



Minnesota Department of **Human Services**

Employability Measure Pilot Study Final Report

Program Assessment and Integrity Division
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Employability Measure Pilot Study Final Report

Table of Contents

| | |
|--|------------|
| Executive Summary | iii |
| Findings about validity and reliability | iii |
| Conclusions and recommendations from field experience | iv |
| Employability Measure Pilot Study Final Report | 1 |
| History | 1 |
| Why the measure was developed | 1 |
| How the measure was developed | 2 |
| Core group. | 2 |
| Advisory committee | 2 |
| EM workgroup | 3 |
| Timeframe | 4 |
| Funding of the pilot | 5 |
| Use of the measure for the Integrated Services Project | 5 |
| The piloted version of the Employability Measure | 5 |
| Pilot Study Design | 6 |
| Selection criteria for pilot sites | 6 |
| Pilot site descriptions | 7 |
| Sample selection plan | 7 |
| Timing of interviews | 8 |
| Changes to the study design | 8 |
| Employability Measure Training | 8 |
| In-person training | 8 |
| Web-based training | 9 |
| Overview training | 9 |
| Employability Measure Results | 9 |
| Baseline status for the unemployed and employed groups | 10 |
| Follow-up status in the EM areas | 13 |
| Data on jobs | 13 |
| Length of time for EM interview | 14 |
| Other barriers | 14 |
| Reasons for levels | 15 |
| Inter-rater reliability | 15 |
| Recommendations from the Pilot Site Discussion Groups | 16 |
| Purpose of the EM | 16 |
| Assessment/counseling | 16 |
| Statistics/research | 17 |
| When to do an EM | 17 |
| Who should administer the EM | 17 |
| Whether to do follow-up EMs | 18 |
| About the 11 areas of the EM | 18 |
| Whether or not to score the EM | 19 |
| How to structure the EM interview | 19 |

| | |
|--|-----------|
| Reason fields for EM areas | 20 |
| Effectiveness of the training | 20 |
| Appropriateness of the EM for non-English speakers and other cultural issues | 21 |
| Getting to know people and building relationships | 22 |
| Services needed..... | 22 |
| Work Participation Rate..... | 23 |
| Workload..... | 23 |
| Additional general training for job counselors | 23 |
| Advice for an EM roll-out..... | 23 |
| Advisory Committee Feedback..... | 24 |
| Input to pilot study | 24 |
| Reaction to pilot results | 25 |
| Conclusions about Validity, Reliability, and Utility..... | 25 |
| Validity of the measure | 25 |
| Reliability of the measure | 26 |
| Utility of the measure..... | 27 |
| Conclusions about the EM and Discussion of its Future..... | 28 |
| Appendices..... | 31 |
| Appendix A. Employability Measure | 31 |
| Appendix B. Acknowledgements | 44 |
| Appendix C. EM Workgroup Decisions..... | 46 |
| Appendix D. Pilot Site Data..... | 48 |
| Appendix E. Discussion Group Questions..... | 51 |

Executive Summary

The Minnesota Departments of Human Services (DHS) and Employment and Economic Development (DEED) developed the Employability Measure (EM) to gauge status and progress in 11 areas of life functioning: child behavior, dependent care, education, financial, health, housing, legal, personal skills, safe living environment, social support, and transportation. These areas have been shown to be related to getting and keeping a job. The purpose of the pilot was to study the quality, feasibility, and utility of the EM in practice and to gather data on its reliability and validity. From January 2005 through June 2006, DHS piloted the EM with staff and participants at seven Employment Services (ES) providers in the Minnesota Family Investment Program (MFIP).

This report describes the development of the measure and the design of the pilot study, analyzes quantitative data, summarizes qualitative data from discussions with supervisors and job counselors at the pilot sites, and draws conclusions and makes recommendations based on the data, the discussions, and feedback from the EM advisory committee. These recommendations grew from the pilot; they are not DHS policy recommendations. The Program Assessment and Integrity Division (PAID) – the DHS division that evaluates MFIP and measures its performance – was responsible for this study and report. The Transition to Economic Stability Division (TES), which sets policy for and oversees MFIP, will be active in developing the DHS position on the future of the EM.

Findings about validity and reliability

The measure has good face validity and content validity. Employment counselors using the measure said it had real world relevance and covered all the major employability issues confronting MFIP participants, evidence of both face and content validity. Only one additional area was suggested, motivation, that the advisory committee had already discussed and ruled out because of its subjectivity. Welfare professionals agreed that it appears to measure what it purports to measure, i.e. it has face validity. Job counselors talked about liking how the EM organized their work.

There is strong evidence of concurrent validity. Employed people assessed with the EM had larger proportions of high (good) levels and lower proportions of low (problem) levels than those not employed at baseline, evidence of concurrent validity. There were fewer data to support predictive validity because of the difficulty in getting follow-up EMs, but the data obtained were in the predicted direction, those employed at follow-up having had fewer problem areas and more areas of strength at baseline than those not.

The reliability of the measure is only as strong as the training provided. Evidence of inter-rater reliability (the probability of two workers scoring the same participant at the same time in the same way) was positive but not sufficient due to low numbers because of difficulties in collecting such data. Discussions with the sites pointed to the need for upfront in-person training supported by more frequent follow-up training to assure that the definitions of areas and levels would be common across workers and sites.

More study of reliability and validity is needed. Studies of the reliability, validity, and utility of the EM should accompany its wider use to support and give direction for improvement of its technical qualities. More validity data are needed to begin to build the network of evidence needed to support the construct validity of the EM, that is, to demonstrate that employability exists and is related to the 11 areas that this instrument operationally defines. The EM must be firmly established as an initial assessment and a method of collecting statistics on strengths and barriers to employability before collecting data on the use of the EM as a progress measure.

Conclusions and recommendations from field experience

These conclusions and recommendations are based on both quantitative results from the EM and qualitative findings from discussions conducted with pilot site staff. Job counselors and supervisors described and evaluated their 18 months of experience with the EM at meetings with DHS and DEED staff that took place around the state at two points during the study, after the baseline period and after all data collection. Summaries of these discussions, as well as analyses of the EM data, are included in the body of this report.

The pilot demonstrated that the measure has utility both as an assessment and as a management tool. The EM fulfills two purposes. First, it provides summary statistics describing the status of MFIP participants at multiple levels (provider, county, state) that could be used both to communicate with legislators, the public, potential funding organizations, and county boards and to target existing resources. Second, it helps job counselors discover which issues in participants' lives affect their ability to find and keep employment.

***Recommendation:** The Employability Measure should be adopted with the primary purposes as an assessment and a management tool. Over time, it may become possible to use the measure to chart client progress.*

The measure is most useful when used as a tool to organize the Employment Services intake interview. Sites were unanimous that the EM should be an initial assessment, completed during early meetings with the job counselor. Completed prior to development of the Employment Plan, it would inform decisions about activities.

***Recommendation:** Because the EM yields valuable information on client strengths and barriers for both management and job counselors, PAID and the advisory committee recommend that the EM be implemented as mandatory across the state. The preferred scenario would be that job counselors use the EM, with all 11 areas, as the initial assessment when an MFIP participant meets with them to begin Employment Services.*

The measure is most effective when it does not overlap with other assessments. The site that substituted the EM for its previous initial assessment gained the most in efficiency and usefulness. There is no standard intake protocol for ES providers. At other sites, many counselors did the EM and their Employment Services provider's initial assessment separately. Counselors reported that the EM interview took from a half hour

to an hour with the time decreasing significantly as they gained experience. There may be a net increase in job counselors' workload with the implementation of the EM.

Recommendation: *Local agencies must evaluate the extent to which their assessments overlap with the EM and eliminate any redundancy in information collected from the client.*

Successfully implementing the measure statewide would require revising the EM, refining the training, training all job counselors across the state, updating the DEED data entry program, and giving ES providers time to first finish implementing demanding new TANF regulations. The next paragraphs detail what needs to happen.

Some revisions to the measure are needed before it can be used statewide. Edits to several areas have been proposed, including the possible split of health into types of health – physical, mental, and chemical. The language describing levels would be revised based on experience. The issue of providing lead-in or follow-up questions to accompany the matrices must be resolved. Additional scenarios to be used for training have been requested. An important issue to resolve is the appropriateness of the EM for limited-English speakers. Translating the EM into languages other than English would be difficult and maybe even inappropriate because of cultural differences that do not translate. Interpretation may be effective with a bilingual interviewer experienced with the EM, but testing of this approach is needed.

Recommendation: *Convene a workgroup made up of job counselors with EM experience to consider and make revisions suggested during the pilot, to provide feedback on the training curriculum, and to provide input on other issues that need resolution. Convene language-specific workgroups to make recommendations and test use of the EM with limited-English speakers.*

The pilot made it evident that many job counselors need the opportunity to improve their interviewing and case management skills. The EM assumes that interviewers have the skill level to be able to compose follow-up questions during the conversation. Pilot sites contended that there is a strong need for an expanded training curriculum for job counselors covering interviewing, listening skills, and case management. They recommended making college level training programs (similar to programs available for financial workers) more widely available. While some job counselors used information from the EM to develop Employment Plans, not all did.

Recommendation: *Make a major investment in training both for statewide use of the EM and to raise the skill level of job counselors. One training outcome would be making explicit the connection between the EM and the Employment Plan. For the EM, the in-person training should be offered on an ongoing basis, possibly as an additional day immediately following general Employment Services training. If state staffing levels do not permit in-person training by state staff, this might be done by training people with significant EM experience (train-the-trainer model), either ES staff or contractors. Job counselors have widely varying skill levels, and consideration should be given to adjusting the length and content of the training to recognize this reality.*

The pilot revealed the frequent tension between the discovery of service needs and a lack of services to fill the needs. As the EM documents needs for services, it may point out gaps in resource lists as well as in resources. Counselors frequently expressed frustration about times when the EM process revealed a need for services that they were unable to meet. Some countered that they still wanted to know about these problem issues so they can have a more complete picture of the participant which, in turn, can help with case management.

***Recommendation:** Training should provide more guidance on how to conduct the EM so as not to raise false expectations about available services. More substantively, as part of preparation for rollout of the EM, supervisory staff of counties and Employment Services providers should be briefed on what areas the EM covers. With sufficient lead time, they have an opportunity to enhance their referral lists to address issues that the EM will reveal. Training can then address how to use information from the EM to select services to include in the Employment Plan. Data collected with the EM could be used to justify new resources.*

DEED's Workforce One (WF1) system was effective for collecting EM data and potentially useful for reporting. Some modifications to the system would be needed for a statewide rollout, for example enhancing security features and automating the system to copy reason fields into the case notes. A crucial prerequisite for any statewide assessment is that all job counselors have access to WF1. Management indicated that WF1 summary reports on the EM would be very useful to them.

***Recommendation:** Revise the WF1 assessment screen prior to rollout and work with WF1 developers to design reports and security features.*

Employability Measure Pilot Study Final Report

The Employability Measure (EM), in Appendix A on pages 32 to 43, quantifies status in 11 areas of life functioning assumed to be related to a person's ability to obtain and retain employment: child behavior, dependent care, education, financial, health, housing, legal, personal skills, safe living environment, social support, and transportation. This report describes the measure's development, a pilot study of its use, and recommendations that follow from the study's quantitative and qualitative data. The Minnesota Departments of Human Services (DHS) and Employment and Economic Development (DEED) developed the instrument, and DHS piloted it with staff and participants in the Minnesota Family Investment Program (MFIP).

History

Why the measure was developed

The 2001 Minnesota Legislature requested that DHS develop new performance measures for MFIP. In response, DHS, in conjunction with counties, MFIP Employment Services (ES) providers, and Tribal Employment Services providers, developed two measures. The Self-support Index tracks whether MFIP-eligible caregivers are either (1) working an average of 30 or more hours per week or (2) no longer receiving MFIP cash in the quarter three years after a baseline quarter. The MFIP Work Participation Rate¹ measures the proportion of eligible caregivers in a given month who were active in core employment or pre-employment activities for at least 130 hours (87 hours for caregivers with a child under six).

Counties and providers expressed concern that there were many families in their caseload whose caregivers would have great difficulty meeting either standard. They suggested that a measure be developed that captures their effort and progress with those MFIP participants who are hardest to employ.

Meanwhile DEED identified a similar need. DEED oversees a variety of programs whose ultimate goal for clients is that they become self-supporting. In practice, however, clients often need help to stabilize their lives before they can become "work ready." A core group of DEED staff had begun meeting and was interested in a tool that would identify issues that, if left unaddressed, could reduce the likelihood of a client reaching the primary goal of being self-supporting. DEED approached DHS with the proposal that the two agencies work together to develop such a measurement instrument.

Originally, the primary purpose of the proposed instrument was to measure progress among hard-to-employ participants. Possible secondary effects discussed were more appropriate Employment Plans, improvements in MFIP service delivery, more efficient

¹ This measure parallels the federal TANF Work Participation Rate reported for MFIP clients whose grants are federally funded.

use of resources, improved rapport between job counselors and clients, and improvements in employment and self-sufficiency outcomes.

How the measure was developed

Core group. Initial talks in spring 2003 between staff from the Program Assessment and Integrity Division (PAID) and the Community Partnerships Division at DHS and the Policy Planning and Measures and other offices at DEED led to the formation of a core group to draft a measure for identifying barriers to employment. Members of this group are listed in Appendix B. The working name of the instrument was the “Life Stability Progress Measure.” Its initial purpose was both to measure status in areas that affect employability and, by repeating the assessment across time, show progress in these areas.

The core group reviewed a variety of assessments in hopes that something fitting the needs of DHS and DEED had already been developed. While nothing meeting all these needs was found, some characteristics of the Results Oriented Management and Accountability (ROMA) model that Community Action agencies use were adapted to this project. Family dimensions of change, a five-point scale labeled “in crisis” through “thriving,” and asset-based language for the higher scores were among the model’s characteristics. Starting with this model, but defining the dimensions in complex, qualitative ways rather than strictly quantitatively, the core group wrote the first draft and revised it until consensus was reached.

The core group also developed and oversaw a process for refining and piloting the measure.

Advisory committee. In October 2003, a project advisory committee was convened with representatives from state, county, and tribal Employment Services providers. The purpose of the group was to provide input and guidance to the core group in the development, implementation, and oversight of the measure and the pilot. The group met at least bi-monthly, depending on the number and urgency of the tasks needing attention.

Appendix A lists the members of the advisory committee. They represented two additional areas of DEED (Rehabilitation Services and the Workforce Center Coordination Office), four counties, three Employment Services providers, and two Tribal Employment Services providers.

Several advisory committee representatives volunteered to serve as pilot sites. There was a selection process that included announcing the pilot and inviting submission of a statement of interest in serving as a pilot site. After pilot sites were selected, representatives from all the sites were part of the advisory group. As implementation and oversight of the pilot projects became the primary focus of the committee, representatives from the pilot sites began to play the predominant role. They decided issues in refinement of the measure, the design of the pilot study, and operational concerns in the use of the measure. They continued to meet and advise DHS through the writing of the final report.

EM workgroup. The next step was to bring in experienced employment counselors who worked directly with clients to help revise the measure and make sure it had real-world relevance. Appendix B lists members of the workgroup that included representatives from the five pilot sites, including all three members of the tribal consortium, plus volunteers from Ramsey and Washington counties, all of whom were Employment Services job counselors or supervisors. Additionally, there were DHS and DEED staff from the core group, plus a vocational rehabilitation specialist from DEED. One trainer each from Hennepin County and Ramsey County joined the group and helped design the training, write the manual, and deliver training. The group met ten times from August to December 2004 to completely review and revise the EM draft and recommend the conditions of administration. The workgroup received the following charge:

Goal: To develop an instrument to measure:

- Areas necessary to life stability for a family and
- Changes in these areas.

For the following purposes:

- To show that progress is being made in these areas and
- To determine whether status and change in these areas are related to desired outcomes hypothesized to be related to life stability like employability.

The tool shall be:

- Reliable and valid for its purposes,
- Feasible for job counselors to use in their work, and
- Acceptable to clients.

Tasks will be to:

- Revise the matrix,
- Develop an introduction, strategy, and interview questions,
- Set conditions of administration,
- Pre-pilot the instrument and revise as needed, and
- Give input to the design of reliability and validity studies.

Additional issues that were raised prior to the work of the group included using languages other than English, asking about issues for which DHS already has data (such as Supplemental Security Income [SSI] receipt), asking questions also included in agency's own instruments, linking needs with services, basic training in interviewing and dealing with stressed participants in a sensitive manner, and designing follow-up questions that would support the matrix.

The group rewrote the measure, starting with renaming it the Employability Measure, labeling its dimensions areas and levels, and using numbers rather than descriptive labels for the levels. Appendix C lists the major decisions that the group made, under the guidance of the advisory committee. The heart of the work was rewriting and refining the descriptions in the cells to describe the continuum of each area completely, but also to make it possible to discriminate between adjacent levels. Making the distinctions between areas was also important, for example removing "ability to pay" from the

Housing area and keeping it in the Financial area. Refining the wording of the descriptions was very exacting work that occasioned detailed and intense discussions.

As this work progressed, the importance of scenarios describing real client situations, suggested by the core group, became very clear, both for developing the EM and for training. The group encouraged DHS staff to write real-life scenarios for all areas, and some group members also contributed scenarios. The staff later wrote more scenarios covering multiple areas and a culminating scenario covering all areas. The group used role-plays to try out the EM. As a pre-pilot, two group members tried out the EM live with their clients and brought back information on its use. Information from these activities was used to further refine the EM descriptions of levels within areas.

Members of the workgroup also developed a stand-alone questionnaire of optional questions that, supplemented with the counselor’s own follow-up questions, would get sufficient information for the person administering the EM to select a level. An alternative approach was for the interviewer to compose questions directly from the matrix to obtain information needed to select levels in the 11 areas. The choice of approach was up to the job counselor.

Finally, questions were added to the EM for the pilot that addressed current employment and job history, as well as the satisfactoriness of the interview, especially honesty, as perceived by the interviewer.

While the instrument was intended to be useful across a number of populations and situations, the focus of the pilot was to be on MFIP participants, and particularly those who had been in the program for at least a year with little or no work during that time. The program mandates an assessment for participants with 12 months on MFIP and no employment. The pilot sites were asked to describe how they conducted this assessment, including copies of their current assessments and information on their conditions of administration, and to tell how the EM would fit into their usual business. The conditions of administration for the EM were also addressed.

Timeframe. The original timeframe for the project follows, with changes made later. As described in the section below on study design, there was some slippage in the dates for data collection, and two locations had to restart their projects and did no follow-ups.

| Activity | Begin date | End date | Extended to |
|--|-------------------|-----------------|--------------------|
| Design pilot, obtain funding, select sites | August 2003 | June 2004 | |
| Refine Employability Measure | August 2004 | December 2004 | |
| Create Workforce One data entry screen | July 2004 | December 2004 | |
| Design pilot evaluation | July 2004 | November 2004 | |
| Finalize contracts with pilot sites | July 2004 | November 2004 | December 2004 |
| Train pilot site employment counselors | December 2004 | January 2004 | Ongoing |
| Baseline assessments | January 2005 | March 2005 | June 2005 |
| Six-month assessments | July 2005 | September 2005 | December 2005 |
| Twelve-month assessments | January 2006 | March 2006 | June 2006 |

Funding of the pilot. The advisory committee strongly advocated for additional funding adequate to pilot the measure. DHS allocated \$120,000 for the project.

Each pilot site signed a contract with DHS which contained the terms and conditions governing conduct of the project. Each pilot site was to receive \$18,000 to be paid upon completion of four deliverables: \$6,000 for completion of job counselor training, \$4,000 after each interview and data entry period (initial, 6-month, and 12-month).

At the urging of the advisory committee, the contracts were amended in December 2004 to provide pilot sites with incentive funds for participants. These funds were to be used to help ensure that working participants who have left MFIP cash assistance would participate in EM 6-month and 12-month follow-up interviews. Compensation to the sites was set at \$50 for each of up to 48 MFIP-leaver interviews completed.

The pilot funding also reimbursed DEED \$7,000 for its work in adding an assessment tab to WF1, the Employment Services database that was used for data entry online by the sites that use WF1.

Use of the measure for the Integrated Services Project. At the time the pilot was set to begin, the Department of Human Services initiated a three-year initiative to support eight regional efforts to integrate child welfare, health care, and mental health and chemical dependency services for the most challenged families in MFIP. As part of the evaluation design of this effort, DHS management required each of the eight Integrated Services Project (ISP) sites to use the Employability Measure to assess the status of study participants at the start of the project and at specified intervals. This decision was made based on the strong support for the face validity of the measure even though the validity and reliability of the measure were not established. Using the EM as part of ISP gives more experience with training and information on the costs and benefits of using staff who are not Employment Services job counselors to conduct EM interviews.

The piloted version of the Employability Measure. The Employability Measure in Appendix A used for the pilot consisted of 11 areas, one per page, with each page containing a matrix with the name of the area as the title and a descriptive phrase that, in combination with its name, defined the area and specified whether its focus was the individual or the family. There were four or five levels, from 1 to 5 or 1 to 4/5, with higher numbers indicating strengths and lower numbers potential barriers to employment. Each level had an anchor sentence, followed by a series of bullet points to help distinguish between levels. There were also lead-in questions below the matrix, as an optional way to start a conversation about the area, and a space to write the reason why the level was selected.

While each area is assigned a level, a total score is not computed. The number of problem areas, those with a level of 1 or 2, is used for analysis, as well as mean level scores across persons within an area.

The EM manual includes a sample introductory script, the optional questionnaire, and the matrices. Additional materials are examples of situations for the different levels, a list of things to remember when selecting levels in the area, and real life scenarios. The manual for the pilot study also included data entry instructions and a handbook describing the study and each party's responsibilities.

Pilot Study Design

Selection criteria for pilot sites

DHS invited organizations considering participating in the pilot (all but one were represented on the advisory committee) to submit a statement of interest in serving as a pilot site for the EM. Each agency was asked to make the following time commitments:

- Participation by at least one job counselor in the EM workgroup.
- Participation by a managerial staff person in the advisory committee to provide feedback and guidance for the duration of the project.
- Participation in development and implementation of data collection methodology.
- Participation in EM training by a group of job counselors large enough to complete 300 initial EMs (with 200 unemployed and 100 employed participants) and follow-up surveys for the initially unemployed with a target of 100 completing both follow-ups.
- Tracking participants for necessary follow-up surveys.
- Participation of both managerial and line staff in focus groups and/or interviews on their assessment experience during and at the completion of the pilot.

Additional pilot site selection criteria included the following:

- A caseload large enough to accomplish research needs of the pilot project (enough to conduct EMs one time on at least 100 working MFIP participants and all three times on at least 100 non-working MFIP participants who would have been unemployed for a specified number of months at baseline).
- Part of a mix of up to five sites representing greater Minnesota, metro/suburban Minnesota, and either Minneapolis or St. Paul. One or more sites selected must serve a large number of either African American or American Indian participants.
- Experienced job counselors highly skilled at interviewing.
- High level of commitment to improving client assessment procedures.
- High level of management interest and commitment to this project.
- Proposals from single MFIP Employment Services providers preferred, but a consortium of providers possible given compelling reasons.
- Tolerance for ambiguity and a willingness to commit to a work in progress.

Pilot site descriptions

The five sites selected together represent a large proportion of the diversity present in Minnesota's MFIP caseload (excepting immigrant populations because of language issues).

- American Indian OIC (AIOIC) serves an MFIP population from Minneapolis, primarily American Indian and Somali.
- The Minneapolis Urban League serves an urban MFIP caseload in Minneapolis with a large proportion of African Americans.
- The Tribal Consortium, consisting of the Minnesota Chippewa Tribe, the Red Lake Reservation, and the Leech Lake Reservation, serves primarily the American Indian population in northern Minnesota. This includes those living on the Red Lake and Leech Lake reservations and also tribal participants (from the Bois Forte Band of Chippewa, the Fond du Lac Band of Lake Superior Chippewa, the Grand Portage Band of Chippewa, the Leech Lake Band of Ojibwe, the Mille Lacs Band of Ojibwe, and the White Earth Band of Ojibwe) living in the 19 northern counties of "Indian country."
- Southwest Private Industry Council serves 14 rural counties of southwest Minnesota (Big Stone, Chippewa, Cottonwood, Jackson, Lac Qui Parle, Lincoln, Lyon, Murray, Nobles, Pipestone, Redwood, Rock, Swift, Yellow Medicine).
- Anoka County serves a primarily suburban MFIP population, starting at northwestern inner-ring suburbs of Minneapolis and extending into rural areas.

Sample selection plan

The sample plan called for administering the EM to MFIP clients coming in for an initial ES interview or review who were unemployed and had been for at least one year (at the larger sites, Anoka and Red Lake) or three months (at the remaining sites). Follow-up EMs would be given 6 months and 12 months later. Non-English speakers and SSI applicants were to be excluded; sanctioned and extended cases were included. The goal was to complete 100 sets (initial plus 6-month and 12-month follow-ups) for each of the five pilot sites.

A comparison group of employed MFIP participants would be given the EM one time, the goal being 100 employed persons per site. The employed group consisted of MFIP participants who were employed at the time of their initial EM. The hypothesis was that this group would have fewer and less serious employment barriers (operationalized as a 1 or 2 on the EM areas) than the initially unemployed group.

Lists of probable study participants that DHS supplied to the sites were too out-of-date to be helpful. The anticipated three-month initial data collection period had to be extended to six months. Due to personnel turnover and training misunderstandings, Minneapolis Urban League and Red Lake had to renegotiate their contracts and restart the initial data collection period. Target numbers were reduced at smaller sites.

Timing of interviews

- The unemployed group would receive three EM assessments: a baseline assessment, a second assessment six months later, and a third assessment twelve months after the baseline assessment. It was anticipated that sites would be unable to complete three assessments with all study participants because of moves, exits from MFIP, and unwillingness to participate.
- The employed group would receive only the baseline assessment, with the goal of completing these assessments during the baseline period.

Changes to the study design

The timeframe above outlined the original dates planned for phases of the study. Data collection for the pilot began in January 2005, but not all sites were ready. The initial data collection period was extended through the end of June 2005 because not enough initial EMs could be collected within a three-month period, especially from employed participants. Also, two sites had large staff turnovers that necessitated repeating staff training and restarting data collection. The requirement of a minimum period of unemployment prior to the initial EM (3 or 12 months, depending on site size) was also dropped to increase the numbers. Finally, it was difficult to locate and contact study participants who had left MFIP or the ES provider to obtain follow-up EMs. The final cut-off date for data collection was pushed back to May 31, 2006, and the numbers of follow-ups were far below those hoped for in the study design.

Employability Measure Training

In-person training

The full-day, in-person training required for staff conducting assessments using the EM provided an overview of the history and purpose of the EM, a review of the pilot site handbook, in-depth segments on each of the 11 areas covered by the EM, a discussion of how to enter the EM on WF1,² and a review of critical “things to remember.” Many examples based on actual clients that illustrated levels within each of the areas were provided. Trainees were given opportunities to practice assigning levels to specific cases. There were case examples in each of the 11 areas; more complex combination scenarios in which three or four areas were combined, and finally a culminating example in which trainees interviewed a trainer playing the role of an MFIP participant about all 11 areas of the EM and assigned levels and then discussed their decisions.

² Hennepin County does not use WF1. The two pilot sites in that county – AIOIC and Urban League – tried both data entry into TEAMS, the Hennepin County database for Employment Services providers, and an Access database, neither of which worked as well as WF1.

Web-based training

The second opportunity for training was a web-based unit which became available in June of 2005. It was developed by members of the DHS core team together with PAID staff who had participated in the MFIP Longitudinal Study. Staff from the TES training unit put it into a web-compatible online format. The web training provided an overview of the EM and a comprehensive review of each of the 11 areas, and also an opportunity for users to test their understanding of the EM by applying it to a wide variety of scenarios and getting feedback. The course takes approximately one to two hours to complete and staff must finish with a score of 70% or greater to get credit and access to the WF1 assessment tab. They may retake the course as many times as necessary to earn a passing score and can also retake it as a refresher. The in-person training is a prerequisite for gaining access to the web-training, so both types of training became requirements for using the EM and recording EM results on WFI. Pilot participants previously trained who were already using the EM were encouraged but not required to complete the web-based training.

Overview training

The third type of training was a one-hour overview of the EM intended for people who would not use the instrument in practice but who needed to have basic knowledge of the EM. For this group, which included managers, supervisors, support staff, and partners of the agencies administering the EM, the full-day in-person training would be more extensive than necessary. The overview training developed to meet the needs of this group included a review of the background and purpose of the EM, an explanation the five levels, and a brief description of each of the 11 areas covered in the EM. Staff from a variety of DHS divisions who had also expressed interest in the EM took the opportunity to attend these sessions.

Employability Measure Results

Within each pilot site, EM data quantify both the barriers of the study participants at baseline and differences between the unemployed and employed in the number and degree of barriers. In the sites with follow-up data, group and individual change across time can be examined, as well as differences between those from the baseline group who were employed and those still unemployed at the follow-up. Data on jobs including wages, hours, and work history were analyzed for the initially employed group as well as for those employed at follow-up. The reasons entered for selecting levels were evaluated. Finally, conclusions were drawn from the limited inter-rater reliability data gathered. Each of these items is explained below. Summary tables for the individual pilot sites can be found in Appendix D.

The counts fell far short of the numbers expected. The one site (Southwest PIC) that approached the target numbers of follow-up assessments in the study design used the EM

with all clients, alleviating the difficulty other sites had of keeping track of whom to use it with and whom to follow up. The main reasons reported for the small counts were the state and agency focus on the Participation Rate, the press of regular work, staff turnover including instances of poor overall performance as well as in the use of the EM, and difficulties with non-WF1 data entry.

Table 1 gives the final sample sizes³ for initially unemployed EMs and employed EMs and numbers of follow-up EMs for the initially unemployed group. The original goal was to complete 12-month follow-ups with 100 participants per pilot site and also 100 one-time EMs with employed clients. Analyses were done within sites. The first follow-ups completed occurred 3 to 12 months after the first EMs.

Table 1. Counts of Employability Measures completed by pilot site

| Employability Measure | Initial unemployed | First follow-up | Second follow-up | Employed |
|---------------------------------|---------------------------|------------------------|-------------------------|-----------------|
| Anoka County | 137 | 55 | 9 | 94 |
| Minneapolis Urban League | 30 | 0 | 0 | 20 |
| Southwest PIC | 160 | 102 | 79 | 283 |
| Tribal Consortium | 171 | 28 | 2 | 124 |
| Leech Lake | 19 | 8 | 0 | 29 |
| MCT | 42 | 20 | 2 | 23 |
| Red Lake | 110 | 0 | 0 | 72 |
| Totals | 498 | 185 | 90 | 521 |

Baseline status for the unemployed and employed groups

The top section of Table 2 shows the combined percentages of low levels (1 or 2) in each area for the initial unemployed group and for the one-time employed group for each pilot site and tribal consortium member. There were far fewer people with areas with low levels among the employed groups than the initially unemployed groups. For example, at Southwest 48 percent of the unemployed had dependent care problems while 18 percent of the employed did, and transportation potentially interfered with work for 51 percent of the unemployed and 26 percent of the employed. The unemployed at Southwest had an average of 3.3 low levels compared to 1.8 for the employed.

The bottom section of the table gives the other side of the employability picture: the percentages of high levels (4 or 5) in each area. Two areas were strengths for large numbers of study participants in both groups: legal and safe living environment. Transportation, personal skills, child behavior, and dependent care stood out as strengths for many of the employed. Three sites – Anoka, Southwest, and Tribal – recorded more areas of strength for their employed groups than for their unemployed groups.

³ EM data from the ISP projects that included additional clients from Anoka County, MCT, and Red Lake will be included in an ISP report. In the EM pilot, there were also a few follow-ups to initially employed participants that were dropped. Due to both technical problems with data storage and personnel turnover, EM data from the American Indian OIC (AIOIC) were not included in the quantitative analysis. AIOIC staff contributed to the qualitative portion of the pilot as well as the pilot Advisory Committee.

Table 2. Employability Measure percentages of low levels and of high levels by area for each pilot site

| Employability Measure: Level 1 or 2 | Initial unemployed groups | | | | Employed groups | | | |
|--|---------------------------|--------------|-----------|--------|-----------------|--------------|-----------|--------|
| | Anoka | Urban League | Southwest | Tribal | Anoka | Urban League | Southwest | Tribal |
| Child Behavior | 31% | 23% | 21% | 20% | 16% | 30% | 14% | 8% |
| Dependent Care | 24% | 30% | 48% | 44% | 9% | 5% | 18% | 25% |
| Education | 37% | 43% | 28% | 43% | 20% | 40% | 16% | 21% |
| Financial | 52% | 60% | 56% | 47% | 33% | 35% | 41% | 20% |
| Health | 42% | 3% | 41% | 18% | 22% | 5% | 13% | 5% |
| Housing | 31% | 17% | 14% | 20% | 18% | 30% | 14% | 13% |
| Legal | 18% | 13% | 12% | 16% | 9% | 25% | 6% | 10% |
| Personal Skills | 49% | 53% | 34% | 43% | 13% | 25% | 11% | 11% |
| Safe Living Environment | 21% | 30% | 4% | 11% | 4% | 15% | 4% | 12% |
| Social Support | 50% | 27% | 40% | 32% | 37% | 40% | 22% | 26% |
| Transportation | 38% | 20% | 51% | 56% | 16% | 10% | 26% | 31% |
| Average number areas with 1 or 2 | 3.8 | 3.2 | 3.3 | 3.4 | 1.9 | 2.6 | 1.8 | 1.7 |

| Employability Measure: Level 4 or 5 | Initial unemployed groups | | | | Employed groups | | | |
|--|---------------------------|--------------|------------|------------|-----------------|--------------|------------|------------|
| | Anoka | Urban League | Southwest | Tribal | Anoka | Urban League | Southwest | Tribal |
| Child Behavior | 30% | 53% | 33% | 41% | 39% | 50% | 56% | 51% |
| Dependent Care | 29% | 37% | 30% | 34% | 55% | 55% | 48% | 43% |
| Education | 15% | 3% | 11% | 17% | 25% | 5% | 25% | 35% |
| Financial | 5% | 0% | 1% | 9% | 11% | 5% | 9% | 39% |
| Health | 26% | 67% | 30% | 48% | 33% | 75% | 56% | 70% |
| Housing | 18% | 30% | 20% | 30% | 27% | 15% | 34% | 39% |
| Legal | 63% | 83% | 69% | 70% | 78% | 70% | 82% | 83% |
| Personal Skills | 19% | 3% | 23% | 20% | 42% | 15% | 53% | 54% |
| Safe Living Environment | 68% | 47% | 91% | 67% | 84% | 40% | 90% | 78% |
| Social Support | 19% | 47% | 21% | 42% | 33% | 15% | 36% | 46% |
| Transportation | 21% | 47% | 20% | 19% | 46% | 50% | 36% | 44% |
| Average number areas with 4 or 5 | 3.0 | 4.2 | 3.3 | 3.8 | 4.5 | 4.0 | 5.0 | 5.7 |
| Count of persons | 137 | 30 | 160 | 171 | 94 | 20 | 283 | 124 |

Table 3. Average Employability Measure change in level within person over time by area for each pilot site

| Employability Measure: change by person from initial to 6-month follow-up | Anoka | | | | Southwest PIC | | | | Tribal | | | |
|---|--------------------|-----------|------------|-----------------------|--------------------|-----------------|------------|-----------------------|--------------------|-----------|------------|-----------------------|
| | Mean level | | | One-tail significance | Mean level | | | One-tail significance | Mean level | | | One-tail significance |
| | Initial unemployed | Follow-up | Difference | | Initial unemployed | First follow-up | Difference | | Initial unemployed | Follow-up | Difference | |
| Count | 55 | | | | 102 | | | | 28 | | | |
| Child Behavior* | 2.89 | 3.19 | 0.30 | | 3.11 | 3.15 | 0.05 | | 3.22 | 3.35 | 0.13 | |
| Dependent Care | 2.92 | 3.18 | 0.26 | | 2.86 | 3.38 | 0.53 | 0.001 | 3.24 | 2.81 | -0.43 | |
| Education | 2.58 | 2.80 | 0.22 | 0.05 | 2.74 | 2.96 | 0.23 | 0.001 | 2.82 | 3.11 | 0.29 | 0.05 |
| Financial | 2.42 | 2.93 | 0.51 | 0.001 | 2.25 | 2.68 | 0.42 | 0.001 | 2.36 | 2.64 | 0.29 | 0.05 |
| Health* | 2.57 | 2.76 | 0.19 | | 2.61 | 2.82 | 0.22 | 0.001 | 2.96 | 3.29 | 0.32 | |
| Housing | 2.87 | 3.33 | 0.45 | 0.01 | 3.10 | 3.21 | 0.11 | | 3.26 | 3.22 | -0.04 | |
| Legal* | 3.71 | 3.90 | 0.18 | | 3.58 | 3.65 | 0.07 | | 3.64 | 3.72 | 0.08 | |
| Personal Skills | 2.38 | 2.84 | 0.45 | 0.01 | 2.98 | 3.00 | 0.02 | | 2.96 | 2.93 | -0.04 | |
| Safe Living Environment | 3.94 | 4.00 | 0.06 | | 4.26 | 4.34 | 0.08 | | 3.78 | 3.74 | -0.04 | |
| Social Support* | 2.55 | 3.07 | 0.53 | 0.001 | 2.79 | 2.92 | 0.13 | 0.05 | 3.18 | 3.39 | 0.21 | |
| Transportation* | 2.89 | 3.20 | 0.31 | 0.05 | 2.51 | 2.74 | 0.23 | 0.01 | 2.46 | 2.46 | 0.00 | |

| Employability Measure: change by person over various time periods | Southwest PIC | | | | | | | | |
|---|--------------------|------------------|------------|-----------------|-----------------------|------------------|------------|--|-----------------------|
| | Mean level | | | | One-tail significance | Mean level | | | One-tail significance |
| | Initial unemployed | Second follow-up | Difference | First follow-up | | Second follow-up | Difference | | |
| Count | 79 | | | | 65 | | | | |
| Child Behavior* | 3.08 | 3.41 | 0.33 | 0.05 | 3.15 | 3.35 | 0.19 | | |
| Dependent Care | 2.82 | 3.58 | 0.76 | 0.001 | 3.37 | 3.61 | 0.24 | | |
| Education | 2.97 | 3.08 | 0.10 | | 3.08 | 3.02 | -0.06 | | |
| Financial | 2.27 | 2.82 | 0.56 | 0.001 | 2.78 | 2.91 | 0.13 | | |
| Health* | 2.43 | 2.67 | 0.24 | 0.05 | 2.63 | 2.58 | -0.05 | | |
| Housing | 3.15 | 3.38 | 0.23 | 0.01 | 3.33 | 3.45 | 0.13 | | |
| Legal* | 3.55 | 3.66 | 0.12 | | 3.63 | 3.65 | 0.02 | | |
| Personal Skills | 2.99 | 3.17 | 0.18 | 0.05 | 3.19 | 3.21 | 0.02 | | |
| Safe Living Environment | 4.24 | 4.45 | 0.21 | 0.05 | 4.35 | 4.42 | 0.06 | | |
| Social Support* | 2.89 | 2.99 | 0.10 | | 3.06 | 2.97 | -0.10 | | |
| Transportation* | 2.55 | 2.94 | 0.38 | 0.01 | 2.81 | 3.00 | 0.19 | | |

* Maximum level in area is 4.

Follow-up status in the EM areas

Data from follow-up EMs with people in the initially unemployed group are reported for three of the sites. Over the approximately six months, persons interviewed both times at Anoka and Southwest PIC showed statistically significant positive change, on the average, in six of 11 areas at each site, as seen in Table 3, including education, social support, and transportation at both sites. The tribal sites showed statistically significant change in only two areas for a smaller number of people. Southwest PIC also had enough second follow-ups to look at change over the second six-month period and for the entire year. There were no significant changes in any areas for the second six months, but there were eight areas with significant change over the entire year.

Another comparison was made for the initially unemployed group between people who were working at the 6-month follow-up and those who were not. As Table 4 shows, those still unemployed at the follow-up had many more problem areas at baseline than those who had found and kept a job (for example, 3.6 versus 1.4 in Southwest PIC). Conversely, the average number of areas with high levels (4 or 5) had been far higher for those employed by the follow-up (for example, 4.7 versus 3.1 for the unemployed in Southwest PIC).

Table 4. Number of low and high levels at initial EM by employment status at first follow-up

| Initial unemployed group: follow-up employment status and count of low levels | Employed | | | Unemployed | | |
|---|---------------------|-------------------------------|--------|---------------------|-------------------------------|--------|
| | Count of persons | Mean count of areas at levels | | Count of persons | Mean count of areas at levels | |
| | | 1 or 2 | 4 or 5 | | 1 or 2 | 4 or 5 |
| Anoka County | 13 | 1.3 | 5.4 | 42 | 3.2 | 3.4 |
| Southwest PIC | 54 | 1.4 | 4.7 | 48 | 3.6 | 3.1 |
| Tribal Consortium | 11 | 1.2 | 5.2 | 17 | 4.5 | 2.5 |

Data on jobs

Table 5 describes the jobs of people employed at baseline and of those unemployed at baseline but working at the 6-month follow-up. The mean hours worked were 27 hours per week or above at all sites. Hourly wages were lowest for Southwest PIC. Both employed groups averaged short tenures on the job and more than one job in the last six months.

Table 5. Employment statistics for initially employed and follow-up employed groups

| Mean employment statistics for initial and 6-month employed groups | Count of persons | Hours per week | Dollars per hour | Weeks at job | Jobs in last 6 months |
|---|------------------|----------------|------------------|--------------|-----------------------|
| Initial EM: employed group | | | | | |
| Anoka County | 94 | 28 | \$8.96 | 20 | 1.6 |
| Minneapolis Urban League | 20 | 33 | \$9.18 | 48 | 1.2 |
| Southwest PIC | 283 | 28 | \$7.81 | 32 | 1.5 |
| Tribal Consortium | 124 | 35 | \$8.33 | 37 | 1.3 |
| Leech Lake | 29 | 37 | \$8.29 | 20 | 1.4 |
| MCT | 23 | 35 | \$8.20 | 16 | 1.7 |
| Red Lake | 72 | 35 | \$8.40 | 51 | 1.1 |
| Follow-up EM: employed at 6 months | | | | | |
| Anoka County | 13 | 28 | \$8.33 | 10 | 1.2 |
| Southwest PIC | 54 | 32 | \$8.03 | 16 | 1.6 |
| Tribal Consortium | 11 | 27 | \$10.34 | 12 | 1.3 |

Length of time for EM interview

Table 6 shows statistics on the length of the EM interview. A half hour was typical at all sites but one. Follow-ups averaged shorter times at Southwest PIC, about the same as the initial at Anoka, and longer for the tribes. Only 1 percent of interviews were called unsatisfactory, usually because the job counselor did not think the client was being honest or forthcoming.

Table 6. Length of EM interview

| Length of time for EM interview in minutes | Count | Mean | Median | Minimum | Maximum |
|---|-------|------|--------|---------|---------|
| All initial EMs | | | | | |
| Anoka County | 231 | 33 | 30 | 10 | 90 |
| Minneapolis Urban League | 50 | 63 | 58 | 15 | 106 |
| Southwest PIC | 443 | 33 | 30 | 10 | 120 |
| Tribal Consortium | 295 | 29 | 25 | 15 | 90 |
| Leech Lake | 48 | 33 | 30 | 20 | 49 |
| MCT | 65 | 37 | 30 | 15 | 90 |
| Red Lake | 182 | 25 | 21 | 15 | 50 |
| All follow-up EMs | | | | | |
| Anoka County | 64 | 30 | 30 | 5 | 90 |
| Southwest PIC | 181 | 23 | 20 | 10 | 154* |
| Tribal Consortium | 28 | 49 | 40 | 20 | 120 |

* An outlier: the next longest interview at this site was 60 minutes.

Other barriers

Job counselors were instructed to identify and briefly describe other barriers that participants revealed in the EM interview that were not covered by one of the 11 areas. Review of a sample of comments in the “other” category on WF1 revealed the following:

1. More than half of all the comments in the “other” field were about issues that were already covered by one of the 11 areas in the EM.
2. In about a dozen cases, comments in the “other barriers” field were unrelated to participants’ barriers yet contained information that appeared important for the job counselor to know, for example “participant starts job on Monday.” These could have gone into case notes or maybe a comments field could be added to the EM screen.
3. Only one issue occurred in the “other barriers” field frequently enough to raise the question of whether the EM should add another area. This issue, lack of motivation or poor attitude, while recognized as important by the advisory committee, was explicitly rejected by them as too subjective and hard to define or defend.
4. Finally, the “other barriers” field revealed some unique issues, for example, “last job paid \$25 an hour...she said she may have trouble accepting less money.”

Reasons for levels

For each area of the EM, job counselors were asked to explain in a reason field why they selected the level. Review of a sample of these reasons revealed the following:

1. There were numerous examples in each area where the vagueness of the reasons made it impossible to determine whether the proper level was selected. In many cases, the job counselor simply copied the bold description on the EM into the reason field.
2. Some reasons suggested that the job counselor was confusing areas.
3. It was very rare for a reason to confirm that the job counselor had assigned an incorrect level. Most errors that did occur fell into one of two categories: a reason that did not match the level was selected or there was a confusion over whether 1 or 5 was low.
4. In some cases, the reasons suggested a need for clarification of a particular area of the EM, either in training or by editing level descriptions.

Inter-rater reliability

How consistent would two interviewers be in assigning levels in the 11 areas for the same person based on the same interview? Inter-rater reliability is a standard for a published instrument. Computing an index of inter-rater reliability requires duplication of data, in this case ratings of the same person’s interview at the same time by two raters. The advisory committee agreed that having two job counselors present at an EM interview would not be an unusual or uncomfortable situation for the client or job counselors, so this was the model chosen for collecting reliability data. One of the job counselors did the interviewing, and the two job counselors selected levels independently and sent both EMs to DHS.

There was resistance to this task on the part of the job counselors, primarily because of the extra time it would require. Only 26 paired ratings were obtained during the 18

months of data collection. There may have been a difference in their understanding and use of the EM between the job counselors who did this task and those who did not. The average percentages of agreement reported here can only be regarded as preliminary data on reliability. Of the total of 26 sets of 11 paired EM ratings, 86 percent were in agreement, with 11 percent one point apart, 2 percent 2 points apart, and 1 percent with one person choosing a level and the other not. Thus, there was good agreement 97 percent of the time in this limited sample.

The pilot did not address another source of rating variation that may be present when an interview process is used to administer an assessment. Specifically, skills of the job counselor, such as creating an empathetic environment and designing situation-specific follow-up questions, could have an important effect on how much information the participant is willing to divulge. Similarly, the race, gender, class, and other characteristics of the job counselor and the participant could affect how forthcoming the participant will be. This variation is to some extent unavoidable when conducting interviews and to the degree that it is present, absolute inter-rater reliability will remain an important but elusive goal.

Recommendations from the Pilot Site Discussion Groups

This section summarizes what DHS staff heard from the pilot sites at the discussions, primarily those at the close of the study with some additional material from the earlier discussions. On some issues, similar themes and consensus emerged across sites, while on other issues there was disagreement even within sites. There were also topics that individual sites raised. The areas of agreement led to recommendations here. The discussion questions are included in Appendix E.

Purpose of the EM

There was agreement that there should be a primary purpose for the EM. Provider staff using the EM did not remember the original stated purpose of state sponsors and developers (measuring change that did not rise to the level of “success” on the Self-support Index or the MFIP Participation Rate). They spoke about the volatility in clients’ situations and the temporary nature of change or “progress.” Their general conclusion was that an EM expanded statewide would have two purposes: assessment/counseling and statistics/research. The majority thought that assessment/counseling should be the primary purpose although some, especially supervisors, supported the second use.

Assessment/counseling. From the point of view of most job counselors, the purpose is to find out what issues in a client/customer/consumer’s⁴ life are affecting their ability to work and stay employed. Knowing barriers could prevent failure. They considered the EM useful to the degree that their agency did not have another

⁴ Employment Services providers use different terms to refer to the people they serve; these were three terms in use at the EM pilot sites. This report refers to clients or study participants.

instrument to accomplish this function. They did not see any benefit from the scoring, unless the summary data could be used to obtain more funding and services or to educate legislators and the public about MFIP clients' lives.

Statistics/research. From the management point of view, summary statistics could help in communicating with county boards, legislators, the public, and potential funding organizations regarding service needs, as well as to target existing resources. Regular reports, especially ones they could run themselves on WF1, would facilitate this use. Reports at the job counselor, agency, county, regional, and state levels could be useful. One message that job counselors anticipated that the data would send is that some of their clients may never be able to work 30 hours per week because of their barriers.

When to do an EM

Sites were unanimous that the EM should be an initial assessment, completed during early meetings with the job counselor. Then they can find out things in the person's life or history affecting how they are doing sooner rather than later. When completed prior to development of the Employment Plan, it would inform decisions about activities. Job counselors were extremely frustrated at the overlap with other assessments they were doing. The EM interview might replace as well as supplement some of what providers are currently doing. It could be part of the introduction to MFIP if that is done individually. People are present and available at intake, although a crisis sometimes takes precedence. One site switched to the EM as their initial assessment and continues to use it for everyone coming into MFIP Employment Services. A minority of job counselors would prefer to build relationships for a time with clients before using the EM.

Other options mentioned were at the transition from DWP to MFIP, after six weeks of unsuccessful job search, at recertification, when participants are getting close to their 60 month limit, when participants return to MFIP (for example, after losing a job), or as a condition to remove a sanction.

Who should administer the EM

Sites believed that the job counselors are the best people to administer the EM because they are more likely to have both rapport with the client (if viewed as an ally rather than a representative of the system) and a need to know about barriers to inform development of the plan. However, there were other possibilities suggested, including job retention specialist, job developer, a subset of job counselors or other specialists (for example, social workers or family services advocates) who would do all EMs for the site, or new job counselors only. Financial workers were seen as inappropriate because of their control over MFIP grants and perceived connection to Child Protection.

Whether to do follow-up EMs

There was very little to no support for doing a follow-up EM at the intervals selected in the pilot – 6 and 12 months later. The major issue with follow-ups was the difficulty contacting participants, especially those no longer enrolled at the provider. In addition, counselors generally felt that they already knew about the changes that had occurred in their participants' lives and that the modest amount of new information obtained did not justify the effort that the follow-up required. Also people contacted for a follow-up would sometimes ask for resources for current problems (especially transportation problems, like the need for expensive car repairs) even if they were off MFIP.

There was general agreement that if follow-up is done after the pilot, it should include only current MFIP participants. Times might be at plan updates, at 90-day reviews, an exit interview at termination (if the client is willing), or at reapplication. One site argued that it should be done on employed people as a way to help prevent the job loss that often occurs. They said that success is not employment alone but job retention. The issue of volatility of people's situations also came up in this discussion.

About the 11 areas of the EM

Safe Living Environment and Social Support were most often mentioned as revealing important information about clients that would otherwise not have been uncovered.

Job counselors provided feedback on these areas of the EM which they believe need revision:

- The Child Behavior area emphasizes school-age children and should explicitly address the behavior of children under school age as well.
- Health might be separated into as many as three areas (chemical dependency, mental health, and physical health) and perhaps distinguish among family members. Alternatively, the emphasis could be on disability.
- Legal should be rewritten to distinguish felonies, misdemeanors, and sexual offenses.
- Personal Skills needs to be more focused on skills affecting the participant in the work environment. Some people, however, have no work history and therefore no have realistic idea of what these skills are or whether they have them. Job counselors could only determine this by observation over time.

Job counselors asked whether all the areas are indicators of employability. They talked about clients not always being truthful when talking about themselves, and said that they are more reluctant to talk about some areas than others. Many are very willing to talk, but some may magnify issues to try to get attention or resources.

Whether or not to score the EM

This issue is closely related to the question of the purpose of the EM. Job counselors at all sites consistently disliked scoring the EM. They found it to be a time-consuming task that added little to their ability to do case management. Some even felt that it interfered with their work by requiring them to take too much time away from participants. They also expressed doubt that scoring was consistent from one job counselor to another, given that two job counselors might interpret the same conversation differently and also might differ in their interpretation of the EM. They said that interviewers may forget how to correctly use the EM over time. These comments point out how important initial and refresher training are to the quality of the data.

Major issues of discussion were how subjective or objective the scoring was, whether it should be from the client's or job counselor's perspective, how narrowly to define the current situation with respect to each area, whether to use externally verified information, and what to make of local knowledge and newspaper stories about clients. There was some, albeit unenthusiastic, willingness to do the scoring if data they provide are used by policy makers, optimally to increase funding and to provide agency-level reports.

The primary method for making difficult decisions about assigning levels was for job counselors to talk with each other to come to consensus. They suggested there might be drift away from the trained method of scoring, and that even if they agree with each other at the same agency, they might not agree with the state or job counselors at other agencies. Reliance on the manual varied across sites, with most using it occasionally as a reference, less as they had more experience with the EM. Some job counselors still regularly consulted it. A majority liked the idea of an online EM manual. One technical issue was what to do when bullets in more than one level applied to the person's situation; training instructions were to select the lower level in that case.

How to structure the EM interview

Job counselors asked to eliminate overlap with agency assessments, either by using the EM for everyone or by using the agency assessment as the primary interview tool, supplementing it with questions tailored by the job counselor to get any additional information needed to select a level.

The use of the optional lead-in questions varied from site to site and from counselor to counselor in some sites. Not all counselors understood that use of these questions was one alternative for getting information to distinguish levels, and some of them went through all questions with all participants. These counselors said that the EM interview was too long and that some of the questions were too intrusive or judgmental (asking about smoking was most frequently mentioned). Other counselors understood that the prompt questions were optional and intended only as examples. They tended to start the EM interview for each area with a prompt question and to add or delete other questions as they found appropriate. Comments about this approach were generally positive. However, it was the more experienced counselors who tended to use this approach.

Limited training for job counselors in interviewing skills makes the EM's implicit assumption that all job counselors would be able to tailor questions to clients and situations questionable.

Other suggestions included a shorter, simpler format, possibly yes/no items or a checklist and a self-report form. One suggestion was made to divide the EM into two parts: short-term issues to address relatively quickly to get people to work (perhaps transportation, education/training, child care, housing, health) and longer-term issues to be addressed later.

Reason fields for EM areas

Comments in the reason fields were considered more helpful than the scores. There was also general agreement that the reasons should be optional rather than mandatory, allowing the job counselor to record only significant information. A variant was to only require documentation for areas with scores of 1 or 2. While they objected to having to justify their ratings using the reason fields and felt that data entry took time away from participants, generally counselors found that the reason field did offer a place to provide valuable information about the participants. They noted that information in the reason fields could be valuable to the new counselor when a participant transfers to another county or provider. They especially liked the idea of having WF1 copy data from the reason fields into case notes and thought it would increase job counselor efficiency. There could be a drop-down window with major reasons plus a write-in option that is sufficiently long. There was a request that WF1 case notes be available longer than one year.

Effectiveness of the training

There was agreement that in-person training was essential. Some thought that the one-day in-person training was too long, while others said it was too short. More experienced counselors seemed to be the ones asking for less training, while the less experienced thought one day was not enough to cover everything well. The practice scenarios were popular and considered helpful. People asked for more scenarios. Some thought a second training after using the EM for a while would be effective in reinforcing how to use it correctly.

Some sites emphasized that participation in the EM pilot has further reinforced their opinion that DHS needs to do more in-depth training on general interviewing and counseling skills to better prepare job counselors, especially those who are less experienced, for the demands of their work. Some suggested that the EM could be part of how new job counselors learn how to do an intake interview and how they learn about clients and the kinds of challenges they face.

As job counselor turnover can be high (for example, 26 percent annually in Hennepin County), the sites said that EM training must be offered on an ongoing basis, possibly as an addition to the Employment Services training. While this would require additional time out of the office, it would eliminate the need for new job counselors to make an

additional trip to DHS. Experienced job counselors would also have to be trained initially.

To maintain consistent scoring requires periodic refresher training, by local experts (the train-the-trainer model) or through a web-based program. DHS made web training available to the pilot sites several months after the original training on an optional basis and many job counselors did not do it. There were computer glitches when it was new. The scoring of responses, requiring 70 percent correct was not popular.

As mentioned in the section above on scoring, use of the manual provided in training varied across sites.

Appropriateness of the EM for non-English speakers and other cultural issues

Job counselors at multiple sites expressed the opinion that it would be difficult and costly to translate the EM into languages other than English. They also noted that even if this were accomplished, the EM may be inappropriate for limited-English speakers because differences make it difficult to translate the concepts that underlie the EM. Cultures have different approaches, for example, to child rearing practices and what behaviors constitute mental health issues, sometimes not distinguishing between mental health issues and somatic symptoms.

The common opinion was that regardless of whether the EM itself were translated, the interviewer would need to be fluent in the second language to understand responses, ask situation-specific follow-up questions during the interview, and be competent in the participant's culture. Each language and culture would require its own development group. A few job counselors stated that they could probably do an EM with non-English speakers, given a period of time with regular meetings, home visits, and the help of an interpreter.

American Indian job counselors noted that in working with native people, a trust relationship must be developed before personal information will be shared. Simpler, less intense and intrusive questions that do not get into family business are more likely to be answered. People also want to know who is going to see the EM information. Examples of things that might not get mentioned because they are so common in the community were diabetes under Health and shootings on reservations under Safe Living Environment. Fetal Alcohol Syndrome is an underreported and hard-to-diagnose problem in the American Indian community. There are also cultural issues in moving from an American Indian reservation to another part of the state. One of the supervisors said that most state assessments are perceived as inappropriate for Indian people; however, she said the participation in the EM workgroup by people from the field, including several American Indians, had a positive effect on making the EM culturally appropriate for Indians.

Getting to know people and building relationships

Counselors generally agreed that using the EM helps build rapport and trust with participants. Many think that other assessments they used did a comparable job of building rapport and that the most pressing issues eventually emerge over time as they work with people. Sometimes, however, the EM introduced topics that might not otherwise come up, such as problems with children, lack of social support, and violence. Also, taking the time to sit down with people and encouraging them to talk about themselves gives them a chance to open up. On the positive side, this sometimes also brought up good things in the participants' lives and revealed personal strengths. The gender of the job counselor has an effect on what is shared; for example, at least initially, some women are reluctant to tell male counselors about family violence.

Services needed

Counselors expressed great frustration that the EM process reveals some needs for services that they are unable to meet. While most counselors still want to know about these issues so they have a more complete picture of the person's situation and barriers to employment, they also worry that the EM process gives some participants the false expectation that the job counselor can help with whatever issues are revealed. MFIP is, after all, a jobs program, they said. They noted that some people who have received services and done much work on barriers have not made measurable progress on the official MFIP measures; others do not follow up on referrals (especially those with mental health issues). Coordination with social services is sometimes difficult.

Some pilot sites found that the EM process led to more referrals to other agencies while others (generally those with their own relatively intensive assessment) found that the referral rate did not change during the pilot.

Counselors mentioned a wide variety of services that would be needed to fill the needs revealed in the EM process. Some of the larger needs included funding for reinstatement of driver's licenses, money for cars and car repairs, additional child care providers, authorization of child care for longer periods, additional low income housing, and more varied and accessible mental and chemical health services.

Some counselors were reluctant to broach the sensitive issues of family violence and chemical dependency. The EM essentially forces job counselors to talk to clients about uncomfortable issues. Chemical dependency is a particularly difficult topic in locations where it affects a large portion of the community. With such issues, it is important that job counselors be willing and able to identify the issue, that they know when to refer the client, that they have referral agencies in their community, and that they have a working relationship with these agencies so that they can integrate services to the client.

Work Participation Rate

The MFIP Work Participation Rate is a measure of the percentage of MFIP recipients who fulfill mandated work requirements. All sites mentioned the pressure it puts on job counselors and clients with its reporting requirements and its tie to funding and bonuses. The general consensus was that the EM does not help the agency meet the Work Participation Rate in the short term. Identifying barriers often results in the participants being put into more non-core activities not countable for the rate. Perhaps in the long run identifying these issues and helping participants deal with them might get some people to work and modestly improve the provider's Work Participation Rate, they agreed, but they do not think that many of their most difficult cases are ever likely to be counted as participating or that they can find jobs in areas with limited employment opportunities.

Workload

Counselors generally reported that conducting the EM interview, recording the results on WF1, and following up on problems uncovered took a great deal of time and contributed to their work overload. Some also were frustrated when the EM process revealed issues which they could not resolve, because they did not have adequate time or resources to work with participants and because of the pressure to get them into jobs quickly. Some who were especially frustrated with the EM early in the project said that the time it took got shorter with experience and they began to see the practical value of it. However, the general consensus was that counselors need extra time to do the EM and did not get it during the pilot. Some expressed concern that the EM might be used as a performance management tool.

Additional general training for job counselors

One pilot site expressed a very strong need for training for job counselors (parallel to several college-level training programs now available for financial workers). A supervisor said that the EM shined a light on job counselors and what kind of curriculum they need, an expanded training focusing on interviewing and listening skills, perhaps with a connection to a college or university. Another supervisor asked the state to provide a universal curriculum to get all counselors on the same page, through continuing education and maybe a certificate program, covering communication skills, developing rapport, case management, and so on.

Advice for an EM roll-out

One of the pilot sites, Southwest PIC, has continued using the EM and said they would like to in the future, given continued training opportunities. They said that job counselors need to have buy-in for it to work. In their experience, what worked well was doing the EM with everyone who applied and replacing their previous intake interview with the EM so there was no duplication. It became easier with time. If the decision would be made to continue the EM, they recommended making it mandatory, not voluntary, across the state, and training and requiring everyone to do it the same way.

Advisory Committee Feedback

Input to pilot study

The advisory committee was active in designing the pilot project. Their major recommendations about the measure included the following:

- While the measure necessarily involves identification of barriers to employment, it should also focus on positive aspects of participants' lives.
- While the measure potentially has relevance for participants in many programs, the pilot should be conducted with MFIP participants.
- The pilot should be conducted at sites representative of all Minnesota, including core cities and suburban and rural locations. The metropolitan sites should also serve a large proportion of either African American or American Indian participants.
- The measurement should be conducted after a period of time on MFIP with no employment.
- The follow-ups should be done 6 and 12 months after the initial interview to measure progress toward life stability.
- The pilot should be conducted using only participants whose primary language is English, but the issues of whether and how to adapt it for use with limited English speakers should be explored.
- To help ensure that the measure is in fact a measure of employability, it should be done using samples of both employed and unemployed participants.
- WF1 (rather than MAXIS) is the preferred system for data collection for the project and TEAMS for Hennepin County.
- Job counselors should have the primary role in administering the measure and to the extent possible the same job counselor should do the EM each time. However, it is important for the job counselor to share relevant information with the financial workers and their other partners.
- In-person interviewing should be the preferred approach with phone assessments allowed as a secondary method when in-person interviews are too difficult to arrange. The measure cannot be done by mail.
- Participants should be told about the purpose of the measure and how it is intended to help them.
- Financial incentives should be available as a way to encourage client participation in follow-up interviews, for example, bus passes and clothing allowances.
- Participants have the option to refuse to answer questions in any of the areas.
- Failure to participate in the measurement in and of itself is insufficient grounds for sanction. However, since the assessment process is integrated into other mandatory activities, the group suggested that there would likely be other reasons for sanction if the participant does not show up.

- A useful way to improve inter-rater reliability is for supervisors to have job counselors practice using the EM by doing different scenarios at staff meetings.
- Eliminate the overlap between each agency's original assessments and the EM in order to reduce the workload of job counselors.
- It is important for the success of the EM process to get buy-in from upper management at the local level.

Reaction to pilot results

Input from the advisory committee at the conclusion of the pilot included the following.

- The EM should continue to be used and rolled out to the state.
- The EM could serve multiple purposes at the same time and they recommended its use for these purposes: 1) assessment/counseling, 2) site management, 3) statistics/research.
- It should be done with clients when they first walk in the door, during the intake process.
- This will primarily be done by the job counselor, but possibly by other related positions as appropriate at specific providers.
- Doing follow-ups only with clients who were still in ES would probably be acceptable.
- Several of the areas would need to be revised by a workgroup of counselors experienced with the EM.
- The revision workgroup should settle the issue of how to conduct the interview, whether or not to provide lead-in and follow-up questions.
- Three types of EM training are all needed and there are other unmet training needs for job counselors that must be addressed.
- There was not agreement on whether it was a good idea to ask about areas where services were not available.

Conclusions about Validity, Reliability, and Utility

The purpose for piloting the EM was to answer the following questions about the validity, reliability, and utility of the measure. While evidence supports the answers given below, the degree of confidence in these answers is limited by the design of the study, the sample sizes, and the degree to which the samples are representative of the population.

Validity of the measure

Does the EM look like it measures areas important to whether a person will be able to get and keep a job (face validity)? Starting with the advisory committee and other DHS and DEED meetings where people have seen the EM, continuing with the willingness of the pilot sites to use it and requests by various groups to use the EM in

their own projects including the DHS Integrated Services Project, there has been consistent evidence of its acceptability.

Do job counselors believe the EM covered all life domains that affect employability (content validity)? Yes, among the job counselors who used it, there was agreement that these areas were the ones causing problems for many MFIP participants. They both agreed with the areas included (some of which – child behavior, safe living environment, and social support – had not always received attention before) and only suggested one additional area, motivation. This had already been considered and rejected for the EM because: (1) it is a subjective judgment by the employment counselor and (2) some advisory group members were concerned that clients might ask to see their files containing this subjective assessment.

When used once, does the EM really measure employability (concurrent validity)? Do higher scores on its various domains correlate with a higher likelihood of employment? Yes. The pilot design required the sites to conduct the EM with a group of employed clients and a group of unemployed clients. The pilot results do show significant differences in the EM scores based on concurrent employment status, the employed being less likely to have low levels, more likely to have high levels.

When used repeatedly, does this measure capture real changes in employability (predictive validity)? Yes, people unemployed at baseline who went on to employment by the follow-up at six months had fewer low levels and more high levels at baseline than those from the initially unemployed group who were also unemployed at the 6-month follow-up.

Reliability of the measure

The reliability of the EM is largely dependent on the quality of the training provided and the experience of the job counselors using the EM. Another factor is commitment to the process, whether the job counselors think it is worth doing. Much of the information used to assess the reliability of the EM was collected in discussion groups with employment counselors at each of pilot sites.

Are job counselors able to be objective? Truths of client situations tend to emerge over time and in the context of a trusting relationship. The truth of the situation is sometimes hard or impossible to discern. There were disagreements or misunderstandings over how the job counselor could be “objective.” The EM training instructed them to base their ratings on what the client told them unless they had other verifiable information. For example, if the client told them there were no domestic violence issues and the job counselor learned that she had multiple admissions to a battered women’s shelter, that fact would lower the level in the safe living environment area. Nevertheless, some job counselors thought they could only be “objective” if they based their rating only on what the client shared with them.

Most counselors disliked assigning levels to clients. In some cases, they had a hard time choosing between levels because the client's situation had characteristics from more than one level although the training was to assign the lower level when in doubt.

Is the EM understood and used consistently? The limited reliability data indicate a fairly high degree of agreement (86 percent of rating pairs agreed and 97 percent of rating pairs were within one point of each other). Unfortunately the number of pairs was small (26) and the double ratings probably were done by more experienced job counselors, perhaps biasing the results. Also, the task was artificial for the observing job counselor who did not have the chance to develop her own follow-up questions which could have elicited different information and resulted in a different score. To demonstrate the quality of the measure, more reliability data would have to be collected. In practice, the reliability would likely increase if the 11 areas became a focus of education and resource development, reinforcing the training and use of the EM, and also if skill training opportunities for job counselors were more available and uniform across the state.

Utility of the measure

Does the EM guide job counselors to redirect resources to problems that are uncovered with its use? Job counselors have limited resources to address major client barriers. Most of the counselors participating in the pilot felt the EM was a good tool for bringing issues to the surface, however many also noted that asking about barriers can give clients the idea that the counselor may be able to offer help in every area where it is needed. If the entire focus of the program is employment and not barrier reduction, it can seem disingenuous to ask too many questions about barriers, although a disclaimer can be made at the start of the conversation. Some job counselors said they did want to know about all barriers because of the impact on efforts to help clients get to work.

Does it improve rapport between job counselors and clients? Counselors generally did not feel that the EM was any better than other assessment tools for improving their rapport with clients. In many cases, other assessment tools had been used prior to the Employability Measure and counselors had pre-existing relationships with clients. Where counselors did not know their clients well to begin with, they felt the EM did help build rapport.

Does it result in creation of more appropriate Employment Plans? Counselors said the EM increased the need to include non-core or even non-countable activities in the client's Employment Plan. While these plans may in fact be more appropriate for the client, they often would not result in the client being counted as a success in the Work Participation Rate in the short term. Some counselors believed the long-term effect of providing services and decreasing barriers could improve the Work Participation Rate.

Does it lead to more efficient use of community support resources by identifying domains for which more resources are needed as well as domains in which resources are less needed? Participants in the pilot, including line staff and supervisors, felt strongly that the EM could be very useful for documenting and prioritizing the major

barrier areas for their MFIP clients. They could envision using information from the EM to make presentations for county management, county boards, and state-level decision makers. Supervisors were adamant that their management would like to know quantitatively what their most frequent problems are and that they themselves could use this information to target existing resources. Regarding the effect on efficient use of resources or development of new resources or support for their programs, most participants in the pilot felt it was not possible to draw conclusions from the limited time frame and scope of the pilot.

Does it improve job counselor knowledge and use of community resources? The EM was not necessarily perceived to be better than existing assessment tools and was certainly no substitute for experience in the field. The most seasoned counselors already knew how to access resources for their clients before the pilot began. The measure did help counselors organize their thinking about their clients' situations, but it did not necessarily improve their knowledge of and use of resources. Several people suggested that it is an aid to new job counselors in organizing conversations with their clients around barriers and resources.

Does it improve consistency in client assessment? At present, each Employment Services provider in the state selects or develops their own client assessment tools. The EM would provide consistency across the state and would enable the documentation of the primary barrier areas for MFIP clients. Providers would continue to need to do more in-depth assessments, including the MFIP Self-screen and the Learning Disability screen, to trigger referrals for determination of services for mental health, chemical dependency, and special learning needs.

Does the information gained justify any increase in time or paperwork? When the EM was used as the primary assessment tool, it did not increase time or paperwork very much. Most sites, however, continued to use previous assessments and the EM was done in addition to them. Any rollout of this measure would need to ensure that the measure be used as a replacement, not as a supplement, to existing intake instruments.

Conclusions about the EM and Discussion of its Future

The question of whether the Employability Measure has value or potential value has been addressed in the previous section. Given preliminary evidence of the value of the instrument, the next question to ask is whether there is a particular purpose, strategy, and backing (political, funding, and providers) for putting it into the field? The answer to this question depends on matters of policy, politics, administration, and funding that are beyond the scope of this report. Decision makers must make clear what the primary purpose or purposes of the EM will be – research and reporting data or a job counseling tool - and clarify whether and how it can be both.

If the decision were made to go ahead with the EM project, what would be the next steps in its development? These preliminary answers are based primarily on what we have

learned in the pilot study. For purposes of discussion, however, assume that the primary purpose designated would be to collect quantitative data about ES clients. A second purpose could be to provide a case management assessment tool. We are also assuming, again for purposes of discussion, that if the EM project were to continue, its use would be mandated for all ES providers statewide.

The next step would be to invite some of the experienced EM users to form a workgroup to revise the EM. They could recommend whether areas would be divided, combined, dropped, or added; whether to redefine an area; whether to change the description and/or bullet points for a level. Child behavior, health, legal, and personal skills, in particular, could look quite different from the piloted version. They might want to revisit the level labels and use fewer levels or use descriptors in addition to numbers.

The workgroup would also decide what to do about the lead-in questions. If they decided to provide the questions, they would probably want to align them more closely to the matrix, paying closer attention to the coverage of the levels within areas, and include more practice on follow-up questions in the training. If they dropped the questions, they might want to find some best practices examples of good intake interviews and perhaps functional assessments from around the state to use as prototypes that could “lead in” to the EM. Ambiguities about consideration of external verified data and the time range of the current situation would have to be carefully clarified.

Another decision would be whether to retain the two sections appended to the EM for the pilot: job-related questions and questions about the quality of the interview.

Following the revision, separate working groups would be needed to figure out whether and how the EM could be extended to the various non-English language groups in Minnesota.

Training would need to be revised around the new form. It should be in-person for all but its length could vary from one-half to two days depending on the job counselor’s level of skill at interviewing. A refresher training, probably web-based, could be required after a certain amount of EM experience and then periodically, perhaps annually. More scenarios could be written and added to the practice opportunities. With a train-the-trainer model, there could eventually be trainers on-site at least at the larger providers. Consensus scoring sessions like those that occurred during the pilot could be scheduled as training opportunities. Training for new job counselors could be linked to the ES training. The revised manual could be posted online.

The EM training would optimally be related to or integrated into expanded job counselor training, including interviewing, listening, developing rapport, communication, case management, and substantive knowledge of the 11 areas, with a stronger emphasis on chemical dependency. There could be training on linking information from the EM to the Employment Plan and to resources and referrals.

The EM would be given to all MFIP-eligible adults by their job counselor at intake. The introductory statement would need to be revised to communicate the purpose of doing the EM and also to explain to the client that resources are not always available for all the challenges that they communicate to their job counselor. Depending on what is done with the lead-in questions, there could be a common initial interview protocol that would gather data on the 11 areas, among other things. If they did not get enough information to select a level in an area, job counselors would ask follow-up questions.

Either during the interview or as soon afterward as possible, job counselors would score all the areas and jot down reasons for low levels (1 or 2) with detail specific to this client and also describe any “other” barriers the client told them about that were not covered in the EM areas. Then or later they would enter the data into WF1. The assessment screen on this DEED database would have been updated to allow sharing within the current provider and potentially giving access to future providers while maintaining data privacy. Reason fields with data would automatically be copied to case notes. Provider-level and county-level reports could be generated. EM follow-ups would be optional unless policy makers wanted to try to measure progress of ongoing clients over time for a particular purpose.

Of course, decisions for next steps for the EM will be made at the highest level of DHS management, taking into account not only the results of the pilot study, but also implications of federal TANF legislation, state MFIP legislation, and policy and funding considerations.

Appendices

Appendix A. Employability Measure

EMPLOYABILITY MEASURE

Minnesota Department of Human Services
Minnesota Department of Employment and Economic Development

December 30, 2004

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EMPLOYABILITY MEASURE

| Level | Child Behavior <i>Effect of actions of children in the family on participant's employability</i> |
|--------------|--|
| 4/5 | Children exhibit positive behaviors. |
| | <ul style="list-style-type: none"> • All children have strong attendance and excelling in school AND • All children exhibit pro-social behaviors (chores, service activities, youth group, sports, music, arts, or other extra-curricular activities) |
| 3 | Behavior problems do not prohibit or limit employment. |
| | <ul style="list-style-type: none"> • All children attending school regularly AND • All children getting school work done and making progress AND • All children have generally positive behaviors |
| 2 | Considerable time spent dealing with children's behavior affects job attendance or job search. |
| | <p>For example,</p> <ul style="list-style-type: none"> • School truancy • Attending school but not making appropriate progress • Frequent misbehavior requiring parent to visit school or child care provider • Other risk behavior (sexual, anger, impulsiveness, destructive behavior, problematic social relationships) |
| 1 | Participant is unable to get or sustain a job due to time necessary to deal with children's behavior problems. |
| | <p>For example,</p> <ul style="list-style-type: none"> • Involved with a gang • Frequently suspended, expelled, or truant from school • Addicted to drugs/alcohol • Involved in illegal activities • Asked to leave child care provider due to child's behavior |

How are your children doing in school? Attending regularly? Making progress? How are they doing overall?

Are any of your children having behavior problems at school or at home?

Do you ever miss work due to your children's behavior?

Any problems with your children with things like gangs, drugs, illegal activities, or pregnancy?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Dependent Care <i>For children under age 13 and/or vulnerable adults</i> |
|----------|---|
| 5 | Care arrangements are good and not subsidized. |
| | For example, <ul style="list-style-type: none"> • Dependent care not needed (e.g., not responsible for any children under 13 or vulnerable adults) • Good quality provider • Care facility is safe • Back-up care arrangements are available (for example, employer-provided sick leave includes sick child/adult care) |
| 4 | Care arrangements are good and subsidized. |
| | For example, <ul style="list-style-type: none"> • Good quality provider • Care facility is safe • Back-up care arrangements are available (for example, employer-provided sick leave includes sick child/adult care) |
| 3 | Care arrangements are generally stable with a few exceptions. |
| | <p>For working participants,</p> <ul style="list-style-type: none"> • Care provider is stable and safe AND • Receiving child care or adult care subsidy if needed AND • Back-up child care arrangement usually available (occasional problems, for example when child sick) <p>For other participants,</p> <ul style="list-style-type: none"> • If child care need arises (for example, for job search or a new job), care arrangements are available and accessible AND • Child care assistance eligibility has been approved if needed |
| 2 | Care arrangements are unstable or not reliable. |
| | For example, <ul style="list-style-type: none"> • Only available care is by unreliable or unwilling family member or friend • No back-up care arrangement available • Care not available during work hours • No sick care or sick days available • Care too costly to be sustained • Care not culturally appropriate • If needed for job search or a new job, care arrangements would be difficult to set up |
| 1 | Care arrangements are completely absent or detrimental to the child or adult. |
| | For example, <ul style="list-style-type: none"> • No care available or accessible (for example, not eligible for child care assistance, providers too far away) • Child or adult has special needs not accepted by providers • Care is unaffordable • Unwilling or refuses to use child care or dependent care • Care not safe or perceived as unsafe |

What do you do for child care? *(or adult care if needed in the home to care for a family member who is ill or incapacitated)*

Are you receiving a child care subsidy? *(If not)* have you applied for child care assistance?

For your children under 12, what do you do for child care for summer vacation, snow days, holidays, and sick children or when provider can't take children that day?

(If not employed or not previously doing job search) For job search or a new job, how would you handle child care?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Education <i>Participant's education, training and job readiness</i> |
|----------|--|
| 5 | Excellent education attained. |
| | <ul style="list-style-type: none"> • Able and eager to learn new things (life-long learner) AND • Advanced education credentials (usually college grad or beyond) AND • More options for employment and earnings |
| 4 | Participant uses education for advanced opportunities. |
| | For example, <ul style="list-style-type: none"> • Certificate or diploma or successful college coursework (for example, associate degree, technical college, apprenticeship) • Previous successful experience in competitive employment • Any learning disability or physical or mental disability is managed • Able and willing to learn more to advance • Independent learner • May be attending college and working part-time |
| 3 | Participant is job ready with functional education. |
| | <ul style="list-style-type: none"> • Education adequate to get low-level competitive employment • May have low-level certificate (like Certified Nurse Assistant – CNA) • Usually, <i>but not necessarily</i>, high school diploma or GED |
| 2 | Basic education is in process. |
| | For example, <ul style="list-style-type: none"> • Getting training, like GED, ESL, ABE, skills training, etc. • In supported employment • If learning disability diagnosed, working on it • Able to learn • Has done some recent training but still needs to work on skills to obtain employment – especially literacy skills or English |
| 1 | Education is inadequate for employment. |
| | Examples of reasons that participant is not job ready: <ul style="list-style-type: none"> • Does not like to learn or lacked opportunity to learn • No GED or high school diploma • Does not enjoy learning • Dropped out of school • Illiterate or very poor reader • No education available in original country • Very limited education ability (for example, low IQ, severe mental or physical condition that interferes with learning) |

Do you have a high school diploma or GED? *(If yes)* Which one?

Did you like school?

Do you like to read? Did you have any trouble with reading in school?

Have you ever been in special education classes?

(If appropriate) Have you had any schooling beyond high school? *(If yes)* What type?

(If appropriate) Do you have any certifications or professional licenses?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Financial <i>Family income in relation to expenses</i> |
|----------|--|
| 5 | Family has income well above basic living expenses. |
| | <ul style="list-style-type: none"> • Income/employment is stable AND • No income from public sources AND • Financial cushion for emergencies and discretionary spending |
| 4 | Family income is adequate. |
| | <ul style="list-style-type: none"> • Income/employment is stable AND • Close to 100% of income is from earnings and/or child support AND • Limited discretionary income |
| 3 | Income is stable, but pays only for basic living expenses (food, shelter, and other expenses particular to this family like medical care, child care, etc.) |
| | <ul style="list-style-type: none"> • Very little or no discretionary money AND • Very little cushion for emergencies |
| 2 | Income is sometimes adequate to meet basic living expenses (food, shelter, and other expenses particular to this family like medical care, child care, etc.) |
| | <ul style="list-style-type: none"> • One or more major sources of income are erratic or unstable (for example, child support payments, earnings) • May have new job but poor employment history • May not be paying basic bills even though income appears sufficient |
| 1 | Income is inadequate to meet basic living expenses (food, shelter, and other expenses particular to this family, like medical care, child care, etc.). |

Note: Responses to first five questions will be needed for Employability Measure data entry on WF1 or TEAMS.

Are you currently working? *(If yes)* Where? *(If you cannot tell, ask whether it is subsidized employment.)*

How long have you worked there?

(If yes) How many hours per week do you work?

(If yes) How much do you earn per hour?

How many jobs have you had in the last 6 months?

Did you receive MFIP cash and Food Support for this month? *(If yes)* How much?

Do you have Medical Assistance?

Do you receive any other type of income like child support or SSI? *(If yes)* Type and amount? How often do you receive this income?

Are you current on your rent and utilities? *(If no)* Why not?

Do you have concerns about having enough money to buy food?

Do you have any money saved?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Health <i>Family physical, mental, and chemical health</i> |
|------------|--|
| 4/5 | Family has no serious physical, mental, or chemical health concerns. |
| | <ul style="list-style-type: none"> • Generally good health for self and all family members AND • If working, not at risk of losing employment AND • If working, employer provides personal/sick leave benefit |
| 3 | Physical, mental, or chemical health concerns are stabilized. |
| | <ul style="list-style-type: none"> • Following any treatment plans, including taking medication AND • Chronic conditions may be present among self or family members, but they are managed and do not present barriers to employment or job search AND • If working, employer offers flexibility to deal with time off for medical reasons, either sick/personal leave or unpaid leave AND • If working, slight risk of losing employment because health concerns occasionally interfere with work attendance or performance AND • If not employed, health concerns do not prevent job search |
| 2 | Serious physical, mental, or chemical health concerns often interfere with work attendance or performance or job search. |
| | <p>For example,</p> <ul style="list-style-type: none"> • Work absences due to health concerns place client at risk of losing job • Access to health care provider limited (for example, appointment times, clinic location, or referrals to specialists) • Lack of access to culturally appropriate and acceptable care • Treatment routinely needed during work day or multiple medical appointments each month for self or family members • Poor work history because of health issues for self or family members |
| 1 | Extremely serious physical, mental, or chemical health concerns prevent employment. |
| | <p>For example,</p> <ul style="list-style-type: none"> • Incapacitated or ill family member needing care • Documented medical condition preventing work • More than one family member with very serious health problems that are not managed • Medication or treatment does not control condition • Not compliant with treatment plan, leading to negative health consequences (includes not taking medication because cannot afford) • Cannot care for self and personal care is not available (for example, quadriplegia, recovering from surgery, terminal illness) |

How is your general health? Do you have concerns about your health?

Do you or any family members have any medical conditions that affect your ability to work or look for work?

Do you need to take medications daily?

Who is your doctor?

Do you or anyone in your household use tobacco, smokes or drinks alcohol? How much and how often?

Is there any type of health care that you or a family member need but are not getting? (If yes) What is it?

Why aren't you getting it?

(If you suspect health concerns that the participant has not mentioned (for example, depression or bipolar disorder) you could ask a general question like the following) What is a typical day like for you?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Housing <i>Condition of structure and stability of family's living situation</i> |
|----------|---|
| 5 | Home ownership or market-rate rental housing meets family needs and requires no government assistance. |
| | <ul style="list-style-type: none"> • Paying all housing expenses with own money AND • Requires NO government assistance for housing, such as MFIP, emergency assistance or fuel or energy assistance |
| 4 | Family has stable non-subsidized housing. |
| | <ul style="list-style-type: none"> • Non-subsidized and non-shared housing • May receive assistance toward housing needs, such as MFIP, emergency assistance or fuel or energy assistance |
| 3 | Living situation is stable. |
| | For example, <ul style="list-style-type: none"> • Subsidized rental housing (for example, Section 8) or public housing • Supportive housing (housing with services provided to help with daily living) • Transitional housing • Living in home of family or friends in a stable living situation • May be shared housing or help from family or friends |
| 2 | Family is at risk of losing housing or is in temporary housing. |
| | For example, <ul style="list-style-type: none"> • Has an Unlawful Detainer that is limiting their ability to get housing • In temporary or <i>unstable</i> housing including shelters or with family or friends • In danger of being evicted (for example, late on rent, bad behavior, foreclosure) • Frequent moves (three or more times in last year) • May be shared housing or help from family or friends |
| 1 | Housing is nonexistent, dangerous, or structurally substandard. |
| | For example, <ul style="list-style-type: none"> • Lives in unsafe and/or substandard housing (for example, serious problems with things like insects, rodents, broken windows or appliances, chronic plumbing problems, etc.) • Homeless with no shelter or other options available |

Do you like where you live?

Do you have any concerns about having a place to live?

Do you rent or own? (*If renting*) Is it subsidized?

Do you share housing with anyone? (*If yes*) With whom? How much of the housing costs do you pay?

How long have you been there?

How many times have you moved in the last year?

Are you current with your rent and utilities?

Have you ever been evicted? (*If yes*) When and why?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Legal <i>Family's criminal or civil legal issues affecting participant's employment</i> |
|------------|--|
| 4/5 | No significant legal issues affect employment. |
| | <ul style="list-style-type: none"> • Past issues have been resolved (for example, probation expired, license restored, divorce finalized, etc.) OR • Never had any legal issues |
| 3 | Work is possible, but legal issues interfere. |
| | For example, <ul style="list-style-type: none"> • Probation restrictions • Issues requiring court appearances like open child protection case, divorce, child custody case, bankruptcy, etc. |
| 2 | Legal issues limit work opportunities. |
| | For example, <ul style="list-style-type: none"> • Felony conviction limiting type or hours of work, including preferred or previous work • Professional license or driver license required for doing a particular job revoked due to child support nonpayment, DUI, professional malfeasance, etc. • Job lost due to legal issues |
| 1 | Participant is legally forbidden to work |
| | For example, <ul style="list-style-type: none"> • No work permit • Under threat of deportation • Incarcerated or scheduled to be incarcerated |

In order to assist you better with finding work, I need to find if there are any legal issues that prevent or limit you from working or from the type of work you can do:

- i. Are you currently on probation or parole?
- ii. Do you have community service obligations?
- iii. Are you going to court for any reason?
- iv. Any other convictions?

Have you lost a professional license or driver's license needed for your job?
(If answer yes to any of above) How does this affect working or looking for work?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Personal Skills <i>Participant's self-management and job-seeking skills</i> |
|----------|---|
| 5 | Participant's skills are sufficient to handle and make the best out of ordinary and extraordinary life and work situations. |
| | Skill areas include: <ul style="list-style-type: none"> • Able to manage work and home responsibilities well • Able to effectively manage crisis situations both at work and home • Conflict resolution, time management, problem solving are all part of daily functioning • Has retained a job more than 12 months OR proven ability to get, hold and manage job and home responsibilities |
| 4 | Participant's skills are sufficient to adequately manage ordinary life and work situations. |
| | Skill areas include: <ul style="list-style-type: none"> • Has back-up plans and/or is able to problem solve for unforeseen circumstances (for example, furnace out and able to make arrangements and show up to work) • Has retained a job for more than 6 months or left a job to take a better job (better pay, benefits, hours, etc.) • Successful job-seeking skills |
| 3 | Participant is learning to manage daily routines, work routine, and problem solving. |
| | For example, <ul style="list-style-type: none"> • Adequate or improving job seeking skills (interviewing, applications, etc.) • Has retained a job for 2- 6 months • Learning soft skills (although may have minor conflicts, time management issues, or reprimands at work, etc.) |
| 2 | Participant has limited skills to perform activities of daily living and work. |
| | For example, <ul style="list-style-type: none"> • Learning job seeking skills (interviewing, applications, etc.) • Occasionally cannot solve problems, time management conflicts, or personal conflicts in personal life and work life • Unable to hold employment longer than 2 months due to lack of soft skills (for example, not calling in when sick, tardiness or absenteeism, chaotic life and not able to balance work and personal life) |
| 1 | Participant's ability to perform activities of daily living and work is very limited. |
| | For example, <ul style="list-style-type: none"> • Unable to manage conflict, problem solving, communications with others, or time demands • Personal maintenance skills lacking (for example, poor hygiene, oral health, grooming, clothing) • Lacks budgeting skills (may have or may need vendor payments or a representative payee) • May be in or need sheltered workshops or supportive work environment • May not be able to get or hold onto a job more than a very short period of time due to lack of personal skills |

(If not employed) When were you last employed? How long did you work there?
 How many jobs have you had in the last three years? What is the longest any of these jobs lasted?
 Have you ever had conflicts with co-workers or supervisors? *(If yes)* What about?
 Have any other kinds of problems come up at work?
 Have you ever been fired? *(If yes)* What happened?
(If not employed) What steps do you need to take to get a job?
 Do you feel you need help with budgeting money?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Safe Living Environment <i>Neighborhood and household safety</i> |
|----------|---|
| 5 | Family members are as safe as possible from violence both at home and in the neighborhood. |
| | <ul style="list-style-type: none"> • All household members can avoid or leave unsafe situations AND • Participant characterizes the neighborhood as safe AND • Family interactions are nonviolent |
| 4 | Family members are safe from violence and the impact of violence most of the time. |
| | <ul style="list-style-type: none"> • Family interactions are nonviolent (any formerly violent abuser continues to refrain from violence) AND • Participant characterizes the neighborhood as safe most of the time AND • Participant feels comfortable going out to work (safe to leave family, safe to travel through neighborhood) |
| 3 | Family members are working toward being free from violence at home and in the neighborhood. |
| | <ul style="list-style-type: none"> • Abuser is developing a support system and skills to interact nonviolently • Violent abuser (may or may not be household member) begins to refrain from violence • Participant feels safe enough to go out to work (for example, leaving children at home, traveling through neighborhood) • If required, vulnerable person has a safety plan that is being followed or is working on one • Neighborhood is usually safe place to live |
| 2 | Family members have safety problems at home or in their neighborhood. |
| | <p>For example,</p> <ul style="list-style-type: none"> • Occasional shootings, break-ins, drug dealing in the neighborhood • Violent behavior of abuser (may or may not be household member) is unresolved, but interventions have been initiated • If needed, children/vulnerable adults placed in stable situation outside the home • Police may be called, but infrequently • Some involvement of helping agencies like domestic violence advocate or battered women's shelter • Order for protection in place if needed |
| 1 | Either home or neighborhood is extremely dangerous and any interventions are ineffective. |
| | <p>For example,</p> <ul style="list-style-type: none"> • Violent abuser threatens safety of household members • Police frequently called to respond to violence in the home or neighborhood • Victim of or impacted by frequent shootings, break-ins, drug dealing, etc. in the neighborhood • Limited involvement of helping agencies in violent household situation • Frequent battered women's shelter visits followed by return to abusive situation • No safety plan or safety plan is ineffective |

Do you feel safe in your neighborhood? *(If no)* Why not?

Do you feel safe at home? (free from violence in the home)

(If no) Do you currently have a safety plan? *(If yes)* Are you following it?

(If does not feel safe) Do you currently have an Order for Protection (OFP) against anyone? *(If yes)* Why and against whom?

Have you received services from a domestic abuse center or women's shelter? *(If yes)* What happened?

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Social Support <i>Positive, helpful personal influences on the participant</i> |
|------------|--|
| 4/5 | There are supportive interactions with reliable adults and/or community organizations. |
| | <ul style="list-style-type: none"> • Network of friends or family or fellow members of one or more community organizations AND • Some are role models AND • They help participant overcome barriers |
| 3 | Some positive support is usually available. |
| | <ul style="list-style-type: none"> • A number of generally reliable supports such as other adults and community organizations AND • Support sometimes, but may not always be there AND • Destructive behaviors of others have little effect on work, direct or indirect |
| 2 | Participant has limited positive support. |
| | For example, <ul style="list-style-type: none"> • Few stable, mature adults are involved in the participant's life • Very limited connection to community organizations • Destructive behavior of others influences the participant |
| 1 | Participant has no effective positive social support. |
| | For example, <ul style="list-style-type: none"> • Other people sabotage efforts to work • No supportive adults and no connection to any community organizations (church, schools, etc.) • Isolated • Destructive behaviors of others greatly affect or harm the participant |

Do you have a support network of friends and family? Who are they?
 How well do you get along with your family?
 Do you have anyone you can confide in? (friend, mentor, counselor, elder, therapist)
 Tell me about your friends, what kinds of things do you do with your friends?
 Is there anyone who is not supportive of your working or who causes problems so you cannot go to work?
 Do you regularly attend any groups or organizations? (church, support groups, coaching, sports, etc)

Reason for level chosen:

EMPLOYABILITY MEASURE

| Level | Transportation <i>Getting to work</i> |
|------------|--|
| 4/5 | <p>Transportation is dependable and reliable.</p> <ul style="list-style-type: none"> • Transportation is not a barrier to employment AND • Could be good car or convenient public transit AND • Reliable alternative transportation |
| 3 | <p>Transportation arrangements meet most needs.</p> <p>For example,</p> <ul style="list-style-type: none"> • Has valid driver's license and up-to-date insurance and registration and vehicle is generally reliable • Public transportation meets most daily work needs but has limitations (route, hours, convenience, etc.) • No reliable alternative transportation |
| 2 | <p>Transportation is unreliable.</p> <ul style="list-style-type: none"> • Public transportation not always available when needed • Has access to a vehicle that is not reliable • Vehicle maintenance and repairs are unaffordable • Time spent commuting is excessive (child care drop-offs, scheduling, etc.) • Only expensive private transportation for hire (taxis, Dial-a-Ride, etc.) is available |
| 1 | <p>Transportation is not adequate to meet work or job search needs.</p> <ul style="list-style-type: none"> • Car transportation is not adequate: driving illegally (no license or no insurance) or no access to vehicle AND • Public transportation is not adequate: unavailable or unaffordable or participant refuses to use AND • Other transportation arrangements are not adequate: getting rides, walking, etc. are unavailable or inconsistently available |

How do you get around? How well does this work?

Do you have good alternative transportation? *(If yes)* What is it?

How long does it take you to get to work (or job club or job search)?

Is public transportation available where you live? *(If yes)* Is it available when you need it?

Do you have a driver's license? *(If no)* Why not? (suspended, revoked, never got one)

(If participant owns car) Do you have insurance coverage on your car right now?

Reason for level chosen:

Appendix B. Acknowledgements

The authors have tried to assemble a list of everyone who participated in the project and apologize if anyone was missed. Thanks to all, especially those who were with us from the early days to the end of the pilot and perhaps even beyond. A special thanks to the pilot sites and an acknowledgement to their participating clients / customers / consumers.

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In addition to those mentioned above:

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Appendix C. EM Workgroup Decisions

Decisions that the group made about the measure to be piloted were to:

- Rename it the Employability Measure because employability is its focus, rather than life stability progress.
- Name the categories “areas” because that is less technical than scales or dimensions.
- Specify whether either the family or the client is the focus in each area.
- Call the rows of the matrix “levels” to be numbered 1, the lowest, through 5, the highest or best, to avoid the excess meaning from labels like “vulnerable” or “thriving.”
- Combine physical, mental, and chemical health into one area (Health) and child and vulnerable adult care into a single area (Dependent Care).
- Drop the Employment area because this is an outcome, but add separate questions about employment to the instrument.
- Add questions about the quality of the interview.

- Change the name of the Personal Safety area to Safe Living Environment with a focus on the presence or absence of violence in the home and dangers in the neighborhood.
- Change the name of the Income area to Financial.
- Add descriptive subtitles to the area names.
- Reject the addition of areas of motivation, spirituality, and knowledge of unwritten rules. Although these may affect employability, the group decided spirituality belongs to Social Support and the knowledge of unwritten rules belongs to Personal Skills. Motivation was vetoed by the advisory committee as too subjective; they noted that clients could ask to see their records. The group then suggested the question “Willing to be employed at this time - Yes/No/Unsure” plus a textbox to write notes. The advisory committee also vetoed this idea.
- Accept the advisory committee’s suggestion to add the item “Other Barriers to Employment” with a text box for adding barriers that the client describes that are not included among the EM areas.
- Order the areas alphabetically, rather than trying to determine order of difficulty, but specify that the order in which administered be up to the job counselor.
- Develop a script for introducing the EM to the client to frame the context for the conversation.
- Identify ethical issues for the EM. These included asking questions about areas with no services available to address these needs, privacy and confidentiality of client data, a possible temptation to deflate scores at baseline and inflate them at follow-up.
- Develop lead-in questions to start conversations. These grew to an alternate format of a series of questions for each area. These questions were still optional for the conversation between job counselor and participant.
- Help develop the format for a data entry screen that to be incorporated into the DEED ES database.
- Accept the advisory committee’s decision to pilot the EM only with participants fluent in English.
- Use the following considerations in revising descriptions: asset or deficit based language (strengths/needs improvement versus problems), understandability, comprehensiveness, cultural issues, focus on factors affecting person’s ability to be employed.

Appendix D. Pilot Site Data

Anoka County

Anoka Employability Measure Level Groups by Area: Initial, 6-Month, and Employed

| Employability Measure | Initial Pilot Group | | 6 Month Follow-up | | Employed Pilot Group | |
|-------------------------|---------------------|-----|-------------------|-----|----------------------|-----|
| | 1&2 | 4&5 | 1&2 | 4&5 | 1&2 | 4&5 |
| Child Behavior | 31% | 30% | 19% | 30% | 16% | 39% |
| Dependent Care | 24% | 29% | 25% | 39% | 9% | 55% |
| Education | 37% | 15% | 35% | 24% | 20% | 25% |
| Financial | 52% | 5% | 27% | 25% | 33% | 11% |
| Health | 42% | 26% | 38% | 24% | 22% | 33% |
| Housing | 31% | 18% | 11% | 31% | 18% | 27% |
| Legal | 18% | 63% | 16% | 66% | 9% | 78% |
| Personal Skills | 49% | 19% | 42% | 24% | 13% | 42% |
| Safe Living Environment | 21% | 68% | 9% | 78% | 4% | 84% |
| Social Support | 50% | 19% | 31% | 33% | 37% | 33% |
| Transportation | 38% | 21% | 32% | 37% | 16% | 46% |
| Number of Cases | 137 | | 55 | | 94 | |

Minneapolis Urban League

MUL Employability Measure Level Groups by Area: Initial and Employed

| Employability Measure | Initial Pilot Group | | Employed Pilot Group | |
|-------------------------|---------------------|-----|----------------------|-----|
| | 1&2 | 4&5 | 1&2 | 4&5 |
| Child Behavior | 23% | 53% | 30% | 50% |
| Dependent Care | 30% | 37% | 5% | 55% |
| Education | 43% | 3% | 40% | 5% |
| Financial | 60% | 0% | 35% | 5% |
| Health | 3% | 67% | 5% | 75% |
| Housing | 17% | 30% | 30% | 15% |
| Legal | 13% | 83% | 25% | 70% |
| Personal Skills | 53% | 3% | 25% | 15% |
| Safe Living Environment | 30% | 47% | 15% | 40% |
| Social Support | 27% | 47% | 40% | 15% |
| Transportation | 20% | 47% | 10% | 50% |
| Number of Cases | 30 | | 20 | |

Southwest PIC

SW PIC Employability Measure Level Groups by Area: Initial, 6-Month, 12-Month, and Employed

| Employability Measure | Initial Pilot Group | | 6 Month Follow-up | | 12-Month Follow-up | | Employed Pilot Group | |
|-------------------------|---------------------|-----|-------------------|-----|--------------------|-----|----------------------|-----|
| | 1&2 | 4&5 | 1&2 | 4&5 | 1&2 | 4&5 | 1&2 | 4&5 |
| Child Behavior | 21% | 33% | 19% | 34% | 14% | 35% | 14% | 56% |
| Dependent Care | 48% | 30% | 23% | 56% | 17% | 62% | 18% | 48% |
| Education | 28% | 11% | 18% | 20% | 9% | 18% | 16% | 25% |
| Financial | 56% | 1% | 37% | 14% | 28% | 19% | 41% | 9% |
| Health | 41% | 30% | 35% | 33% | 41% | 32% | 13% | 56% |
| Housing | 14% | 20% | 9% | 27% | 9% | 39% | 14% | 34% |
| Legal | 12% | 69% | 9% | 77% | 8% | 76% | 6% | 82% |
| Personal Skills | 34% | 23% | 34% | 39% | 26% | 44% | 11% | 53% |
| Safe Living Environment | 4% | 91% | 1% | 90% | 3% | 92% | 4% | 90% |
| Social Support | 40% | 21% | 32% | 31% | 30% | 36% | 22% | 36% |
| Transportation | 51% | 20% | 34% | 26% | 33% | 44% | 26% | 36% |
| Number of Cases | 160 | | 102 | | 79 | | 283 | |

Tribal Consortium

Tribal Employability Measure Level Groups by Area: Initial, 6-Month, and Employed

| Employability Measure | Initial Pilot Group | | 6 Month Follow-up | | Employed Pilot Group | |
|----------------------------------|---------------------|-----|-------------------|-----|----------------------|-----|
| | 1&2 | 4&5 | 1&2 | 4&5 | 1&2 | 4&5 |
| Leech Lake | | | | | | |
| Child Behavior | 5% | 37% | 0% | 29% | 14% | 38% |
| Dependent Care | 32% | 26% | 33% | 33% | 12% | 60% |
| Education | 32% | 21% | 0% | 50% | 10% | 62% |
| Financial | 42% | 26% | 25% | 25% | 21% | 36% |
| Health | 16% | 37% | 38% | 50% | 10% | 72% |
| Housing | 21% | 26% | 0% | 50% | 7% | 41% |
| Legal | 21% | 58% | 0% | 83% | 20% | 76% |
| Personal Skills | 47% | 47% | 25% | 50% | 0% | 62% |
| Safe Living Environment | 6% | 44% | 0% | 50% | 0% | 72% |
| Social Support | 32% | 42% | 0% | 50% | 7% | 55% |
| Transportation | 41% | 29% | 38% | 38% | 17% | 52% |
| Number of Cases | 19 | | 8 | | 29 | |
| Minnesota Chippewa Tribes | | | | | | |
| Child Behavior | 24% | 41% | 21% | 42% | 6% | 39% |
| Dependent Care | 50% | 37% | 39% | 33% | 14% | 55% |
| Education | 36% | 12% | 30% | 22% | 9% | 30% |
| Financial | 50% | 2% | 52% | 9% | 22% | 13% |
| Health | 38% | 26% | 39% | 39% | 13% | 74% |
| Housing | 14% | 33% | 27% | 18% | 13% | 52% |
| Legal | 32% | 54% | 32% | 55% | 17% | 74% |
| Personal Skills | 41% | 22% | 39% | 22% | 4% | 48% |
| Safe Living Environment | 12% | 61% | 13% | 65% | 9% | 83% |
| Social Support | 36% | 36% | 26% | 35% | 30% | 57% |
| Transportation | 57% | 7% | 57% | 9% | 26% | 43% |
| Number of Cases | 42 | | 23 | | 23 | |
| Red Lake | | | | | | |
| Child Behavior | 21% | 43% | | | 8% | 58% |
| Dependent Care | 43% | 34% | | | 32% | 36% |
| Education | 47% | 18% | | | 28% | 32% |
| Financial | 47% | 9% | | | 19% | 50% |
| Health | 10% | 58% | | | 1% | 68% |
| Housing | 22% | 29% | | | 14% | 34% |
| Legal | 9% | 78% | | | 6% | 87% |
| Personal Skills | 43% | 15% | | | 15% | 56% |
| Safe Living Environment | 12% | 73% | | | 16% | 78% |
| Social Support | 30% | 45% | | | 28% | 40% |
| Transportation | 58% | 22% | | | 35% | 44% |
| Number of Cases | 110 | | | | 72 | |

Appendix E. Discussion Group Questions

Summer/Fall 2005 Visits with Job Counselors of EM Pilot Sites

1. Let's start with each of you telling us your name, how long you have been a job counselor, and approximately how many EMs you have done.
2. How does a typical EM interview go? Tell us about your interaction with the client and how you arrive at the EM levels.
 - 2A. Counselor: How does the EM affect your **relationship with clients**? (comfort level in asking questions, confidence in using EM, influence on client's attitude to EM)
 - 2B. Client: What is the **client's reaction** to the interview, to the questions, to the areas? (first meeting vs. previous relationship, client employed or not)
 - 2C1. Process: How do you **structure the EM interview**? How do you order the areas? Do you use the matrix, lead-in questions, the EM questionnaire, or none of these during the interview? Do you ask about every area every time you do the EM with a client?
 - 2C2. When do you actually **assign levels** in the areas? During the conversation or later?
 - 2C3. How helpful are the **level headings and bullet points** when you are selecting the levels? What is your system? Is it usually possible to distinguish between levels to place a person?
 - 2D. Counselor Experience: How has the way you do the EM **changed** over time as you have gained experience? Has the EM **replaced** other ways you had of getting information from the client?
3. How well does the EM capture the real circumstances of the participant, their true status in the 11 areas?
Which **areas** work well? Which areas are difficult? Which areas reflect real differences among people? Which areas are the most valuable? Any areas missing?
4. To what degree are the EM levels used in the **same way** from one client to the next, from one week to the next, from one counselor to the next?
Do you compare notes with other counselors to see whether you define the areas the same? Whether you way are using the levels the same way? How the EM training relates to your practice?
Are the levels clear, do they make sense? Which areas' levels do you have the most or the least confidence in?

5. How are you **using the information** from the EM? What role does the EM have in each of the following:
developing Employment Plans,
selecting or designing services for clients and making referrals,
connecting community resources to the EM areas,
evaluating agency's service needs,
as a progress measure to compare client time to time?
6. If you could only tell us **one additional thing** about the EM, what would it be?

Summer 2006 Final Visits with Job Counselors and Supervisors of EM Pilot Sites

1. If your supervisor gave you a choice of using the EM in your work or not, would you use it?
 - a. Are there changes in the instrument or process that would change your "no" to "yes" or that would make your "yes" stronger?
 - b. If the EM were to go state-wide, what would you need from DHS?
 - c. Would you recommend that a revised EM be used at other sites around the state?
 - d. Has your site has continued to use the EM since May 31, the end of data collection? Why or why not?
 - e. Do you think management and line workers have the same perspective on the EM?
2. If a revised EM were to be rolled out more broadly, what would you advise for the following decisions?
 - a. Who should administer it?
 - b. When should it be administered: at initial appointment, after 6 weeks of job search, after 3 months, at transition from DWP to MFIP, at re-enrollment, with each new job counselor assigned?
 - c. When or to whom should follow-ups be done: never, yearly, persons with low scores, persons with poor outcomes, persons with good outcomes....?
 - d. What did you learn from follow-ups?
 - e. How do you use the scores in your work and how would you recommend that they be used?
 - f. What implementation issues do you foresee?
 - g. Do you think it could be used with non-English speakers? How?
3. How is information obtained with the EM linked to services?
 - a. Does the EM identify barriers?
 - b. Does your site have a list of possible referrals for each of the EM areas?
 - c. When referrals are made, do people get the services?
 - d. Do you use the EM information in writing the Employment Plan?
 - e. What does the Employment Plan include: core activities, non-core, referrals, services, etc.?

- f. Do the EM process and the knowledge gained affect the relationship between job counselor and client/customer?
 - g. Did use of the EM result in a higher percentage of participants receiving help with their barriers than prior to starting the EM project?
4. About using the EM:
- a. There are suggestions on the table for fixes to the EM and also some criticisms. In particular, [summarize/select from final report list of recommended changes to the EM from their first site visit]. Any updates? With additional experience, which areas would you like to see revised and how?
 - b. Did you include the EM into your way of doing business? Did it streamline it? Did it replace some of the previous assessments?
 - c. As you gained experience with the EM, how much time did it take to conduct the interview and score the areas?
 - d. Should the reason fields be retained? How about if WF1 were programmed to automatically copy reasons into case notes?
 - e. What type of security/privacy would you like to see in WF1 for the EM?
 - f. What other changes would you recommend to make WF1 more of a help in the EM process?
 - g. How do you think scoring should be handled? Data entry?
 - h. What other support would the site need to continue the EM after pilot?
5. What changes would you recommend to the initial EM training?
- a. How useful was the EM web-based training?
 - b. Would you recommend any type of refresher?
 - c. What would make the manual more helpful? On-line?
6. To what degree do you think that EM will ultimately help or hurt your agency's effort to increase its Work Participation Rate?
7. What else do you want to tell us? What else would you like us to include in our final report?