



Supporting Child and Family Well-Being in Minnesota

A Snapshot of the Pathways to Prosperity and Well-Being Agenda in Two Counties

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KEY POINTS

- The Pathways to Prosperity and Well-Being (Pathways) agenda emphasizes that families should define well-being for themselves and receive individualized supports to address their unique needs.
- Pathways was developed through a collection of partners, including families, providers, and public and private institutions. This collaborative spirit allowed for cross-sector solutions during implementation, such as embedding staff in different departments and warm client handoffs.
- Though implementation looks different in each county, a key component of the Pathways is to lessen the administrative burden families face when accessing benefits.
- The counties use the Integrated Services Assessment Tool, which is grounded in the social determinants of health, to measure improvements in a client's well-being.
- Sustaining a well-being agenda requires ample resources, such as funding, staff capacity, and supportive policies, which can be difficult to secure at the local level. Aligning visions and activating buy-in across multiple groups is also needed to sustain momentum in case of staff turnover.

INTRODUCTION

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS) seeks to understand efforts to promote child and family well-being in jurisdictions across the country. To meet this goal, ASPE contracted with Mathematica and Child Trends, two independent research organizations, to conduct case studies about states and localities that developed and implemented child and family well-being agendas that guide their approach to human services. To collect data for the case studies, the research teams interviewed staff at each site about their well-being agenda. This snapshot describes the development and implementation of the [Pathways to Prosperity and Well-Being](#) (Pathways) agenda in two Minnesota counties (Box 1), based on interviews with involved staff.¹

Box 1. About Dakota and Olmsted counties

Minnesota's Dakota and Olmsted counties started developing the Pathways to Prosperity and Well-being agenda in 2016. Dakota County is situated in the southeast corner of the Twin Cities metropolitan area and is the third most populous county in the state, with nearly 500,000 residents. The mission of Dakota County is to provide efficient, effective, and responsive government as well as a premier place to live and work. Olmsted County is situated nearly 100 miles south of Minneapolis and includes Rochester, Minnesota's third-largest city, with nearly 200,000 residents. The county's mission is to build a sustainable foundation for a safe, healthy, and welcoming community through public service excellence.

¹ Box 2 provides additional detail about the three focal sites and our approach to conducting the case studies.

CONCEPTUALIZATION AND DEVELOPMENT OF A WELL-BEING AGENDA

Pathways was born out of a 2016 American Public Human Services Association session that encouraged local human services professionals to think boldly about how to change human services systems. Attendees from Dakota and Olmsted counties were inspired to launch Pathways to improve family well-being by lessening the administrative burden associated with receiving benefits and services in two ways: (1) improving service provision within the county systems and (2) redesigning the broader economic benefits system to be simpler and more accessible.

The counties pooled resources and contracted with the Future Services Institute at the Humphrey School of Public Affairs at the University of Minnesota to guide their staff, community partners, and clients (program participants) through a human-centered design (HCD) process to develop solutions that would lessen administrative burden. These HCD sessions resulted in a pilot program, where the counties implemented prototype solutions, including the Integrated Services Assessment Tool (ISAT). The ISAT is a multi-purpose tool designed to be used across agencies and replace existing numerous assessments, thereby decreasing the burden on frontline staff and clients from completing multiple assessments. Clients use the ISAT to answer questions about their needs across a series of domains by using a Likert scale plus a narrative description. The ISAT domains are grounded in the social determinants of health—for example, basic needs, money, education, and health.

“We don’t define well-being.... We ask families to define that for themselves individually. And we do not assume we know anything more about that than they do.”

—Dakota County staff member

Respondents in both counties explained that they do not use a set definition of well-being. Rather, the ISAT allows clients to define what well-being looks like for them. Clients dictate which domains in the ISAT are their priorities, then county staff develop individualized plans to improve the client’s well-being.

INCLUSION OF CHILD, FAMILY, AND COMMUNITY VOICE

Family and community engagement is a key component of Pathways, both in the agenda’s development and its implementation. County leaders, frontline staff, community organizations, and clients co-designed the prototype solutions during the HCD sessions. For example, one respondent recalled shadowing caseworkers and conducting interviews with families to better understand how both frontline staff and clients experienced the county’s human services systems.

Dakota County also created a family advisory council. Any client who enrolls in Pathways can be a part of the council. The Pathways pilot has a small caseload, which keeps the advisory council to a manageable size. This council continues to be the key decision-making body that guides the direction of the Pathways agenda in Dakota County. For example, the ISAT has been reworked multiple times since it was first implemented, based on feedback from clients and the advisory council. The latest version recalibrated the scoring system to eliminate biases that suggested a client could not be “thriving” if they had a severe mental health illness.

Similarly, Olmsted County established a contract template to pay consultants with lived experience or clients who contribute to the county’s decision making. As one respondent in Olmsted County explained, “Pathways pushed us forward as a culture and in our ability to do things like participant engagement. That was a novel idea at the time.”

IMPLEMENTATION OF THE WELL-BEING AGENDA

The implementation of Pathways looks different in each county, though both approaches incorporate solutions to improve service provision—often by lessening the administrative burden families face when enrolling and maintaining public benefits. In both counties, clients are parents between the ages of 18 and 30 who were eligible for public benefits. Upon enrollment, clients meet with their case manager to complete the ISAT and a partnership agreement that clarifies their needs and expectations.

- **Dakota County** describes Pathways as a “practice model” that uses a relationship-centered approach. The county’s goal is to move any undue administrative burden from families to an assigned case manager. Upon enrollment, with the client’s permission, the case manager then coordinates with other staff—such as an eligibility specialist, public health nurse, mental health professional, and a career navigator—to offer resources and services that will support the client’s well-being. Instead of providing referrals, the case manager partners with clients to make calls, complete paperwork, attend court dates, or anything else the client requests.
- **Olmsted County** ended its formal implementation of Pathways after the key leaders of the effort left the agency. However, many of the prototyped solutions introduced during the Pathways pilot program are still in place. In addition to still actively involving families in the creation of their case plan and goals, Olmsted County also maintains an organizational structure that staff tested during the Pathways pilot program. For example, (1) an eligibility specialist is now embedded within their adult services unit and (2) some county staff work within spaces that families already frequent—like libraries or apartment complexes. Respondents said these solutions helped disrupt siloed departments within the county government, which improved service integration.

“If information and referral is the standard, I would describe what Pathways does as linking arms with people and walking as far with them as they want us to.”

—Dakota County staff member

TRACKING PROGRESS TOWARD GOALS

Counties collect two types of data to monitor progress: (1) data that tracks each family’s well-being over time and (2) data that measures overall Pathways performance.

Family-level data

- **Data from the ISAT.** The counties collect and use data from the ISAT to assess a client’s well-being across 17 life domains. The ISAT, which is administered every six to 12 months, uses a combination of qualitative data and survey data to track how a client’s well-being evolves over time.
- **Child well-being data.** Respondents in Dakota County reported tracking data from the Ages and Stages Questionnaire and Adverse Childhood Experience survey to measure child well-being.

“ISAT is what leads us the most because it tells the most complete picture. It is not just a flat data point from a state system.... It is jointly coming from families.”

—Dakota County staff member

Program performance data

- **Qualitative data from advisory councils.** Advisory council members, who are all participants in Pathways in Dakota County, provide feedback on Pathways and offer suggestions for programmatic improvements through meetings and focus groups. County staff use the advisory council’s feedback to help assess how well the program addresses client needs.

- **Quantitative and administrative data from state data systems.** Both counties request data reports from the state of Minnesota to assess whether their intervention was successful. For example, they receive state information on clients’ lifetime government program or benefit enrollment—including Temporary Assistance for Needy Families (TANF)—which they use to track how well Pathways helped clients access and maintain benefits. However, one respondent noted that the reports are frequently not timely or accurate, largely because of outdated state data systems.

Data analysis and program evaluation

Dakota County prioritizes two data sources: (1) trends in the ISAT data as an indicator of whether individual families feel like their well-being is improving and (2) changes in the clients’ income as an indicator of how well Pathways helps families access and maintain benefits. Dakota County also considers a client’s access to child care, health care, and transportation as secondary indicators of program performance. In addition, county staff analyze data for preventative purposes.

Olmsted County analyzed both ISAT and Pathways performance data during its pilot program by using rapid-cycle improvement methods, which involved testing and measuring small-scale changes to the county’s human service programs and benefits over three-month periods. The data manager then talked to families about refinements the county could make to its programs or benefits, based on what the data showed.

SUSTAINABILITY OF THE AGENDA AND FUTURE PLANS

Pathways leaders blended and braided several funding sources to launch the pilot program. An initial grant from the Kresge Foundation covered the development of the ISAT and the full-time data manager in Olmsted County. The University of Minnesota and a federal grant subsidized the HCD consultants. A state grant to advance two-generational policy approaches helped fund service improvements, while the counties paid salaries of local staff who dedicated their time to implement the agenda. Other support staff in Dakota County were funded by TANF, and the public health nurse was covered by a family home visiting grant.

However, respondents in Olmsted County shared that Pathways struggled to continue past the pilot stage because the funding was “piecemeal” and short-lived. For example, Olmsted County’s full-time data manager role ended when the funding for it ended after the pilot program. Respondents across both counties emphasized that local governments do not have the means to fully cover the costs associated with this work.

Respondents also stressed that cross-sector collaboration can help to enhance and sustain a well-being agenda. They emphasized that partnerships with the Kresge Foundation, Aspen Institute, Future Services Institute, and the state and county departments of human services were pivotal when establishing Pathways. However, progress halted when the primary visionaries of this work all left their roles in the early months of the COVID-19 pandemic. Respondents cited the importance of aligning visions and activating buy-in across multiple groups so that others can continue the work despite staff turnover.

Neither county has realized its goal of transforming the economic benefits system to better address family well-being. Olmsted County tried implementing a “strengths-based benefits system” that would provide a single benefit check each month that families could use however they wanted. In practice, siloed systems and policy barriers made it difficult to fulfill that vision. Olmsted County also struggled to overcome challenges related to the benefits cliff.² Staff discovered that if they provided too much funding to families at one time, that funding would “push them over the cliff” and make the clients ineligible for benefits according to state or

² The earnings, leaving families unable to sustain their household (see [National Conference of State Legislatures](#)).

federal policies. Respondents recommended that sites implementing a similar well-being agenda should ensure that their team has tax and income experts who can navigate policy barriers related to the cliff effect. They also recommended incorporating well-being into the county’s mission, vision, and values to create a cultural shift that prioritizes well-being work and improves staff buy-in.

KEY TAKEAWAYS AND RECOMMENDATIONS

“We were leveraging everything we had. And it wasn’t enough. The institutionalized forces of bureaucracy pulled us away repeatedly from attention on what research shows is necessary for child and family well-being.”

—former Future Services Institute staff member

A key component of the Pathways agenda is treating families as the experts of their own well-being, which is practiced by using the ISAT. Staff can use ISAT data to individualize their supports based on what families say they need to promote well-being.

Another key component of Pathways is intentional cross-sector collaboration. Respondents recommended that other sites developing a well-being agenda secure buy-in from the legislature, government agencies, academic institutions, and nonprofit or philanthropic organizations. They also suggested engaging direct service staff and clients who are passionate about this work and including them in shaping the agenda. Identifying multiple champions of the agenda is also key to sustainability, because progress can stall when staff leave and institutional knowledge is lost.

Finally, respondents emphasized the extensive resources required to implement a well-being agenda at a local service delivery level, especially when policies hinder improvements. Olmsted County formally ended its

implementation of Pathways because the limited resources, siloed benefit systems, and policy barriers were too difficult to overcome. Despite these setbacks, respondents learned that it is okay to “fail forward.” Implementing a well-being agenda can still have lasting impacts on family well-being, even if the change is smaller than initially intended.

Box 2. Case study sites and approach

In spring and summer 2024, Mathematica conducted three case studies of exemplary states and localities that implemented a child and family well-being agenda. These sites included the [Maryland Department of Human Services](#), [Dakota](#) and [Olmsted](#) counties in Minnesota, and [San Diego County](#). Their agendas included the [Integrated Practice Model for Child Welfare and Adult Services](#), [Minnesota’s Pathways to Prosperity and Well-being program](#), and [Live Well San Diego](#), respectively.

Mathematica first developed and applied screening criteria to identify a broad set of sites that were developing a well-being agenda or integrating a well-being framework into their human services approach. ASPE and Mathematica then collaborated to finalize the three sites that participated in the case studies.

To collect data for the case studies, Mathematica conducted up to four, 60-minute virtual interviews with staff from each site. Staff included (1) directors in a leadership or oversight position; (2) managers or supervisors responsible for supporting the well-being agenda, including its funding; and (3) data managers or analysts who oversee or support data collection, analysis, and reporting. The semi-structured interviews probed how sites defined, developed, implemented, monitored, and funded their well-being agendas as well as their reflections and lessons learned on these topics.

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