

# Work Support Strategies:

Streamlining Access,  
Strengthening Families



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## A Taste of State Data Efforts Webinar

Friday, October 7<sup>th</sup>, 1:00pm to 2:30pm ET

# Presenters:

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- ▶ Dottie Rosenbaum, Senior Policy Analyst, CBPP
- ▶ Pamela Loprest, Labor Economist and Director, UI
- ▶ State presentations by:
  - ▶ Rod Barber, Project Manager, U. of Louisville, Kentucky
  - ▶ Jan Freeman, Dept. of Human Services, Illinois
  - ▶ Nieka Rahe, Oregon Health Authority, & Suzanne Porter, Oregon Department of Human Services
  - ▶ Pam Gillam, Director, Center for Health Services & Policy Research, South Carolina

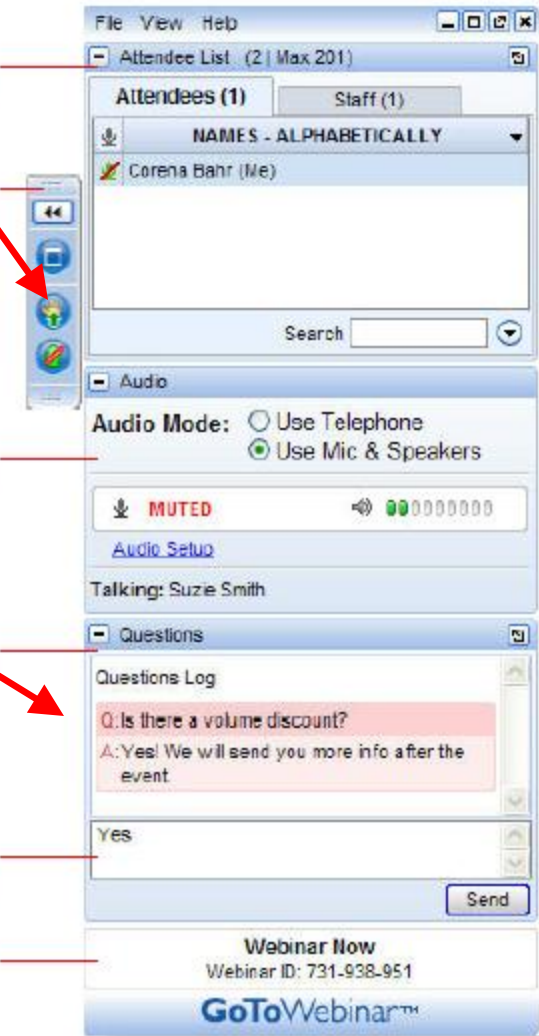
# Agenda

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- ▶ Introduction by Bottie – 5 minutes
- ▶ Presentation Kentucky – 15 minutes with Q&A
- ▶ Presentation Illinois – 15 minutes with Q&A
- ▶ Presentation Georgia – 15 minutes with Q&A
- ▶ Presentation North Carolina – 15 minutes with Q&A
- ▶ Reflections with Bottie – 5 minutes
- ▶ Final Q & A – 15 minutes

# Q & A Instructions

- ▶ Raise your hand to be unmuted.  
OR
- ▶ Submit questions in writing using the Questions pane in the GoToWebinar window.
- ▶ Presenters will respond to questions during the various
- ▶ Q & A periods.



# Who's in the Audience?

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## Online Poll:

What perspective are you representing today?

- ▶ Program and/or Policy
- ▶ Executive Leadership
- ▶ Operations
- ▶ Information Technology
- ▶ Other

# Goals for Today's Webinar

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- ▶ Hear what some states are trying in the area of data collection/extraction/analysis to answer their most burning questions related to the WSS project.
- ▶ Spark discussion and collaboration about how data can be used as part of the WSS project.
- ▶ Expose states to what other states are trying.
- ▶ Gather feedback for the TA team on what help we can provide to each state and across states.

# Kentucky Presentation

Rod Barber, Professor, U of Louisville & WSS Project Manager,  
Kentucky

# Focus of Data Analysis

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- Case and Member Retention, Cross Program Enrollment
- Churning and Cross Program Enrollment
- Service Access Analysis
- Develop New Data Tools to Track Clients and Services

## **Strategic Focus**

Children and Low Income Families

## **Data Sources**

- KAMES: SNAP, Medicaid/KCHIP, and TANF database
- KICCS: Child Care Assistance Program database



# Challenges

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- **Timely Data Access:** difficult due to competing requests on IT for data and programmers time
- **Data Complexity** - compiling, interpreting and analyzing data: Important to have efficient communication between program staff, analysts and programmers through a designated central contact

# Retention and Cross Enrollment Analysis

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**Purpose:** Identify how many NEW cases and members are retained in each program and how many return over time.

## **Longitudinal Analysis:**

- NEW cases and members: Track all SNAP (cases with children), Medicaid (cases with children), TANF and child care assistance cases NEW in 2009 at six month intervals for 24 months.

## **Point In Time Analysis:**

- ALL cases and members: All active cases and members from same programs on January and July 2009 and 2010.

*Data Diagnosis Tool Questions: Table 1 and Table 2*



# Retention Questions

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How many cases are new to program versus reenrollments?

How many cases are enrolled in multiple programs?

Do case retention patterns differ among regions?

What cases have the highest dropout rates and how are they related to client characteristics, program types and/or administrative procedures?

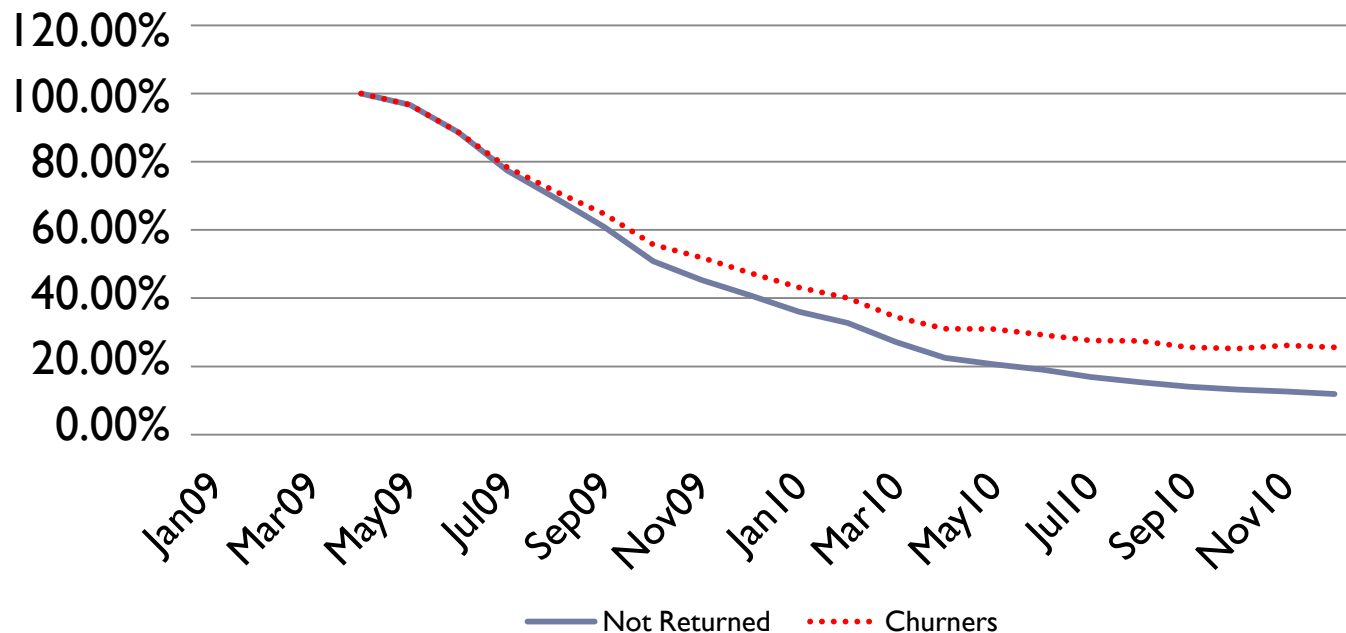
How many cases that exit programs return at a later date, when and for how long?

# Longitudinal Cohort Analysis

## Consistency of Client Participation **WITHIN** Programs Over Time

New TANF cases in April 2009 (n=547)

### April 2009 Retention



### Next Steps

- Complete 24 month analysis for all work support programs
- Look at retention/reentry rates for subgroups in SNAP, Medicaid/KCHIP and CCAP

# Churning and Cross Enrollment Analysis

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**Purpose:** Track clients and members who go through the application or recertification processes to identify

- Proportion cases and members who are approved
- Proportion denied who re-enroll within 3 months
- Timeliness of the application and decision-making.
- Proportion of denials related to procedural reasons that could possibly be avoided through policy or procedure changes or more effective client follow-up

## **Recertification and Churning Analysis:**

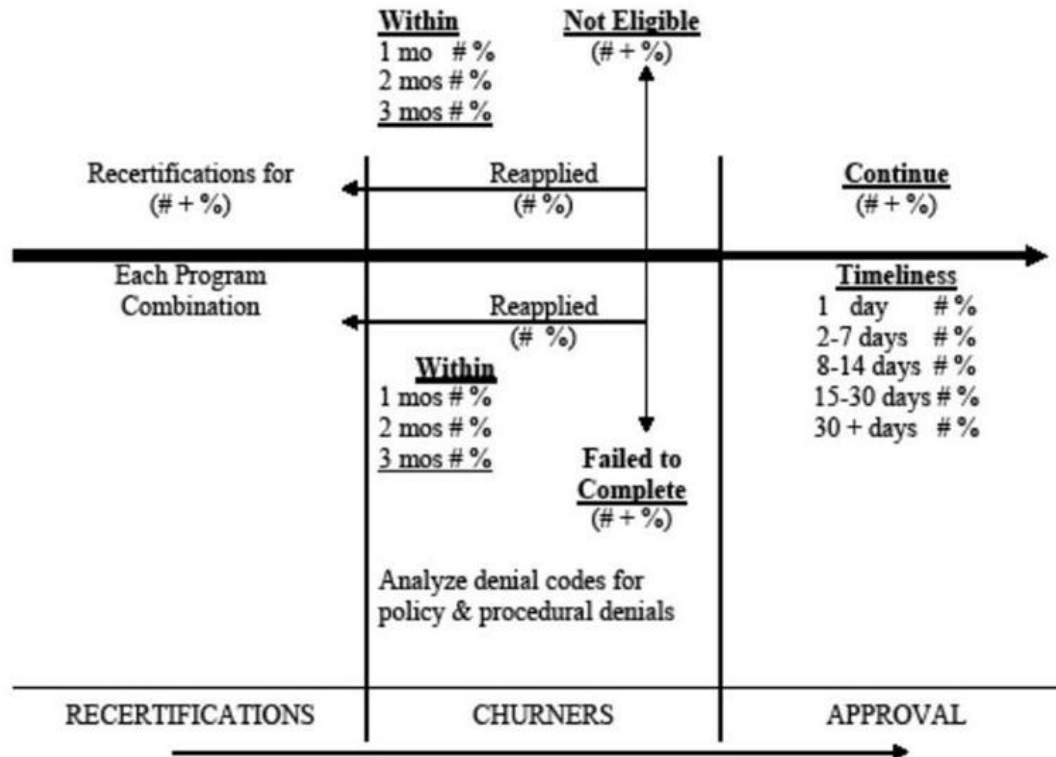
- All applications and recertification cases and members from SNAP, Medicaid/KCHIP, TANF and CCAP for July 2010 and January 2011 with 3 month follow-up of all cases denied or discontinued.

*Data Diagnosis Tool Questions: Table 3 – Table 7*

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# Analysis Model of Recertifications for Process, Eligibility, Timeliness, Churners



## Next Steps

- To estimate possible cases that could be synchronized monthly for similar recertification dates.
- To estimate possible cases that could have been recertified with administrative or ExParte reviews.

# Access Analysis

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**Purpose:** To identify geographic areas where families and their children have relatively lower access to basic work supports and where we should explore partnerships for outreach and referral assistance. (KY has 120 counties)

## “Basic Work Supports”

- SNAP\*
- School Lunch Program
- Family Medicaid and KCHIP\*
- TANF - K-TAP\*
- EITC
- SSI
- CCAP\*
- CDCTC (child care tax credit)

## Data Sources:

- American Community Survey (ACS)
- Kids Count Data Center
- Existing Research Literature

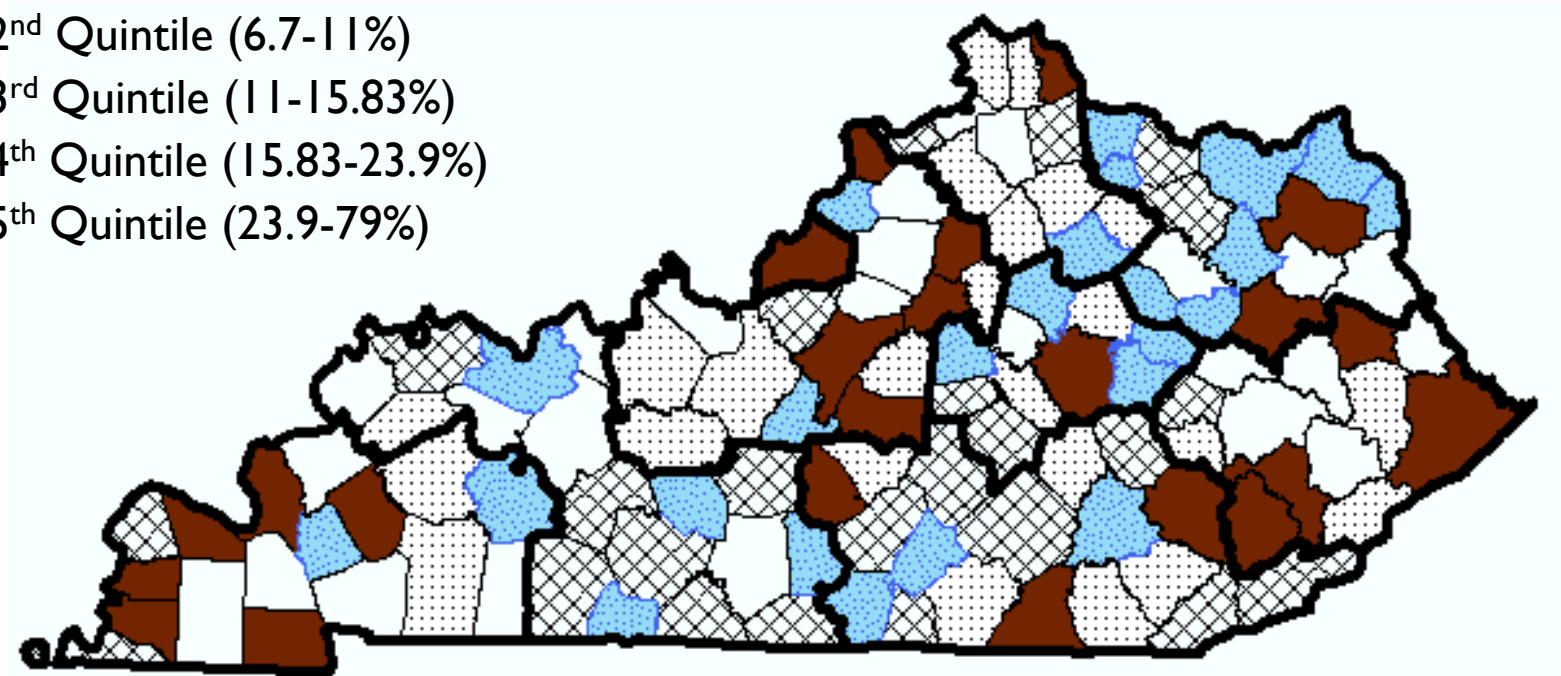
\* Programs that the Kentucky Department for Community Based Services administers

# CCAP Participation at 150% of Federal Poverty Level

Lowest participation: Martin 1.08%

Highest Participation: McCracken 78.65%

- 1<sup>st</sup> Quintile (1-6.7%)
- ▤ 2<sup>nd</sup> Quintile (6.7-11%)
- ▥ 3<sup>rd</sup> Quintile (11-15.83%)
- ▦ 4<sup>th</sup> Quintile (15.83-23.9%)
- 5<sup>th</sup> Quintile (23.9-79%)



The 24 counties making up the lowest quintile group are scattered across seven of Kentucky's nine service regions.



# Develop New Data Tools

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Adapt operation research models to business process planning and service delivery monitoring

## **Day and Long Term Simulation Models**

- Provides quantitative measures for how clients progress through a service system during an average day.
- Runs experiments with real time data to determine how processes can be improved, by adjusting staff functions, changing policies, introducing new technology and/or changing the way cases are processed.

# For More Information

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A detailed description of Kentucky's Data Analysis Plan is available on the WSS TA Portal. Additional data analysis reports and methodologies will be posted periodically.

Check the TA Portal for information or contact:

Dr. Rod Barber, Professor  
Kent School of Social Work  
426 West Bloom Street  
University of Louisville  
Louisville Kentucky 40208  
Phone: (502)852-8316  
Email: [rod.barber@louisville.edu](mailto:rod.barber@louisville.edu)



# Illinois Data Initiatives

## *Data Dashboard & more...*

Jan Freeman, Illinois Department of Human Services

# Data initiatives

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- ▶ **Performance dashboard**
  - ▶ Establish a baseline
  - ▶ Monitor progress (or regression) on various factors
  - ▶ Provides key data points without sifting through multiple, lengthy reports
  - ▶ Statewide and local office level
- ▶ **Monitor and evaluate business process testing**
  - ▶ 4 local offices where testing is occurring
  - ▶ Need to track a number of factors
- ▶ **Categorize how we can get the data**
  - ▶ Existing report (data from client database)
  - ▶ New report (data from client database)
  - ▶ Data sampling

# What are the questions your data project is designed to address?

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- ▶ How many customers are accessing multiple programs? Where is there opportunity to increase access?
  - ▶ Caseload overlap
  - ▶ Integrating child care most difficult here
- ▶ How many customers are “churning”?
  - ▶ Defined this as reapplying within 90 days of benefits cancelled (there are varying definitions nationally)
- ▶ How many (# and %) and what type of procedural denials and cancellations are occurring?
- ▶ Is the time it’s taking to process applications increasing or decreasing?
  - ▶ Average days to process applications
  - ▶ Current reports more focused on compliance and timeliness

# What data are you using and how are you going about collecting/extracting it?

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## ▶ Data from client database

- ▶ Existing reports
- ▶ Creating new reports – project staff working closely with Bureau of Performance Management
- ▶ Key has been figuring out what data is available in the database and how that could be collected and sorted to get what we want – some more complicated to define than others.

## ▶ Sampling

- ▶ Case reviews – using data warehouse reports to pull lists and then reviewing select cases in the system for the data we want.

# What are the challenges and successes you have achieved so far?

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## ▶ Challenges

- ▶ Sifting through the MANY, MANY existing reports and determining what they actually pull
- ▶ Time consuming and there are other competing requests
- ▶ Child care data not stored in same place – different staff manage data and reports

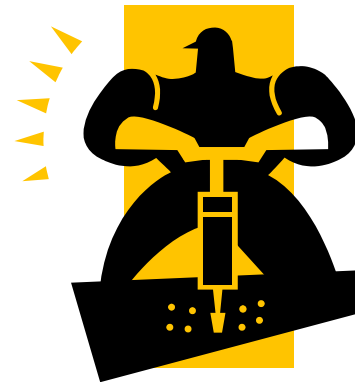
## ▶ Successes

- ▶ Outlined a draft data dashboard and have identified existing and defined new reports to populate.
- ▶ Found reports that we forgot existed to answer some of our questions!

# What are your next steps?

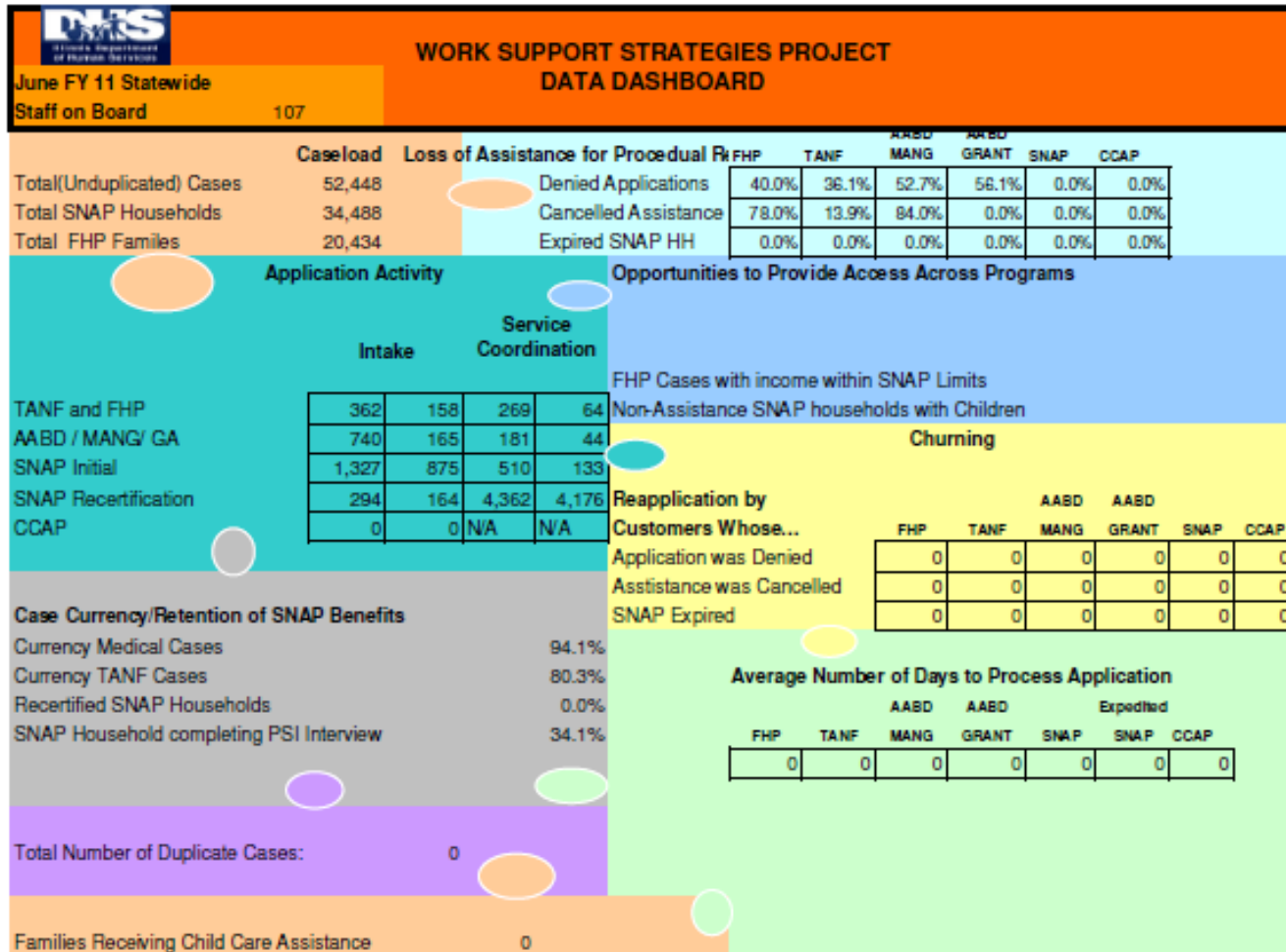
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- ▶ Create the data reports and beginning running monthly
- ▶ Will start with a statewide dashboard and local office profiles for our 4 test offices
- ▶ Determine how to automate the data dashboard long-term so can be pulled for all 97 offices
- ▶ Dream of the day when we have electronic interactive performance data dashboards!!!





# Illinois Data Dashboard



# Oregon Presentation

Nieka Rahe & Suzanne Porter  
Oregon Health Authority & Department of Human Services

# What are the questions your data project is designed to address?

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## I. Analysis with administrative data

Describe these statewide attributes:

- ▶ typical service combinations
- ▶ administrative churn in various services
- ▶ date alignment for service combinations

Determine the extent that these measures vary between branches

# What data are you using and how are you going about collecting/extracting it?

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- ▶ **Administrative data:** Oregon has a department-wide data warehouse that assigns a single identifier to a client regardless of program/service
- ▶ Statewide and branch-specific samples were drawn from the warehouse (total data set is very large)
- ▶ Administrative results help determine whether further data collection is needed and can be used to plan further data collection efforts and to draw random samples

# What are the challenges and successes you have achieved so far?

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## ▶ Successes:

- ▶ Drawing data from the warehouse is very easy and provides opportunity for valuable analyses

## ▶ Challenges:

- ▶ We are striving to define where our work can be most effective and which data we should pursue to support this. We are completing a 'short list' of research projects most important to the WSS effort
- ▶ An operational definition of 'administrative churn'
- ▶ Estimating total applications received
- ▶ Directing research toward the major challenges of 2014, not the major challenges of today

# What are your next steps?

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For this data set:

- ▶ Get qualitative data: “answer the why”
- ▶ Gather data not captured in our current system

For our overall data needs for WSS:

- ▶ Complete short list of data needs
- ▶ Orient new staff to WSS

# Service characteristics

	Branch		
	Bend	Clackamas	Winema
Number of SNAP service spells	12382	12860	13166
No concurrent medical service	57.5%	50.5%	43.2%
Proximal medical service			
PLM-children	15.0%	16.3%	20.7%
TANF related medical	13.6%	17.4%	18.8%
CHIP	5.1%	5.4%	7.4%
OHP adults & couples	2.9%	3.8%	2.7%
PLM-women	2.8%	3.1%	3.2%
OHP families	1.6%	1.6%	1.5%
TANF extended medical	1.2%	1.5%	1.8%
Foster care	0.3%	0.5%	0.7%
Percent of children's service spells with no medical service found	24.5%	21.8%	15.3%

- Winema (North Salem) had highest percentage of medical services for children and the lowest percentage of children with no medical service found
- Clackamas had a higher percentage of OHP adult clients

- Winema (North Salem) has a medical-eligibility team, as determining the correct medical eligibility is currently time-consuming and confusing
- How will this change in 2014?



# South Carolina Presentation

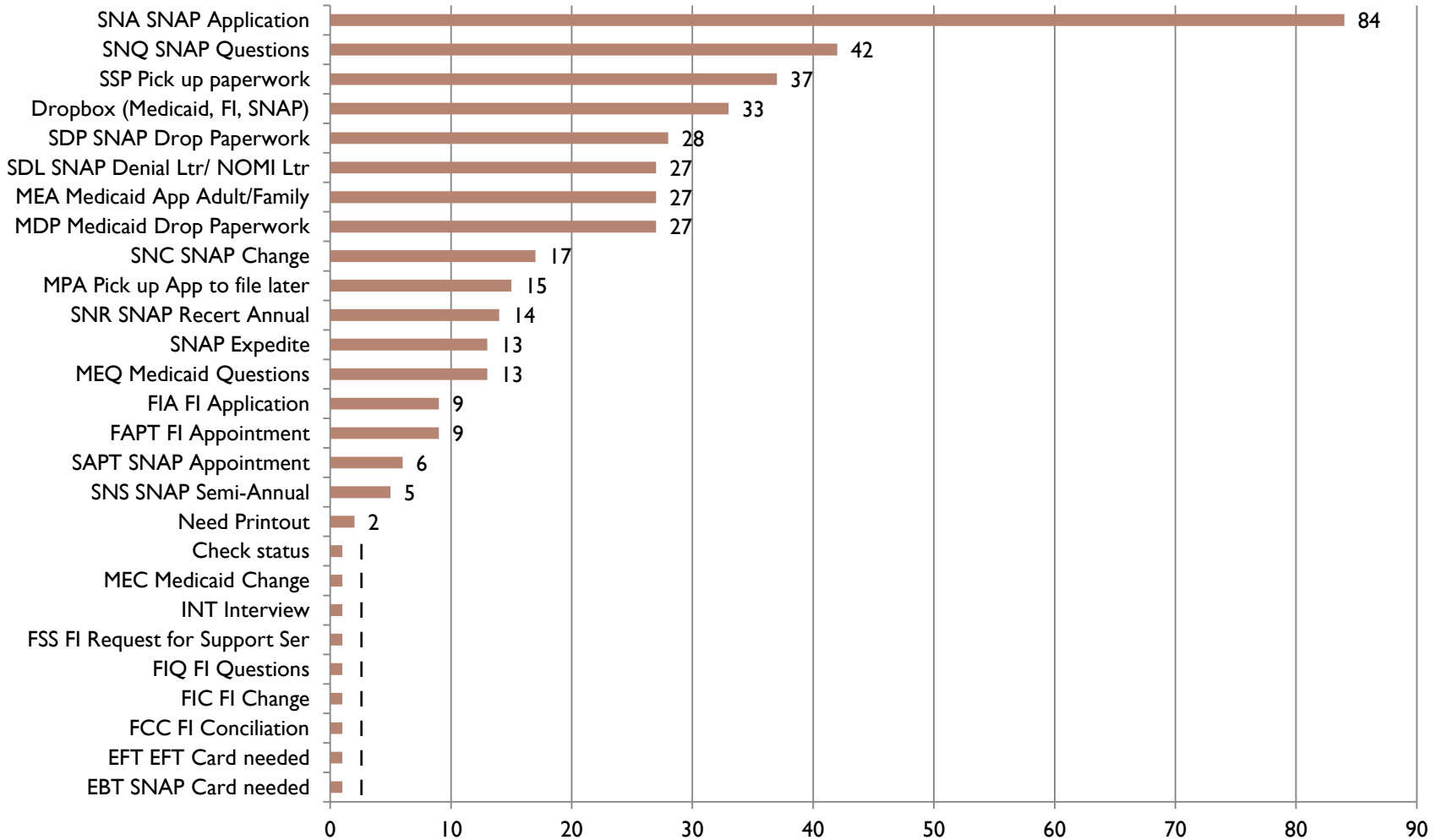
Pam Gillam, Director, Center for Health Services & Policy Research,  
South Carolina



# GREENVILLE TIME STUDY, 8-23-11

## DATA FOR DECISION MAKING

### 8-23 Client Reasons For Visit to Office



# Some Reflections

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- ▶ Defining Questions and Outcomes is Key First Step
- ▶ Deciding on and Refining the Right Data Measures
- ▶ The Bridge between those Defining the Question and those knowledgeable about the Data
- ▶ Matching the data analysis to the need
  - ▶ one-time questions, informing/confirming an issue, on-going updates, evaluating/assessing

Questions?  
Feel free to contact:

Dottie Rosenbaum, [rosenbaum@cbpp.org](mailto:rosenbaum@cbpp.org), (202) 408-1080