

Our human services practice areas

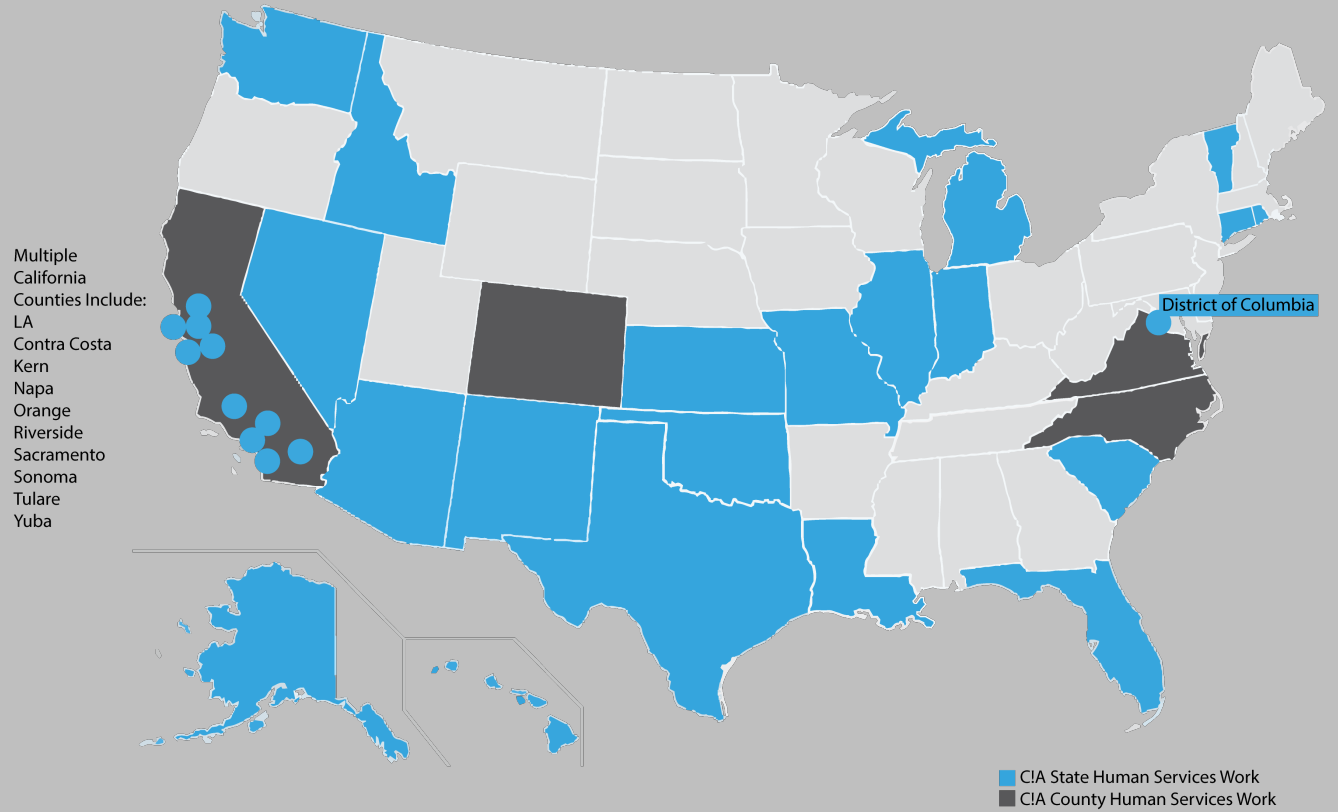
- Medicaid, SNAP, TANF (Eligibility)
- Child Welfare
- Child Support
- Unemployment Insurance
- Child Care

A close-up photograph of two hands, one from the left and one from the right, with fingers curled to form a heart shape. The hands are positioned in the center of the frame, with a bright, warm sunset or sunrise in the background. The light is golden and creates a strong lens flare effect, with many small, out-of-focus light spots (bokeh) scattered across the scene. The overall mood is hopeful and supportive.

Solutions to increase your capacity when you need it most

50%

of **all state human services agencies** and some large counties are serving more clients faster at same staffing level as a result of our proven, capacity-building strategies and innovative SaaS service delivery and workload solutions



80%

increase in same-day determinations

40 - 130%

more families served
with improved accuracy

70%

faster delivery
of benefits

Medicaid, SNAP, and Safety Net Programs: The problems we solve

- Staff shortages
- Flood of renewals coming when
Public Health Emergency ends

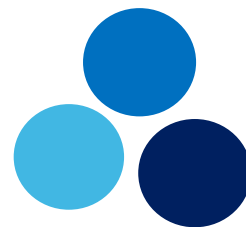


EXAMPLE: Largest State-administered Health and Human Services Agency

Every time a case is pended and is not addressed at first contact with a customer, more work is created

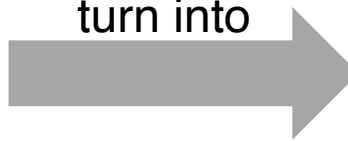
- Multiple customer interactions
 - 3-5 interactions in the course of a single eligibility event
 - Customer calls and visits offices to find out “what is the status of my application?”

300,000
APPLICATIONS
AND RENEWALS



VALUE
demand

turn into



1.2 MILLION

CUSTOMER
CALLS AND VISITS
EVERY MONTH



SELF-CREATED
demand

EXAMPLE: Largest State-administered Health and Human Services Agency

Optimize service delivery to eliminate the additional work that pending cases creates and, in turn, free up staff capacity

- First contact resolution
- Real-time verification
- Expertise upfront
- Eliminate handoffs
- Work routing
- Real-time productivity metrics

50% reduction in workload!

Frees up the capacity of approx. 665 workers
(assuming a 10 min. average call time)

638,000

**CUSTOMER
CALLS AND VISITS
EVERY MONTH**

300,000

**APPLICATIONS
AND RENEWALS**

1.2 MILLION

**CUSTOMER
CALLS AND VISITS
EVERY MONTH**

WITH C!A + Current™

SaaS Service Delivery Platform for Human Services



Make work visible

+

Make work flow

+

Make work smarter

Get Next

SOLUTION 1:



Application Service

Validate customer-provided information at application

Assign work to staff based on risk and variance

Provide all information needed to act

SOLUTION 2:



Monitor Customer Life-Changes

Monitor customer circumstances 365 days

Filter life-changes according to state program rules

Work only material changes requiring action

MITIGATE PHE UNWINDING

SOLUTION 3:



No-touch Medicaid Renewals

Increase the yield of Medicaid no-touch renewals

Pre-fill renewals with up-to-date, validated data sources (for customers not auto-renewed)

SOLUTION 4:



Business Process Optimization

OUTSOURCING: Trained workforce to process eligibility for customers calling in or returning a pre-filled renewal form

IN-HOUSE: Services to streamline eligibility processing

Child Welfare: The problems we solve

- Staff shortages
- Increased caseloads
- Inefficient processes
- Capacity crises



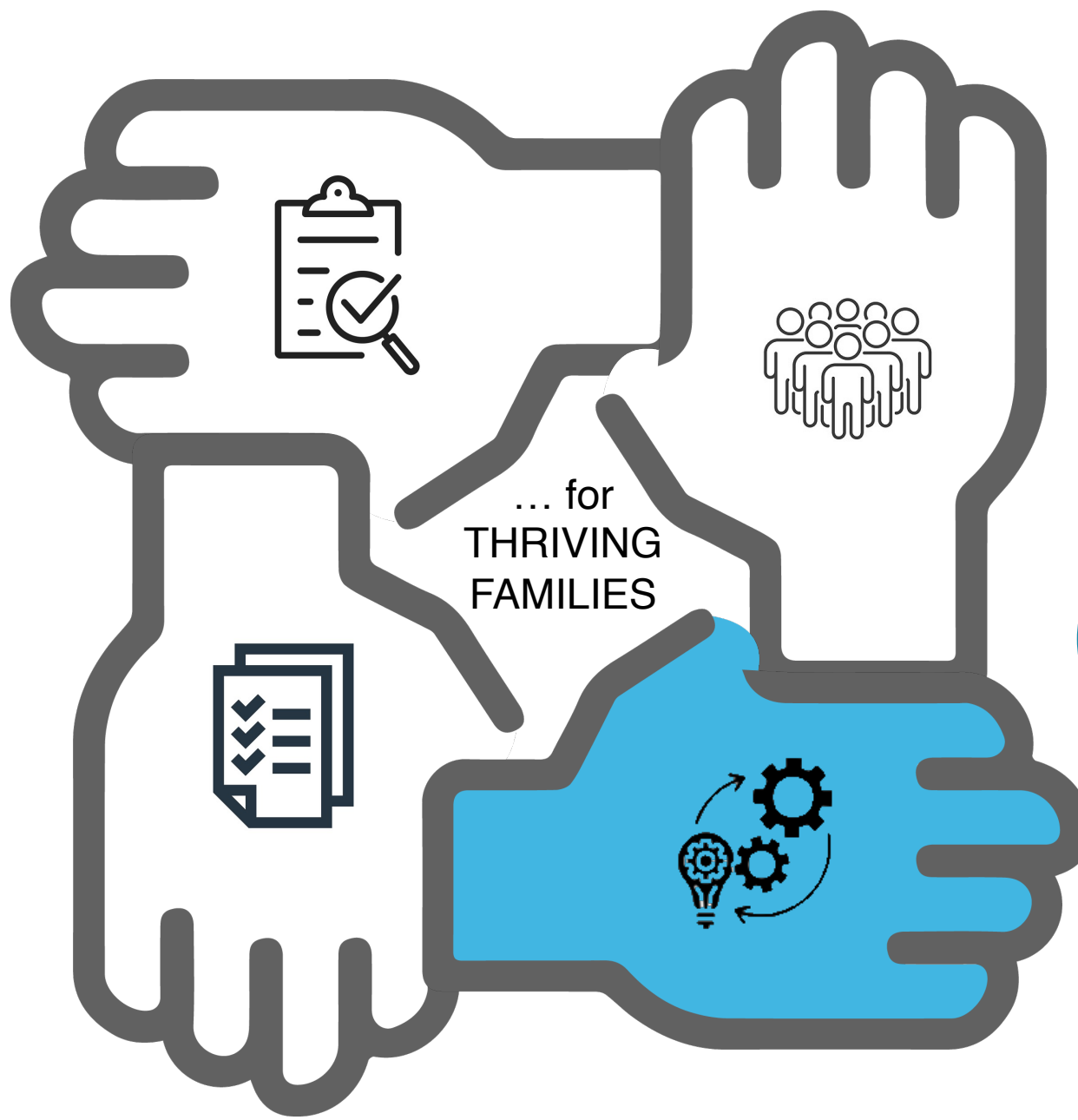
Working hand-in-hand ...

Policy

- Child Abuse Prevention and Treatment Act of 1974 (CAPTA)
- Indian Child Welfare Act of 1978 (ICWA)
- Family First & Preventative Services Act of 2018 (FFPSA)

Practice

- Early intervention and prevention
- Community-based services
- More kids stay in home
- Enhance relative search
- 2GenWhole Family - anti-poverty work
- Transitional youth supports
- Balanced case loads
- Foster Care Supports
- Data Analytics



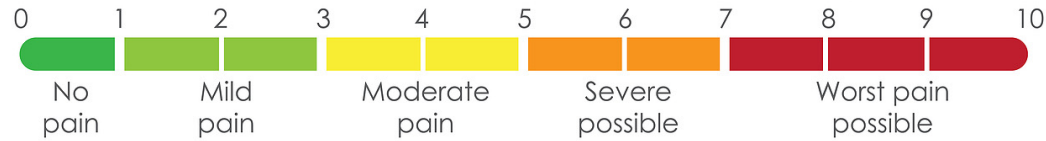
People

- Staff Support & Development
- Community Support Services
- Inclusion, Diversity, Equity Work
- Person-Centered Design Efforts
- Trauma-Informed Care
- Engagement & Interactions within system (courts, law enforcement, schools, hospitals, etc.)

Processes = Capacity

- Unlock the needed capacity to do what you need to do – and do best

Capacity Crisis: How bad is the pain?



Investigation Workload Demand

Cases Investigated - 15,659

Unsubstantiated – 10,518

X 17.25 hours = 181,435 hours

Substantiated and Closed/In-Home Workload – 3,575

X 37.32 hours = 133,419 hours

Substantiated and Remove – 1,566

X 39 hours = 61,070 hours

375,928 Total Hours Needed (250 FTE)

285,000 Total Hours Available (190 FTE)

Agency would need 90,928 Hours, or 60 additional staff, just to keep up with current workload

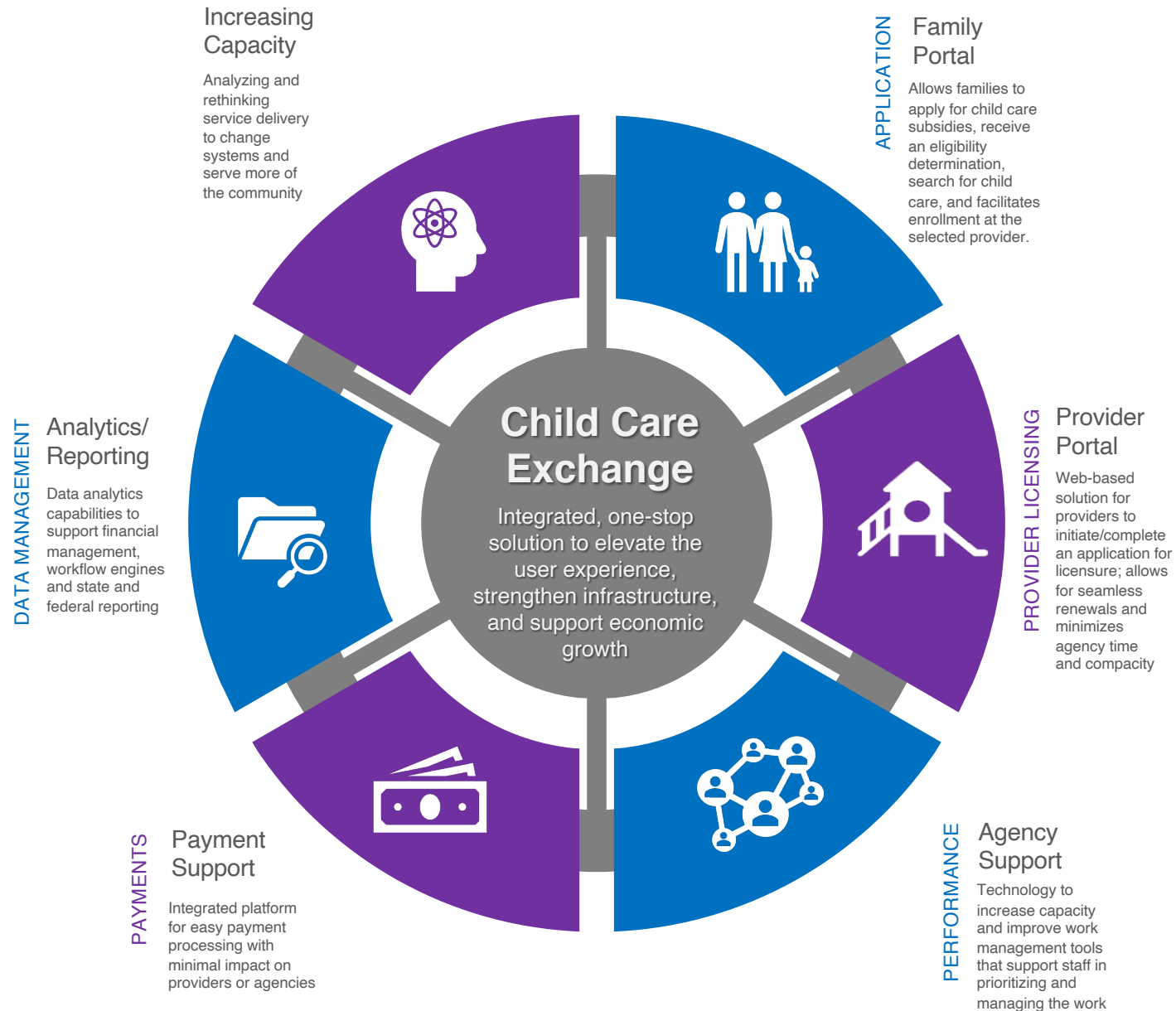
**Staff hours are figured at 1,500 per FTE or 70% direct work time*

Child Care: The problems we solve

- Families maneuvering through a complex & non-integrated system
 - Eligibility
 - Selecting a provider
- Navigating a cumbersome and difficult to licensing process
 - At initial application
 - On-going
 - Renewal
- Lack of quality child care providers



End-to-end integrated solution for states to administer child care



Thought Leadership: Our latest articles tackling PHE unwinding and the social worker shortage

EMERGING STRONGER

When the Public Health Emergency Ends

How Agencies Can Make Room for the Upcoming Wave of Renewals and New Customers

By Leo Ribas and Michael Jones

As agencies across the country have been grappling with a new wave of customers seeking help due to the COVID-19 health crisis, they must now prepare for the massive number of existing customers who must be renewed after the public health emergency (PHE) and pandemic waivers come to an end.

With Medicaid enrollment up 18 percent since February 2020, representing more than 12 million additional individuals nationally, and Supplemental Nutrition Assistance Program (SNAP) enrollment up nearly 15 percent, agencies are simultaneously managing unprecedented enrollment, facing the capacity challenges associated with the end of PHE, and ensuring their service delivery systems align with federal guidelines for conducting renewals, even as those guidelines continue to shift. Medicaid enrollment has grown to nearly 84 million individuals nationally, all of whom will need to be reviewed after the end of the PHE. All of this is occurring at a time when labor shortages are making it increasingly difficult to retain and hire staff.

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from our partners

By Kelly Harder and Sean Toole



You Can't Hire Your Way Out of the Staff Turnover Crisis: Addressing the Realities of Staff Turnover Through Process

We are seeing signs of hope that the pandemic will soon be behind us. The economy is growing at an impressive pace. Unemployment is nearing historic lows, and job opportunities are plentiful. While these are certainly indicators that things are looking up after a rough few years, the same bright story is not necessarily unfolding in child welfare agencies. As society opens up and children return to in-person schooling, we are finding that the number of families needing services is increasing. This increase in demand is occurring at the same time we are also seeing agency turnover and resignations on the rise. Some agencies are now facing 50 percent vacancy rates in critical functions. In an effort to hire and retain staff, leaders are offering hiring bonuses, renegotiating workplace agreements, and seeking to address compensation issues.

Turnover is an unprecedented challenge that threatens the well-being of children. But staff is hard to find, harder to retain, and we are hiring back into the same systems that haven't addressed fundamental challenges that have existed for decades. The only way to improve this reality is to rethink our approach. It's time to put in place carefully designed processes that address the on-going reality and the underlying cause for why most staff leave.

Unprecedented or Merely Status Quo?

We have seen this challenge for decades. In fact, in a study conducted in 1960 titled "Staff Losses in Child Welfare and Family Services Agencies," agency directors reported that staff turnover handicaps their efforts to provide effective social services for clients. In 1984, several studies were conducted to explore what could be done regarding turnover rates of 30-60 percent a year in social services. And, in 1992, another study stated that "Employee turnover in human services organizations may also disrupt the continuity and quality of care to those needing services."¹

Turnover is not a new issue. Is it possible that what seems to be an unprecedented challenge is really the norm? We suspect so. While each decade has had its own unique set of specific issues, the theme of high turnover has remained the same.

The Solutions of the Past Have Fallen Short

The other thing that has remained constant over the years is the attempted solutions. Noble and well-intentioned, leadership most likely



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22 Policy & Practice April 2022

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Thank you! Any questions?

