



Benefit Access Funders Briefing

FORD FOUNDATION
320 East 43rd Street
New York, NY 10017

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Meeting Summary and Action Items

Meeting Summary

- Engaged in a discussion that centered around the following:
 1. Pieces of the Elephant: Populations, Benefits, Delivery Channels, and Technology
 2. Benefits Access from the Inside: A Conversation with Policymakers at the Federal, State, and Municipal Level
 3. Innovations in Access to Benefits Bundles : Healthcare, Food Stamps, Childcare, and EITC
 4. Impact and Ideas: Recent Demonstration Projects, Research, and Key Questions

- Key take-a-ways:
 - Healthcare reform is a game changer
 - Opportunity to engage/partner with Administration
 - Need for more (and strong) data on what works
 - Appetite to utilize technology, maximize partnerships with intermediaries, and support efforts at the state level
 - Key areas for further discussion:
 - Policy/advocacy/messaging
 - Community based models/efforts
 - Evaluation/research/data
 - State systems support (TA and policy)

- Next Steps
 1. Map current investments, gaps and where to align investments - survey meeting participants (and others? NGA and NCSL also want to engage their members in conversation)
 2. Identify venue for next meeting that will focus on HOW TO align funding streams and strategies (GIST meeting in September, White House also offered to host)
 3. Draft memo to White House recommendations for horizontal changes to promote coordination: Shelley Waters Boots will lead with help from Chauncy Lennon, Steven Dow, Michael Weinstein, Mimi Corcoran, and Teri Langston

Detailed Summary

I. **Pieces of the Elephant: Populations, Benefits, Delivery Channels, and Technology**

The problem is we don't have full take up rates in the various set of work and income supports available. This occurs due to individual barriers (people don't know about them, know about them but don't think they are eligible, don't think they are worth it - hassle factor, fear of government) and system barriers (supports are not fully funded to serve everyone available, existing silos within departments, delivery channels and methods do not make them easily accessible).

Populations, Dottie Rosenbaum, CBPP

- Traditionally think of low-income population as 200% of poverty level and below
- Before the recession one in three were low-income over the course of year and 85% of low income families had some earned income over the course of the year
- Low-income population falls into three mutually exclusive categories:
 - families with children
 - working adults without children in the home
 - senior citizens
- People move across categories over time – one third of individuals who are poor in one year are not poor in another year
- Limited education, skills, and disability cut across all groups
 - at least one quarter of all low income are disabled or living with family member disabled
- Single parents face additional challenges (child care etc with only one adult in the home)
- Immigrants – one in five poor people are a non citizen or in a family with a non citizen
- Low income college students both with and without children are on the cusp of getting out of poverty
- Those in rural areas face additional transportation, housing, and job availability
- The “very vulnerable” also face additional disruptions and barriers (e.g. domestic violence, substance abuse, homelessness, etc)
- Sometimes access strategies need to focus on a particular group or population- lessons from individualized interventions can be exported, but may lose robustness

Benefits, Elizabeth Lower-Basch, CLASP

- Top three: EITC, Health Care, SNAP (food stamps)
- Other: WIC and Pell grants
- Best available data is from 2001, most likely underestimates access to services
- Participation varies by state
- 20% of children receive all three benefits
- A lot of churning on and off benefits
- For benefits that are capped, there is no capacity to serve more
- TANF Emergency Contingency Funds have made a huge difference and still very much a gateway to other supports and services (in many states the best way to access child care subsidies is through TANF)
- Almost no one accesses all
- Food stamps and EITC are fully federally funded - can increase enrollment without states taking a financial hit
- Health care is split between state and federal funding
- TANF is a fixed block grant- any increases result in financial burden on states

- Fewer benefits for families without children and they also have lower participation rates. Less of an outreach challenge- more of a policy challenge (eligibility). Not able to draw this population in the door BUT game changer with 2014 health insurance coverage

Delivery Channels, Chauncy Lennon, Ford Foundation

- The place where people and services meet
- Traditional channel: “bricks and mortar” government office (one building, one benefit)
- New channels: looking outside of government offices to local institutions (e.g. faith based), service providers (hospitals, day care centers, prisons, employers) and not always in a physical location, but online
 - Many are part of networks and working with intermediaries, but not all are delivering same depth of service
 - Bring benefits to where people already are- more flexible, less stigma, avoid the old system
 - Goal is to increase uptake in benefits – both those not currently enrolled AND to facilitate access to full packet of benefits – and improve outcomes (education, employment, etc)
 - We have no data to tell us whether this is working – NEED FOR DATA COLLECTION
 - Need for systems change: if the application process doesn’t change, a new venue won’t work – need to take complexity out of application process (technology may help)

Technology, Stacy Dean, CBPP

- Can make it easier for people to apply and retain benefits – all that they are eligible for
- Can make it easier for states to deliver services
- Traditional bricks and mortar system creates bottlenecks –for each benefit one worker, one office, one file.
- Technology offers a whole array of services
 - Online applications- more than half the states have ability to renew and /or manage benefits online (24/7 access)
 - Call centers: (24/7 access)
 - Electronic records/documents imaging: paper file no longer a necessity- anyone can access
 - Using technology to mine data from one program to another
 - Technology/software lets you do it faster, more accurately, and prepopulate applications for various benefits
 - Same day service and other more efficient and effective practices
- Technology is not a solution unto itself – mechanizing a bad process is not a good idea – works best when enhancing a strong business model
- Not all tools are great BUT amazing tools are out there and can transform the process and give new clients opportunity to access benefits

Discussion

- Health care reform a game changer
 - Includes \$30 million designated for consumer assistance program
- Need for data and evaluation - what do we know and don’t know
- Retention is a huge problem that must not be overlooked - states wasting a huge amount of resources in re-enrolling (e.g. in NM 40% applying for food stamps/SNAP were on the program before and had been kicked off in the previous 3 months)

- Current efforts focus on simplifying re-enrollment within programs but not across – workload reduction is important, but also need to make it easier for customers
- TANF has high turnover but in many cases by design. EITC looks at income year to year, resulting in less churning, but not as responsive to emergencies (job loss)
- Child care: 3-7 months is average subsidy spell. There are process challenges (missing paperwork), but also policy issues (what disqualifies you)
- POS (paperless office system):
 - Alternate channels serving slightly different population - more new to system (have not applied in 5 years) and more working families
 - Acceptance rates are less (5% on food stamps, 15% Medicaid) – completion rates an issue.
 - Potential reasons for lower acceptance rates for online applications are because those exploring benefits online typically are better off; community groups may be working with those less likely to be eligible; or having to respond to mail that they don't understand.
- Where do foreclosures and housing fit in?
 - Silos are an issue – have arrival of new population in zone of 200% of poverty- don't have systems to engage in outreach to these new folks
 - OSI: HUD project – using them as a lever point to access benefits
 - Housing benefits are capped
 - Most local communities have long waiting lists, lists not regularly updated
 - Evictions are costly
- California Health Care Foundation built the first online application in the US (comments from Sam Karp)
 - Most health foundations have contributed to Healthy-e-App or One-E-App- has spurred innovation across country particularly at county and state level
 - Online systems are all different, some more complete than others
 - We (Healthy-e-App) try to automate from beginning to end so we never touch paper - brought in Lewin group who found online applications improve efficiency, accuracy and satisfaction
 - Mathematica study commissioned by USDA – concern with how unevenly online applications/electronic automation is developing across the country (e.g. in CA differently for each of 58 counties-people become victims of geography)
 - Half of the newly eligible for healthcare will be eligible for Medicaid and therefore a host of other benefits- opportunity to extend a single application for multiple supports and services in real time - Medicaid application so complete (not much more you can ask)
 - Florida is 100% online applications- no paper!
- Recent study by Urban Institute on [food stamp modernization](#). Requires a lot of training to fill out a food stamp application. States facing cuts in staffing.
- Can we learn anything from health care reform on churning – how much is the churning a result of the FMAP and do we have an opportunity in the next 5 years when we have one source of financing
- Banking companies are moving towards serving a group that has significant overlap with our low income population. Is there an opportunity for coordination/integration of technology?
 - State and local governments not able to seize as quickly or nimbly as the private sector. There are enough states that are thinking innovatively – to deliver core package or benefits - we need to work with those leaders and visionaries and pursue systems and policy change.

- States use churning as way of managing their state share – but most vulnerable families are victims of this

II. **Benefits Access from the Inside – A Conversation with Policymakers**

Federal, Cindy Mann, Director, Center for Medicaid and State Operations

- Enormous opportunity with health care reform for systems change paired with an Administration interested in being online, transparent, and focusing on access - Lots of opportunities, willing partners and game changing environment
 - We have a vision of a seamless, consumer friendly system with three goals: universal coverage, quality, cost containment
 - Three legs to the stool:
 1. Employment sponsored insurance Medicaid and CHIP
 2. New health insurance exchanges Big systems changes – vertical connections among health programs (Medicaid CHIP, ESI) and horizontal – connect low income families to SNAP/TANF/EITC etc
 - Thinking through with friends at ACF and USDA as well as IRS and Health Insurance Exchange on how to do this-time for a lot of good ideas and input- HHS wants to facilitate those ideas/share the models/spread the learning
 - Eager to collaborate with others to meet challenge by secretary to get all eligible children enrolled
 - Need to build capacity for community/on the ground link
 - CHIPRA- Express Lane Eligibility: new opportunity for state Medicaid and CHIP programs to get findings/data from other sources to make eligibility decisions

State, Linda Schmidt, Poverty Policy Director, Michigan Department of Human Services

- MI is ahead of game as they have been dealing with recession longer than most states and have emerging critical mass that understands the old structure is not coming back
- Many states behind – in hardware technology but also in how we work (in silos)
- MI still in a dire situation with long history of incremental cuts
- This crisis has forced us to be more open and explore new ways of working together
- Summit on poverty at end of 2008 – largest poverty summit ever sponsored by a state with 5200 participants (low income families and working adults being the largest constituency at the summit)
- Realization by state government how hard people are working to access benefits. With support from Kellogg, formed network to connect state government and community to improve benefits access
- State government critical partners because they are already connected to low-income population
- Have increased access to SNAP through online application that allows for integrated data/benefits
- LIHEAP- they add a small LIHEAP benefit that then triggers an increase in SNAP: giving 180,000 households \$188 additional funds that will generate \$360 million in economic activity (ACF, HHS)
- Job Education and training program- JET, JET plus – next generation of welfare reform
- Placing workers in schools – family resource centers (50 across the state)
- Dealing with a network era- need research on how to understand how this can work- how to move from understanding one program to understanding entire network
- Have direct connection in governor's office to philanthropic community- a great model that would be easy to replicate in other states

Municipal, Linda Gibbs, Deputy Mayor for Human Services, New York City

- Stunning to see the large numbers of those who are working and living in poverty in NY – 1990 29%, in 2000, 40%
- Focus on working poor in NY
- NY had integrated benefit access – downside is with this integration, when you went back to work, automatically taken off food stamps and other benefits.
- Now have fine tuned response to client needs – benefits not just safety net services but work support services as well
- Need to make sure message and culture change –beyond safety net to making work pay
- Public assistance dropping until recession. Since recession has been flat with the exception food stamps (growth in access)
- NY invested in technology, streamlined work process and work flow, made policy changes, and used of intermediaries
 - ACCESS NYC: consolidated household benefits – includes 35 programs (mostly city, some state, some federal) – 4 will be online (free school lunch, food stamps, Medicaid renewals, housing rent exemption program).
 - Not everything is appropriate to be online – some benefits require needs face-to-face contact (e.g. employment training and resources).
 - Integration of data systems for every health and human service agency – single client index number
 - Privacy and confidentiality is critical, but prohibits state workers from talking to each other. Client opens door for other state workers to access their family profile.
 - A client and computer cannot solve all social problems – CBOs are critical. Literacy issues, mental health issues make it hard to self-help through the system.
 - Multi-service community center example in NY

Discussion

- MI has already invested \$210 million in access technology- need last \$6-7 million to finish the system (to get to 27 benefits, currently at 2)
- Express Lane Eligibility
 - Currently allows Medicaid and CHIP to gather data from other programs, but not vice versa – but there is potential to make this a two way street
 - Statutorily an option for enrollment of kids, but is it a potential opportunity to connect newly eligible adults for health care?
- Health Care Reform
 - OMB: \$37.5 million to help states pilot new ideas. There are a lot of good examples – how do we leverage those? Need to capture and verify data one time– can use health care reform as platform.
 - Requires establishment of standards and protocols for exchange of info across human services and programs. Need to figure out how to exchange, at family's discretion, for initial eligibility, retention, etc.
 - Will bring in 40 million new people, over half of which will be eligible for other supports and services
 - How to address adequate number of providers? Access commission established in CHIPRA – helping to look at ways in Medicaid and CHIP how currently and newly enrolled will have access to care

- White House Office of Faith-Based and Neighborhood Partnerships interested in ways they can become convener and advocate with vertical and horizontal connections and scale models that are working.
- Many states facing budget crises not eager to see increase in access to supports and services.
- Need to think more intentionally on access points that have outcomes (keep kids in school, out of jail, etc). Foundations can be helpful- help states ask these questions to help reframe benefit access. Currently no incentive to get answer to these questions (in fact, states are incentivized not to increase access to benefits).
- Cindy Mann: Privacy issues potential barrier for data sharing– trying to pull together the right points of contacts within agencies (HHS, HUD, Agriculture) to get quick answers and identify barriers that we can collectively try to address

III. Innovations in Access to Benefits Bundles: Healthcare, Food Stamps, Childcare, and EITC

Healthcare, Stan Dorn, Urban Institute

- Eligibility rules for Medicaid and food stamps are different. Until 2009, eligibility for food stamps did not mean eligibility for Medicaid – this changed with Express Lane Eligibility
- Express Lane Eligibility permits states to grant eligibility based on availability data- advocates and researchers helped make this happen.
 - Matching data: in LA 10,500 had a 100% match, but another 5000 did not. It took 12 months to manually go through these cases. Half of kids on Medicaid receive food stamps but data differs (e.g. head of household might be different on the two case files).
 - Affirmative consent: implied when parents use their food stamp card. The key was that families didn't have to do anything to accept coverage. No hoops.
 - Renewals: LA at front of nation - less than 7% fall off renewals (nationwide 50%) and less than 1% procedural denials.
 - Ruth Kennedy a leader in the field. She says: Simplification isn't simple. The juice is worth the squeeze.
 - We have eligibility rules that cannot be solved by data- need to change this
 - Data driven eligibility will provide less control over managing costs
 - States facing incredible administrative burden

Discussion

- Can we extend this approach to health and human services environment?
- Much easier to do this on state level rather than county.
- Food Stamps focus on precision and measurement -Medicaid and CHIP not so narrow – makes radical improvements easier. We have achieved great progress by pulling health services out of the human services world. Great for health coverage, but silos the process.
- Are other states cueing up for this?
 - Privatization (in TX, IN) and data eligibility are two different concepts – public employees can be responsible for eligibility based on data. Privatization creates a structural problem (changing vendors due to competition)
 - WA and NM- strong unions, brought in labor early, worker driven solutions, worked better
 - LA- involved front line workers in designing the process
 - Some other states interested but recession limits ability to pursue. NJ – moving forward with express lane eligibility with taxes. AL with food stamps as well as NY, OR.

- Need political support which may be wary of increasing the rolls
- Outcry against pre-certification for EITC – is this an issue for express lane eligibility?
 - PA close to figuring this out – most file income tax electronically (including low-income population). Could introduce a pop up screen asking if they want to learn about eligibility for child healthcare, etc.
 - No asset test for Medicaid. States get 100% match for newly eligible adults, 50% for old. Could sample caseload and use that as basis for claiming federal match.

Food Stamps, Stacy Dean, CBPP

- 40 million on food stamps (1 in 8 in US, 1 in 4 kids) – has grown by 12 million since beginning of recession
- Diverse recipients: families with kids, immigrants, seniors, those with disabilities
- Benefit limited to food
- 100% federal – open ended entitlement
- How to be proactive to reach out to eligible families?
 1. Increase eligibility flexibility: 40 states have eliminated asset test, half states have lifted to 135%, employment and training programs do not have to be mandatory
 2. Leverage more benefits: take more expansive view of income
 3. Streamline service delivery: use technology and reduce steps (e.g. number of lines to stand in, pieces of paper). Drop mandatory verification- use external data matches to verify eligibility and amount of benefits
 4. Outreach and application assistance: software tools make this simpler and easier to use.
- Looking ahead
 - Varying rates of participation across states- export strong models from high performers to low performers
 - Retain families after economy improves – make positive changes permanent
 - Ensure improvements work across programs

Childcare, Gina Adams, Urban Institute

- A smaller program, and not entitlement (fundamental resource implications), capped, limited to working families
- Varies enormously from state to state
- Funding restraints and improper payments moves focus on constraints, not flexibility- many on waiting list – there is always someone else to give it to
- CCDF is smaller- when combined with other benefit systems less people get less child care benefits – this is harder, more complicated and caseworkers don't do it
- Two generational program- doesn't just serve parents.
- Can't work without child care
- Though smaller, the benefit itself is worth a lot of money- in NYC could be \$10,000 per child depending on income and what care is chosen by the parent
- Under-utilized as portal – in LA 95% of CCDF recipients are eligible for food stamps
- No focus on outreach (can't afford this)
- Simplification improves client service, administrative efficiency
- Simplification originally focused on vertical integration – more recently on horizontal simplification- but no leadership or resources to do this (openness is there)
- Very little research on what this has accomplished - NEED FOR DATA AND EVALUATION

EITC, Steve Holt, Consultant, Annie E. Casey Foundation

- Grown rapidly over 15 years- often called largest federal anti-poverty program

- Work based and child focused
- Multi benefit program in the tax code
- Self-administered benefit, - claim eligibility on tax return, some verification, money is provided, but very few utilize it
- High error rate, but high participation rate
- 56% use pay prepare /68% of those who claim EITC – have privatized administrative costs- shifted to recipient
- Tax system retrospective, annualized (not like other systems)
- Uses rigid traditional head of household question (doesn't fit well for other income support services)
- IRS not fighting for this program
- Cultural difference around privacy- IRS and Census concerned with privacy with deep belief that people participate voluntarily because of privacy. There is an eroding sense of trust with tax system – this is an issue for data integration
- VITA- community tax sites (drop in the bucket to pay to prepare) - 1-2% of those who claim EITC. Created a database where when folks get taxes done ask a few questions – 28% said they were getting a public benefit
- Many benefits tied to having children and having a family- 50% of those coming in for tax help are single adults
- Build in benefits screening (H&R block doing pilot project in Kansas) into tax preparation
- What works- a lot of anecdotal info but not a lot of data
 - People come to tax site to get a service, not interested anything else. Referral processes hard to track.
 - Need to create data pilots!
 - Competing platforms makes data gathering more difficult
- Do it yourself software- where does this fit in?
- Health care reform is putting IRS in the middle of things. All systems will have to start talking to each other.

Discussion

- Can you use Free Application for Federal Student Aid (FAFSA) as model for benefits application?
 - Form looks at annual income, lots of overlap – yes, low hanging fruit
 - However, most people applying for benefits because income has plummeted and this looks at last year's income
- Gates Foundation has funded initiative- H&R block prepopulating FAFSA application – resulted in increased number of kids actually going to college
- Have not mentioned commercial sector- employers- as delivery mechanism. Could make similar to 401K – have to opt out instead of opt in
 - 65% of those receiving child care subsidies work in retail
 - Ford has funded projects working with employers- workers uncomfortable having income status available to employer. Looked for places that had conducive environments but these turned to be locations where most workers not eligible (e.g. hospitals). We are still thinking about this but it hasn't been easy.
- What are we doing those for those who are not working, but maybe in school? How do we identify and engage those who have potential to go to school?
 - Being in school often seen as barrier - MA just put out guidance on how to work around this. Food stamps can help pay through employment and training programs

- CCDF - under current federal system can use for work, education and training, but robbing peter to pay Paul. Right now TANF could be a portal for this.
 - Most truly low income students are working – smaller EITC for workers without children and need higher income to access education credits
 - Those in community colleges, tuition not main expense. Most people don't know they can use Pell Grant dollars to support themselves
- How has voluntary employment and training in SNAP impacted utilization?
 - First saw a drop, but mostly because those services were not what folks wanted – once services improved, participation increased. WI a leader in this and are training other states. Mandatory requirements are futile.
- What will individual mandate mean in health care reform? In MA, Department of Revenue must enforce this mandate. In MA employer sponsored insurance has increased- small nonprofits is where the nexus of problems pop up – no staff to administer benefits
- Asset tests: food stamps- federal rule is \$2000 for most households, \$3000 with senior or one with disability-Administration wants to raise to \$10,000 with no penalty for savings. 40 states have removed saving penalty for SNAP program. Is there momentum for this change across the board?
- Some data suggest many already use EITC for savings.

IV. Impact and Ideas Panel

Recent Demonstration Projects, Frieda Molina, MDRC

- [Work Advancement and Support Center Demonstration](#)
 - Evaluation that builds on several studies by MDRC in 90's looking at wage supplement program: MN family investment, Canada self-sufficiency project and New Hope in Milwaukee
 - New Hope (8 years of findings):
 - Work supports can have positive effect on low income families and children, but only when they are on the program for 3 years
 - Offered earning supplement, child care and health care subsidy.
 - Saw increase in family use of center based care (higher quality) and improved academic performance and testing
 - After 8 years flat, but more engaged in school and more likely to be engaged in afterschool activity. Parents indicated more likely to have positive social behavior and less likely to stay back a grade
 - Increase income short term of families by access to food stamps, SCHIP, EITC, child care tax credit.
 - Low participation of low wage workers - less than 7% taking up full package (2001 data).
 - Access to work support to stabilize work, but long term goal to move off work supports and increase income.
 - One stop career center tried to integrate services. Have one person tell them the range of work supports eligible- screen them, fill out application, and issue work support there.
 - 23 pages of applications coming in, asked career coaches to prepopulate applications
 - In San Diego, eliminated (postponed) fingerprinting
 - Reduced face to face interviews for renewals – allowed to send in application
 - Had coaches help ensure retention of supports (e.g. bringing documentation)

- One year follow-up—two sites (San Diego and Dayton, OH) with no impact on earnings, however, a number of people in Dayton decided to go to school (high school certificates). Did see positive impacts on food stamps receipt- increased access, but did not necessarily stay on food stamps longer. County and site willing to provide childcare dollars for research sample. In San Diego saw increased participation. In Dayton and San Diego, increased health insurance for children in both places
 - Recruitment was a challenge; people didn't respond to the message of work supports but did to the message of advancement. Stigma for work supports.
- [Rikers Island Single Stop Evaluation](#) commissioned by Robin Hood Foundation
 - Inmates within 15 days of release were offered food stamps, Medicaid, and housing assistance.
 - Paperwork sent right to HRA
 - Findings: improved speed of receipt of benefits, but did not show impact on recidivism. Believe the control knew about these benefits, maybe had already received before incarceration (2/3 had benefits prior) – a motivated group who knew how to access benefits as they had done it before

Research, Sheila Zedlewski, Urban Institute

- Important to have information in real time
- Need good survey data
 - Need to understand who is eligible and not receiving benefits
 - Urban has been working on micro simulation model for 40 years
 - Last survey of America's families targeted poverty and income status- but not common rule in census survey- only 7% getting whole package of benefits.
 - Environment has changed- increase in use of SNAP but probably less for child care
 - Tabbing census survey not the only solution, but it is the current population survey that is used to measure poverty. 30% of surveys are break-offs (full information not provided). Census does statistical match, but not matched by state
 - Need to improve surveys and accuracy so that it can better inform policies and programs
 - Critical to understand results by state
 - American community survey- designed to keep up-to-date with population and where they live and housing. Can use, but is flawed, for example, when we look at what the survey reports about unemployment insurance and look at actual unemployment insurance benefits delivered it only captures about 1/3
 - HHS does have the Urban Institute amend/correct the population survey every year. Mathematica also does this for SNAP. But this is done on a program by program basis- not whole package.
 - Supplemental poverty measure is improving data collection at national level- still need improvements at state level

Key Questions, Olivia Golden, Urban Institute

- Two myths:
 1. Success is simple – cannot pick one thing to fix- doesn't solve the problem
 2. Success is impossible – there are major transformations to learn from (e.g. increase in food stamp participation and participation in children's health in MA)
- We have a lot of evidence about success, but a lot we don't know

- New Hope Project– paid worker incentives – saw results after 8 years. Want families to have more money in short term that stabilizes employment and lives and leads to long term results for families and children
- What do we know?
 - If you want results, look for big enough improvements in entry and retention benefits (stability, not just entry)
 - Think about what the benefits package is? Income, health and child care? What about housing, nutrition? What do we include?
 - Always going to need multi-strand strategies
- Ideas for funders:
 1. Focus in some serious ways on the state level- have policy and practice levers and cut across many systems. Can be involved in high touch and high tech solutions. Flexible money for planning and staffing critical.
 2. Healthcare reform a huge opportunity – funders can focus on high leverage places – room for white papers, convenings, etc
 3. Pay attention to child care - a piece of the world that we know matters to families- look for jurisdictions where philanthropic dollars with state dollars can demonstrate what works
 4. Immigrant families- 25% of kids live in families with one immigrant parent. What works, how to reach those kids, those families- what can we do to start progress moving so when political climate changes we are ready?
 5. Values and politics- we decided people had a right to these supports BUT not if they are breaking any rules. Demonstrations give people cover. Polling on attitudes- learning the lessons from those who succeeded
 6. What we know about work supports is how it supports work- what about those without a job? UI benefits? Support for education and training? How to think about this in a period of high unemployment? For families, what is the core?

Discussion

- We can increase uptake, but at what cost?
 - Work Advancement and Support Center Demonstration was expensive. State put up money and agreed to lower caseloads to do the research. Hard to make the case – increased participation, but labor intensive process that is expensive
- Need to know what is working to make big investments and not repeat mistakes! Not only RCT (very expensive and take a long time to learn the lessons)
- Programs and research still work in silos
- Need incentives for working with needy populations that are more costly to serve. Currently no incentive or reimbursement for getting those hard to reach and most vulnerable. Cannot go to scale because of true cost.
- We have not talked about UI – a benefit with another set of processes and organizations – need to include
- How do we connect transformation to outcomes? We have set of hypothesis that getting people on ETIC, food stamps, child care etc worth doing. They deliver in short term but are they delivering long term?

Note- in demo thinking about if we want to encourage states to include in certain programs (e.g. at least SNAP, health insurance and deep connection to child care and encourage other pieces like education- but may want to let states innovate and tell us what they want)
- Need to move from thinking of just applications to retention

- Need to be clear about who we are worried about- understand what other needs families have (e.g. finding child care because they have special needs child)
- White House Office of Faith-Based and Neighborhood Partnerships interested in hearing about what community based organizations are doing- how much do you see scaling up models as part of solution? Is there any analysis on effectiveness between models (benefits bank, single stop, etc).
- Innovations very valuable- but need to ask how sustainable they are. Cannot just change the portal- still need to change system.
- Need to understand inputs and outputs- what intervention with what population with what outcomes
- We have heard today there has been advancement at the state level. Can't have one size fits all.

V. FUNDERS DISCUSSION

Take-a-ways

- Would like the next conversation to focus on practical to dos- how we can align funding streams and strategies.
- Banks ready to make investments but only want to do it in collaboration with others.
- Impressed by interest and engagement of federal agencies
- Great need for assistance at state level (especially flexible dollars)
- Need to clarify what we meant by benefits access (pieces of the elephant); get better language to talk to the full range of issues
- All progress on electronic benefits in states will get taken over by health care reform
- Groups working on health care reform define health broadly and want to leverage opportunity
- CA Endowment anticipates working at state level and in partnership with local communities- in 12 counties in CA- opportunities for us to test out some of these ideas
- GIST Policy Briefing September 27-28 in Chicago may be a possible venue to continue these discussions.
- OSI/AECF/Ford/Robin Hood/community foundations and United Ways submitted a joint SIF application. If awarded will work in MI, Atlanta, NY, Baltimore (foundations providing match support). Random assignment built into proposal. [update: this proposal was not one of the ones funded by the CNCS].
- Interest in continued conversation around funding research
- Learn more about what works (RWJ max enrollment works and place-based work by CA Endowment). Great benefit of peer learning (Ruth Kennedy factor)
- OMB: Pulling together Collaborative Forum: APHSA, NACIO, NASAC, NASW, - association because they are a great conduit in the states. Want to transform and bridge silos and look at outcomes. Welcomes participation. Also has \$37 million to help states pilot new ideas. Hopes to leverage and work with philanthropy to achieve common objectives.
- Impressed with systems reform conversation - health care reform is going to drive this but no one wants it to be health care silo. Philanthropy needs to support health care reform and keep the door open for leveraging other income supports
- Food stamps was health care reform a few years ago- opened the gates
- CBOs play an important role- cannot just focus on states
- We have a lot to learn from each other - just scratching surface on what we can do to - data exchange/express lane eligibility
- THINK BIG AND BOLD - data that exists in public programs but states also have access to data in other venues (driver license/hunting fishing license).

- Interest in subpopulations (very young kids, incarcerated women)
- Need to/How to change defaults
- Scattered data- need to centralize so we can all see, be on the same page, help make the case
- Would like to continue to tap into the knowledge and expertise in this room on what we can do on the federal level - specific guidance on policymaking
- Underestimated value of engagement with faith-based community – they are doing multi benefit access and this is changing the way they think about benefits access, how they perceive government, impression of poverty and poverty programs
- There is a lot of opportunity (and power) to work together with Administration
- How to message to client – hard to say its great you have a job and now you need to get on food stamps
- Need to get income supports to be accepted like Social Security
- Many times entry point for this conversation is not benefits access- but educational outcomes and well-being outcomes. Need to demonstrate outcomes for Ed/HUD/Promise Neighborhoods- put this benefits piece on top of existing structure
- Reports on 1% set aside for benefits from stimulus (through CCBG?) should be available this summer or fall.
- Need to prioritize- concerned that we will squander opportunity by trying to do too many things. What can we enhance and build off of? Need to be really clear about population and what we are not going to do.

NEXT STEPS

1. Map current investments, gaps and where to align investments - survey meeting participants (and others?) Note: NGA and NCSL also want to engage their members in conversation
2. Identify venue for next meeting (e.g. GIST Meeting in September, White House offered to host)
3. Draft memo to White House recommendations for horizontal changes to promote coordination: Shelley Waters Boots will lead with help from Chauncey Lennon, Steven Dow, Michael Weinstein, Mimi Corcoran, and Teri Langston
4. Key areas for further discussion
 - Policy/advocacy/messaging
 - Community based models/CBO efforts
 - Evaluation/research/data
 - State systems support (TA and policy)