Data Roundtable CoP—Notes

Facilitator: Christina Jones

March 21, 2023

Christina facilitated introductions among the Community of Practice (CoP) participants using a survey that asked them anonymous questions (i.e., What was the luckiest thing that ever happened to you?) about themselves. Participants then tried to identify each other based on the answers.

Afterward, Christina introduced the discussion topics.

- **Topic 1:** What metrics do we use to understand and evaluate the participant experience? How often do we share these metrics and who do we share them with? What is the effort to produce these metrics?
- **Topic 2:** Has your program created an automated reporting or dashboard for monitoring participant progress to inform continuous quality improvement? What lessons did you learn from implementation of these reporting systems?

Topics Discussion

- A participant from Ohio stated that, from the program management side, it is helpful to have a dashboard or metric to inform program quality and help improve the customer experience.
- This same participant said their state also looks at timeliness as a metric (i.e., how long it takes for someone to be served after they enter a program).
- Another participant from Ohio added that they track the percentage of participants that return to work during different timeframes (i.e., 6 weeks, 12 weeks).
- A participant from another state said they use satisfaction surveys.
- An Ohio participant added that they also use patient satisfaction surveys as well as employer satisfaction surveys.
- A participant from Kansas stated they evaluate the needs, barriers, and eligibility components of individuals. They also assess geographic indicators to determine effectiveness across local areas and the state.
- This same participant said that, for needs and barriers, they look at the characteristics and components related to eligibility determination. First, they check if the individual qualifies for the program based on their responses during the registration process. Then they look at personal characteristics such as poor work prospects or a screen deficiency; those are the types of things they consider when determining what other programs may be available for individuals as it relates to RETAIN.
- Christina asked about what metrics states are collecting to understand how well they are implementing their program.

- A participant from Kansas said it conducts dual data entry through their state's MIS called Kansas Works. They also use Redcap to collect the medical partner data sets. Kansas has a data quality initiative that has them look at the data and attempt to find gaps in either service delivery or process failures that affect enrollment. Kansas also is using outreach to create better awareness of their program.
- A participant from Minnesota gave a quick tour of their dashboard to track information such as different industries by county, participation, illnesses, referral sources, basic skills, people of color, older workers, and service type. To create the dashboard, Minnesota used a combination of Power Bi and tableau. Minnesota offered contact information to interested states for the person who helped them create the dashboard.
- A participant asked whether Minnesota's dashboard is connected directly to the back end, or if there is a manual data transfer.
- A participant from Minnesota said it is a full script from their database.
- A participant from Kentucky talked about taking the Google Sheets template that Christina (AIR) provided them and evolving it into something bigger. They have adapted some of its sections to gear them toward data points that help them manage and communicate successes as they progress. Kentucky updates their Google Sheet quarterly.
- Another state shared information about their electronic data-capturing system and how some of the metrics they use are managed there.
- A participant from Kentucky said they pull data from their system using API calls, then use scripting to sort it different ways. They pull the APIs from NAC.com.
- Christina asked whether states are using metrics to track timeliness.
- A participant from Minnesota said they have policies governing data entry timeliness. They also have procedures in place that were developed between the healthcare and workforce side for referrals and handoffs. Minnesota always compares the different services patients receive on both sides.
- A participant Vermont shared a schematic on how they work out implementation metrics and how they capture different data points to create a metric for process.
- A participant from Minnesota said they are interested in looking at wages after program services are completed to see whether they could provide different services to boost wages. Minnesota would like to compare the treatment group to the control group to see whether the treatment group sees an impact in wages; however, Mathematica told them that they were not allowed to make this comparison.
- ODEP said states still are not allowed to make any comparisons between treatment and control groups, which is part of the approved IRB study, though Mathematica may be able to provide some of those statistics to Minnesota. ODEP can talk to Mathematica.