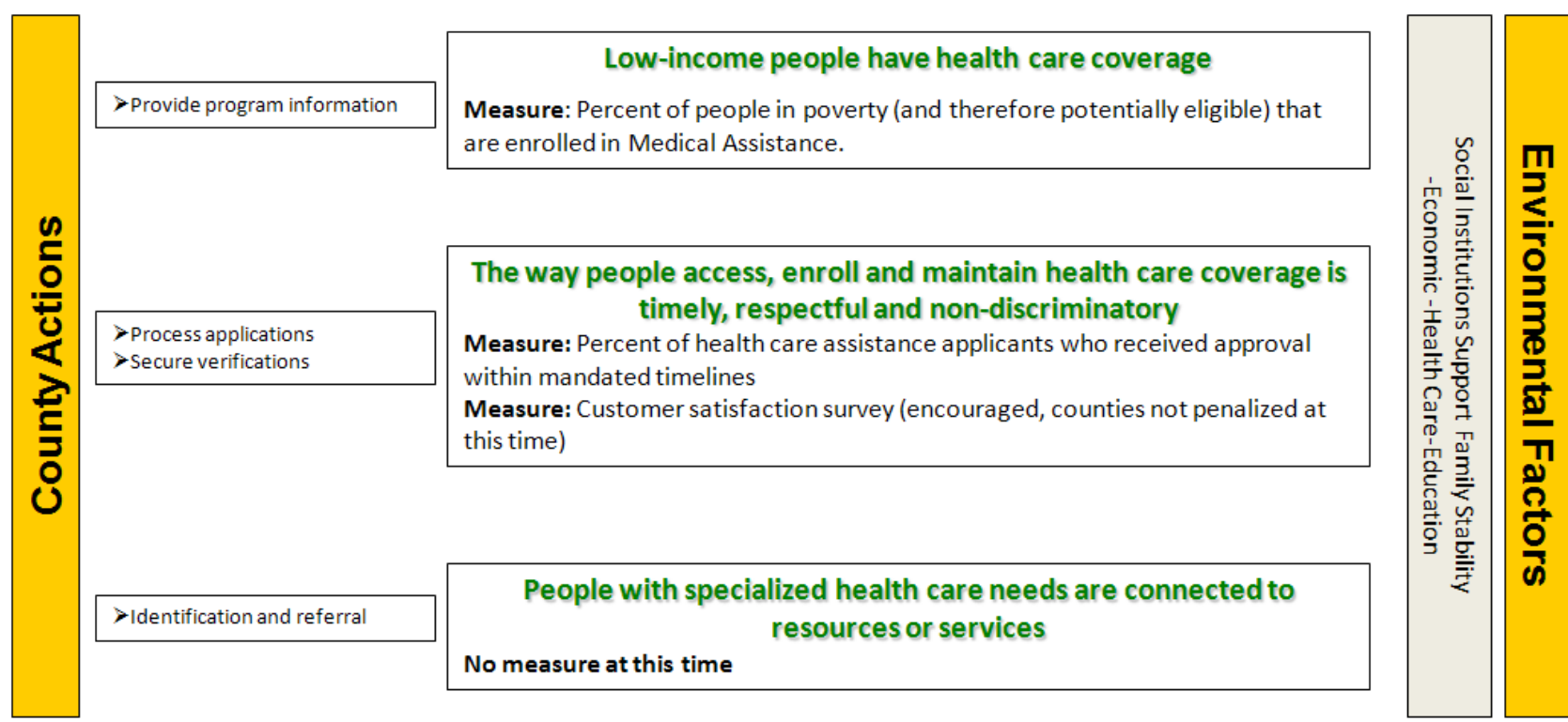
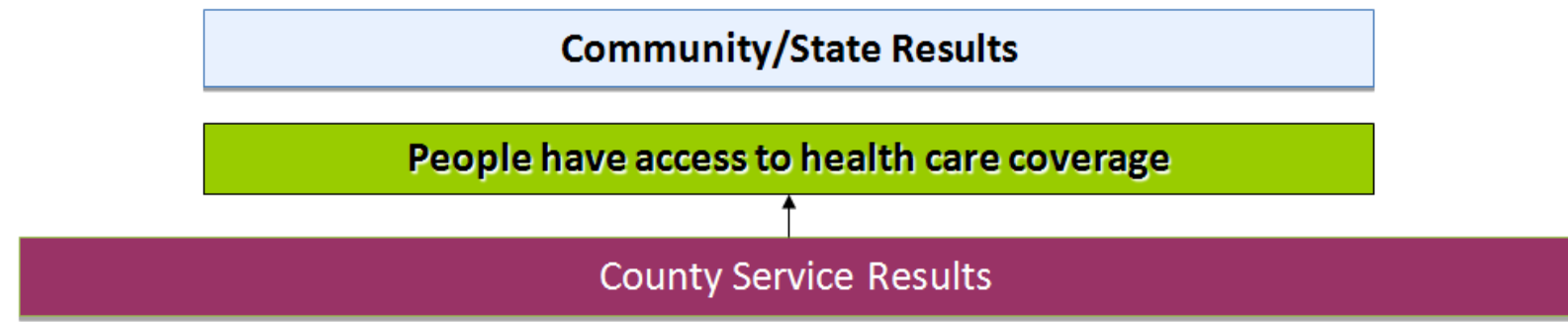
Total Dollars Expended (4)

Appendix C: All Community and County results with measures and measure definitions



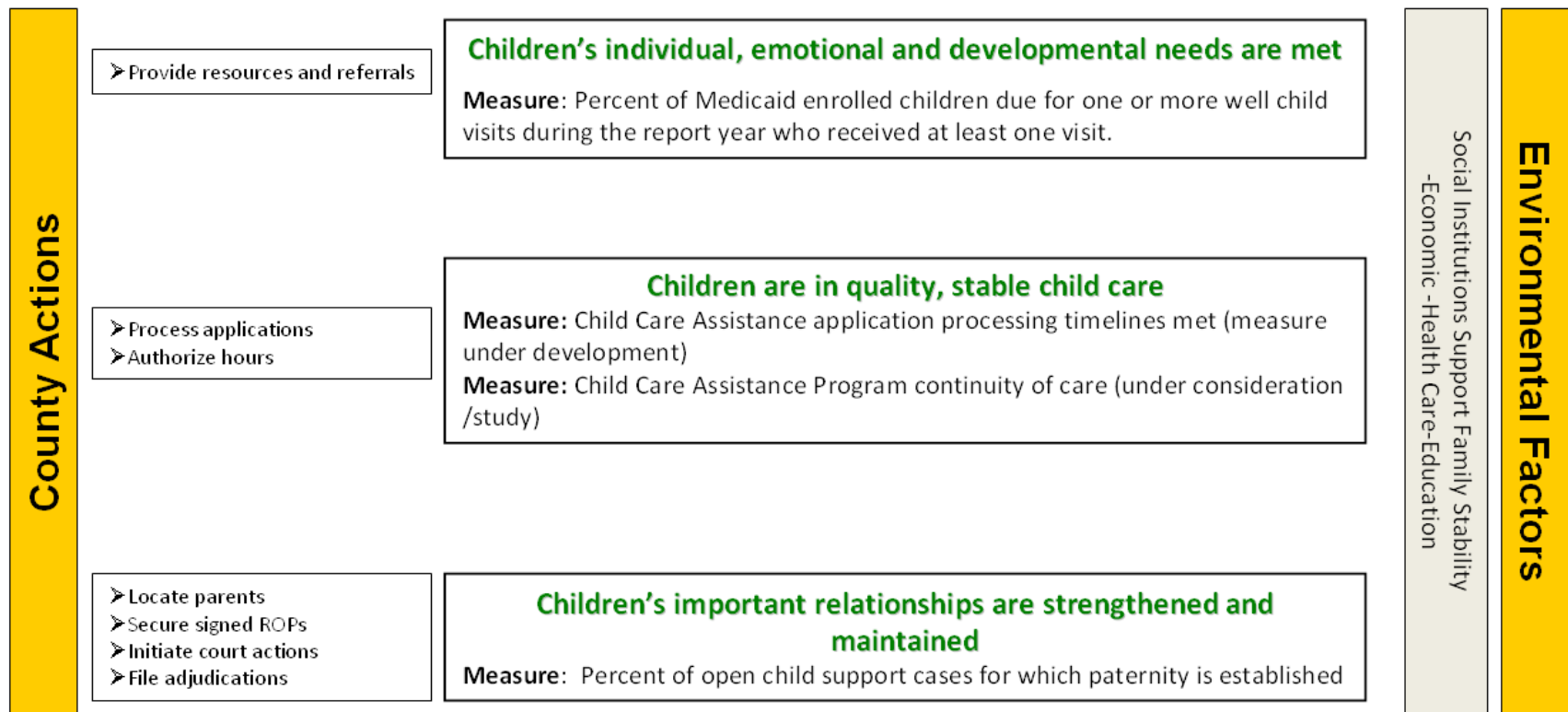
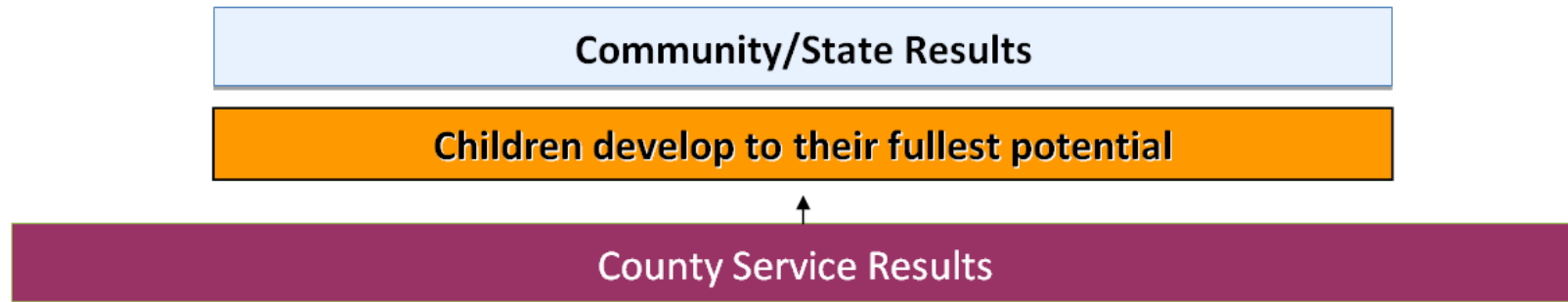
Note: All measures broken down by race and ethnicity

Recommended Measures/Definitions	Notes:
People are economically secure	
<i>People have the opportunity to attain and maintain employment.</i>	
MFIP/DWP Self-Support Index (S-SI) Percentage of caregivers eligible for MFIP or DWP in a baseline quarter that are a "success" in the measurement quarter three years later. Success is defined as either working an average of 30 or more hours OR being off the cash portion of MFIP in each month of the measurement quarter. Those leaving MFIP due to the time limit or sanctioned off are only counted as a success if they either had 30 hours per week paid work in one of the last three months before leaving cash or started receiving SSI.	Annualized S-SI and Range of Expected Performance are weighted averages of the quarterly values within the county for the April to March year. Benchmark: County S-SI is within or above its Range of Expected Performance. The county range of expected performance is the middle 95 percent of the empirical distribution of all predicted S-SI values for the county.
<i>The way people access and enroll in income support services is timely, respectful and non-discriminatory</i>	
Intake Processing Measure Numerator = count of applications for which the timeliness requirement for the time between date of application and issuance date (almost always 30 days) was met Denominator = count of approved applications resulting in issuance in calendar year for all cash and food programs	This is a measure of service, not just taking an intermediate action on the application. Denials are not included in this measure; denials may or may not be program specific.
Customer Satisfaction Survey	Yes/no measure on if a customer satisfaction survey (negotiated with and approved by DHS) is in place. Counties can decide how to administer, and use the results. Measure will be encouraged, counties not penalized at this time.
<i>Both parents contribute to children's financial security</i>	
Child Support Payment Rate Numerator = Total Amount of Support Distributed as Current Support During Fiscal Year Denominator = Total Amount of Current Support Due for the Fiscal Year	Federally required measure.
Child Support Orders Establishment Rate Numerator = Open cases at the end of the fiscal year with support orders established. Denominator = Open cases at the end of the fiscal year.	Federally required measure.
<i>People unable to meet their basic needs receive safety net services</i>	
Food Support Access Index Numerator = count of persons receiving a Food Support grant in the state or county, averaged across months of the calendar year, less number of persons receiving disaster assistance in the year Denominator = calendar year's three-year American Community Survey (ACS) estimate of people at or below 125 percent of the poverty threshold.	Parallels the federal Program Access Index for the Supplemental Nutrition Assistance Program at the state level. Not a true participation rate because count of people under the 165 percent level (FS eligibility cut-off) for denominator does not exist. Includes counties large enough to have a three-year ACS estimate (47 counties with population of 20,000 or more in 2009)The final index will use the three year estimate with the ACS middle year the same as the calendar year; preliminary index will use the most recent ACS estimate available
Expedited Food Support Measure Numerator = count of applications from the denominator that had grant issued within 24 hours (with exceptions for weekends and holidays) Denominator = count of approved expedited applications in a calendar year	There is no way to know which cases should have been expedited that were not.
MFIP/DWP Child Access Index Numerator = count of children (persons under age 18) eligible for and receiving MFIP or DWP grant, averaged across months of calendar year Denominator = calendar year's three-year ACS estimate of number of children under age 18 living at or below the poverty level. The final index will use the three year estimate with the ACS middle year the same as the calendar year - preliminary index will use the most recent ACS estimate available.	Parallels the methodology of the FS Access Index. Not really a take-up rate because we do not know which families would have been eligible for DWP or MFIP if they applied and would not yet have exited with income at about 115% of the federal poverty level. Children include all eligible persons under age 18, including minor parents. Philosophical issue: Is high or low good on this index? For FS, high equals good outreach, but for cash assistance, caseload reduction is rewarded. Includes counties large enough to have a three-year ACS estimate (47 counties with population of 20,000 or more in 2009)



Note: All measures broken down by race and ethnicity

Recommended Measures/Definitions	Notes:
People have access to health care coverage	
<i>Low Income people have health care coverage</i>	
Participation Index Using a method similar to food support measure: Percentage of people who could qualify that are found to be eligible to be served.	Due to the data available for poverty rates from the American Communities survey, this would only be measured the largest 47 counties. Would start as a trial measure.
<i>The way people access, enroll and maintain health care coverage is timely, respectful and non-discriminatory</i>	
Percentage of applicants that are approved within mandated timelines Intake processing Measure Numerator = count of cases in the denominator for which the timeliness requirement for the time between date of application and issuance date (almost always 30 days) was met Denominator = count of approved applications	15 day for pregnant women, 45 days for most health care, 60 days for disabilities, 30 days for MinnesotaCare (would also have to include note on legitimate exceptions on reasons why counties might not meet these timelines)
Customer Satisfaction survey	Yes/no measure on if a customer satisfaction survey (negotiated with and approved by DHS) is in place. Counties can decide how to administer, and use the results. Measure is encouraged, counties not penalized at this time.
<i>People with specialized health care needs are connected to resources or services</i>	
No measures at this time.	



Note: All measures broken down by race and ethnicity

Recommended Measures/Definitions	Notes:
Children develop to their fullest potential	
<i>Children's individual, emotional and developmental needs are met</i>	
Child and Teen Check-up rate Percent of Medicaid enrolled children due for one or more well child visits who received that visit	EPSDT - outreach penetration rate
<i>Children are in quality, stable child care</i>	
CCAP application processing timelines met Measure currently under development.	
CCAP continuity of care Measure currently under study.	
<i>Children's important relationship are strengthened and maintained</i>	
Child support Paternity Establishment rate Numerator = Total number of children in open cases with paternity established Denominator = Total number of children in open cases not born in marriage	

Appendix D: Alignment of Community and County Results for both Workgroups

Income Supports Results

Children's Services Results

People are economically secure

People have the opportunity to attain and maintain employment.

Both parents contribute to children's financial security.

The way people access and enroll in income support services is timely, respectful and non-discriminatory.

People unable to meet their basic needs receive safety net services.

People have access to health care coverage

Low income people have health care coverage.

The way people access, enroll and maintain health care coverage is timely, respectful and non-discriminatory.

People with specialized health care needs are connected to resources or services.

Children have the opportunity to develop to their fullest potential*

Children's needs are met (individual, emotional and developmental).*

Children's important relationships are strengthened and maintained.*

Children are in quality, stable child care.

Children are safe from abuse, neglect and self-harm

Children are safe from abuse and neglect.

Repeat determination of maltreatment.

Children have stability in their living situation

Children are stable in their living situation.

Children have permanent families.

*Results shared by both Workarounds

Appendix E: Income Support Workgroup – Members

Member	Organization	E-mail
Wayland Campbell	Minnesota Department of Human Services	wayland.cambell@state.mn.us
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Marti Fischbach	Ramsey County	martha.fischbach@co.ramsey.mn.us
Joe Gaspard	Hennepin County	joe.gaspard@co.hennepin.mn.us
Dan McCarthy	Minnesota Department of Human Services	dan.mccarthy@state.mn.us
Mary Mulder	Southwest Minnesota Private Industry Council	mmulder@swmnpic.org
Deborah Schlick	Affirmative Options	deborah@affirmativeoptions.org
Marcie Jefferys	Children’s Defense Fund – Minnesota	jefferys@cdf-mn.org
Chuck Johnson	Performance Steering Committee / Minnesota Department of Human Services	chuck.johnson@state.mn.us
Staff	Organization	E-mail
Jessica Simon-Koch	Facilitator – Hennepin County	jessica.simon@co.hennepin.mn.us
Grace Hanson	Staff Support – Hennepin County	grace.hanson@co.hennepin.mn.us
