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Onsite CART Captioning

Fifth General Session
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>> All right. Welcome back everybody. I hate to interrupt the cool music vibe but we're going to get started with the fifth general session.

My name is Dacia Johnson and I am the presiding person over this distinguished panel in front of you. I'm the executive director of the Oregon blind agency. We're going to be talking to you today about WIOA performance accountability and program data and really having an example of how the federal state partnership can work together. So we are pleased to have Chris Pope, Christopher Pope if I'm reading the slides. He's the chief of data collection with our federal partner.

Kristen Mackey who is from the Arizona combined agency, and John Galletta, the chief, of the Wisconsin agency, so welcome to the panelists.

>> Good morning everyone. Thank you Dacia for the introductions and I'm really excited for the session to share data with everyone, to talk about the performance accountability system in near two of WIOA data collection and reporting. But I'm most excited to be joined by my colleagues Kristen and John to share how in their states they're actually using data to improve outcomes for the people we serve so I hope you are as excited about this presentation as I am and you're ready to get rolling.

So welcome to the fifth general session. I love it that CSAVR plans these meetings around Halloween because it gives me several opportunities high light how cute my niece and nephew are. So this is a picture of Ben and Caroline and they're dressed up as the Toy Story, Woody and I guess that's Jesse, this is at trunk or treat and my sister turned her car into woody a bed and poor Caroline is too chubby to fit into shoes.

So if CSAVR will continue to plan these around Halloween I will continue to share photos like this.

This morning I want to talk about the WIOA annual reports. I want to share tomorrow program year 17 and 18 performance data, I want to talk about the service report, RSA 911, and hopefully leave sometime at the end for questions.

So as everyone knows, there are six WIOA performance indicators. And they're pulling up on the screen here. Measurable skill gains, credential attainment, median earnings, and the effectiveness and serving employers measure.

As you all know, measures one through five measure the state VR's performance specifically. Measure six measures the public work force development systems performance, so all WIOA core programs and we'll talk a little bit more about that as we move on, but this is sort of foundational to how WIOA performance accountability in the system is building and evolving over time as we move into year three where we are now with data collection and reporting.

So as you know, titles one, two, and three began collecting WIOA data in program year 16. The VR programs did not begin until

program year 2017, so we've got two years in and we're in our second quarter of the third year right now.

So as a result we're one year behind. All the other five core programs with a full year's data that is available for publication in WIOA annual reports.

Taking this together with the periods of performance for each of those different indicators that I just spoke of, the title four programs, VR, won't be publishing a complete WIOA annual report with all five indicators until the completion of this program year, until program year 2019 is done.

But it's growing and things are evolving. In program year 16 we didn't publish a report. In program year 17, WIOA published reports for all 57 states and territories that included data to for measurable gains only.

For measurable skill gains was program year 17. Because that indicator is a real time measure, it's a looking at the progress of individuals who earned measurable skill gains in the year, we publish that data when the year ends.

In program year 18 which just ended at the end of June, we will publish measurable skill gain data again for program year 18 because that's real time data.

However, in the program year 18 reports, RSA will also publish two additional performance indicators, median earnings in the second quarter after exit and employment rate in the second quarter after exit.

This is where things get a little bit tricky. The periods of performance are program year 17. We're catching up because reporting has caught up for those measures and as I mentioned it won't be until program year 19 that we publish a program report with all five indicators, measurable skills, median earnings, both employment rates and credential attainment.

On the slides I've included the periods of performance for program year 19 as well. Keep in mind the attainment period of performance is also back dated because of the allowance that those credentials may be earned one year post exit we have to account for that lag when we publish the data and the employment rating also has a calendar year performance in the past to allow for the data to catch up.

So here is the example and this is a little bit of technicality assistance because we were receiving a lot of questions about the data matching lag and why it's such a way for an employment rate for median earning in the second quarter and the fourth quarter.

In this example a participant exited the VR program in program year 19, Q1. That just happened. That was July through the end of September. Therefore that person's second quarter after exit is program year 19 Q3, however it's not until the following quarter, program year 19, Q4 that that individual's employer reports UI wage data to the UI office.

But it's not until program year 20, Q1 that UI is able to share that data with voc rehab agencies. So as a result four quarters after that person left the VR program in Q1, reporting continues for that person and it takes four quarters to get that second quarter after exit data.

It's the same logic for the employment rate in Q4, it just takes longer. In in example the participant exited the VR program in Q1. Their first quarter after exit would be a year from then in program year 20 Q1.

It's not until the following quarter in program year 20, Q2 that the employer is reporting information to the UI. And it's not until the following quarter that data is available to the programs. So in in scenario it takes six quarters to that get that information.

Because of the lag and period of performance, this is why VR program data is building over time and it won't be until program year 19 that we publish all of these indicators.

So that was for in-state unemployment insurance information data. What about people served by the VR program who work in a different state?

Well, state VR agencies, many of you have established data sharing agreements with other states UI offices but you don't have to do that any more, because the federal agencies established the state wage interchange system, the SWIS agreement. Hopefully you've heard about that and seen countless e-mails from me about that and I wanted to provide an update of where we are with the SWIS agreement as of yesterday.

25 states have signed the agreement. That means that in those 25 states, the state unemployment insurance agency and at least one performance accountability agency, whether that's the VR program or a title one, two, or three program, have signed on to the agreement.

About half of those 25 states have received the training from the SWIS contractor, the entity administering the database and they've tested receiving that data, so we encourage those states who haven't reached out for that training to begin doing so, so you can access that data.

RSA is supporting TO query those wage records. We're really interested to see how much querying takes place and how many participants in the VR program actually work across state lines.

You may have that data at the state level however it's not reported to the RSA at the federal level so we're curious to see how much interstate employment exists.

The more states that sign on to the agreement, obviously, the better. And here's where we are in terms of the 25 states who have signed on.

I was really happy to learn that yesterday, Iowa was our 25th state signatory, I hear some clapping for Iowa. And I was happy about that, because our friends in South Dakota were all alone out there. None

of their bordering states had signed on yet which meant they couldn't exchange data. Maybe people from South Dakota end up working in Texas, I don't know but it seems they would be likely to work in North Dakota so we're hoping anyone here in North Dakota will urge them to sign on.

Our friends in Alaska have signed on, our friends in Hawaii haven't quite yet, but as you can see from the map, sort of southern central continental United States has really done the best job. We're looking at you, Louisiana. So hoping we might see something moving in that direction, too.

Our friends in Florida are great. They can change with both of their bordering states, Alabama and Georgia.

All right. So I'd like to share with you a little bit about the status of the data that we have right now, talk a little bit about where we are, make some comparisons between program here 18 data and program year 17.

Co-op in mind as we move through the status sharing, this is our second year of WIOA data. It is still very new and it is improving and we've been really excited at RSA to see lots of improvement from program year 17 to 18.

A variety of factors and things influence program data as you all know. We'll quantify that here for you. Section 511 requirements do. Partnerships with other programs does. Work force obligations in terms of American job centers and infrastructure costs certainly does. Supported employment does.

All of these factor into performance. It's probably too soon to draw correlations or causation but for some of these factors, it's just good for awareness purposes to see where we are and that's my intent this morning, just to share for awareness purposes of what the data is looking like.

So this is the late -- the slide shows the latest data we have related to the order of selection, it's as of last week.

Currently, 41 of our 78 agencies have established, in order of selection.

31 of those 41 agencies with an order have one or more priority categories closed.

Of those 31, eight VR agencies with closed categories have none open as of October 25th. This is a slight reduction from where we were in the summer, in July 1, when we had nine VR agencies with all closed categories. We're down to eight now.

Also in terms of what happened over the summer, five agencies with some or all of their priority categories closed, opened one or more of those categories over that three-month span, three of which opened all their categories.

One agency with all categories open in the summer back in July closed all of their categories towards the ends of October.

So let's talk a bit about the number of people entering the VR program in 17 and 18, as applicants or eligible individuals.

So in program year 17 we are about 473,000 and in program year 18 it went up about one percent to 479,000 applicants who actually applied to VR programs for services.

However the number of eligible individuals went down, about 4 percent from about 414,000 individuals in '17 to 398,000 individuals determined eligible in program year '18.

In terms of individuals who were determined eligible and received a VR service under their IPE which determines them becoming a participant and included in the performance indicators we also saw a couple trends here, although pretty minor.

In program year '17 we had about 933,000 participants. These are people receiving a service on their IPE at any point in that program year and we went down about 2 percent to 916,000 participants in the program year '18.

Similarly as you would expect, there were fewer people exiting the program. In 17 we had about 311,000 or 312,000 and that's down about 3.5 percent to just about 301 thousand in program year 18.

So we'll talk a little bit about the demographics of kids served. A lot more of this data is available on our quarterly data dashboards in terms of age, gender, race, education status, but we thought we would high light three of them for here -- for you here today.

And the first one is my personal mission to get to 100 percent and this is the percentage of participants with disabilities, served by the VR program.

We know this is a hundred percent. And I would love to come back next fall and say that it is, but we went up .3 percent from program year 17 to 18, so help us help you, just help me get there, is what I'm saying. In terms of the ages of people with disabilities that we're serving, in program year 17, 49 percent were age 24 and under, and 51 percent were older than 24.

However in program year 18 it flipped. And 51 percent in program year -- so you'll see it was 51 percent under 24 in 18 and 49 percent under in 17 -- in 17, so they flipped for the first time. You'll see in program year 18 we're serving more people who are younger than we did in the past and that's going to be enforced by the next couple of slides about the number of students with disabilities we're serving as well as potential students with disabilities VR agencies are serving.

So in terms of the number of students with disabilities reported this went up 21 percent from program year 17 to 18. From 526,000 thereabouts in 17 to just about 639,000 in program year 18.

We think reporting played a role into this. There were probably more students with disabilities reported -- actually receiving services in 17 than were reported and this could just be a matter of data collection and reporting catching up, but it's a significant increase in reporting at

least.

A lot of this was fueled by the number of potentially eligible students with disabilities who were reported, and you see a 16 percent increase here from program year 17 to 18, so about 85 thousand in 17 were reported and 138,000, just about, were reported in program year 18.

This data point is at any point in the program year, they were a potentially eligible student. These individuals at some point in the year may have eventually applied and been determined eligible, but this just counts -- at some point they were potentially eligible and had not yet applied to the program.

So it makes sense that the number of students with disabilities who received preemployment transition service also went up. From about 180,000 in 17 to just about 248 thousand in program year 18.

This data point means that these individuals received one or more of the five types of preemployment transition services, but at some point in the program year they received one of them.

So we'll talk a little bit about the measurable skill gains, performance indicator. As you know we published this data in 17 and will publish again in 18 for all VR agencies.

In program year 17 we had 400 -- sorry, 43 thousand participants who earned a measurable skill gain and that went up 24 percent to 54 thousand in program year 18, good news, again this is probably improvement with data collection and reporting. We hope it also means that more participants were given the opportunity to be eligible to earn a measurable skill gains meaning that they were enrolled in a education tour training program that's going to lead to a recognized credits den shall at some point in program year 18.

So makes sense that the number of specific measurable skill gains earned also went up, about the same, 23 percent. A participant may earn more than one measurable skill gain in the program year and it -- the calculation is based on just the number of participants, but it's interesting to see the count of actual MS Gs is also increasing.

This results in a slightly improved measurable skill gains rate. In program year 17, our first year, we were just over 21 percent and we're up 2 percent to just over 23 percent in program year 18.

Keep in mind that this rate is the number of participants who earned a measurable skill gain divided by the number of participants who were eligible.

One of the other data points that can be interesting to query and RSA can provide this to you is the number of participants who were even eligible to obtain one. It changes the denominator but you can take the measurable skills gain denominator and divide by number of participants served to get to how can you increase our numerator. We're going to hopefully be sharing more of that data in the near future so let's take a look at our newest WIOA. That's the second quarter

after exit.

This is the first year we've collected this data and this is for those kids who exited the program in program year 17, so we're actually reporting on them in program year 18.

So in program year 18 our employment rate in the second quarter was just under 50 percent at 49.2 percent.

We also are reporting for the first time the median earnings of these individuals who were working in the second quarter after exit and that figure is about 3700 dollars as the median in that second quarter after exit.

I was interested in what sort of the range of earnings was, so I had my team pull that. And this is probably an anomaly, but we'll throw it out there that someone was reported as earning a penny in that quarter, but someone also made a lot of money.

This is -- this is from a blind agency. I can tell you who if you're the right agency that asks me, but 644,000 dollars earned in that second quarter after exit. So that gives you a flavor for what the range might be. This is one of the data elements that we've received questions about, if adding an anomaly in our 911 submission. We've talked about that a lot internally. I'd welcome your feed back. We don't want to set an arbitrary minimum or cap. My cap probably would have eclipse -- this 644,000 would have eclipse the cap I would have been thinking of you, but that's where we struggle with anomalies and outliers and not allowing those to be reported.

So let's talk about the rehab rate or employment rate. Every time we talk about this, I tell people this is no longer a standard and indicator. We no longer have standards and indicators before. This is not one of the WIOA measures, but it still can be informative when you look at exit.

What's happening to people when they leave the VR program in terms of their employment status.

So we're about 7 percent down from program year 17 when we look at the number of participants exiting with employment.

In '17 we were just about 152,000 down to 142,000 in 18.

The number of participants exiting without employment is slightly more by about a thousand, so 156 thousand, thereabouts, to 157,000, thereabouts, in program year 18.

These are the two data point that you use to calculate the employment rate and here it is in program year 17 we were about 33.9 percent down to 27.6 increases 18.

One of the things that has bearing on in the second quarter after exit. It makes sense that people who leave the VR program with employment might have a better chance of retaining or securing employment in the second and third quarter after exit. It's probably too soon to make shows connections with two years of the data, but it's one of the things we're going to try to pursue and answer that question.

Is that true or not.

We also ran the top five SOC codes for individuals who exited successfully in year 18, here they are, stock clerks and order filers, customer service reps, janitors and cleaners, not in homes, laborers and freight stock around material movers and retail salespersons.

We have these SOC codes for every state, every VR agency if you're interested in learning where you are in these, we started to include them in the quarterly data dashboard so we would encourage you to look at that last dashboard that we send on a quarterly basis.

We also want to talk a little bit about reasons for exit and what we saw in program year 18 in terms of attrition.

So we talked about that just over 300 thousand participants exited. The top three reasons for exit aside from leaving successfully with employment: No longer interested in receiving services or further services.

Unable to locate or contact.

And all other reasons. If you added all three of those up, you get about 145 thousand which equates for 48 percent of participants who exited the VR program unsuccessful in program year 18.

We find this data interesting. We know many states' agencies are doing a lot to keep people engaged along the way to prevent these reasons for exit.

So we'll switch gears a little bit and talk about the next four year state plan which is right around the corner.

A couple weeks ago, the department of labor and Ed announced the state collection request, I've included the hyper link to it here. We wanted to let you know that planning requirements are mostly the same as the last four year state plan and that RSA did not make any changes to the VR services portion, so expect the same descriptions as the last four year plan for at least the VR part.

You all may begin submitting your plans in March of 2020 and we hope to open the new state plan portal before March to allow you to get familiar with the new portal, play around in there before you actually submitted and I'll talk more in a moment about that new portal.

We also plan to issue guidance regarding these plans, to talk about submission instructions, talk about the due dates and outline other requirements for those state plans.

Where he also plan to issue guidance regarding the negotiation of performance levels and performance sanctions as with move forward with the WIOA performance accountability provisions because that work takes place in the state plan process.

We'll spend a couple minutes talking about that. It's easy to think about the four year state plan in two parts. The first half and the second half and it affects which performance indicators are applicable in which half.

So for program year 20 and 21, the first half is when measurable

skill gains data is going to apply.

By this time, that states submit their plans in March, we'll have two full years of program data. 17 and 18. And we'll also have a couple quarters of program year 19 data, Q1 and request two.

The joint regulations require that at least two years of full program year data be in place before federal agencies begin the process of establishing levels of performance and that's RSA's plan for measurable skill gains in this first half of the next four year state plan.

The joint guidance I mentioned will try to outline how that process will unfold but the thing to know now is that the only indicator for which RSA would be negotiating levels of performance is measurable skill gains for those first two years.

Second two years is a little bit different because we'll have more data at that point. We'll have four full program year data sets, 17, 18, 19 and 20 and will have by that point published an annual report with all of these metrics. So when states submit their two-year modification in that March, April 2022 time frame, RSA would also have a couple quarters of 21 data and be in a position to establish performance level for all five of these performance indicators.

What about effectiveness in serving employers? We've talked about five and I know I said there's six. Well nothing is very easy, everything is a bit complicated. As you all know this measure has been a baseline indicator for all core programs during the pilot program so it was for first two years of the last four year state plan, the second two years of the last plan and it will be for the first two years of the next plan.

Core programs including VR agencies should be collecting and recording data on these as they have done for the past four years or so.

Data collection and reporting is not optional. We've received a few questions on why it is listed as optional in the 9161 report. It's listed as optional there because you can choose to use RSA's form to submit that data to the federal government on behalf of all core programs.

Most states are reporting this collectively through title one or title three programs through the department of labor, but if you decide you want to use the RSA way of doing it, you play.

If you don't we're expecting that VR agencies are sharing their data with their core programs.

When we receive it at the federal level, we don't know what comes from which core program. So I've received questions about how are VR agencies doing on this measure and I don't know because this is a state measure. We just know of how the state is doing but hopefully you would know and you would have that data to share with your partners or with other stakeholders as appropriate.

So also talk about the new WIOA state plan portal. RSA is getting out of the business of unified and combined state plans through our

web site and we have partnered with ETA and OCTA to build a new portal hosted by an IT contractor.

A lot of people think the federal government is not in the best position to fund IT projects. So we've funded this through an outside contractor.

We are testing the portal now and providing training to federal staff in how to use it and training for state would begin soon. I thought I would have a couple specific dates for you by today but unfortunately I don't. You will receive e-mails, probably many of them when this training begins so be on the lookout for that.

We hope you find the new portal more friendly to use and more receptive to your needs and we'll be sun setting the RSA portal shortly. We might have a party for that.

Okay the. Let's switch gears a little bit and talk about the 911 and I wanted to provide a couple brief points. The number of data elements. We get this question a lot.

So in the current 911 that will be implemented in program year 2020, we deleted 94 data elements, but added 14 new ones so that means we have 80 fewer as a net gain. So we're down to 313 data elements on the new 911.

66 percent of those data elements are related to VR services. Each VR service has a few, sometimes up to six data elements associated with it.

So if an individual that you're serving isn't receiving those, data elements aren't used. Many of them remain the same all the time, date of birth, Social Security number. So there's a notion that all of these are updated every quarter and submitted for all participants to the RSA. That's just not the truth because a lot of these things remain constant over time.

We hope the changes we've made stream line collection, reduced some burden and we're looking forward to rolling out the ICR soon.

We've numbered the new data elements. The 14 new once Mr. Were added at the ends. All of those deleted are to be left blank. So you're not reporting on those.

We didn't remove them from the generals because it would have meant revamping the entire file in how you chug out those elements.

This has six appendices, we released a cross walk if those 911 and where to report that on the new 911 and just yesterday we released the 911 in excel file format. We sent an e-mail to everyone and we hope you find that useful.

The 911 is approved by OMB of course and it expires on April 30 of 2022. That means it will expire during program year to 21 which will be the second year of collection for that form. So in our first year of data collection, we'll have to think about making changes to the way we collect for the following year.

This is a hyper link I just mentioned so if you want to click to it from

here, you might and keep in mind this if I am includes a couple minor typographical corrections.

We thought we caught all of them. We did correct the spelling of naval to reflect the Navy and not the belly button. So that's fixed.

We're also partnering with our friends at the WINTAC to roll out a eight part training series on the 911. We have two of them done so far and they're available on the WINTAC's web site. They're posted here just for your awareness. We have sort of a background and implementation overview of the 911 and just released yesterday reporting expenditures. I've listed the next six topics here and this is also included on the WINTAC's web site if you're curious about those.

We're rolling these out two per month through January, so two down, six to go, please be object the look out for more.

So what about using 911 data? We all spend a lot of time and money and effort collecting and reporting this data, and RSA uses it and we want you to use it, as well.

So here's a variety of ways that RSA has made 911 data digestible and usable. Like I mentioned we have our quarterly data dashboards. We will continue to use those dashboards and continue to refine them. Please provide us feed back on them.

If you're finding that some content in those dashboards is not so fresh anymore and needs an update we're willing to change it and add new things.

There is also a good data available in our monitoring reports, and including the appendices to those reports.

There's a good amount of data available in the review reports, also summarized in those monitoring reports.

As you all know, RSA recently shared full 17 and 18 data relating to the timeliness, of eligibility determination. We hope to share more of that with you soon.

The next is measurable skill, what things were like in 17 and what things were like in 18 and we hope to share that with VR directors soon.

We're doing this with all directors over e-mail. Down the road we're looking to make it more transparent and would like to see a lot of these tools, including the dashboard and data tables publicly on our web site for all the agencies in the public to begin to use as think about as they look at the VR program and finally, there is a hyper link here for the WIOA annual reports because there is a wealth of data available on those as we've talked about.

So this is the part of the presentation I'm most looking forward to and excited about and it's high lighting Arizona and Wisconsin, who are going to talk to you about their commitment to using data in decision making. Data driven decision making, how they've improved data quality and accuracy through their collection of data and how they're using that data to tell the story of the VR program. To amplify and

promote the good work that our program does day in and day out. To kick us off we have Kristen Mackey from Arizona

>> KRISTEN MACKEY: Thank you Chris. So I'm going to stay seated here so I can manage my notes and the power point but I wanted to talk with you a little bit about metrics and tiered accountability and the work we've been doing in Arizona. My deputy of field services wasn't able to join me, Andrea Benkendorf has done a lot of heavy lifting with this related to field services and getting those folks on the band wagon to evaluate our progress and performance so I would be remiss if I didn't call her out for her success in that, also.

So if you take a look at this chart, am I doing the right one? This one? The other green one? All right.

So why use metrics, we're program people and we work with people, so how are we going to use data, right? We can't stick somebody in one end and expect something to pop out the other end, so what does that look like for a human service program.

Here's -- some of the things we've been talking about is what's measured gets done. There was something repeated to us over and over at the beginning and we didn't quite understand what that meant and as we go through the slides I think you'll see what we mean when we say that.

Metrics are numbers that tell important information about processes so we had to reshape our thinking and -- we're looking at processes, we're not evaluating people right?

So how are the processes working for us? How is that helping us better serve our clients?

Metrics are a reflection of what is actually happening. I think you heard in the previous session with Joe, there's a lot of assumptions that we weren't able to back up with data. Metrics make the process objective and help to set strategic and targeting goals.

So we took a look at what are we going to measure? What's going to be important for us, so we have some indicator numbers, this just provides us context, because when we started we didn't know where we were.

Some folks came in to help us through this process and well how many of these to do every day, how long does take, what's your average?

We had no idea. We just didn't collect that data, so we have a lot of indicator numbers for ourselves to be better informed.

Then we are looking at the quality. What does quality mean? Are we providing the services expected, level of quality and how does the customer define quality, what does it mean to the person seeking our services.

Services, are we providing the service timely? What is unmet demand and how much does it cost to achieve an outcome, are we providing the services efficiently and effectively and are the services

providing leading to an outcome.

So once we have those in mind we need to ask ourselves what does good look like? How are we going to start evaluating ourselves? Do we even know what our targets should be. So how would we know if the customer is getting a good service? Is the process working and then are we meeting the customer demand.

So when we take a look at tiered accountability, we wanted to be sure we were providing reports to every level of the administration. So again you heard Joe talk about this previously. I think we're all starting to look at this. We need to in every level of the program.

Can't just be me and my team of four up at the central office looking at data and making decisions.

We're too far away from it. We need to inform every level of our team to make those decisions.

So you know, we look at the base of the triangle and we have the counselor. Then we move up, to the office level and I'll say those two tiers of the triangle, the office level and counselor level is where we provide the most reports. Very granular data reports for our team, we'll move up in regions then administration and ultimately to RSA and the department.

All reports ever available to everybody. So we've sent out a report, available, everybody knows where to get them. Nothing's a secret. We're not keeping the data and only certain people get things. We all know where it is and everybody gets it.

So I'm going to give a snapshot here and et cetera probably a little bit difficult to see, but it's a spreadsheet. And what we have is each data element is being listed -- is listed on the left side.

Is it your left side? Oh, on the side of the document, and so then you'll see our next service category is where we have our indicators, service, quality, cost, so we wanted to make sure that we were hitting every single metric criteria.

What are we evaluating and in some interest of self preservation I left my average cost of case closure out, we're still working on that one, but those are our baseline numbers, but it's blank for you all.

So this monthly report, one of the things that was important to me is that we build it month over month. When we came in, we found we were gathering the data month by month and I wasn't able to see what is our trajectory? Are we over, under, about the same? What's happening.

So this is a calendar and you know the data continues to get populated for us. And you know you'll see that we're looking at, as an indicator, how many folks are coming in to our system. Um, how many -- what's the average days to get from -- to an eligibility determination.

What's our eligibility compliance? IPE compliance. Our OOS numbers, I'll like do a little shout out there, we've really been able to

identify ways to stream line and take people off the order of selection wait list.

What area our average wage, number of placements, number of outcomes, what is our retention rate. Average days to obtain employment and then as I said the cost per service as well. So those are all the quality service indicators we felt important to look at. And again this is at the administration level so we're taking a macro look at the success of the program.

Then we move a to a little bit more colorful slide. It's the same data elements being measured on the same side of the document, same metric categories and this is where I was talking about Andrea doing heavy lifting in the field.

What does good look like? Red didn't quite meet the mark. Yellow, getting close but not quite there and the green is you're doing well. You're making the goal that we would see -- or that we would expect.

So there you'll see we set a goal of the average number of application -- I'm sorry application to eligibility determination, 45 days, less than 45 days is what we're shooting for.

So you'll see that we're green across the row there.

Compliance, eligibility compliance, we wanted to be at 95 percent or better. Is that what it says? 95, 96? So you'll see yellow, red, yellow, green.

When we take a look at this on every -- on a weekly basis if we're in the yellow or red, then we ask our team to do a counter measure. What's happening in your area that's affecting your ability to accomplish the green?

We think green, as an organization, is doable. So if you're not meeting green, why? So that's where this red yellow green report comes into play for us.

Then further, it's hard to tell at the macro level why something is going red, or yellow, so we want to, at the administration level it must be X. You know I was a counselor 12 years ago and this is what probably is happening. Well we're finding out that's not the case.

I don't know what's happening in the field any more, cause it's been so lodge. So we're driving those metrics down to the region level. Here we have three regions and the central region split into blindness and deafness. Same categories, not moving things around on people.

Same metric categories, a little bit different spread there so we can see for the quality eligibility determination and compliance percentage, I see a red and a yellow and a green and I can take a look up there and say okay, region one's 90 percent. Region 2 had 88 percent, our VR for blind, a hundred percent compliance there and then deafness is 66.7 percent. So that louse me to target and go to those managers and that office and say what's happening.

I don't have to blanket the entire division to say you need to make a

change. I can say to those specific managers and supervisors, what's happening in your case? What's happening in your offices, to have that change? Have those numbers and outcomes?

This is where we give the information to the supers and the managers of those fields, this is every office in my region one, so every office is getting the results of their compliance on a weekly basis. So you'll see again on the bottom 95.3 percent. We have a red, we have two greens.

Then we can target which office is having the resource problem, the capacity problem, is it a performance problem? What's happening here, so it helps us dig into the specifics that are happening in the office level.

Here's another report that is given to our supervisors and counselors. We'll take here -- we have this broken out a little bit different. This is a specific office that we have that lists every client that we had to determine eligibility on within that 60 days. It listed the day they moved into the status for eligibility: Day they were moved into the status for eligibility determination. It's been determined. What the average number of days was and then the down counselors that did that work.

So in this case you'll see that we did nine total clients. There were zero that were noncompliant. Average number of days to determine eligibility was 11 and the median number of days was four. So this gives that supervisor a real good idea of what's happening in their office on a weekly basis.

We'll also notice here that counselor E had four or five, four eligibilities so that might cause that supervisor to say do I have a capacity issue, a flow issue, is one counselor getting too much over another to help that supervisor manage their office.

So this one is one that's not quite as fancy and/or fantastic. This is an office, we see that we had five total clients. One was noncompliant. Average number of days was 42 and median number of days is 31 so we're still meeting the 60 daytime line, but these are not developed on just the days. Our data team does a deep dive to make sure they have the supporting documentation in the file so did we need an extension and did the extension get signed, did the application get signed correctly, are the documents that we are required to have in the file.

So although we met the time lines for eligibility determination we may not have had or we didn't have in this case, or one of those cases we didn't have the supporting documentation, so this is not just a quantitative check, it's a qualitative check.

So this isn't anything that just gets pulled out of the system. I have a full time person dedicated to producing these reports on a monthly, weekly basis, but it is both equal day active and quantitative.

Next few for us is look at the counselors in each office and how

many cases they have in each status. So we're going back to kind of the old time status numbers that folks may be used to, but it's just the easiest way to portray the data here so this is also for our supervisors and managers to help manage the flow of clients coming in and moving through the system.

Now you can take a look at this and see there a bottle neck my where? Do I have a counselor that's overloaded in some fashion, do I need to shift where clients are going? And it's also really good cause I think you also heard in California's presentation that you know, well why do they have that caseload, I have this huge caseload and what do they have.

This is out there for everybody. And we really did have to get over some hiccups with that, because people were horrified that their information was going to be out in front of everybody else. You know what? We're all a team, we work together, we need to data to help each other. And it's been good at equalizing that thought process of I'm so overwhelmed, I can't do the work and that's why they're doing it and I'm not. So this has been great to have posted at the office level.

So we have all that data, what are we doing with it. We're using it to manage performance, identifying the gaps, targeting areas for improvement, working through problem solving with the data.

Again similar to California, bring in a small team of people together, not the management team. We're bringing in the counselors, rehab techs, the secretaries. We're taking the data, providing them with the data, saying here's what we have, here's the gap, would you agree it's a gap and what are we going to do to problem solve and fix that.

And finally we don't want to forget. We're into celebrating success. We're doing good work, let's celebrate that. You and now we have some hard data to support the things that are happening in the field.

So just a snapshot of some of our outcomes. And again what is metrics. When we started looking at the data, we realized there was a ton of volatility, like what's happening, so we did a couple problem solving, implemented some processes and improvement plans.

And you'll see we had just over -- well nearly seven percent more clients determined eligible year over year, but with doing that we didn't sway on any of our quality metrics. So nice to see that quality stayed with us.

We wrote more plans, even though that wasn't a result of any of the problem solving we did. Just it was a matter of getting it out there. We had expectations at a global level and then we were able to drill down to the office, you, office, your office is responsible for X percent of the total increase that we're hoping to see, and how does that get down to you as a counselor?

We went for a goal for placements, we were hoping to get ten percent more. We got 10.6 percent more.

We were going for 5 percent increase in closures for employment,

we had 7 percent.

We were able to reduce our days for application to eligibility by looking at some of the data and implementing process improvement. We reduced that by 6.7 fewer days. We have some room to work here from days to eligibility, so my team knows, oh, there's the next process we're working on an finally, when he was talking about the quality of the placements we had a 4.4 percent increase in the hourly wage of the placements that we had.

So just some high level quick snapshot on our work over the last year to identify where the data can help inform us in moving the program forward.

So one of the things that staff had said too was they didn't even know we had this data. They hadn't ever been informed about what the data was at the state level. They didn't know how their work influenced the.

We were able to say this is your piece of the total, this is where you're contributing to the total success of the program and people have really taken that and feel like they're very much part of the team.

So this information has been really helpful to get the team on board with problem solving, identifying gaps, figuring out how we're going to do things better and having a over all engagement in the program. So that's just a snippet of what we're doing in Arizona. And I'll hand it over to John.

>> good morning. I'm John Galletta, with Wisconsin DVR. Want to talk a little bit about data as well. Before I do, I want to look at some -- our case management system.

To start off with, I want to give you a thought to keep in the back of your head as you approach data overload. Data is just a summary of thousands of stories. Every one of those stories is a consumer.

This is our case management system IRIS, this is where we start collecting data. Now IRIS was developed by Wisconsin. The application, are all hosted on Wisconsin servers, this gives us the ability to enhance the system as we need and to analyze the data as we need.

As anybody who does data management knows the data is only as good as the people who enter it. So we have people in the field entering data and mistakes happen.

So we've built in validation rules into the system to ensure that we collect correct data. Some of these -- all of these are built into IRIS. If L is blank, then 38 cannot be blank.

We've tried to improve accuracy there. If a counselor or financial specialist or VRS starts entering data that does not align with other data that's been entered they won't be allowed to proceed until they collect that data.

IRIS gets a little help from its friends. We have a feed from SSA that is adjusted by IRIS. We have an automatic feed to the

unemployment insurance agencies web site, Wisconsin unemployment insurance web site.

And we collect wage data on an automatic basis. We've also integrated with the state accounting system. Any service that we were providing to our consumers gets entered into IRIS, not into the accounting system.

The invoices are recorded in IRIS and not in the accounting system.

We have a nightly process that takes all that data from IRIS and inserts it into the accounting system. That prevents the counselors from having to enter it into two systems and the learn two systems.

We also have a couple portals to allow our external partners to provide data to vocational rehab.

If our consumers are enrolled in education and they are pursuing a training grant and they want VR to support their education, they can enter their award information and our counselor's going to see that information.

Then our service providers are able to see the purchase orders for service that we cut for them and they can see consumer information that is pertinent to the delivery of that service.

And that's at the discretion of the counselor. Both the FAO portal and the service provider portal have role and location based securities so only the school that the consumer's enrolled in can see their financial aid information. Only the service provider, providing a service to that consumer, can see the consumer's information.

So that's how the data gets into IRIS. We have a nightly ETL process, extract transform load that pulls the data from our system, does additional validation, some cleansing, transformation, aggregation and loads that into our data warehouse which we build reports and dashboards off of.

The take away here is that process runs nightly. So when you look at the DVR dashboard, you will see data accurate up to last night.

And this is the moment you've all been waiting for. This is the DVR dashboard. We use this dashboard for several use cases. We use it for a program -- um, case management, performance measurements or -- and meeting our divisional and WDA goals. So if the case management realm, we're showing the last contact here. So this is a point in time report. We don't keep historical data. This looks at yesterday and it counts back. And it shows how many cases were contacted within the last 30 days, how many cases were contacted in 31 to 60 days.

Most of the other reports are historical. If you notice in the upper left-hand corner you can see a PY2018, 2017 and 2016, so you can look back.

Here we're looking at eligibilities completed within 60 days. You can look back and see over a period of time how we've done in the last couple years.

We've done the same thing with IPEs. And the advantages of the dashboard is you can start drilling down into data. All of these dashboards are interactive and you can select counselor and you can see all your open cases, how many days it's taken them get a IEP. You can see those outliers and this can be used to look at the anomalies or case that is may have gone a little too lodge.

We also measure our performance measures through the dashboard so this is our measurable skills gains. And this, too, can be drilled down to the counselor level and you see a list of all of their open cases, what measurable skills gains they obtained, when they obtained it.

This is very useful for case review. We have our second quarter post exit report. And we -- in addition to this, I didn't give the slides because it all looks about the same, our fourth quarter post exit and this is our newest report, it's a credential attainment rate.

This is one of those measures that are lagging. You have a year to collect the data after exit. We're about ten months in to data collection so will be interesting to see where this turns out when we finish out the year.

This is a -- an example of some trend reports we've created. We made these reports to address a question we get on a consistent basis. And it's every time we get a number.

So this one happens to be new applications. How did we compare to last year? And every time we got a number of new eligibilities or new IPEs or rehab closures, it's how did we compare to last year, so this report will show us the last three years and the current year by month, and if you see that hanging purple do the because a screen shot was taken on October are 15. You see we have a pretty consistent trend for new applications, at least.

Another thing that Wisconsin did that -- to help us analyze the data is we went through and we recreated the RSA dashboards in our dashboard.

And some of the reasons for this was you submit the 911, and 45 days later, ish, you would get a dash word back in a PD F. And then you start to compare how it was last quarter compared to the quarter before and we had paper reports laid out on a desk trying to align them.

And then we would gift information out to the field and field staff would say that's great. That's the state of Wisconsin. And how did I do with regards to the state of Wisconsin?

So we can see in the last date of the quarter pretty much what we're going to get in that pdf, in a month or two. And we allowed the field staff to get to their level. So they can compare how they're doing compared to the state, compared to the neighbor.

And we went and recreated all four of these dashboards. In our -- there we go. We also visualized our service provider data.

We have a supply and demand map that shows all the service providers that are offering service in their area and then all of the consumers that are looking for services in that area.

We have a consumer selection tool which we see here that allows us to assist in a form choice when selecting a service provider. And again this can be drilled down to if you look at, the service you're looking for, say job development. You click on the WDA. You can even go down to the county level.

And then hit details. You can see that all of the service providers that are offering job development services in that area. And this can be printed out and given to the consumer.

So these reports were all built over a long period of time, about three years. Now, as you -- they weren't developed overnight, so besides providing staff more insight into their data, more transparency we gained quite a bit by building these reports. Our team gained a better understanding of how RSA analyzes our data.

Whenever a report comes out from RSA, the first thing anybody does is. Back to the dashboard to see how it compares and if it doesn't compare we start looking into it and question how that report was developed.

We've gained a better understanding of our own data through this process, too. Every one of these reports that we've developed, we've Q/A checked, looked at cases in and through these efforts we found things that weren't right. We correct add few things. We found things that were sent to the warehouse, but if it wasn't changed. We had to correct that.

We found some work flows in IRIS only worked if it was done in a specific order. If they were done out of order it caused data anomalies. The last one we found was making funky education degrees, so we had to go back and fix that.

These efforts of creating a dashboard actually created a better system of data collection and reporting.

As a result of RSA -- or coming in and taking data integration. Wisconsin is more into data governance. We've just created our data governance.

We assign domain data stewards. We have a data steward committee and the committee looks at across all the four programs 6789 we want to make sure the data elements are well defined, understood and trusted.

We also have a dashboard reports work group. So as dashboard requests come in, those requests are evaluated, questions asked, like should that be its own dashboard, should it be another field in dashboard or if it's a one off, should it even be in the dashboard, should we just create an ad hoc report for it.

We also prioritize requests. What requests have an impact on the largest number of people.

And then our data analysis on our QA committee and they support the QA committee and provide data there.

There we go. So our next steps, we're not done. We're not near done. We want to show more data. Our next report is a resource management report. We're looking at our fiscal performance to budget. Highway close are we to the end of the year, how much money do we have left? We want to look at staffing levels and vacancy levels at WDAs to see that our resource are assigned appropriately.

And all the anomalies we discover, no matter what we do in the system despite our best efforts, we can't prevent everything, so I want to create more reports, more anomaly reports and allow the field staff to see where the data is questionable and for what cases and allow them to go back before we start reporting on those.

That's about it for Wisconsin. Chris is going to wrap up for us. If we don't have time to take your question or you think of something at a later date, please reach out to me. I'd be happy to talk to you. Thank you.

>> thank you Kristen and John for making us look good.

So Dacia we have about ten minutes for questions, answers, discussion? I'm open to them and I'm sure Kristen and John are, as well.

>> We're super gel in Massachusetts, for both of those. I think this question is primarily for Kristen. Counselors and field staff aren't as comfortable with data. And data, I think, can also be perceived as punitive. Can you talk about if you did anything particular to facilitate ease when talking about data?

>> yes, we had a manager supers meeting, what we were looking for, how we anticipate using it and then what we've done is then taken that down to the field and so each of the field offices has a huddle board. They've got those metrics up on their board. They're all reporting that. The -- it's usually a designated point of person in the office, they gather around that at least once a week, have a conversation about it, about what can we do to help each other meet the capacity and the demands of the office. We have a goal. Are we meeting it? Are we not? It's not punitive, it's what's the gap? What can we improve. How can we do better, typically we're not going to add people, not going to add money, what can we do? What problems can we resolve here to help us meet that goal.

So we really did put out as it's not punitive, we just need to know where we're at. What I say to the folks is these are numbers, it's helping us figure out where we're at, but behind every one of those numbers is a person that's not getting something timely, so we know what good looks like, we know what our customers want to achieve and attain, that's what these numbers are driving

>> Other questions for the panel? Is anyone hungry in the

audience? Well let's give the panelists another round of applause.
>> Thank you very much to show that. It's a great example of using
data to make it meaningful for customers. Thank you very much.
And just a lunch break, I believe we're on break until -- let me make
sure I have this correct. Until 1:40.